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Emergency Action Plan Côte d'Ivoire: Ebola Preparedness Fund (EPF)

 International Federation
of Red Cross and Red Crescent Societies

Côte d'Ivoire Ebola Preparedness Fund	Operation; Glide n° EP-2014-000039-CIV
EpoA Update n°1: 14 December 2015	Timeframe covered by this update: June to October 2015
Operation Start Date: 16 April 2015	Operation timeframe: Eleven months (New end date: 31 March 2016)
Overall Operation Budget: CHF 360,000	Total estimated Red Cross and Red Crescent response to date: CHF 360,000
Number of people at risk: 3 Million	Number of Beneficiaries (direct and indirect): 1.5 million
Presence of Host National Society(ies) (number of volunteers, employees, sections): 5 staff from HQ, 15 NDRT & Head of local Branches, 15 local committees and 300 Volunteers	
Red Cross and Red Crescent Movement partners actively involved in the operation: French Red Cross, Netherlands Red Cross, Finnish Red Cross, ICRC and IFRC	
Other organizations actively involved in the operation: WHO, UNICEF, NRC, IRC, MDM, Terres des Hommes, OCHA, CDC, DRC Ministry of Health of Côte d'Ivoire (INHP, SMIT, DHP, NPSP)	

This operations update reports on progress to date and extends the operational timeframe to 31 March 2016 in order to permit the completion of activities planned under the original Emergency Plan of Action (EPoA). The planned activities were disrupted because the target population in Côte d'Ivoire was fully engaged in preparations for the presidential elections that occurred on 25 October. In order to ensure maximum safety of staff and volunteers, the National Society focused on ensuring first aid back-up during the election process. As a result, planned Ebola preparedness training and other activities, including recruitment of new staff, were temporarily frozen and resumed after the elections.

A. Situation analysis

A.1 Description of the disaster

The West Africa Ebola Virus Disease (EVD) outbreak has at the time of writing resulted in 28,281 cases and 11,149 deaths mostly in Sierra Leone, Guinea and Liberia, with other cases in Nigeria, Mali and Senegal. Côte d'Ivoire, sharing porous borders with two of the most affected countries was on high alert since the citizens of these countries move frequently and freely, not only on a family and social basis but also due to Economic Community Of West African States (ECOWAS), conventions and economic trade. During the height of the outbreak, public health experts called for increased efforts and vigilance since it was crucial that humanitarian actors-- including Red Cross volunteers-- put in place rigorous surveillance and prevention measures and maintain all control and response measures in place.

On 16 April 2015, IFRC released CHF 360,000 from the Ebola Preparedness Fund (EPF) supported by an earmarked contribution of the Netherlands Red Cross to support the Côte d'Ivoire Red Cross (CIRC) to implement EVD preparedness activities and prevent infection coming from neighbouring countries.

The EPoA included a work plan with activities to be conducted between May to August 2015. These were disrupted due to events and National Society focus around the country's election process which ultimately had repercussions on the timeframe. In the context of the previous leadership gap affecting the CIRC, more support was necessitated from

the IFRC to guarantee good practices in procurement procedures, adherence to standards and financial compliance. This undoubtedly contributed to delays.

After discussions with the CIRC, it was agreed that IFRC would take the lead on procurement procedures as well all direct payments. This transition mechanism was put in place outside the usual support-based IFRC approach agreed with a National Society. A meeting was held between the IFRC West Coast Country Cluster (WCCC) in early August 2015 between the technical teams of the CIRC and IFRC (Finance Delegate, Operations Coordinator Delegate, DM Officer, Logistics Officer including the CIRC Head of Programmes, Head of Projects and Finance Officer) to address any issues resulting from this set up. A new activity schedule was jointly established to reach the expected outcomes within the remaining timeframe. Finances were also availed to the National Society in September to enable the activities to be implemented.

Recent nomination of a new President has largely closed the leadership gap. While CIRC is still undergoing some internal structural and organizational restructuring, the jointly agreed roles and responsibilities and priorities can now be achieved within the extended implementation timeframe of 31 March 2016. Netherlands Red Cross, as principle donor funding the project has been informed of this extension.

Revised Gantt charts have been included in this document to properly document the new organization of the activities. Despite the delays since the establishment of the EPoA, and based on the analysis of relevant IFRC technical advisors, the activities planned in the EPoA remain relevant and appropriate.

Additionally, the section below on “Needs analysis and scenario planning” takes into account the scenario in which the recent presidential elections may create future unrest, with implications on the cross-border prevention measures with other affected countries. The CIRC, supported by the IFRC West Coast Country Cluster will monitor the evolving situation, and provide regular communication to the IFRC Ebola Coordination Team to ensure that mitigating actions can be taken as required.

A.2 Summary of current response

Overview of Côte d'Ivoire Red Cross actions

Following the launch of the EPF operation, some progress was made against activities of the EPoA, in the following areas:

- Participating at the technical meetings on drafting the protocol, defining and establishing a national strategy on response to disease outbreak, and monitoring the implementation of the national plan actions.
- Training of an Ebola resources pool/disaster response team of 30 volunteers trained as National Disaster Response Team (NDRT) and specialized in epidemics response, took place from 5 to 14 October 2015 in the Red Cross committee of Jackville.
- Procurement of 16 social mobilization kits (megaphones, one by each local committee).
- Production of 1,000 awareness tools with the purchase of image boxes, flyers and posters. It was envisaged that these invoices would be paid during October 2015.
- Production of visibility materials (300 shirts, 300 caps for volunteers and headquarters staff).
- Purchase of three Safe and Dignified Burial (SDB) kits and three SDB starter kits. As stated above, the procurement process is undertaken through the IFRC logistic unit in Dubai. A delay occurred due to lack of stock from the main providers. These kits were air-freighted to Abidjan and arrived on 3 October 2015. IFRC WCCC facilitated customs procedures to collect the kits.
- Plans are underway for the CIRC Project Manager, a member of the “Comité National de lutte contre l'Ébola”, to participate within the established country mechanism and the Ministry of Health and take part in the monitoring and cross-border epidemiological surveillance of activities.
- The tender for the procurement of a new vehicle for the CIRC was launched in the national newspaper “Fraternité Matin”. Offers were received to the National Society during the last week of October 2015.

Overview of Red Cross Red Crescent Movement in Country

In 2014, French Red Cross (FRC) supported CIRC in training ten volunteers in each of the country's main cities. These volunteers include health workers trained on communication, contact tracing, body management, early detection of signs and symptoms, pre-positioning of disinfection kits in the local committees of town in the West of Côte d'Ivoire. FRC also participates at the coordination meetings and monitoring activities in the area.

Netherlands Red Cross (NLRC) supported CIRC to train 128 volunteer in targeted towns; 72 staff of the health district benefitted from communication, contact tracing, body management, detection of signs and symptoms, pre-positioning of disinfection material training. It is important to underscore that based on the success of this project, which ended in December 2014 and reached approximately 111,915 persons; the Dutch Government was able to support the actions of the CIRC through the NLRC. This EPF has been funded by the Government of the Netherlands through NLRC and IFRC. The CIRC and the IFRC are very grateful to the NLRC and their Government for their generous contributions.

Coordination within the Movement

Coordination meetings are held monthly with the Red Cross Movement partners present in Côte d'Ivoire. Through its programme coordinator, the CIRC ensures that it takes the lead of these meetings.

Action from actors outside the Red Cross / Red Crescent in the country

The CIRC upon request of external actors has contributed to the implementation of the following activities:

- UNICEF: Funding local NGOs including CIRC on sensitisation activities focused on schools,
- MDM: Training of 40 Red Cross volunteers and 120 community health workers in 4 districts (San Pedro, Soubré, Sassandra) on the basics of EVD, communication, contact tracing, body management, detection of signs and symptoms, a prevention measures,
- NLRC: Conducted a basic EVD training for 90 representatives in the Western zone; training on awareness and communication,
- IRC: Conducted a basic EVD training for Red Cross volunteers and community health workers in Man (West),
- MSF: Collaboration for the development of an Ebola Treatment Centre (ETC) and training of health agents dedicated to the ETC,
- Terre des Hommes: Basic EVD training for Red Cross volunteers and community health workers in Abidjan, Dabou Bingerville and Bassam.

A.3 Needs analysis and scenario planning

Hazard and Risk

Despite the limited implementation of the planned activities, the EPoA remain relevant and appropriate to contribute to the continuation of EVD preparedness activities in Côte d'Ivoire.

Ebola Virus Disease is a major public health issue with global implications – the epidemic was first declared in Guinea and thereafter expanded to Liberia and Sierra Leone. It later affected Nigeria and Sénégal. Côte d'Ivoire is a neighbouring country to Guinea, Liberia and Mali, and it is considered to be potentially a high risk country. Côte d'Ivoire shares land borders of 532 kilometres long with Mali, 610 km with Guinea and 716 km with Liberia, which means for Cote d'Ivoire, a total of 1,858 km is “at risk”. Outbreaks in affected countries were facilitated by the interrelationships and porous borders of these countries, with a lot of movements across the border districts with Côte d'Ivoire. The risk of infection is increased due to high population density, poor sanitation and cross-border movements with the countries affected by this epidemic. In addition, the threat on Côte d'Ivoire is also due to the potential speed of propagation of the disease, and the current lack of preventive vaccines or medicines (WHO Declaration).

Prior and during the elections, the humanitarian actors intensely worked with contingency plans in preparation of the various possible scenarios, and evaluating their reaction capacity to possible civil unrests and unauthorized demonstrations. IFRC closely monitored the situation with the humanitarian actors (OCHA, ICRC and NGOs).

Vulnerabilities and Capacities

The trend of the epidemic in the border countries of Côte d'Ivoire (Guinea, Liberia) became stable and transmission within both health facilities and communities under control but the risk remains as only one case can lead to another outbreak. Failure to control EVD cases in these countries is a risk as EVD is a real threat to the economic and social development of Côte d'Ivoire, which is rebuilding itself after years of civil war and a recent post-election crisis.

The Ivorian government has carried out preventative actions is taking practical steps to protect the population for instance through the ban on hunting, consuming and marketing animals capable of transmitting the virus, promotion of individual and community hygiene measures, installation of leading stations for epidemiological surveillance in high-risk areas, identification of 16 potential area that can received a treatment centres in 14 towns. The MDSLS has activated the National Committee for the Fight against Ebola Outbreak, however, meetings are not frequent anymore. Under this Committee, CIRC is a member of the technical sub-committees on communication and WASH

(humanitarian assistance). In this logic of intervention, CIRC has already initiated capacity building operations in support of its volunteers as well as public awareness rising about the modes of transmission and prevention of EVD in some priority areas in the western part of the country. In addition, CIRC remains actively involved in the development of technical protocols with the National Institute of Public Hygiene (INHP).

Selection of Beneficiaries

In addition to the 16 potential areas that can receive a treatment centres (ETC) in 14 of the Côte d'Ivoire states, so as to cover 14 towns, most of the activities of other actors are ongoing even in the west of Côte d'Ivoire. The activities are less intense in the towns within the country and the ones at the border of Guinea and Liberia. Given the level of exposure of Côte d'Ivoire to the disease and given the level of preparedness of the country, the government has expressed the desire that all structures capable to continue with providing substantial support to the State of Côte d'Ivoire to invest in the preparedness. With these 57 local committees located throughout the national territory, the CIRC remains part of the few structures that are present in the country and able to provide such a support. However, the human, material and logistical resources that CIRC has at its disposal are insufficient to cover all areas; the National Society needs to continue with training Community Disaster Response Teams (CDRT) and establishing community plans of action.

As part of this action plan, CIRC identified the following beneficiaries:

- People living near the 16 cities for proposed ETCs
- Active volunteers and staff of CIRC from these areas
- Communities in towns bordering with Guinea and Liberia
- The towns in the western part of the country, because the epidemic is still not under control in Guinea

Given the above, it is recommended that the activities planned should proceed as intended, as not doing so will leave the risk area even more vulnerable than they already are. The EPF operation is also an opportunity for CIRC to demonstrate its role as auxiliary to the authorities, in providing first-line disaster preparedness activities beyond EVD preparedness; on a functional community mechanism from Early Warning / Early Action (EW / EA) to Early Warning – Appropriate Action it has been involved in since the beginning of the EVD operation.

B. Operational strategy and plan

Overall Objective

To contribute to the efforts of the Government of Côte d'Ivoire in the preparedness and prevention of an Ebola outbreak by strengthening the capacity of the Red Cross of Côte d'Ivoire for a quick response.

Strategy

The operation planned *to improve capacity and resilience of communities to the EVD with as priority areas being the western region of Côte d'Ivoire, the border area of the affected countries of Guinea and Liberia*. This project counts on a functional community mechanism from (EW/EA) to Early Warning – Appropriate Action. Only the western areas were to be targeted for social mobilization activities. About 1.5 million people, direct and indirect beneficiaries, will be affected throughout the learning process while ensuring that the project results could be reproduced if necessary in other parts of Côte d'Ivoire. The approach used in this project will be documented for the benefit of other Red Cross National Societies in the region. To ensure sustainability, the implementation strategy has promoted:

- i. A highly participatory process through the involvement of stakeholders and the community in order to foster empowerment and ownership that are key factors of success in a development project.
- ii. A feedback mechanism will be put in place to support accountability towards beneficiaries.

The project is based on three operational strategic objectives:

Strategic Objective 1: *System centred on EVD preparedness approach:* this strategic objective combines three pillars in a holistic manner: the skills, the tools and the resources.

Strategic Objective 2: *EVD community-centred:* The preparedness approach aims for community empowerment, to contribute in monitoring and awareness, which are critical to sustainability.

During this phase, the focus will be on empowerment and community ownership to impose behaviour change with regard to EVD risks. Communities will develop community action plans. A monitoring committee of community action

plans will be implemented and equipped to enable the regular sharing of information, monitoring and evaluation of progress.

Strategic Objective 3: This section includes learning and capitalization of experiences. Documented recommendations will form the basis for a model / design that could be replicated or scaled up in other regions or countries.

Operational support services

Human Resources

CIRC intended to involve all the Headquarter staff as well as the concerned local committees and teams it has on the national territory.

Logistics and Supply Chain

CIRC has few vehicles in its fleet. To ensure an effective participation in all these coordination and monitoring activities and for better logistics preparedness, there are plans for the CIRC to acquire three vehicles, one of which (Type Land Cruiser Hard, Top 4x4) will be purchased as an integral part of the operational effectiveness aimed in the long-term coordination and monitoring while the other two will be leased for six months from the IFRC Global Logistics Unit for field activities.

Information technologies (IT)

The digital divide plan of action of the national society is being rolled out to support programme implementation.

Communication

The CIRC website and newspaper will be used to disseminate information on actions taken in the context of prevention of Ebola outbreak.

Security

The security level in Côte d'Ivoire is satisfactory.

Planning, Monitoring, Evaluation and Reporting (PMER)

The operation implementation will follow the planning below, including collecting information on èprogress of objectives for management of the results and for final reporting.

Administration and Finance

The National Society has a permanent administrative and financial department which will ensure the proper use of financial resources in accordance with the conditions to be discussed in the Memorandum of Understanding between the CIRC and the WCCC.

OPERATIONAL PLAN

Quality of the Program

Outcome			% of achievement
Outcome 1: Continuous Monitoring and Evaluation throughout the implementation of the operation for action plan re-adjustments.			60%
Output 1.1: The evaluation of initial and ongoing needs is updated after consultation with beneficiaries.			
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1	Participation in national coordination meetings with all stakeholders involved in the preparation.	x	50%
1.1.2	Hold coordination and evaluation meeting on CIRC level of preparedness by the movement, internally.	x	50%
1.1.3	Participation in technical meetings for drafting Protocol, defining the national strategy against the disease and monitoring the implementation of the national plan actions.	x	100%
1.1.4	Monitoring and Evaluation of activities	x	100%
1.1.5	Lessons learned workshop	x	0

Early warning and emergency response preparedness

Outcome 2: Support for social mobilization activities, monitoring and preparation for case management by the Government of Côte d'Ivoire in the fight against Ebola.			% of achievement
Outputs			
<u>Output 2.1:</u> Côte d'Ivoire Red Cross is equipped and prepared for prevention, management, monitoring and control of the EVD			60%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
2.1.1	Training of an Ebola resources Pool / Quick Response Team	x	100%
2.1.2	Successive Training / Refreshers of 300 volunteers on the 5 pillars of Red Cross response by the pool of trainers in the 16 local committees of regions with Ebola Treatment Centres	x	100%
2.1.3	Deployment of 10 volunteers and staff in Guinea for practical training on the field (field school)	x	0
2.1.4	Purchase of 16 social mobilization Kits (megaphones, one by each local committee)	x	100%
2.1.5	Deploying a RAMP system for collecting information and investigation. It is set up to help the support strategy (EW / EA) and awareness strategy	x	0
<u>Output 2.2:</u> Awareness about Ebola virus and personal hygiene in communities close to treatment centres (CTE)			40%
2.2.1	Develop Standard Operational Procedures (SOP) for the EVD response teams to strengthen internal and external	x	0
2.2.2	Production of Awareness Tools: Image Boxes, bills, flyers and posters	x	100%
2.2.3	Production of visibility materials (300 Shirts, 300 caps for volunteers and HQ staff)	x	100%

2.2.4	Deployment of volunteers for sensitization in communities close to Ebola Treatment Centres and in high-risk areas (signs and symptoms, transmission, prevention and control)		x	10%
2.2.5	Mass awareness in public places and handwashing demonstration sessions		x	10%
Output 2.3: The epidemic surveillance system of communities living in potentially hazardous areas and close to the CTE is strengthened				20%
2.3.1	Session to set up sensitization Action Plan by community leaders in target areas		x	20%
2.3.2	Pre-positioning of 3 kits and 3 EDS Starter Kits		x	100%
2.3.3	Develop community structures of functional monitoring / Participate in Regional Meeting		x	20%
2.3.4	Development of community and regional response plans		x	20%
2.3.5	Establishment of a coordination mechanism for monitoring and cross-border epidemiological surveillance		x	50%

ANNEXES

NDRT TRAINING PICTURES





Contact information

For further information specifically related to this operation please contact:

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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 (NGOs) 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.

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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.