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Emergency Plan of Action (EPoA) update Sierra Leone Ebola Virus Disease

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRSL005
Date of issue: 10 June 2014	Date of disaster: May 2014
Operation manager: Zakari Issa, IFRC	Point of contact (name and title): Constant Kargbo (SLRCS USG Programmes and Operations)
Operation start date: 1 May 2014	Expected timeframe: 5 Months
Overall operation budget: CHF 227,336 (including 2nd allocation of CHF 114,119)	
Number of people affected: 3.8 million	Number of people to be assisted: Nation Wide coverage with a close focus on the border areas.
Host National Society(ies) presence (n° of volunteers, staff, branches): Sierra Leone Red Cross Society: Number of volunteers: 400 Number of staff at branch level: 40	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of the Red Cross and Red Crescent Society	
Other partner organizations actively involved in the operation: Government of the Republic of Sierra Leone	

Summary of major revisions made to emergency plan of action:

This EpoA update extends the target area (currently limited to the districts of Koinadugu, Kono, Bombali, Kailahun and western area rural/urban) to include Kenema district in the East of the country, which is where the latest reported cases originated from.

The revised plan will focus on continuing communications and sensitization activities at the same time building the capacities and support the volunteers involved in the campaigns. Following the first DREF allocation, 90 volunteers were trained by the MoH on ebola awareness. This plan aims to train an additional 15 volunteers per targeted district, amounting to a total of 210 volunteers trained, including 30 in Kenema. The new volunteers will be trained in ebola awareness. All 210 volunteers will be trained on the use of Personal protective equipment (PPE), psychosocial support (PSS), hygiene promotion (HP) and epidemic control.

A special communications strategy using community radio in Kailahun will be developed. Community drama activities will be included also mobile cinema. A video will be developed in coordination with UNFPA to be shown at community level to support dissemination activities.

This EPoA update announces a second DREF allocation of CHF 114,119 to continue current activities and scale up where necessary in response to the Ebola Virus Disease outbreak in Sierra Leone.

This update changes the operation timeframe from three to five months.

A. Situation analysis

Description

On 26th May 2014, the National Ebola Task force of the Ministry of Health announced confirmed cases of Ebola within the borders of Sierra Leone. Since then, the number of confirmed cases has increased steadily. As of 6th of June 2014, the number of cases confirmed by the Ministry of Health & Social Welfare (MOHSW) of Sierra Leone totals 33 laboratory confirmed cases (an increase of 9 cases since June 4th) and 89 suspected cases and six deaths of Ebola virus disease (EVD). To date, all confirmed cases have epidemiological links to Kailahun district, however, there is now one confirmed case in Mambolo, Kambia District, which is reported to be a driver who travelled from Kailahun when sick. After admission to a private hospital, this case was transferred to the ebola treatment centre in Kenema. A number of suspected cases in Freetown have been excluded by laboratory testing.

The MoHSW reports that affected communities in Kissi Teng are refusing to allow entry of government officials, which may indicate that the actual number of cases could be higher than the officially reported figures.

Currently there is one treatment centre in Kenema, set up in the Lassa fever hospital, run by the MoHSW, another one will be established in Kailahun by Doctors without Borders (MSF), and there will be another one in Laka, Freetown, as a collaboration between MSF and the MoHSW.

The MoHSW has moved from the preparedness phase to the emergency phase and on June 6th, the Minister of Health requested partner support in contact tracing. MoHSW will provide training but they are stretched with human resources. A need for increased communications and sensitization campaigns was also stressed by the minister.

Following the MoHSW decision, the SLRCS has shifted from preparedness to response, and have extended the area of operation from the original 6 border districts of Kambia, Koinadugu, Kono, Bombali, Kailahun and western area rural/urban, to include Kenema district in the East of the country since it borders the affected district and is a referral target district. The inclusion of this district followed a request from the MoHSW. The revised plan will focus on continuing communications and sensitization activities at the same time building the capacities and support the volunteers involved in this campaigns.

The FACT team deployed in the field will be carrying on rapid assessments with the NS. This will provide a more accurate idea of what the next steps potentially could be. Based on the findings, an appeal might be launched.

Summary of the current response

Overview of Host National Society

The Sierra Leone Red Cross Society is working closely with all stakeholders included in the National Task Force which has already established 5 subcommittees namely: Surveillance and Lab control, Case Management, Coordination, Logistics and Communications. The National Society is involved in the committee of communications thus enabling it to be involved in sensitization and awareness raising. The National Society has a volunteer base strength of 7,422 and is operating in all the 13 districts of the country thus encompassing a nationwide network of SLRCS Volunteers. With network and branches in all the districts of the country the National Society has placed an emergency call to Branch Health Officers to assist in surveillance and collaborate at task force meetings at district and national level. The previous DREF supported the National Society to produce jingles that are being aired across the nation and an increase of SMS broadcasting spanning 9 districts as of now, including the 200 communities in the six targeted districts identified as initial target area.

To complement governments efforts to contain the outbreak of Ebola and based on a request done by the MoH on June 4th, the NS will concentrate its efforts in Kailahun district, the epicentre of the outbreak, at the

same time that will continue its raising awareness activities in Kambia, Koinadugu, Kono, Bombali, Western area rural/urban and Kenema districts.

The SLRCS has a slot in the National Radio of SL every Monday between 13:00 and 14:00 to talk on ebola. Key staff from the NS will provide an update and answer questions from the audience.

In coordination with the MoH, sensitization messages are regularly sent through the SLRCS SMS broadcast TERA system. Each time, a total of 289,220 messages are sent to the following districts: western area, Kambia, Koinadugu, Kono, Bombali, Kenema, Kailahun, Pugehun and as from next week, Mayamba.

Overview of Red Cross Red Crescent Movement in country

A FACT team composed of team leader, health, psychosocial support and hygiene promotion experts, supported by a water and sanitation officer from the IFRC regional office in Cote d'Ivoire, has been deployed in the field to support the SLRCS in their efforts

The National Society has bilateral partnerships with PNS namely the British RC, Finnish RC, Icelandic RC and the Japanese RC.

No PNS or ICRC are currently present in the field.

Overview of non-RCRC actors in country

The Government of the Republic of Sierra Leone, UN agencies and other NGOs are conducting continuous assessments and investigations on the disease. WHO, MSF, Save the Children, with the Red Cross, are the major players in the country supporting MoH efforts to contain the outbreak. Other agencies involved are: International Rescue Committee(IRC), Action Contre la Faim(ACF), UNFPA, UNICEF, ADB, Metabiota, JICA, DFID, ECHO, EU, Mano-River Union, among others.

WHO has deployed three experts to the field to support the MoH: a logistician, a surveillance expert and an anthropologist.

MSF is establishing a treatment centre in Kailahun and is providing equipment to the MoH to set up a treatment centre with a 20 bed capacity in western area of Laka. The MoH will provide the HR and will train those health workers.

Chinese government has provided 4,000 units of PPE to the MoH.

The MoH is running the treatment centre in Kenema. To date, more than 200 nurses have been trained, there are plans to train up to 1,000 health workers and plans for training of support staff, drivers and cleaners, in health facilities are on its way.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Communication and prevention

An identified need for the emergency response in Epidemic Control is communication and awareness raising to reduce the spread of EVD especially in border towns and the nation as a whole. Campaigns involves social mobilization using information, education and communication (IEC) materials, flyers, community drama and house to house sensitization. This will be the strategy used by the Sierra Leone Red Cross Society to raise awareness in the areas under surveillance. There is a need to escalate public communication and community engagement to raise awareness of preventive strategies and appropriate response to illness. The MoHSW has requested the SLRCS to increase its communications activities focusing in the affected area, especially through the use of megaphones. FACT team members, especially the HP and PSS specialists will be providing support on this issue.

Surveillance and case identification

The MoHSW has reported challenges in identifying cases in affected communities where there appears to be an unwillingness to accept the disease. Further assessments need to be done in order to get a better

understanding of how well the surveillance system is working and if there is any potential to support the MoHSW in its surveillance activities and improve early identification of cases.

Case management

Currently there is one isolation centre in Kenema and two will be opened soon. This is managed by MoHSW supported by MSF.

Contact tracing

Tracing and on-going follow-up of contacts during the incubation period is a key activity in the early phase of an outbreak. It supports rapid identification and management of new cases. However, it is highly resource intensive and it is likely that the Ministry of Health's capacity to follow up contacts will likely be exceeded. Further assessments need to be done in order to get a better understanding of how well the contact tracing is done and if there is any potential to support the MoHSW in its contact tracing activities to improve early identification of cases.

Socioeconomic and psychosocial support to cases, their families and communities

Now that there are confirmed cases, there is an increasing need for management of the socioeconomic and psychosocial aspects of the infection. Social disruption and stigma associated with the program means there may be a need for an RFL program. Further assessments need to be done in order to get a better understanding of the need for socioeconomic support to families affected by the disease. The FACT member specialised in psychological support will be providing training and PSS to volunteers to facilitate their interaction with the communities.

The majority of people diagnosed with EVD in Sierra Leone are women. This is likely related to the high rate of female health workers, and the gender distribution of cases must be taken into consideration when planning socioeconomic and psychosocial interventions.

Beneficiary selection:

- The whole population of the target districts
- Women's groups and associations in the target districts
- People with high movement activity in the affected areas (drivers etc.)
- Schools in the target districts

Risk Assessment

Due to fear and stigma related to EVD, there is a high risk of the spread of the disease. However, there is an opportunity at this stage of the outbreak to implement effective control strategies but as the number increases the control of the disease will become greater.

Other risks include:

- Poor case identification and management in Kissi-Teng
- Surveillance system currently appears to be entirely passive
- Lack of understanding of the disease
- Potential conflicting messages and information in the border between Guinea, Liberia and Sierra Leone

The SLRC and IFRC teams are working closely with colleagues in Guinea and Liberia to learn, share materials and knowledge with persons around this response and to improve cross-border links within the region.

B. Operational strategy and plan

Overall objective

The EVD outbreak is better controlled through the escalation in communications and enhancing the response capacity of SLRC volunteers.

Proposed strategy

This operation enables the LSRCs to support the MoHSW in social mobilization, awareness raising, prevention messaging and beneficiary communication in Kambia, Koinadugu, Kono, Bombali, Kailahun and western area rural/urban, and Kenema districts.

A total of 210 volunteers will be trained, including 30 in Kenema. The new volunteers will be trained in ebola awareness. All will be trained on the use of PPE, PSS, HP, ECV, and related activities.

Volunteers will be mobilized for orientation in close coordination with those participating in the 'communications pillar' lead by the MoH. On going activities under the previous DREF will be carried on under this extension. A special communications strategy using community radio in Kailahun will be developed. Community drama activities will be included also mobile cinema. In coordination with UNFPA a video will be developed to be showed at community level to support dissemination activities.

SLRCS and the IFRC team are working closely with colleagues in neighbouring Guinea and Liberia to share materials, knowledge, and lessons learned and to improve cross-border links between the three responses.

Operational support services

In order for the intervention to meet its objectives, assistance will be needed from the different support services of the NS such as Human resources; IT; Logistics; Administration, Finance; PMER; Communications; Security and Resource mobilization.

Technical support will be provided by the IFRC when needed.

Human resources

Staff members and volunteers from different programs as well as FACT members deployed will be needed to complete the plan of action.

Equipment such as rain gear and hand sanitation will be provided to the volunteers.

Logistics and supply chain

- Communications materials needed for this operation could be printed locally with support from the Federation
- Sierra Leone Red Cross Society will procure and store goods at their identified storage facilities
- Four vehicles will be hired locally for the day to day implementation of the plan of action supported by Sierra Leone Red Cross Societies vehicles.

Quick links

- [Emergency Items Catalogue 2009](#)
- [Logistics Standards Online](#)
- [Procurement Portal](#)

Information technologies (IT)

Communications

NS will provide technical support with reference to the Sierra Leone Red Cross Society's communication policy and structure.

Security

Ideally, local volunteers should be trained and used for this operation since they are more oriented with the locality and therefore may easily handle arising situations.

Planning, monitoring, evaluation, & reporting (PMER)

Monitoring and evaluation will be carried out on a weekly basis by the volunteers with support from the District Disaster Relief Officer and the branch health officer to be submitted to the Operations Manager and PMER Officer and a beneficiary satisfaction survey will be carried out at the end of the implementation of activities with technical support from IFRC. All technical working group (TWG) members will be actively engaged in monitoring and evaluation of the campaign.

The operation makes use of the IFRC Rapid Mobile Phone (RAMP) approach for collection of field data. A baseline knowledge, attitude and practice (KAP) survey will be conducted through RAMP to guide the detailed planning of the approach. A mid-term KAP and a final KAP will support monitoring and evaluation of the impact of the operation.

C. DETAILED OPERATIONAL PLAN

Health

Outcome 1: The immediate risks to the health of the affected population are reduced							
Output 1.1 The capacity of the SLRCs to manage EVD outbreak response has been strengthened							
Activities planned	Months	1	2	3	4	5	Add week / month columns as needed
Training of 210 volunteers in ebola response, including ebola awareness, PPE, PSS, HP, ECV		x		x			
Procure PPE and train volunteers on the use of PPEs		x		x			
Conduct a rapid assessment in the community to describe the current epidemic in order to ensure that all activities of the chain of transmission are identified and measures to prevent future infections are implemented		x		x			
Carry on with SLRCs Task Force at HQ level maintaining close coordination with national health authorities, partner organisations and the SLRCs branches in the affected areas		x	x	x	x	x	
Develop detail emergency plan of action		x		X			
Procure and distribute equipment for volunteers (rain gear, hand sanitation)				x	x		
Develop standard templates and collate weekly field reports		x	X	x	x	x	
Output 1.2 Increase public awareness of the EVD in the target districts							
Activities planned	Weeks	1	2	3	4	5	
Assess current knowledge, attitude and practices in affected communities using a RAMP survey.				x			
Revise key messages				x			
Reproduce and disseminate guidance and tools and IEC material		x	x	x	x	x	
Procure and distribute 35 megaphones				x			
Ongoing health promotion campaigns using house to house sensitization, focus groups and media campaigns in the affected districts		x	x	x	x	x	
Develop a community radio strategy plan		x	x	x			
Conduct weekly radio programme disseminating key prevention and rumour management messages			x	x	x	x	
Disseminate key messages through TERA		x	x	x	x	x	
Develop a video				x			
Evaluate effectiveness of communications in changing knowledge, attitude and practices in affected areas using a RAMP survey					x	x	
Monitoring and evaluation		x	x	x	x	x	

Progress on activities

To date, 90 volunteers have received training in social mobilization and Ebola awareness raising. 110 kits of PPE have been prepositioned and are ready for deployment. Assessments are on-going and the SLCRS is actively participating in the national Ebola task force. SMS system has been activated and is broadcasting SMS messages to 9 districts (290,000 messages per broadcast). Awareness campaign as per the initial plan of action has been conducted as per the table below:

Branch	Communities	Number of Household visits/schools	Number of persons reached(approx)
Kambia	35	546	19,870
Koinadugu	34	453	10,700
Kono	34	489	17,669
Kailahun	35	590	11,789
Bombali	20	267	8605
Western area	35	785	29,500
Total	193	3,131	98,133

Table 1: Ebola awareness campaign progress to date

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Daniel Sayi, Regional Representative, West Coast, Abidjan, Côte d'Ivoire office phone; +225 66 775 261 ; email: daniel.sayi@ifrc.org
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For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator; phone: +254 731 067 277; email: Robert.ondrusek@ifrc.org

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 Disaster 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF OPERATION

11/06/2014

MDRSL005 Sierra Leone EVD preparedness

Budget Group	1st DREF allocation	2nd DREF allocation	Total allocation
Shelter - Relief	0	0	0
Shelter - Transitional	0	0	0
Construction - Housing	0	0	0
Construction - Facilities	0	0	0
Construction - Materials	0	0	0
Clothing & Textiles	0	0	0
Food	0	0	0
Seeds & Plants	0	0	0
Water, Sanitation & Hygiene	0	0	0
Medical & First Aid	0	643	643
Teaching Materials	0	8,902	8,902
Ustensils & Tools	0	0	0
Other Supplies & Services	0	0	0
Emergency Response Units	0	0	0
Cash Disbursements	0	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	0	9,546	9,546
Land & Buildings	0	0	0
Vehicles Purchase	0	0	0
Computer & Telecom Equipment	0	1,869	1,869
Office/Household Furniture & Equipment	0	0	0
Medical Equipment	0	0	0
Other Machinery & Equipment	0	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	1,869	1,869
Storage, Warehousing	0	0	0
Distribution & Monitoring	0	0	0
Transport & Vehicle Costs	13,536	14,412	27,948
Logistics Services	0	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	13,536	14,412	27,948
International Staff	6,000	0	6,000
National Staff	0	0	0
National Society Staff	13,583	9,780	23,362
Volunteers	12,000	32,726	44,726
Total PERSONNEL	31,583	42,506	74,089
Consultants	0	0	0
Professional Fees	0	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0
Workshops & Training	16,146	3,002	19,148
Total WORKSHOP & TRAINING	16,146	3,002	19,148
Travel	4,000	8,010	12,010
Information & Public Relations	31,042	19,355	50,397
Office Costs	5,000	4,450	9,450
Communications	2,500	1,780	4,280
Financial Charges	2,500	2,225	4,725
Other General Expenses	0	0	0
Shared Support Services	0	0	0
Total GENERAL EXPENDITURES	45,042	35,820	80,862
Programme and Supplementary Services Recovery	6,910	6,965	13,875
Total INDIRECT COSTS	6,910	6,965	13,875
TOTAL BUDGET	113,217	114,119	227,336