



Health checkpoint at the border between Gabon and Equatorial Guinea

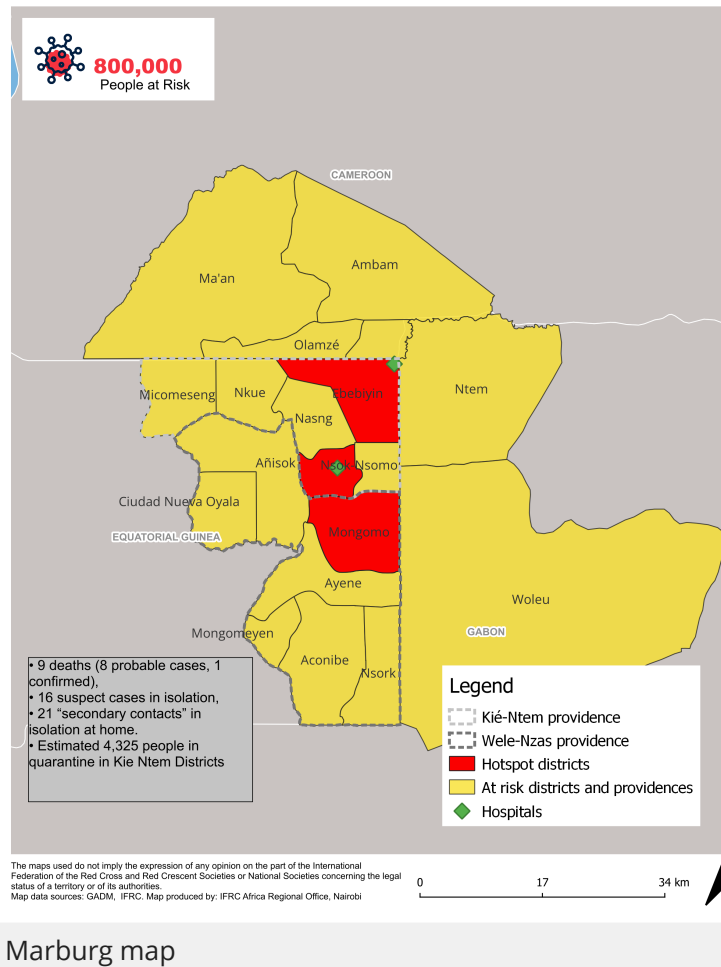
Appeal: MDRGA009	Total DREF Allocation CHF 149,282	Crisis Category:	Hazard: Epidemic
Glide Number: EP-2023-000027-GNQ	People at risk: 608,104 people	People Targeted: 141,877 people	
Event Onset: Slow	Operation Start Date: 2023-03-06	New Operational end date: 2023-07-31	Total operating timeframe: 4 months
Additional Allocation Re- quested -	Targeted Areas:	Woleu-Ntem	

Description of the Event



Marburg Disease, Equatorial Guinea, Cameroon and Gabon

20/02/2023



Marburg map

Provide any updates in the situation since the field report and explain what is expected to happen.

In sitrep N°2 published on February 25, 2023, the authorities mentioned that since the alert of February 13, 2023, confirming a positive sample for Marburg disease, more than 163 people have crossed the land border between the 3 countries: Equatorial Guinea, Cameroon, Gabon. It should be noted that suspected cases have been detected in the two neighboring countries of Gabon. These official travel reports, therefore, remain of concern and support the additional actions undertaken by the Gabonese Red Cross (CRG) to strengthen preventive measures, the preparation of the NS and the community alert system in contribution to the mandate of the operational unit for Response to Epidemics (CORE).

On February 10, 2023, the Government of Equatorial Guinea reported the death of nine (9) people presenting the symptoms of hemorrhagic fever. On February 12, a sample of suspected cases was declared positive for Marburg disease and the WHO published confirmation of the epidemic in Equatorial Guinea on February 13, while Cameroon has continued to record suspected cases since February 9, although none have been tested positive so far.

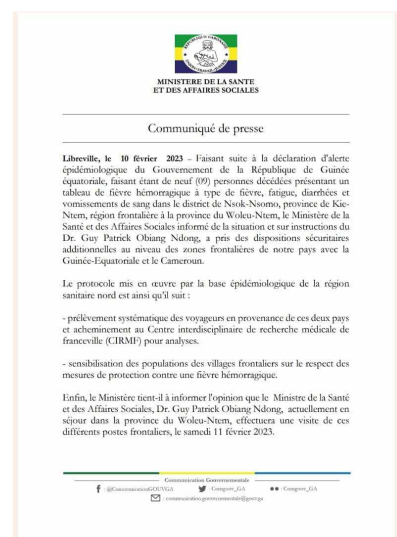
As of 02.03.2023, triangulated information from the field reported contact cases of the various confirmed cases not yet traced in Equatorial Guinea. At the request of the Ministry of Health, several agencies deployed to the affected area in Equatorial Guinea to support the set-up of the response, include Equatorial Guinea RC. In bordering countries



Gabon and Cameroon, DREF supported the anticipatory actions of the NSs to prevent the risk of spread across the countries. Throughout the first months of those interventions, deaths with similar symptoms continued to be reported at the community level, although not confirmed by laboratory tests. According to WHO, since the beginning of the outbreak and as of 21 March, a cumulative number of nine confirmed and 20 probable cases have been recorded in Equatorial Guinea with now four cases in Littoral province and two in Centro Sur province in addition to the cases in Kie-Ntem. This wide transmission of the epidemic across the country was increasing the risk for neighboring countries, include Gabon. Through this DREF operation, Gabon RC was planning to contribute to the preventive measures declared by the Government in Gabon and preparedness of the NS. On 15th May, the Equatorial Government declared the epidemic over and confirm with an international press release of 8 June 2023 after two consecutive incubation periods (42 days) without a new confirmed case reported.



Trainings in GRCS



MOH statement

Why your National Society is acting now and what criteria is used to launch this operation.

Authorities, health services, and health actors in the country are on alert due to this situation. This includes the Gabonese Red Cross which works in coordination with the Ministry of Health. In an official press release on February 15, 2023, the Government through the Minister of Health and Social Affairs announced the existence of a high risk of spread of the disease on Gabonese territory and created an Operational coordination unit for the response to the epidemic (CORE). The major risk for the spread of the disease in the country being the multiple entry points at the borders with Cameroon and Equatorial Guinea. There population movements between these different countries, making the risk of importing the disease very high. The Gabonese Red Cross, in its status as an auxiliary to the authorities in the humanitarian field, must support the its Government in the preventive measures put in place and the state of alert.

The WHO report of February 26, 2023, assesses the risk posed by the Marburg virus disease outbreak as regional-ly moderate. Source (<https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON444>). However, the risk remains and the high frequency of movements between the 3 countries creates a dynamic that is essential to monitor. At the provincial level, the level of alert declared by the Government was remaining the same. The mission of the CORE, which the NS is a part of, is to contribute to this mission in priority action mandated by the Government. The evolution of the suspected cases across the four provinces of Equatorial Guinea required to sustain the prevention, risk communication and surveillance in Gabon which shared border with all the affected provinces through the borders of Woleu-Ntem (80% of borders with Equatorial Guinea) and Estuaire (20%).

With the formal final declaration of the end of the epidemic by 8 June 2023 and no cases reported for the 21 days since that declaration, NS completing the readiness activities of the team will consider the capacity developed during this DREF as a key value for any VHF disease.



Scope and Scale

On February, the Gabon Government declared the state of emergency alert in Gabon following the declaration of the first Marburg virus disease in Equatorial Guinea.

The province of Kie-Ntem, the source of the disease and the two others provinces where suspected cases were reported by communities (Centro sud and Littoral) share borders with Gobon. All the 3 provinces share West border of Woleu-Ntem Province in Gabon and North border with Estuaire Province in Gabon. The Woleu-Ntem represent 80% of that border with 90% of exchanges and point of entry at least while Estuaire Province being less at risk due to the low border distance and exchanges. In addition, Woleu-Ntem is the place of the 3 borders with Cameroon-Equatorial Guinea, making this area a potentially high-risk area at the sub-regional level. Last update from MoH in Equatorial Guinea shows that the Province of Kie-Ntem in Equatorial Guinea which borders Gabon to the East already has a cumulative number of 9 reported MVD cases, all fatal, and several contacts cases, according to the official reports of the Guinean Government as of February 27, 2023.

The junction zone between the Kie-Ntem region in Equatorial Guinea, the South region in Cameroon and the Gabonese borders are a gateway to the Woleu-Ntem province for populations from these two countries. The entry points of the populations coming from these two neighboring countries are the MEDZENG village via the city of Oyem and the MEBOO village via the city of BITAM. The extreme porosity of the borders between Equatorial Guinea and Gabon increases the flow of populations between the two countries and was likely to accelerate the spread of the disease. The control and test posts at the border cannot cover the extent of the border and the temperature tests remain limited given the incubation time of the virus. According to Sitrep N°2, more than 163 people went back and forth between Gabon and Cameroon or Gabon and Equatorial Guinea although the borders were locked. This considerably increases the risk of importation of the disease in these countries in general and in the province of WOLEU NTEM which has more than 608,104 people. The overall population of this region bordering Equatorial Guinea being at immediate risk.

The mortality rate of the virus, the similarity of certain symptoms with other tropical diseases and the incubation time gives room for a considerable risk of rapid expansion in the country in the event of detection or confirmation of a case. The average fatality rate for MVD cases is around 50%, varying from 24% to 88% during the previous epidemic, depending on the viral strain and the clinical management of the cases. The incubation period ranges from 2 to 21 days and in fatal cases, death usually occurs within days 8 and 9, following massive bleeding and shock. Despite the few measures taken by the Gabonese government, the extreme porosity of the borders, and the family and friendly ties between the populations living on both sides of these borders, an exponential spread of the virus through contact cases could occur.

by 8th June 2023, when the Ministry of Health of Equatorial Guinea declared the end of the Marburg virus disease (MVD) outbreak, as per the WHO recommendations, a total of 17 confirmed and 23 probable cases were reported from five districts in four provinces. 12 of the 17 confirmed cases died and all of the probable cases were reported deaths.

Source WHO publication of 9th June 2023
(<https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON472#:~:text=On%208%20June%202023%2C%20after,as%20per%20the%20WHO%20recommendations.>)

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No



Are you changing the geographical location	No
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

This update is to provide details on what was already achieved by the NS since the declaration of the outbreak until the declaration of the end of the epidemic while extending for one month (end date 31.07.2023) the timeframe to complete the swift closure of this DREF and drawn the necessary learnings for future intervention.

Overall, NS has completed the preparedness activities of the NS team mobilized but the intervention was globally delayed due to fund transfer which took a month to be process. This has a significant impact on the timely implementation of the operation in general and especially on the actions to be engaged at community level. With the formal final declaration of the end of the epidemic by 8 June 2023 and no cases officially reported for weeks since that declaration, NS completing the readiness activities of the team will consider the capacity developed during this DREF as a key value for any VHF disease intervention or preparedness in a broader approach. A no regret to anticipatory action engaged already and a stop mechanism for the actions not yet triggered.

Indeed, the community based actions not started will be interrupt and focus will be made in the one month extension requested on strengthening the NS emergency response team on VHF key readiness skills and competencies by completing all trainings, capacity building and ensuring learnings from KAP survey and lessons learnt are capitalized for future operations. All respective not engaged funding will be returned to the DREF pot by the end of the intervention, being around CHF 50,000.

Current National Society Actions



Training at Gabon RC / May 2023.

Assessment

The health crisis in Equatorial Guinea has led to the activation of the operational epidemic unit of the Ministry of Health. At the request of its head of ministerial department, a contingency plan to fight against the Marburg virus disease epidemic is being implemented. The latter indicated that this plan should propose concrete actions in terms of epidemiological surveillance,



	<p>hygiene and sanitation, diagnosis and especially risk communication and community engagement (RCCE). It is on the basis of these orientations that the NS evaluated its operational capacities both at the level of the national headquarters and the committees at the border areas with Equatorial Guinea. This was the case for areas such as WASH, CEA, RCCE, CBS, etc.</p>
National Society Readiness	<p>After the aforementioned statement from the Minister of Health, the National Society triggered its early warning system, and the national disaster response team was activated. Several crisis meetings were held in order to organize the NS intervention teams and assess response capacities. National Society is in contact with the MOH in regards to developing protocols of responses in case of MVD outbreaks.</p>
Protection, Gender And Inclusion	<p>Volunteers from branches and headquarters have already benefited from training on PGI and abuse. In addition, they have all signed the SN code of conduct respecting the 7 fundamental principles.</p>
Community Engagement And Accountability	<p>The IFRC offered a CEA session during the EPIC training from 06 to 23 May. The NS will benefit from this training to be prepared and ready for other situation with the updated skills .</p>
Water, Sanitation And Hygiene	<p>Volunteers in the branch of Oyem and Bitam are already trained on hygiene promotion and Covid 19 prevention.</p>
Health	<p>Presently, the National society has mobilized its national and regional teams so that they are ready to be deployed if necessary. At the level of the Woleu Ntem region, the branch is part of the RCCE sub-committee for the preparation and response to the MARBURG virus disease. An EPIC training took place from 6 to 22 May for 90 Volunteer+ 4 Supervisors in Oyem and Bitam. some follow-up activities were implemented with the monitoring of an Cameroon RC delegate for a few days.</p>
Activation Of Contingency Plans	<p>The national operations command post, made up of around ten people, has been set up. The national disaster response team has been activated at headquarters level.</p> <p>The Head of the Risk and Disaster Management Department leads the team mobilized under the coordination of the Disaster Directors, Secretary General, National President and other actors in the national response system.</p> <p>The provincial coordination and their teams are on alert. At committee level, the activated alert system coordinated by the local President and the Provincial Secretary in charge of operations is as follows:</p> <ul style="list-style-type: none"> •60 volunteers •12 first aiders •3 first aid instructors <p>5 main national operational units have been activated. Their technical capabilities include:</p>



	<ul style="list-style-type: none"> •3 nurses •1 doctor <p>•All the other provincial committees in the country are on alert and ready to deal with all eventualities.</p>
Coordination	<p>National Disaster Response Coordination and the National Aircraft Crash Team.</p> <p>As such, NS met a number of stakeholders in the Response, including: the Ministry of Health, WHO, in order to ease the sharing of information and the pooling of efforts. Also, the provincial committee was mandated on the field to meet the Regional Director of Oyem to collect information.</p> <p>Training on surveillance with an emphasis on community case definition of VDD was organized with technical support from WHO and the participation of the local branch of the Gabonese Red Cross which is a member of the regional operational unit response to epidemics.</p>

Movement Partners Actions Related To The Current Event

IFRC	<p>The IFRC provides the CRG with technical support in the planning of priority actions aligned with the areas of intervention defined by the Government. Given the Movement's expertise in the response to MVD, the CRG benefits from constant support and the staff deployed by the Secretariat will contribute to strengthening throughout the response, according to the different scenarios the intervention proposed by the CRG.</p> <p>The regional approach of the Secretariat in support of the NS in the risk zones also aims to ensure preventive coverage in the zone of the three borders. In this context, the IFRC provides sub-regional strategic orientation meetings and contributes to strengthening the preparation and invention plans of the CRG within the framework of the MVD.</p> <p>A national delegation from the Gabonese Red Cross supported by a representative of the IFRC office in Yaoundé visited and had working sessions with technicians based at the border posts with Equatorial Guinea. The IFRC Cluster delegation has supported the NS with technical functions in CEA/ EPIC/ Finance. The IFRC Surge response was activated at the IFRC regional office with an Operations manager, a Logistic's delegate, a PHle coordinator and SDB specialist. The National Society of Cameroon sent a health staff to support the Training and Monitoring of the EPIC activities.</p> <p>During the previous operations with Gabon, the teams of the cluster and the IFRC region have always supported the NS both technically and financially.</p>
ICRC	<p>The ICRC Delegation based in Yaoundé covers Gabon. This delegation Despite the fact that the ICRC covers Gabonese territory, through its delegation has not yet shown direct support for the CRG.</p>



Participating National Societies	For the moment, no PNS has expressed support nor spoken out in favor of direct support to CRG in the context the preparation for the MVD.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Government has requested the support of the various actors operating in the health sector.□</p> <p>On February 15, 2023, the Epidemic Response Operational Unit (CORE) was activated, including the WHO and the Gabonese Red Cross as members, alongside the Ministry of Health, which leads this body.□</p> <p>The CORE is responsible for developing the contingency plan on which the prevention and possibly response actions would be modeled, encompassing the actions of the various stakeholders.□</p> <p>□</p> <p>The Government has also set up a cordon sanitaire at the Cameroon-Equatorial Guinea-Gabon border. As of February 25, 2022, 4 checkpoints were active. Surveillance activities are reinforced and continue at the borders of the three countries under the coordination of the CORE with the support of the CRG branches.□</p> <p>The mandate was given to the CORE to strengthen prevention measures, and ensure capacity building for all actors involved in preparedness and response activities at Oyem and in the tri-border area.</p>
UN or other actors	UNICEF, WHO, CDC participated in planning meetings for preparedness actions.

Are there major coordination mechanisms in place?

Coordination meetings are taking place with the WHO, AfCDC and the Ministry of Health. The IFRC and National Societies have supported the Ministry of Health in the production of 3 sitreps so far. They were also able to support preparedness for RCCE activities.□

□

An assessment has been made and measures are underway in Woleu-Ntem (Gabonese province bordering the Guinean province of Kie-Ntem, where the Marburg virus disease was detected) as the systematic recording of the temperature of people crossing the border (thermoflash).□

□

The preparatory meetings held by the Minister of Health and Social Affairs made it possible to determine the first actions to be undertaken and the priority areas, namely: health, Wash, RCCE.□

□

A mixed mission (WHO, Ministry of Defence, Ministry of Health) went to BITAM to carry out an assessment.



Needs (Gaps) Identified



Water, Sanitation And Hygiene

The needs in terms of water, sanitation and hygiene promotion are as follows:

- Hygiene promotion, including hand washing (with the WASH sector), including the establishment of stations in border areas.
- Hygiene Promotion training for rapid activation.



Health

Based on the risk profile of the Ministry of Health and the priority actions defined to be put in place by the CORE. Those actions followed the needs in terms of preparedness by the time of the epidemic declaration as follow:

- Risk Communication and Community Engagement: need for training and deployment. These volunteers will be integrated into ICS teams for enhanced efforts and increased impact;
 - Community surveillance: need for training and deployment for surveillance and case detection
 - Safe and Dignified Burials (SDB); Need for training, setting up intervention teams who will be on standby until the start of the intervention phase, and positioning SDB kits;
 - Infection Prevention and Control (IPC) for ambulance services. The need to train ambulance service operators to support the transportation of suspected cases if detected by CBS teams. Based on the experience of the CRG in the management of the Covid-19 pandemic in the country, discussions will be undertaken for the ambulance to be made available if necessary.
 - Psychosocial Support (PSS): need for sensitization on Psychosocial First Aid (PSP) and EOC MHPSS briefing.
 - EVD Key Messages and Preparedness
 - Hotline use to increase public engagement
 - Training on health risks related to VHF when SBC systems are already in place.
 - Development or update of an NS contingency plan for MVD, including staff health and volunteer protection (with a protocol in the event of staff or volunteer infection).
 - Increase the community risk communication with different channel if the EVD response phase is triggered.
- The end of the epidemic official declaration is making priority to reinforce the overall preparedness of the NS itself while priority at community level was higher during the emergency stage but unfortunately, with the delay observed on the implementation all have not been completed.



Community Engagement And Accountability

The needs identified based on the assessment of the capacity at the provincial level and the situation at the community level include.

- Training needs to increase knowledge of the disease and the capacity of the response system. This covers combined MVD and RCCE/CEA training for volunteers and/or health promotion/hygiene training for rapid activation.
- RCCE/CEA active in high-risk areas and border areas
- Establish community feedback mechanisms (through social mobilization activities, hotline, social media, radio shows, etc.)



•Establish communication channels such as interactive radio shows, television, hotline, SMS, social media channels, posters, community meetings, etc. to engage communities in dialogue.



Protection, Gender And Inclusion

There was a need to train governance, staff, and volunteers in PGI. The systematic involvement of the gender focal point(s) and their participation in the planning is an important requirement.

It is worth noting that the Gabonese Red Cross does not have a national policy and strategy in terms of PGI and PEAS (Protection and prevention against Sexual Exploitation and Abuse).

Any identified gaps/limitations in the assessment

Operational Strategy

Overall objective of the operation

This DREF operation initial objectives was revised to focus on NS capacity and building competencies of the emergency operation team of the GRCS on VHF diseases, especially Marburg by ensuring the mobilized personnel are able to achieve the early detection of suspected cases, to anticipate the preparation for the response in order to avoid the spread of the virus on the national territory by sensitizing the populations on the risks in accordance with the priority axes of the Government whose elements also correspond to the mandate of the NS

Operation strategy rationale

The intervention of the SN aligns with the objectives of the contingency plan mandated to be put in place by the members of the CORE, of which the SN is a member. This also includes support in the implementation of the alert and prevention measures defined by the Government since February 15, 2023; aimed at avoiding any case of Marburg virus disease on national territory by ensuring epidemiological surveillance, hygiene and sanitation, diagnosis and above all risk communication and community involvement (RCCE).

To achieve its objective, the CRG was engaged in preparedness activities in the following areas:

1. Promoting community health through Risk Communication and Community Engagement (RCEC) by training volunteers on the EPIC program. They will then be deployed to ensure community awareness of the risks of MVD and the means to prevent it. they will thus be able to limit the spread of rumors and infodemics. . Community feedback mechanisms (through social mobilization activities, hotline, social media, radio shows will be put in place, as well as communication channels such as interactive radio shows, TV, hotline, SMS, social media channels, posters, community meetings, etc.
2. Community Based Surveillance (CBS) ensuring preparedness and response to outbreaks in communities; Volunteer training and deployment to support case detection in the community and referral to relevant health facilities. In addition, the SBC teams will alert the SDB teams to book if necessary and as agreed in the protocol (to be established) with the community health units. CRG will build on existing capacities through the program to support



the implementation of this key activity. Note that the EPiC training includes the CBHFA, the MVD, the CEA (including community feedback) and the basics of the PFA.

3. Preparation for safe and dignified burials (SDB) by providing training at the national level and at the provincial committee level (Cascade training for the teams of the branches of the committee). SDB teams ready to react in the event of detection of a suspicious death. SDB training kits will be available to ensure adequate training as well as SDB starter kits for the protection of teams in the event of deployment.

4. Promotion of water, sanitation and hygiene: in rural areas, people experience enormous difficulties in obtaining drinking water and taking care of their hygiene in times of crisis. Therefore, it is necessary to organize hygiene promotion activities, in particular hand washing (with the WASH sector), including the establishment of stations in border areas and training on the Promotion hygiene for rapid activation.

5. NS contingency plan for MVD will be developed. It will include the health of staff and the protection of volunteers (with a protocol in the event of infection of staff or volunteers). SDB will be deployed to support the CRG teams both in the implementation of activities and in coordination.

RCCE, sensitization, EPiC will only be completed as trainings and all related actions initially planned at community level will not be done with consideration of the situation in Equatorial Guinea and the risk lecture. This include:

1. RCCE
2. Community based surveillance
2. WASH activities

All related budget to be returned to the DREF pot by the end of the intervention. The lesson learnt workshop will deeply make the operational review of the preparedness for epidemic risk and drawn recommendations for future intervention.

Targeting Strategy

Who will be targeted through this operation?

Thanks to this DREF operation, the CRG aims to target 141,877 people with key prevention messages. It will involve working in two departments bordering Equatorial Guinea, the department of Woleu (oyem) and the department of Ntem (bitam)

Explain the selection criteria for the targeted population

The reason for this geographic targeting is that the province of Woleu-Ntem borders Equatorial Guinea where cases have been declared. This area has a high level of socio-economic interactions with Equatorial Guinea

Total Targeted Population

Women:	62,426	Rural %	Urban %
Girls (under 18):	-		
Men:	79,451	People with disabilities (estimated %)	
Boys (under 18):	-		
Total targeted population:	141,877		



Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions


Risk	Mitigation action
Risk of contamination for team members	Compliance with security measures
Risk of inaccessibility to the intervention area	Redaction of administrative letters, integration of the CRG into the CORE.
Risk of death of a team member	Appropriate briefing on the risk and provision of adequate protective equipment


Please indicate any security and safety concerns for this operation

For a safe intervention, it will be necessary to ensure compliance with the protocols in force, to systematically ensure the disinfection or destruction of soiled equipment. Be reassured of the good quality of the equipment used. It will be imprudent to drive at night and to exceed 80 kilometers per hour during the movements of the teams. Teams will sign the code of conduct and receive safer access training.



Planned Intervention

	National Society Strengthening	Budget	CHF 19,641
		Targeted Persons	106
Indicators	Target	Actual	
#Of mobilised staff and volunteers who received the necessary EPiC training with all relevant component	104	104	
#of staff engaged in the response	10	10	
Progress Towards Outcome			
The NS has selected and trained 90 volunteer + 4 supervisors+ 10 priority staff			

	Secretariat Services	Budget	CHF 49,370
		Targeted Persons	141877
Indicators	Target	Actual	
#Of surge deployed to support NS capacity and intervention	2	2	
#Of Monitoring conducted and mission support	3	3	
#Of coordination meeting conducted for technical and operational orientations with the NS	10	10	
Progress Towards Outcome			
<ol style="list-style-type: none"> 1. Monitoring meetings are held on a regular basis via TEAMS at the moment. 2. The technical surge remotely supported the NS as well as in - country in a staggered manner from May till June 20. 3. IFRC technical mission and sectoral monitoring, especially from CEA, HHealth (SDB, public health), Logistic and finance. 			

		Budget	CHF 1,206
		Targeted Persons	141877



Water, Sanitation And Hygiene		
Indicators	Target	Actual
Number of households sensitized on the promotion of hygiene and hand washing	2414	0

Progress Towards Outcome

These activities have not been started due to delay on this DREF operation linked to fund transfer. With the situation updated as per the declaration of the end of the epidemic in Equatorial guinea and no cases officially reported, the sensitization could be seen as another declaration of emergency when the situation is no more at that stage.

The budget linked to the planned activities under this sector, except the related briefings for the team will not be completed. The team briefed under health and which received briefings under WASH will count as the preparedness capacity of the NS to the VHF.

	Community Engagement And Accountability	Budget	CHF 5,886
		Targeted Persons	141877

Indicators	Target	Actual
Number of focus groups conducted	31	0
Number of contracted radios	2	2
Feedback mechanism adopted	1	1
Message translation workshop	1	0

Progress Towards Outcome

Most of the planned activities does not correspond anymore to the stage of the situation and will not be conducted. GRCS has focused the remaining weeks on developing skills and testing the feedback system developed for future interventions.

CEA training is conducted and has benefit to 90 volunteers, 4 supervisors, 10 Staff. The training took place 06 to 22 May.

KAP survey done early May and update the NS on a broader perception of MVHF and in general to epidemic and in a bordering countries dynamic

Gabon RC has developed Feed mechanism and has developed standard messages that could be used for future event.

	Health	Budget	CHF 73,179
		Targeted Persons	141877



Indicators	Target	Actual
Number of trained volunteers	90	90
number of KAP surveys conducted	1	1
Number of descents	2944	0
Number of EDS teams trained	1	0

Progress Towards Outcome

1. KAP survey done. NS will take advantage of the KAP to develop a MVD contingency plan
2. EDS training completed first half of June
3. an EPIC/CEA training for 90 volunteers + 4 Supervisors in the target region from 06 May to 22 May
The 2nd phase of the activities will be fully completed by mid July. The EPIC/ CEA training was supported by the IFRC Cluster delegation with additional global CEA delegate
4. Two logistics sessions in Libreville with the support of the IFRC Surge Log delegate.
5. NS monitoring of implemented activities till 30 May.

	Protection, Gender And Inclusion	Budget	CHF 0
		Targeted Persons	141877

Indicators	Target	Actual
Percentage of sensitive feedback collected related to PGI concerns that are treated	100	0
#Of volunteers trained on PGI minimum standard	94	0

Progress Towards Outcome

1. KAP survey done with PGI considerations.
2. SGBV planned for the phase 2.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

90 volunteers, 4 supervisors and 10 field staff will be deployed on this operation.

1. Volunteers will manage activities

2.4 supervisors will manage teams, ensure reporting and technical oversights

3. Field staff manage the operation : President + SG Program manager, health, CEA, Finance., Communications, Logistics, PMER, WASH, PSS , Branch : coordinators and presidents.

Will surge personnel be deployed? Please provide the role profile needed.

2 profiles are expected on these Health and finance operations for 1 month. No deployments done. One Regional Finance delegate will be deployed by June 1st.

If there is procurement, will it be done by National Society or IFRC?

Some purchases will be made by the IFRC and others by the CRG under the supervision of the IFRC logistics unit.

How will this operation be monitored?

Reinforcements will be deployed and field supervision will be carried out. IFRC and National Society staff will meet monthly for close monitoring. Field missions will be carried out in addition and a financial review will be carried out on a monthly basis. There should a review plus Lessons learned workshop by mid July in Gabon

Please briefly explain the National Societies communication strategy for this operation.

A communication strategy for the visibility of the operation and of the Red Cross in this context will be developed. Several means and methods of communication will be used. First, upon approval of the DREF, an information session will be organized for partners and other stakeholders. A presentation of the objectives and activities will be made during the coordination meetings of the ONE HEALTH platform and the SGI. The results of the KAP survey will be shared with all actors as well as the priority needs identified by communities and health actors. Weekly strategies will be shared on social media, a monthly newsletter will be produced and disseminated and at each workshop, other actors will be involved.

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[Click here for the reference](#)

