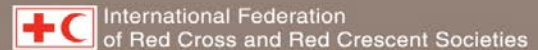




Emergency Plan of Action Final Report

Guinea: Ebola Virus Disease (EVD) Outbreak



Emergency Appeal n° MDRGN007	GLIDE n° EP-2014-000039-GIN
Appeal Launch Date: 26 March 2014. EPoA revisions published in September 2014, November 2014, June 2015 and July 2016	
Operation start date : 26 March 2014	Operation end date : 31 December 2016
Host National Society: Guinean National Red Cross Society (GRCS)	Operation budget: 38.7 million Swiss francs
Number of people assisted (target): Emergency phase: 11.1 million and Recovery phase: 1million	
Host National Society presence (n° of volunteers, staff, Branches): There are 33 prefectures and 5 urban committees at GRCS with up to 1,134 volunteers ¹ and around 150 staff ² actively involved in EVD response.	
Red Cross Red Crescent Movement partners actively involved in the operation: The French Red Cross	
Other partner organizations actively involved in the operation include: The Ministry of Health and Social Welfare (MoHSW), WHO, UNICEF, WFP, Centre for Disease Control, MSF, ALIMA, The French Embassy, the Japanese Embassy	

A. Situation analysis

Description of the disaster

The disaster and the Red Cross Red Crescent response to date

March 2014: Ebola outbreak in Gueckedou and a FACT team is deployed in the country

March and April 2014: CHF 250,000 DREF allocated

April 2014: Field Assessment and Coordination team (FACT) and Emergency Response Units (ERUs) deployed. IFRC Emergency Appeal launched for total of CHF 1.2m for 3m people). The spread of the epidemics reaches other areas of Guinée Forestière namely Macenta, Nzerekore, Lola, Youmou, Beyla, and Kissidougou but also reaches the coastal region of Guinea in Forecariah, Coyah, Kindia, Dubreka, Conakry, Boffa, Fria and Boké

June to November 2014: the EVD related deaths increases from 330 in June to 1,189 in November. IFRC revised its Emergency Appeal 3 times, up to CHF 28.6m.

April 2015: Transmission begins to decline, concentrated almost entirely in and around Conakry.

June 2015: Revised Emergency Appeal n° 5 issued with 3,674 people infected and 2,444 deaths. The appeal seeks CHF 56m focused on recovery needs and extending the operation until 31 December 2017.

June 2016: Revised Appeal n° 6 issued: Change of strategy presented in with budget of CHF 39,342,102. In comparison with Liberia and Sierra Leone, Resource Mobilization for the EVD as far as Guinea is concerned appears as follows:

¹ Overall, the Guinean RC has a network of 11,000 volunteers countrywide

² The number of staff was reduced to around 30 only during the recovery phase

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Summary Update on EVD Resource Mobilization

<u>Appeal</u>	Guinea MDRGN007	Liberia MDRLR001	Sierra Leone MDRSL005	Coordination & Preparedness MDR60002
Budget	38.7 million	22.1 million	88.0 million	14.1 million
Income to date	37.7 million	22.1 million	60.7 million	11.9 million
Coverage	97%	100%	69%	85%

Source: EVD combined operations update No. 37 of 10 Jan. 2017 (IFRC)

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The unprecedented spread of Ebola Virus Disease (EVD) in west Africa was the one of the most challenging public health disasters in recent times, both in terms of caseloads and geographical spreads. From the time of the confirmation of initial cases in March 2014, the Guinean Red Cross with the support of the International Federation of Red Cross Red Crescent Movement has been in the Centre of the extensive global response to stop the epidemic. In Guinea, the Government declared the EVD epidemic on 21 March 2014 following the rapid spread of cases initially detected in the forest region. From the very beginning of the epidemic, the NS has been engaged in key response activities to help stop the spread of the disease across the country. These public health activities have been characterized by the five pillars of the IFRC Ebola response:

- Surveillance and contact tracing
- Safe and Dignified Burials and disinfection of houses,
- Community engagement, beneficiary communication and social mobilization
- Psychosocial Support
- Case Management support (through transport of patients to Ebola Treatment Centers (ETCs)).

With the support of The International Federation of Red Cross and Red Crescent (IFRC), the Guinea Red Cross (GRC) has been the only organization involved in Safe and Dignified Burials (SDB) and disinfection of houses and other places. The GRC has therefore been conducting Safe and Dignified Burials in Guinea since the official outbreak of the epidemic in March 2014. As a global approach to eradicate the epidemic, Community engagement was put forward to prepare the ground for proper running of Safe and Dignified Burials (SDBs) and hygiene promotion in affected communities. Their GRC SDB teams operated in complementarity with volunteers who are trained to operate in specific pillars such as Community engagement, Beneficiary communication and in Psychosocial support and Surveillance and Contacts Tracing.

To reduce the risk of transmission, contact tracing accompanied by beneficiary communications awareness campaigns were implemented to contain the epidemics and gain the communities' full collaboration. By 31 December 2016, a cumulative total of 3,814 cases and 2,544 deaths had been recorded in Guinea with a fatality rate of 66,7%. Out of the 2,544 cases recorded, 115 deaths had occurred amongst health care workers and Red Cross volunteers.

Compared to Liberia and Sierra Leone, accumulations at the end of the operation appears as follows:




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Latest cumulative data per country

	GUINEA	LIBERIA	S. LEONE	TOTAL
Cumulative Cases	3,814	10,682	14,124	28,620
Cumulative Health Care Worker Deaths (including RC volunteers)	115	192	541	848
Cumulative Deaths	2,544	4,810	3,956	11,310
Fatality rate	66.7%	45%	28%	40.6%
Trained RC volunteers active in Ebola	1,134	142	4,924	6,200

Source: EVD combined operations update No. 34 of 30 June 2016 (IFRC)

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The Red Cross Movement along with other International aid organizations, continued to scale up efforts to reinforce the Guinean government's capacity to respond to the humanitarian crisis affecting nearly 15 prefectures in an already poorly equipped, understaffed and inadequate healthcare infrastructure context.

Summary of current response

Overview of Host National Society

The Red Cross Society of Guinea (RCSG) was founded in 1984, after the earthquake in Kumbia in December 1983, recognized by presidential decree and by the IFRC in October 1986 and became a member of the IFRC that same year. Since then, the NS has built a network of active sections, which carry out community health activities (with focus on water, sanitation and hygiene), the management and prevention of disasters, first aid training and restoring family links. Furthermore, activities in communication, youth engagement, as well as shelter have been undertaken since the country took in refugees from the conflicts in Sierra Leone and Liberia.



Guinea Red Cross and her presence in the 33 prefectures and the national HQ in Conakry

The Guinea RC has 17,124 volunteers throughout the country and some 5,000 fee-paying members. The headquarters is in Conakry and the services are provided through 33 prefectural committees, 5 urban committees in Conakry and 202 sub-prefectural committees throughout the country.

Overview of the Red Cross Red Crescent Movement in country

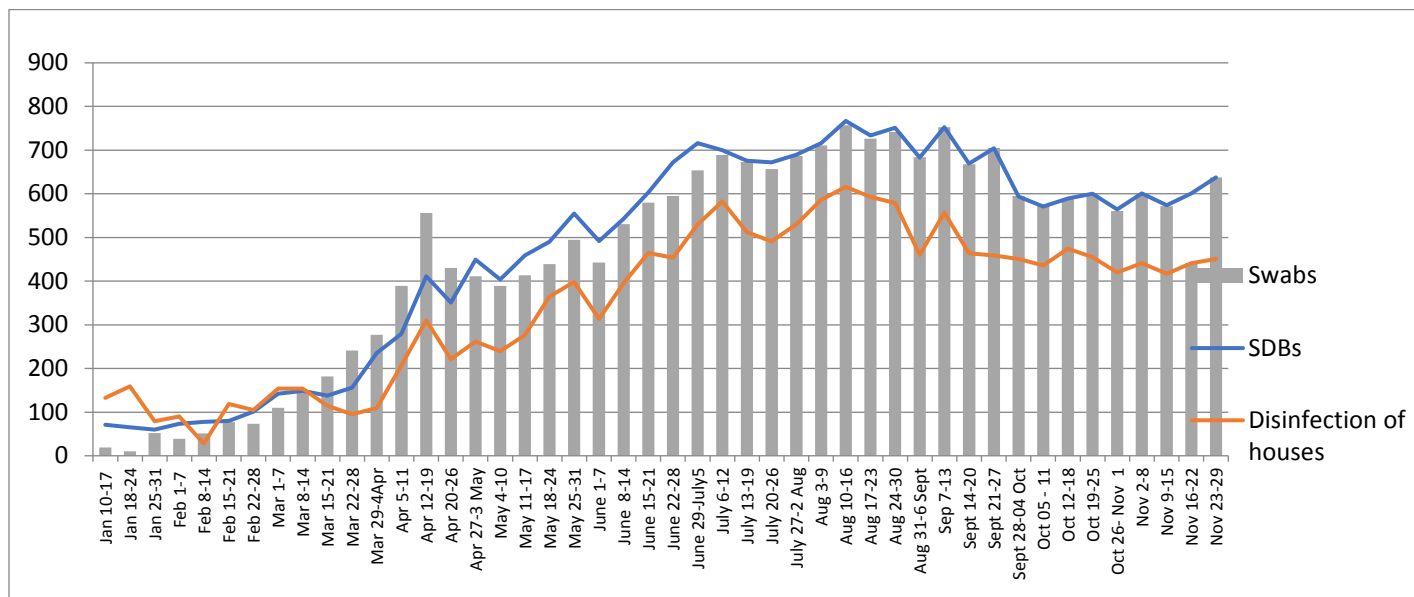
The IFRC established a country delegation to support GRC in the implementation of the EVD response operation. From the very beginning of the outbreak, significant surge Human Resources were mobilized, providing operational and technical support. The French Red Cross has been supporting the EVD response while the Danish, British and American Red Cross have been engaged in bilateral partnerships with the NS outside the Ebola program. The ICRC is present in the country, and continues to support GRC technical departments and key positions in local branches with the aim of strengthening capacities to run ongoing humanitarian programs. Danish Red Cross provides bilateral support to a reproductive health program in middle Guinea supporting health programs in non-Ebola affected areas. The British Red Cross, American Red Cross also bilaterally supported the NS in establishing a DRR program in the country. The French Red Cross has been working in Guinea since March 2014 operating Ebola Treatment Units in Macenta, Kérouané and Forecariah.

Overview of non-RCRC actors in country

From the early start of the EVD outbreak, the Government of Guinea coordinated the response efforts through the Ministry of Health and the National Ebola Coordination Cell comprised of a technical units and pillars, with many non-humanitarian and humanitarian organizations. Members, include: UNMEER, OCHA, WHO, UNICEF, WFP, the French Embassy, the Japanese Embassy, MSF, CDC, USAID/OFDA, EU, African Union and other international NGOs and members of the local civil society network.

The IFRC/GRCS has been active in all pillars except Case Management during the response. The IFRC is a full member of the Ebola Strategic Committee and Humanitarian Country Inter-Agency Technical Team which meets once in a month to examine any humanitarian issues in the county.

Summary of response to date



The period between May-Sept. 2015 recorded the highest concentration of activities in Guinea with a weekly average of 638 SDBs, 467 disinfection of houses facilities and 617 swabs with more than 1,000 active volunteers to support these activities.

- 25,193³ Safe and Dignified Burials conducted
- 35,823 houses and public facilities disinfected
- 3,567 volunteers trained out of which an average of 1,134 active on a weekly basis in the EVD operation
- 1,295 contacts traced and followed up by the Red Cross volunteers
- 2,442,926 people reached through door-to-door Social Mobilization and radio program campaigns with messages on prevention
- 13,331 people were reached through psychosocial support assistance
- Over one million people with EVD prevention and management information, education and anti-stigma messaging through Red Cross radio shows
- 5 GRC Branch offices newly built to strengthen operational capacities of the NS Dalaba, Tougé, Mali, Koubia and Télimélé,
- 3 GRC Branch offices fully renovated in Faranah, Kissidougou and Nzerekore
- 3 Operational bases built to support the running of the EVD operation in Coyah, Dubreka and Boffa
- Guinea RC office at HQ fully renovated and equipped (IT-Telecom, AC system, computers, projectors, office equipment and furniture),
- 42 pick-up vehicles and 154 motorbikes with hundreds of bicycles donated to the NS to enable the running of the operation

The latest EVD outbreak was reported in Koropara (forest Guinea region) in March 2016 with 3 confirmed and 2 suspect cases, the GRCS with the support of the IFRC conducted adequate response activities and the new crisis was rapidly contained, leading to the final declaration of end of EVD in the country in July 2016. The country was declared Ebola-free in July 2016 but the IFRC maintained the operation until December focusing on EVD pillars such as social monitoring, PSS and EVD surveillance at community level although SDBs were suspended.

³ Systematic burials or all community deaths since late 2014 was undertaken as a preventive measure to stop the spread of EVD in the country.



Disinfection of a pick-up vehicle after a Safe and Dignified Burial activity in the prefecture of Forécariah. Photo credit, Guinea RC

Needs analysis, risk assessment and scenario planning

For information on the operation, including on “Needs analysis, risk assessment and scenario planning; please refer to the revised Emergency Plans of Action (MDRGN007) launched on 09 September 2014, 18 November 2014, 28 June 2015 and 25 July 2016. This information can be accessed via the following [link](#):

B. The operational strategy

Overall Objective

The overall goal is to contribute to the control of EVD and get to zero case in Guinea through the detection of new, suspected EVD cases or deaths, the provision of timely and appropriate response capacity at local level to break transmission chains.

Proposed strategy

The strategy and plan of action underpinning this appeal revision is aligned with the long-term strategy and vision of GRC, and builds on the revised Ebola Strategic Framework, which identifies five outcomes:

- 1) The epidemic is stopped;
- 2) National Societies have better Ebola preparedness and stronger long-term capacities;
- 3) IFRC operations are well coordinated;
- 4) Safe and dignified burials (SDB) are effectively carried out by all actors; and
- 5) Recovery of community life and livelihoods. As there is still ongoing transmission in Guinea, the appeal revision will continue to focus on stopping the epidemic and introduce early recovery activities

The operational strategy:

- **Got to zero and maintain EVD response capacity.** The immediate priority of the EVD operation in Guinea has been to control transmission and end the epidemic. An important aspect was strengthening cross-border capacity and collaboration. Longer-term institutional preparedness and response capacity has also been strengthened through contingency planning and the prepositioning of stock, as well as the training of highly trained Rapid Response Teams. This increased the detection and response time therefore breaking transmission chains.
- **Strengthened early warning systems for quality and timely interventions for regular epidemics and other disasters.** Early warning, disease surveillance and rapid response systems were strengthened through the implementation of community event-based surveillance (CEBS). Community event-based surveillance (CEBS) is the organized and rapid capture of information from the community about events that bear potential risk to public health with potential to improve early EVD case identification, reduce transmission in the community and enhance response efforts. Information generated from this system both informed reporting on emerging Ebola hotspots while simultaneously feeding back information to communities. It is also a tool that can be used to improve community sensitization and enhance the rapid Ebola response at the local level. CEBS had been jointly being implemented with National Societies in Liberia and Sierra Leone through Community Epidemic Response Teams (CERT).
- **Strengthened National Society capacity.** With the objective of rebuilding and strengthening the organizational and operational capacities of GRC, support was provided to: Institutional, governance and management capacity; Branch development (leadership, programming, security, refurbishment of infrastructure and equipment); Volunteer management; Administrative/HR management; and planning, monitoring, evaluation and reporting.

Operational support services

Human Resources

In response to the EVD outbreak, IFRC and GRC mobilised significant human resources to support Ebola response activities. GRC has mobilized a large network of 3,567 volunteers who have been trained and supported the recovery phase. Most of the Red Cross staff functions have now been converted into dedicated Ebola response functions as most of the other programming have been on hold.

Whereas the operation has been employing an average of 31 international staff and more than 200 local staff by the end of 2015, the IFRC country presence continued to scale- down, and the new HR structure only comprised of a limited number of international staff supported by a few local staff as considerable HR capacities had been progressively transferred to the GRCS as the EVD epidemic decreases in the country. Since early 2016 and beyond, the federation presence was reduced to the country head with a support services team composed of finance, logistics and security delegates. This was completed with programme team under the supervision of the coordinator composed of health, PSS, WASH and PMER.

Logistics and supply chain

Due to the high demand in the field, robust supply chain was progressively put in place to support the operation in the procurement of protective equipment, to secure an uninterrupted supply chain and to effectively support other logistics needs.

With the expectations that the country would be officially declared Ebola free by the end of March 2016, the momentum was increased at the beginning of March to reduce IFRC activities and resources. This led to reduction of the staff to approximately 50%, vehicles by almost two-thirds and 50% of warehouses. This momentum was also aimed at IFRC activities reflecting the reality. The programs have provided projections on

logistical needs which were stocked in the regional warehouses to ensure the continuity of the program during the recovery phase.

Unexpectedly, in March 2016 2 new EVD confirmed and 3 suspected cases were declared in the Forest region with Koropara being the epicentre. Consequently, logistics had to rapidly mobilize the remaining resources in support of intervention to contain the situation. For instance, while the fleet had already been reduced to 7 vehicles in the region, they were increased again to approximately 73 with 4 logisticians present on the ground, with a continued scaling down of the operation until December 2016 when the country had been completely declared epidemic-free.

Information technologies

Improved Information and Communications systems has been established in Conakry for the EVD operation, and reinforcement of the current GRCS IT system and infrastructure conducted both at the HQ and regions. Up to 40 laptops and 10 desktop computers were donated to the NS with a fully installed internet connectivity to ensure the necessary reporting and communication channel for the operational teams.

For security and fleet management purposes, the Guinea Red Cross HF and VHF system was repaired and additional mobile units and base stations installed in 6 operational bases namely Conakry, Forécariah, Guekedou, Boke, Siguiri and Nzerekore. The IT department continued to ensure access and availability of IT tools for IFRC-GRC Headquarters and field offices, and the IT infrastructure of 38 local GRC branches was provided with support in the implementation of activities with at least two hundred 4x4 vehicles deployed in the field.

Communication

GRCS, with the support of IFRC Regional and Cluster Communications team, had been focusing on raising awareness and sensitising the population about the role of IFRC-GRCS teams in the fight against Ebola. Thanks to the BenCom and Communications delegates deployed in the country, IFRC and GRCS continued to organize various campaigns to highlight the situation on the ground and the challenges faced by teams in the field. In the same vein, two mobile radio stations called "Santeya FM" were set up and deployed in remote areas in an effort to reach remote communities which are not covered by regular radio stations.

Several communications activities have been conducted to date, including producing facts and figures, key messages, questions and answers, press releases and web stories, as well as launching the *Words Against Ebola Campaign*. IFRC and GRCS communication departments have therefore continued to serve as a critical link to maintain the presence and visibility of the Red Cross EVD operation throughout the recovery phase in media coverage, as well as supporting the National Society in global campaigns and donor relations and field visits.

Security

Guinea has a history of ethnic tension and political and social unrest, all of which have been exacerbated by the Ebola crisis. The capital city Conakry has considerable high rates of criminality as well as a heightened risk of civil unrest due to existing socio-economic challenges and widespread public dissatisfaction over elections, public infrastructural and basic services concerns such as electricity, water shortages or high fuel prices.

The prevailing challenges have led to disruptive and at times violent protests, which have resulted in several deaths. The N'Zérékoré region in southern Guinea has remained also volatile, especially due to inter-ethnic tensions and anti-government sentiments, as are pockets of the Kankan Region. To reduce safety and security-related risks to personnel, assets, and operations in Guinea, the IFRC has a security management system in place. The responsibility for adequate safety and security management rests with the Head of Country The

position of a Regional Security Delegate based in Guinea, who supports the delegation in security management, was maintained until June 2016.

Planning, Monitoring, Evaluation and Reporting (PMER)

Performance and accountability of the operation had been continuously maintained to ensure a proper monitoring and reporting system for the operation. An initial assessment was carried out by the deployed FACT and ERU teams in 2014 (see page 1) and an additional survey was conducted by external consultant in Quarter one of 2015 to gather relevant information which would guide the Recovery phase (see Appeal [revision No 5](#)).

Emphasis was specifically put on tightening the tracking of progress on outputs to inform operational planning and decision-making. PMER structures at HQ and Branch levels were strengthened and PMER focal persons were put in place and trained in prefectures to ensure timely data collection and accuracy in reporting. The PMER delegate supported the National Society to effectively use data collection tools and improve data management. IFRC also continued to liaise closely with Movement partners namely WHO, UNICEF, CDC and local authorities to triangulate, clean and consolidate data to enable the flow of information and effective operational management.


IFRC reporting policies provide for detailed reporting on emergency operations and regular Combined Ebola operation updates were issued on a monthly basis and posted at the federation public website. A 12-month report were issued to show the progress and 6-month reports were also shared with the region and secretariat. These reports feature detailed financial reporting of expenditure against budgets as well as on funding received. Such appeal-based reports are meant to enhance feedback to all stakeholder and enhance accountability by showing how pledges are collectively leveraged through multilateral action. Additionally, some donors request pledge-specific reports, which are shared directly with them.

Last but not least, an independent end-term evaluation has been commissioned and will be conducted during the last quarter of 2017, the final Report will be made available by 31 March 2018.

Administration and finance

Financial resources are managed in line with GRCS procedures and IFRC guidelines. The National Society's own procedures are applied to the justification of expenses process and are completed using IFRC formats. To enhance financial management and analysis, IFRC has been supporting the NS in getting used to the federation standards for a better management of working advances and compliance with MoUs.

C. DETAILED OPERATIONAL PLAN

 HEALTH
OUTCOME 1.1 Improved early detection mechanisms of resurgence of Ebola Virus in Guinea through the establishment of community-based monitoring mechanisms, community engagement and Social Mobilization
Output 1.1.1: Strengthened the national system of community-based surveillance that rapidly detect new suspected cases and deaths from Ebola or other epidemics
Planned activities: <ul style="list-style-type: none"> ▪ Training Community Agents "CA" on the Active Surveillance approach in border areas ▪ Training of supervisors in close monitoring and data collection ▪ Equipment of volunteers /and CA in accordance with the government standards: Bicycles, jacket, T-shirt, bags, boots, waterproof mobile phone, credit, volunteer's manual ▪ Training Community Agents "CA" on the Active Surveillance approach in border areas

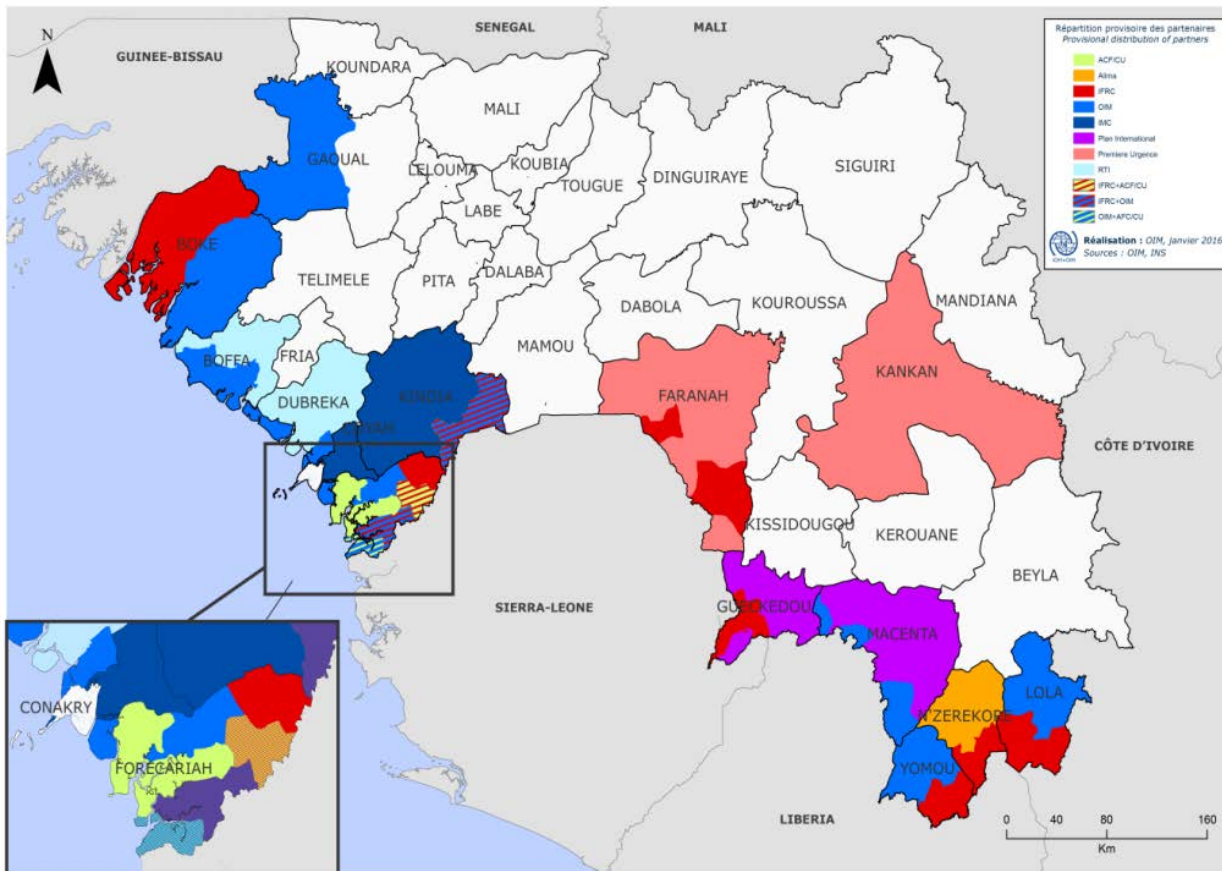
Achievements

The Community Event based surveillance (CEBS) activities under this appeal started is implemented in cross-bordering areas (between Guinea Sierra Leone, Guinea Bissau and Liberia) highly affected by previous outbreak such Ebola virus disease and Cholera etc. distributed in 3 prefectures: Forecariah, Boké and Guéckedou. They are run in accordance with the Ebola Virus Disease (EVD) surveillance strategy and the Guinean "*Plan de Renforcement de la Surveillance des maladies à potentiel épidémique en Guinée (2015-2017)*". Major achievements include:

- ✓ 14 Red Cross supervisors trained on the CEBS global approach
- ✓ 140 volunteers trained on the Active Surveillance in border areas (prefectures of Forecariah and Boke bordering Sierra-Leone and Guinea Bissau respectively)
- ✓ 2,597 persons including travelers reached with Community based surveillance in the 9 key border entry points between the 3 countries. Community Event Based Surveillance was a specific component focusing only in 3 prefectures bordering Sierra Leone (Forécariah), Liberia (Guekedou) and Guinea Bissau (Boké). This was targeting all travelers in general. The restriction on movement was effective and movement remained low.
- ✓ around 78 community events monitored by Red Cross volunteers

Standard equipment including Bicycles, jacket, T-shirt, bags, boots, waterproof mobile phone, credit, volunteer's manual etc. provided to the 140 volunteers engaged on the programme

GUINEE : SURVEILLANCE A BASE COMMUNAUTAIRE / COMMUNITY EVENT-BASED SURVEILLANCE 1/2



Map: Implementation of CEBS in cross-border areas in Guinea

Challenges

- Integration of Red Cross volunteers and government Community Agents “AC” on the same operational strategy
- Harmonization of data with WHO agents working on the epidemiologic surveillance in the community was initially a challenge which was addressed through weekly coordination at prefecture and national levels.

Lessons learnt

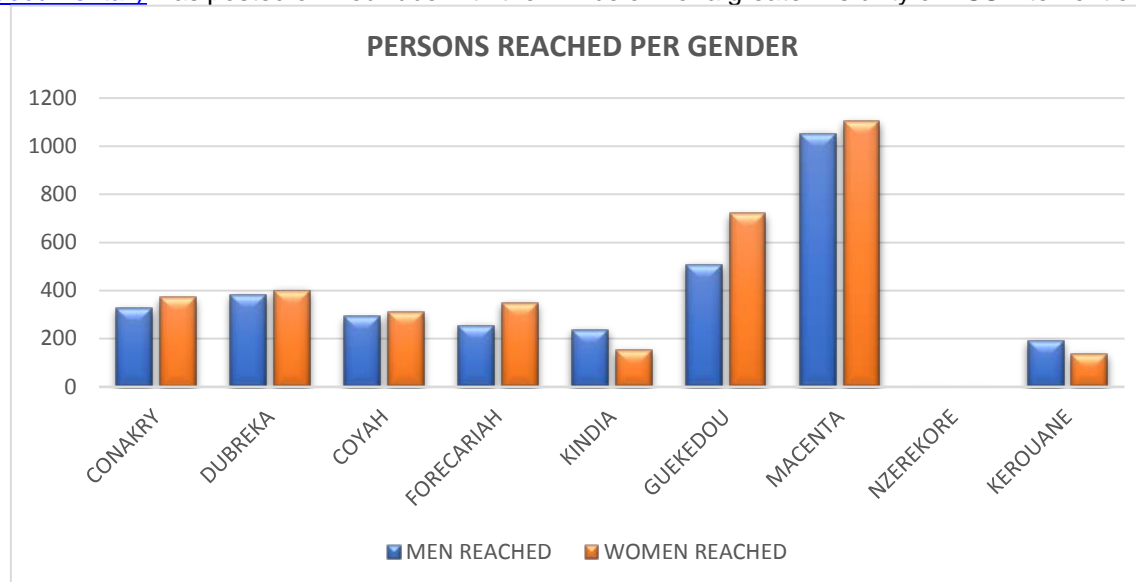
The cross-border collaboration between Guinea, Sierra Leone and Liberia NNs on CEBS produced a highly positive impact due to the sharing of information and adopting the same important measures.

<p>Output 1.1.2: Strengthened communities' engagement to adopt hygienic measures and safe management of community deaths to reduce the community risk of transmission of epidemic-prone diseases in Survivors Belt areas using the Biosafety community driven approach (ABC)⁴</p>
<p>Planned activities:</p> <ul style="list-style-type: none"> ▪ Elaboration of a methodological guide for the implementation of risk a reduction strategy through the ABC approach (the Biosecurity Approach piloted by the Community) ▪ Development of key messages and prevention tools ▪ Engagement of 200 community actors in achieving SDBs ▪ Implementation of WASH infrastructure (latrine blocks in 4 cabins and improved wells) in 50 schools in areas at risk ▪ Creation of 50 Hygiene teams (teachers and students) in schools in high risk areas ▪ Achieving 300 sensitization sessions on hygiene and sanitation in 50 schools in high risk areas
<p>Achievements</p> <ul style="list-style-type: none"> ▪ The ABC methodological guide produced in French, presented to partners and adopted ▪ Key messages and prevention tools developed and disseminated thanks to the support of 87 trained BenCom volunteers, 2 mobile Red Cross radio stations and partnership with 4 local radio stations, ▪ 200 community and religious leaders trained and engaged in the proper running of SDBs
<p>Challenges</p> <p>Due to lack of funding, WASH activities in schools could not be implemented. However, like other public infrastructures, schools were benefiting hand sanitizers and disinfection activities</p>
<p>Lessons learnt</p> <p>The ABC approach has unanimously produced a great impact. Involving community leaders in SDB activities decreased the community's aggressiveness and improved trust and confidence vis-à-vis Red Cross volunteers in guinea.</p>
<p>OUTCOME 1. 2 Adequate access to basic health, mental health and psychological support ensured for communities and individuals affected by the EVD in Guinea through rehabilitation of basic infrastructures, community healing dialogue and psychosocial activities</p>
<p>Output 1.2.1: Psychosocial and economical support to frontline workers (volunteers and health staff) and EVD affected population provided</p>
<p>Planned activities:</p> <ul style="list-style-type: none"> ▪ Training PSS volunteers in community-based Psychological First Aid, identification and referral procedures of mental disorders (WHO – Mini mhGAP⁵) and the peer psychosocial support peers ▪ Deployment of focal points for the supervision of PSS volunteers in the intervention prefectures ▪ Organization of therapeutic community dialogue sessions ▪ Identification and training of Ebola cured persons for monitoring and training their peers ▪ Kits for distribution to survivors (<i>soap and condoms</i>) ▪ Organization of home visits to provide PSS to families affected by the EVD
<p>Achievements</p> <ul style="list-style-type: none"> ▪ 135 volunteers trained on Psychological first aid in 12 prefectures ▪ 13,331 people were reached by psychosocial first aid assistance ▪ 52 sessions of Community Haling Dialogues reaching 7,897 persons reached within 9 most affected prefectures (lower guinea and Forest guinea regions), thanks to the Swedish RC funding, ▪ 168 volunteers, 10 focal persons and 2 national supervisors trained on the conducting of the Mini-MhGAP ▪ 912 home visits conducted in most affected families and 6,824 persons reached with PSS first aid support, ▪ 1500 PSS toolkits distributed and used by volunteers on the field (cooperation with the federation Copenhagen-based PSS Centre) ▪ 100 EVD affected families in Dubreka assisted with condolences kits composed of food items and hygiene kits ▪ 9 persons with trauma identified by PSS volunteers and referred to specialized Centre for adequate care,

⁴ ABC: Approche Biosecurité pilotée par la Communauté (Biosafety Community-led Approach)

⁵mhGAP: Mental Health Gap Action Programming Action Programming

- 60 orphans (40 girls and 20 boys) identified from EVD affected families reached by recreational activities
- 1 documentary focusing of PSS activities produced, disseminated and shared with stakeholder. The [documentary](#) was posted on YouTube with the link below for a greater visibility of PSS interventions in Guinea:



Distribution of people reached through home visits per gender

Challenges

Livelihood and economic support to EVD survivors could not be implemented due to lack of funding. Thanks to the coordination with other stakeholders in the country, the UNDP office in Guinea in collaboration with local NGOs are providing economic support in terms of IGAs and rebuilding of infrastructures to some selected affected communities.

Lessons learnt

Anti-stigma messages and Community Healing dialogues have proven to be the best approach to successfully reintegrate survivors and get them accepted in respective communities.

Output 1.2.2 A better access to basic health care provided through the improvement of health post facilities (software/hardware)

Planned activities:

- In-depth assessment of WASH needs in 16 targeted health centres (communities in Belt Areas (Sa Ceint)
- Establishment of a minimum WASH packet (water, hygiene, sanitation, hand washing devices, bio-medical waste management system) in health facilities in Sa-Ceint unit
- Supervisory visit for WASH / Prevention and control of epidemics standards in targeted health centres

Achievements

Activities under this Output could not be implemented due to lack of funding



Disaster Risk Reduction

Outcome 2.1: Strengthened emergency preparedness to better respond to regular epidemic peaks and keep surge capacity to respond to Ebola potential resurgence (Readiness)

Output 2.1.1: Ensured adequate management of Safe and Dignified Burials (SDBs) and swabbing in hotspot areas through the renovation of infrastructures, the training health staff, capitalization of lessons learned, and experience sharing

Planned activities:

<ul style="list-style-type: none"> ▪ Training / upgrading of SDB volunteers on the collection and use of RDTs in the lower rating and Forest Guinea ▪ Construction / rehabilitation of 13 operational bases in the districts at high risk of epidemic ▪ Deployment of 38 logistics facilities and SDB materials in intervention areas ▪ Construction of Guinea RC logistics base in Conakry ▪ Construction of regional warehouses (1 per natural region) ▪ Mobilization of mobile radios to support awareness around SDBs during massive campaigns, ▪ Research on the Perception of the Red Cross by the communities following the aftermath of the EVD response (to support the rehabilitation of the Red Cross image)
<p>Achievements</p> <ul style="list-style-type: none"> ▪ 856 volunteers trained on SDBs protocols, disinfection of houses and EVD testing across Guinea ▪ 25,193 Safe and Dignified Burials conducted ▪ 35,823 houses and public facilities disinfected ▪ 3,567 volunteers trained and active on a weekly basis in the EVD operation ▪ 1,295 contacts traced and followed up by the Red Cross volunteers ▪ 2,442,926 people reached through door-to-door Social Mobilization and radio program campaigns ▪ Over one million people with EVD information, education and anti-stigma messaging through Red Cross radio shows ▪ 2 mobile Red Cross owned radio stations deployed, 6 volunteers and 4 technicians trained on the running and maintenance of the radio
<p>Challenges</p> <p>Due to lack of sufficient non-earmarked funding, the National logistics base project could not be implemented.</p>
<p>Lessons learnt</p> <ul style="list-style-type: none"> - The implementation of the ABC approach (community-led biosafety approach) in conducting SDBs with the involvement of local leaders has contributed to the success of the operation, acceptance of the RC volunteers and improvement of the RC image - Cross-border collaboration between the 3 countries (Liberia, Guinea and Sierra Leone) has been one of the key success factors of the operation
<p>Output 2.1.2: GRC sanitation teams are ready to support the Regional Emergency Response Teams (ERARE)</p>
<p>Planned activities:</p> <ul style="list-style-type: none"> ▪ Training of national GRC sanitation ToTs ▪ Training / refresher of GRC regional sanitation team teams in 8 regions ▪ Deploying GRC regional sanitation E teams in 8 regions
<p>Achievements</p> <ul style="list-style-type: none"> ▪ In collaboration with Expertise France, WHO and the Guinean Government, trainings were conducted and equipment provided to 8 ERARE teams in emergency shelter kits, watsan kits and 1st aid kits: these multi-purpose teams include 62 government medical staff (doctors and nurses) and Red Cross volunteers ▪ Training / refresher of GRC regional sanitation team teams in 8 regions ▪ Deploying GRC regional sanitation ERARE teams in 8 regions of Guinea: Conakry, Kindia, Kankan, Mamou, Faranah and Nzerekore
<p>Challenges</p> <p>The sustainability of this project is within the government hands and therefore the RC will have limited possibilities to ensure proper follow up and further simulation exercises or refresher trainings</p>
<p>Lessons learnt</p> <p>The involvement of civil servants as full members of ERARE guarantees the government's support for such initiatives</p>



National Society Development

OUTCOME 4.1: Strengthened capacities of the National Society at National and Branch level to achieve the assigned objectives in a qualitative way

Output 4.1.1: Improved capacities of Guinea Red Cross for a better response to future epidemics and disasters

Planned activities:

- Validation and finalization of national tools and policies (Volunteer, Youth, Communication, Resource Mobilization, Administrative and Financial procedures)
- Training NS Volunteers on the use of the database management software
- Emergency Telecommunication and IT training for IT department personnel
- Training and upgrading of the NS's logistics staff
- Experience sharing and capacity building missions for members of the management team in sister National Societies
- Training volunteers on audio-visual technology
- Organization of training workshops on Project Management

Achievements

- 5 Branch offices newly built to strengthen operational capacities of the NS Dalaba, Tougé, Mali, Koubia and Télimélé,
- 3 Branch offices fully renovated in Faranah, Kissidougou and Nzerekore
- 3 Operational bases built to support the running of the EVD operation in Coyah, Dubreka and Boffa,
- 2 mini warehouses built to support the operational capacities of the NS
- Guinea RC office at HQ fully renovated and equipped (IT-Telecom, AC system, computers, projectors, office equipment and furniture),
- 42 pick-up vehicles and 154 motorbikes with hundreds of bicycles donated to the NS to enable the running of the operation

Challenges

- The premature of the OD delegate from Guinea hampered the proper planning of institutional needs and support to the NS. Some planned activities were not implanted,
- EVD was such a terrifying disease that the priority was solely put on health issues, forgetting sometimes other important aspects of the RC including Capacity development,

Lessons learnt

During an emergency, considering institutional capacities of the host NS in the running of a rapid assessment and subsequent planning process ensures good implementation and sustainability on a long-term basis.

Output 4.1.2: Improved capacities of the National Society on leadership, Humanitarian Diplomacy and good governance

Planned activities:

- Organization of a training workshop for governance members of the National Bureau on good governance, HD and leadership
- Organization of 4 training workshops for leaders of local committees (SCRC / CCCR) of NS on good governance, HD and leadership

Achievements

One National workshop for governance members of the National Bureau on good governance, HD and leadership conducted in Conakry with the facilitation of Geneva experts

Challenges

The absence of an OD delegate in the country did not allow further trainings for governance members in prefectural committees

<p>Lessons learnt</p> <p>Guinea Red Cross is the only one the EVD countries less impacted with the Integrity issues. This is not the case for Liberia and Sierra Leone, such initiatives are to be encouraged.</p>
<p>Output 4.1.3: Improved capacities of the NS for Resources Mobilization</p> <p>Planned activities:</p> <ul style="list-style-type: none"> ▪ Organization of a national workshop for development of National Resource Mobilization policy ▪ Organization of a validation meeting of the Resource Mobilization Policy by the National Bureau ▪ Development of Resource Mobilization plans ▪ Organizing workshops on ownership of the mobilization policy of the NS resource ▪ Organizing a workshop for the 2017 operational plan
<p>Achievements</p> <ul style="list-style-type: none"> ▪ One national workshop for development of National Resource Mobilization policy conducted in Kindia ▪ A Resource Mobilization strategy developed and adopted ▪ Resource Mobilization plans developed and implemented
<p>Challenges</p> <p>The NS still rely heavily on external funding including covering her core costs, which hampers its full development and financial independence</p>
<p>Lessons learnt</p> <p>The RM strategy has already produced positive effects as the NS has partnerships on the rental of field vehicles with at least 3 International organizations operating in Guinea. This income supports the NS in covering basic needs to run their office and pay few staff</p>

D. THE BUDGET

Contact information

For further information SPECIFICALLY related to this operation please Contact:

- **IFRC Country Office:** Daniel Sayi. Head of Country Cluster; office phone: +224 624483435; mobile phone: email: daniel.sayi@ifrc.org
- **In the Guinea National Red Cross Society:** Youssouf Traoré, President; phone: +224 886 458 187; email: traoreyoussouf2009@gmail.com
- **IFRC Regional Office:**
 - DCPRR:** Farid Aiywar, Disaster Crisis Prevention, Response and Recovery (DCPRR) Coordinator, Email: farid.aiywar@ifrc.org;
 - Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of Regional Logistics unit; rishi.ramrakha@ifrc.org +254 733 888 022; Fax +254 20 271 2777;

For Resource Mobilization and Pledges:

- **In IFRC Regional office:** Kentaro Nagazumi: Partnerships Resource Development Coordinator: Kentaro.nagazumi@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting inquiries)

- **In IFRC Regional office:** Fiona Gatere, Planning, Monitoring, Evaluation and Reporting Coordinator, phone: +254 780771139; email: Fiona.gatere@ifrc.org
- **IFRC Geneva:** Cristina Estrada, response and recovery lead Telephone: +41 22 730 4260; email: cristina.estrada@ifrc.org

[click here](#)

1. Revised Emergency Appeal budget (if needed) [below](#)
 - [click here](#) to return to the title page

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Disaster Response Financial Report

MDRGN007 - Guinea - Ebola Virus Disease

Timeframe: 26 Mar 14 to 31 Dec 16

Appeal Launch Date: 04 Apr 14

FINAL Report

Selected Parameters

Reporting Timeframe	2014/3-2017/8	Programme	MDRGN007
Budget Timeframe	2014/3-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			38,798,893			38,798,893	
B. Opening Balance							
Income							
Cash contributions							
Airbus			65,740			65,740	
American Red Cross			1,400,883			1,400,883	
Australian Red Cross			68,649			68,649	
Austrian Red Cross (from Austrian Government*)			582,579			582,579	
Belgian Federal Government			1,108,980			1,108,980	
Bill & Melinda Gates Foundation			908,146			908,146	1,624
British Red Cross			110,024			110,024	
British Red Cross (from Band Aid*)			143,333			143,333	
British Red Cross (from Children's Investment Fund Foundation*)			2,582,799			2,582,799	
British Red Cross (from DEC (Disasters Emergency Committee)*)			1,241,216			1,241,216	
China Red Cross, Hong Kong branch			46,916			46,916	
Danish Red Cross (from Danish Government*)			77,557			77,557	
European Commission - DG ECHO			2,011,439			2,011,439	106,116
Expertise France/Agence Française d'Expertise Tech			119,222			119,222	
FIATA-Intl Fed Freight Forwarders Assoc.			29,541			29,541	
Finnish Red Cross			73,261			73,261	
Finnish Red Cross (from Finnish Government*)			633,513			633,513	
French Red Cross			14,835			14,835	
Freshfields			3,600			3,600	
Guinea - Private Donors			7,423			7,423	
Japanese Government			7,761,145			7,761,145	2,394
Japanese Red Cross Society			303,350			303,350	
KPMG Disaster Relief Fund			4,994			4,994	
KPMG International Cooperative(KPMG-I)			43,924			43,924	
Louis Berger			336			336	
Nestle			42,077			42,077	
Nethope INC.			45,673			45,673	
Olam			587			587	
On Line donations (from Andorra - Private Donors*)			1			1	
On Line donations (from Australia - Private Donors*)			378			378	
On Line donations (from Austria - Private Donors*)			6			6	
On Line donations (from Bahrain - Private Donors*)			116			116	
On Line donations (from Barbados - Private Donors*)			2			2	
On Line donations (from Belgium - Private Donors*)			7			7	
On Line donations (from Bermuda - Private Donors*)			1			1	
On Line donations (from Brazil - Private Donors*)			52			52	
On Line donations (from Bulgaria - Private Donors*)			17			17	
On Line donations (from Canada - Private Donors*)			458			458	
On Line donations (from China - Private Donors*)			366			366	
On Line donations (from Colombia - Private Donors*)			2			2	
On Line donations (from Costa Rica - Private Donors*)			1			1	
On Line donations (from Cyprus - Private Donors*)			4			4	
On Line donations (from Czech private donors*)			7			7	
On Line donations (from Denmark - Private Donors*)			26			26	
On Line donations (from Dominican Republic - Private Donor*)			1			1	
On Line donations (from Egypt - Private Donors*)			93			93	
On Line donations (from Fiji Private Donors*)			1			1	
On Line donations (from Finland - Private Donors*)			14			14	

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On Line donations (from France - Private Donors*)	150	150
On Line donations (from Germany - Private Donors*)	88	88
On Line donations (from Great Britain - Private Donors*)	2,093	2,093
On Line donations (from Greece - Private Donors*)	68	68
On Line donations (from Hong Kong - Private Donors*)	41	41
On Line donations (from Hungarian - Private Donors*)	3	3
On Line donations (from icelandic RC*)	2	2
On Line donations (from India - Private Donors*)	28	28
On Line donations (from Indonesia - Private Donors*)	6	6
On Line donations (from Ireland - Private Donors*)	112	112
On Line donations (from Italy - Private Donors*)	2	2
On Line donations (from Japan - Private Donors*)	42	42
On Line donations (from Jordan - Private Donors*)	3	3
On Line donations (from Kazakhstan - Private Donors*)	2	2
On Line donations (from Kenya - Private Donors*)	25	25
On Line donations (from Kuwait - Private Donors*)	169	169
On Line donations (from Latvia - Private Donors*)	1	1
On Line donations (from Lithuania - Private Donors*)	1	1
On Line donations (from Luxembourg - Private Donors*)	1	1
On Line donations (from Malaysia - Private Donors*)	58	58
On Line donations (from Malta - Private Donors*)	1	1
On Line donations (from Mauritius Private Donors*)	13	13
On Line donations (from Mexico - Private Donors*)	3	3
On Line donations (from Netherlands - Private Donors*)	43	43
On Line donations (from New Zealand - Private Donors*)	33	33
On Line donations (from Nigeria private donors*)	3	3
On Line donations (from Norway - Private Donors*)	14	14
On Line donations (from Oman - Private Donors*)	144	144
On Line donations (from Pakistan Private Donors*)	12	12
On Line donations (from Panama Private donors*)	2	2
On Line donations (from Philippines - Private Donors*)	1	1
On Line donations (from Poland - Private Donors*)	5	5
On Line donations (from Portuguese - Private Donors*)	3	3
On Line donations (from Puerto Rico - Private donors*)	1	1
On Line donations (from Qatar Private Donors*)	163	163
On Line donations (from Republic of Korea - Private Donors*)	5	5
On Line donations (from Romania Private Donors*)	1	1
On Line donations (from Russia - Private Donors*)	29	29
On Line donations (from Saudi Arabia - Private Donors*)	47	47
On Line donations (from Singapore - Private Donors*)	147	147
On Line donations (from Slovakia Private Donors*)	5	5
On Line donations (from Slovenia - Private Donors*)	1	1
On Line donations (from South Africa - Private Donors*)	11	11
On Line donations (from Spain - Private Donors*)	90	90
On Line donations (from Sri Lanka - Private Donors*)	1	1
On Line donations (from Swedish - Private Donors*)	70	70
On Line donations (from Switzerland - Private Donors*)	497	497
On Line donations (from Taiwan - Private Donors*)	121	121
On Line donations (from Thailand - Private Donors*)	30	30

Disaster Response Financial Report

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Split by funding source	Y	Project	*
Subsector:	*		

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On Line donations (from Trinidad & Tobago - Private Donors*)	1	1	
On Line donations (from Turkey - Private Donors*)	14	14	
On Line donations (from Ukraine private donors*)	3	3	
On Line donations (from Unidentified donor*)	12	12	
On Line donations (from United Arab Emirates - Private Donors*)	283	283	
On Line donations (from United States - Private Donors*)	6,332	6,332	
On Line donations (from Vietnam - Private Donors*)	5	5	
On Line donations (from Zimbabwe - Private Donors*)	1	1	
Other	-587	-587	
Philips Foundation	4,293	4,293	
Portuguese Red Cross	1,804	1,804	
Red Crescent Society of the Islamic Republic of Iran	25,000	25,000	
Red Cross of Monaco	18,213	18,213	
Swedish Red Cross	1,310,725	1,310,725	
Swiss Red Cross (from Swiss Government*)	800,000	800,000	
Switzerland - Private Donors	5,902	5,902	
Taiwan Red Cross Organisation	26,415	26,415	
The Canadian Red Cross Society (from Canadian Government*)	1,803,370	1,803,370	
The Netherlands Red Cross	1,436,796	1,436,796	
The Netherlands Red Cross (from Netherlands Government*)	723,726	723,726	
The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)	48,840	48,840	
The Republic of Korea National Red Cross	30,000	30,000	
Tullow Guinea Limited	181,376	181,376	
UNDP - United Nations Development Programme	4,474,340	4,474,340	10,855
United States Government - USAID	5,707,274	5,707,274	
World Cocoa Foundation	181,163	181,163	
C1. Cash contributions	36,222,991	36,222,998	120,990
Inkind Goods & Transport			
British Red Cross	100	100	
The Netherlands Red Cross	26,205	26,205	
C2. Inkind Goods & Transport	26,305	26,305	
Inkind Personnel			
French Red Cross	12,450	12,450	
The Canadian Red Cross Society	68,155	68,155	
C3. Inkind Personnel	80,605	80,605	
Other Income			
Fundraising Fees	-17,346	-17,346	
Sundry Income	768	768	
C4. Other Income	-16,579	-16,579	
C. Total Income = SUM(C1..C4)	36,313,330	36,313,330	120,990
D. Total Funding = B + C	36,313,330	36,313,330	120,990

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			36,313,330			36,313,330	120,990
E. Expenditure			-35,899,983			-35,899,983	
F. Closing Balance = (B + C + E)			413,347			413,347	120,990

Disaster Response Financial Report

MDRGN007 - Guinea - Ebola Virus Disease

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FINAL Report

Selected Parameters

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Budget Timeframe	2014/3-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)				38,798,893		38,798,893		
Relief items, Construction, Supplies								
Construction - Housing				4,876		4,876	-4,876	
Construction - Facilities	424,280			227,667		227,667	196,613	
Construction Materials	19,743			21,104		21,104	-1,361	
Clothing & Textiles	375,835			76,781		76,781	299,054	
Food	244,250			29,321		29,321	214,929	
Seeds & Plants	0			53		53	-53	
Water, Sanitation & Hygiene	1,155,308			676,034		676,034	479,274	
Medical & First Aid	2,645,808			2,307,641		2,307,641	338,167	
Teaching Materials	226,011			4,417		4,417	221,594	
Utensils & Tools	58,145			48,145		48,145	10,000	
Other Supplies & Services	612,714			336,945		336,945	275,769	
Cash Disbursement	166,187			12,260		12,260	153,926	
Total Relief items, Construction, Sup	5,928,282			3,745,246		3,745,246	2,183,036	
Land, vehicles & equipment								
Land & Buildings				139,155		139,155	-139,155	
Vehicles	1,424,160			1,383,614		1,383,614	40,546	
Computers & Telecom	767,093			796,930		796,930	-29,837	
Office & Household Equipment	160,926			160,943		160,943	-18	
Medical Equipment	0						0	
Others Machinery & Equipment	9,850			9,850		9,850	0	
Total Land, vehicles & equipment	2,362,029			2,490,492		2,490,492	-128,463	
Logistics, Transport & Storage								
Storage	38,954			42,605		42,605	-3,651	
Distribution & Monitoring	2,742,746			2,673,816		2,673,816	68,930	
Transport & Vehicles Costs	7,002,186			6,698,731		6,698,731	303,455	
Logistics Services				442,449		442,449	-442,449	
Total Logistics, Transport & Storage	9,783,887			9,857,601		9,857,601	-73,714	
Personnel								
International Staff	6,871,947			6,568,839		6,568,839	303,108	
National Staff	1,780,433			1,659,757		1,659,757	120,676	
National Society Staff	1,684,783			1,405,217		1,405,217	279,565	
Volunteers	3,798,047			3,742,495		3,742,495	55,552	
Total Personnel	14,135,210			13,376,309		13,376,309	758,901	
Consultants & Professional Fees								
Consultants	67,699			103,744		103,744	-36,045	
Professional Fees	264,291			291,069		291,069	-26,779	
Total Consultants & Professional Fees	331,990			394,813		394,813	-62,823	
Workshops & Training								
Workshops & Training	1,446,399			1,228,031		1,228,031	218,368	
Total Workshops & Training	1,446,399			1,228,031		1,228,031	218,368	
General Expenditure								
Travel	702,452			836,525		836,525	-134,073	
Information & Public Relations	465,844			394,578		394,578	71,266	
Office Costs	642,265			838,884		838,884	-196,619	
Communications	378,996			295,795		295,795	83,201	
Financial Charges	8,007			-624,411		-624,411	632,418	
Other General Expenses	24,544			74,947		74,947	-50,403	

Disaster Response Financial Report

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Budget Timeframe	2014/3-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)				38,798,893			38,798,893	
Shared Office and Services Costs	220,980			480,696			480,696	-259,716
Total General Expenditure	2,443,089			2,297,014			2,297,014	146,075
Depreciation								
Depreciation and impairment				7,939			7,939	-7,939
Total Depreciation				7,939			7,939	-7,939
Contributions & Transfers								
Cash Transfers to 3rd Parties				41,547			41,547	-41,547
Total Contributions & Transfers				41,547			41,547	-41,547
Indirect Costs								
Programme & Services Support Recov	2,368,008			2,168,310			2,168,310	199,698
Total Indirect Costs	2,368,008			2,168,310			2,168,310	199,698
Pledge Specific Costs								
Pledge Earmarking Fee				261,543			261,543	-261,543
Pledge Reporting Fees				31,138			31,138	-31,138
Total Pledge Specific Costs				292,681			292,681	-292,681
TOTAL EXPENDITURE (D)	38,798,893			35,899,983			35,899,983	2,898,910
VARIANCE (C - D)				2,898,910			2,898,910	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	38,798,893		36,313,330	36,313,330	35,899,983	413,347	120,990
Subtotal BL3	38,798,893		36,313,330	36,313,330	35,899,983	413,347	120,990
GRAND TOTAL	38,798,893		36,313,330	36,313,330	35,899,983	413,347	120,990