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## Emergency Appeal (EA) Africa - Ebola Coordination and Preparedness



<b>Emergency Appeal:</b>	<b>MDR60002</b>
<b>Date of launch: 19 August 2014</b>	<b>Expected timeframe: 9 Months</b>
<b>Appeal budget: CHF 2,893,667</b>	
<b>DREF allocated: No DREF will be allocated for this appeal (see below for history of DREF allocations to NSs)</b>	
<b>Number of people affected: 2,240 cases and 1,229 deaths in 4 countries</b>	<b>Number of people to be assisted: this appeal seeks to coordinate support to over 32 million people</b>
<b>Host National Society(ies) presence (n° of volunteers, staff, branches): this regional appeal focuses on immediate regional support on those countries with existing country level appeals and responses, but is setting up preparedness actions for the risk of a wider spread of the disease</b>	
<b>Red Cross Red Crescent Movement partners actively involved in the operation : Guinea Red Cross Society, Liberia Red Cross Society, Sierra Leone Red Cross Society, Nigeria Red Cross Society, Cote d'Ivoire Red Cross Society, Mali Red Cross Society, Senegal Red Cross Society, the many partner National Societies supporting the operations, IFRC and ICRC</b>	
<b>Other partner organizations actively involved in the operation: particularly Medecins Sans Frontieres, World Health Organization, UNICEF, the Governments of Guinea, Liberia, Sierra Leone, and Nigeria</b>	

The Regional Coordination and Preparedness Emergency Appeal is launched by the IFRC to supplement and to support the current country-level Ebola Virus Disease (EVD) Emergency Appeals and preparedness operations supported by the Disaster Relief Emergency Fund (DREF). The aim of this appeal is to strengthen and scale up operations support, coordination, communication, capacity building and preparedness for at risk countries in the region and to prepare for the potential spread of Ebola outbreak to other countries in Africa and beyond. Support for the safety and security of RCRC volunteers and staff is given prominent priority, before, during and after deployment.

To date the IFRC has launched the following Appeals and DREFs in support of Ebola response and preparedness. The three appeals for Guinea, Liberia and Sierra Leone will all be revised in the coming days.

- [Guinea Emergency Appeal](#)
- [Liberia Emergency Appeal](#)
- [Sierra Leone Emergency Appeal](#)
- [Nigeria Emergency Appeal](#)
- [Mali, preparedness DREF](#)
- [Senegal preparedness DREF](#)
- [Cote d'Ivoire preparedness DREF](#)

## A. Situation analysis

### Description of the disaster

The current Ebola Virus Disease (EVD) outbreak in West Africa is unprecedented in terms of the number of cases, deaths and its geographical spread. At the time of writing there have been at least 1,229 deaths and the number of cases keeps increasing in the three countries at the heart of the outbreak – Guinea, Liberia and Sierra Leone – and with suspected cases in new countries and a confirmed spread to Nigeria. Efforts to stop the ongoing spread and bring the epidemic to an end have gained in commitment and capacity; however the risk of further spread, both within the affected countries and more widely is also a real possibility and needs to be planned for appropriately.

Ebola is spread from direct “person-to-person” contact through bodily fluids. The disease is transmitted by direct contact with blood, faeces or sweat, or by sexual contact or unprotected handling of contaminated corpses. To date, no clinically tested and approved treatment or vaccine is available for Ebola virus disease, which kills between 25% and 90% of victims, depending on the strain of the virus. This current virus is the more deadly type with a case fatality rate of approximately 60%.

This is the first time an outbreak of this size has been experienced in West Africa. In the past, outbreaks have been seen in remote forest regions of Africa, which has meant they have been self-limiting and controlled within a contained area. This current outbreak however, is presenting several unique challenges that have contributed to the current spread:-

- Affected communities and government/health services are 'new to the disease' and unfamiliar with the complexity of dealing with Ebola and do not have the appropriate equipment, facilities and procedures;
- Cultural practices, including burial practices, facilitate the spread of the disease;
- The outbreak started in an area where three countries border each other, making it a regional challenge for their respective National Societies and governments/health services, thus challenging normal control measures;
- The porous nature of the borders of the countries involved, regional trade, interconnectedness of families and fluid population movement both within and between the affected countries is key to the geographical spread. The spread has now extended to air travel, which opens up other possible and unpredictable destinations for the disease

In addition, the current outbreak is no longer just a public health emergency of international concern, but a much broader humanitarian crisis – the Ebola outbreak has resulted in the suspension of other critical humanitarian services in the areas affected, including food security and nutrition programmes, water and sanitation activities, health services, and other community development programmes. With an immediate focus on coordination and preparedness this regional emergency appeal will seek to develop guidance for the longer term recovery needs and reflect that this will be addressed through revision of country and regional level programmes. This appeal will also seek to support the technical support needed to carry out assessments and planning for that recovery, as well as considering a recovery element in any global funding mechanism being set up.

With this in mind, the ability to halt the further spread of the disease will be highly reliant on the cooperation of communities, governments and health services, on the rapid containment of cases in new areas, and on the scale up of the response and support from multiple actors and from the international community. For these reasons, countries bordering affected countries are at increased risk of possible Ebola cases, but also now countries that are key air transport routes or hubs and have noted population movement by air or road from the affected countries or areas are also at potential risk. With the World Health Organization's (WHO) recent announcement of the outbreak as an international public health emergency, the world-wide focus on the disease and the steps taken by local and national authorities are likely to increase and to tighten controls and movements around outbreak areas.

## **Summary of the current response**

The IFRC response to date has resulted in the launch of four emergency appeals to support the affected countries, Guinea, Liberia Sierra Leone and Nigeria. It has also seen preparedness DREFs granted to countries sharing a border with the initially affected countries - Cote d'Ivoire, Mali and Senegal. In total these appeals and DREF supported operations are targeted to reach over 32 million people and have a value of over CHF 3.4 million.

To date, 94 global surge personnel have been deployed - a Head of Emergency Operations (HEOps) and Field Assessment and Coordination Teams (FACT), Emergency Response Units and personnel (ERUs) and Regional Disaster Response Teams (RDRT) in Guinea, Liberia and Sierra Leone. At the same time, well over 2,000 volunteers have been involved in the operations in the affected countries, with the numbers continuing to grow.

Currently, the IFRC is supporting the set-up of an isolation unit in Kenema (Sierra Leone) for the care of cases of suspected Ebola. This unit was requested by WHO and is being led by the Spanish Red Cross and supported by a number of NSs, including the Australian, British, Columbian, Finnish, New Zealand, Norwegian, Spanish and Swiss Red Cross.

Overall the Red Cross Red Crescent (RCRC) response has been considered as extremely positive with all partners acknowledging the key role that the National Societies (NS) and the IFRC have played in the most difficult areas of intervention. At times NS volunteers have been the only people allowed to enter communities and they have played a key role in dispelling fear and reducing stigma while ensuring the best possible access for the response teams. Grassroots involvement is key to supporting the intervention and it is well recognized by partners that the NS is a central player in social mobilization, communication of key messages, contact tracing and dead body management. This has been reflected in the amount and consistency of media coverage of the response which has been significant and global.

## Overview of non-RCRC actors in country

The Red Cross Red Crescent Movement is one of three main partners operational in this outbreak.

**Medecins Sans Frontieres (MSF)** – has been managing the large majority of the clinical movement in all three countries. MSF has now announced that they are at full capacity and will not be able to scale up any further. A decision that has raised many questions in terms of who will be able to fill the gap in case of a need for further clinical management and which has led to WHO requesting the IFRC to set up an isolation unit in Kenema, Sierra Leone, to support the care of suspected Ebola cases.

**World Health Organization (WHO)** - has utilized the Global Outbreak Alert and Response Network (GOARN) heavily and has deployed many experts to the field in all three affected countries. As a result WHO has called emergency meetings and recently convened a regional meeting in Accra, Ghana in early July with all partners and 11 governments. In early August, the WHO established a sub- regional coordination hub in Conakry to manage the outbreak as a whole.

**Others** – partners such as Institute Pasteur, Centre for Diseases Control (CDC), Canadian Public Health, academic institutions and some NGOs have been involved in the ongoing response in a variety of ways, including the provision of laboratory support, disease surveillance, social mobilization and support to the Ministries of Health (MoH). There is increasing interest in engaging by the International Committee of the Red Cross (ICRC), United Nations Children's Fund (UNICEF), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), CDC and NGO's such as Save the Children, International Rescue Committee (IRC) and Concern are to become more involved in the response.

## IFRC Overall Response Management, Coordination and preparedness plan

While the IFRC Ebola response operations are based on operational management closest to the response with operational teams in country and in the areas experiencing the main outbreaks, the complexity and scale of the emergency and the current and potential further spread of the epidemic calls for robust regional coordination and support of the various country responses, as well as full support and coordination from Zone and Geneva levels to ensure coherence and consistency across the organisation. The scale of the outbreak and the potential risk of it spreading also calls for further preparedness measures that go beyond conventional support mechanisms and resources and look to set up preparedness for the three main countries involved to date, as well as for the countries at risk of the further spread of the disease, such as Nigeria .

The Ebola coordination and preparedness plan describes the necessary measures to achieve adequate operational support, coordination and preparedness for the region and the wider African continent. The plan is based on the lessons learned from the operations to date and it is also planned to hold further lesson learning exercises by the end of the operations, in order to improve our knowledge around EVD response for the future and to improve risk reduction and community resilience measures for the communities affected. The full plan of action is being elaborated and will be available when finalised.

### Risk Assessment

The situation with the current Ebola outbreak carries a number of risks. In the first instance, there is the real risk of the further spread of the disease, either in one of the countries already affected or in a new country. In the better case scenario, this will still remain manageable and containable, however, there is the possibility that the disease could become unmanageable and the range and proportions of its spread could become out of control in one or more countries. At that point, other coping measures, beyond purely humanitarian response would have to come into play. The other risk regarding the spread of the disease would be that it spread, through air travel, to an increasing number of new countries, stretching the preparedness of those countries and NSs and pushing the overall global IFRC resources and the resources of other organisations well beyond the limits. There is also a risk to those communities already affected that their longer-term recovery and development will have been severely set back as a result of this outbreak and they will need support and take time to recover.

There is also the risk that if the disease spreads to a number of new countries, that the funds and human resources available to support that volume of needs, would not be available from traditional sources (e.g. the Disaster Relief Emergency Fund) and discussions are in place to look into other funding options, including a Preparedness and Recovery Fund to be initially set up and funded through this appeal. And finally but importantly, there is the risk that RCRC staff or volunteers become affected and die during the course of their work and the implications that this would have for the IFRC response and for the necessary support to those staff or volunteers and their families.

## B. Operational strategy and plan

### Overall objective

The objective of this regional coordination and preparedness appeal is to provide the appropriate support and resources to effectively and efficiently manage the response to the disease beyond the country level, providing in the first instance a regional overview and coordination, and then a wider communication and enhanced preparedness for the wider Africa context.

This plan aims to support the Red Cross Red Crescent response in the following areas:

- a) Deployment of response leadership, management and support through the creation of an IFRC Africa Ebola Management Unit in Conakry, headed by a HEOPs and then a senior Operations Coordinator and including relevant technical support team (e.g. health, psychosocial support, DM/preparedness, beneficiary communications, reporting, communications / IM and resource mobilization);
- b) Preparedness and training of staff / volunteers and of surge capacity and systems for immediate response to outbreaks in countries and regions currently not affected by the epidemic in Africa.
- c) Establishment of IFRC Ebola Preparedness and Recovery Fund for allocation of grants to National Societies for volunteer training, national-level contingency planning and other preparedness activities, as well as for recovery grants.
- d) Development of adequate staff and volunteer safety and security systems for pre, during and post-deployment support, as well as support for contingency and business continuity planning;
- e) Consolidation of resource mobilization and reporting functions to provide coherent regional or Africa wide ;
- f) Improvement of internal and external coordination at all IFRC secretariat levels (country, region, and Zone and Geneva levels). This will include coordination with the WHO regional hub in Conakry to support effective inter-agency coordination.

### Proposed strategy

This emergency appeal and proposed strategy aims to support the RCRC response across a number of areas of work and across a number of levels, from improved support to the country level response, through the necessary resourcing for Africa-wide and global preparedness and advocacy. It will also look to ensure the appropriate human resourcing is in place at each level to achieve the aims of the strategy:

#### Regional / Zonal

The plan is to set up an **Africa Ebola Management Unit** in Guinea (Conakry) that will allow the IFRC to consolidate its multi-country, multi-sectoral response to the outbreak under a single, unified decision-making structure. The Unit will see the deployment of the appropriate level of response leadership (initially a HEOPs and then a senior Operations Coordinator will be recruited) and will have a technical support team in place to provide the necessary support to the country operations, as well as supporting communications and fundraising. The team will include an Ebola Technical Adviser (health), a psycho-social support delegate, a disaster preparedness delegate, beneficiary communications, reporting and resource mobilization). The structure will be given the means, expertise and decision-making authority required for the effective leadership of the response to the crisis and will be held accountable for its management.

In recognition of the risk of the spread of the disease to other countries in Africa (and beyond), this planned strategy will provide support for preparedness measures and the training of surge capacity and national staff and volunteers in the measures required in the event of an outbreak and the key messages that need to be communicated. This appeal will also look at ways to support and fund the systems for immediate response to outbreaks in newly affected countries / regions, and this includes looking at possible funding channels.

As already mentioned, the need for adequate staff and volunteer safety and security is at the centre of the IFRC response. This appeal will therefore include plans and funding requests to help enhance the support systems for both staff and volunteers on the ground, including health and security briefings and support pre during and post-deployment. It will also include contingency and business continuity planning for all eventualities.

The strategy will also start to consider recovery planning for those communities that have been badly affected by the outbreak. These communities have lost ground in terms of wider healthcare, livelihoods and development and will need support to rebuild once the outbreak is over. The Unit would therefore foresee employing technical staff to plan

for various recovery elements, including a household economic security assessment and appropriate livelihoods and health recovery support.

At the level of the Zone Office in Nairobi, funds will be provided to support an additional person in the Disaster Management Unit (DMU) to work on the Ebola outbreak for the period of this appeal.

## Global

As mentioned above, it is clear that an increase in the number of people or countries affected by Ebola will have an impact on the funds available to prepare for or respond to an outbreak and our traditional channels of DREF or country level appeals may not be sufficient for the potential need. With this in mind, the IFRC, within this emergency appeal plans to set up an IFRC Ebola Preparedness and Recovery Fund to support the allocation of grants to NSs for staff / volunteer training, national-level contingency planning and other preparedness activities, as well as for recovery grants, in recognition of the need for communities to recover after an Ebola outbreak. This Fund will be to a value of CHF 1 million and will be managed based on preparedness needs according to strict criteria. Grants would be prioritized to support:-

- Countries sharing a border with a country that has active cases
- Countries on a particularly active road or air transport link with an affected country
- NSs that have been tasked by their government to engage in significant preparedness measures
- Countries noted as particularly at risk from this outbreak by WHO or CDC

There will also be a focal point for Ebola appointed in Geneva, to support the global level perspective of the response and to ensure overall quality of the operations, consistency of the approach and of communications and representation to other organisations and actors. The budget for this appeal will also include the cost recovery for the time spent by existing positions (e.g. emergency health) in full time support of this response.

On all levels (country, region, zone and Geneva), the IFRC will work to improve its internal and external coordination, to improve the effectiveness of its operation and to engage more fully with other partners, including those directly involved in the operation and those in receipt of information and advocacy messaging. The IFRC will also seek to improve the coordination and consolidation of its resource mobilization and reporting. This will include having a key focal person in the Regional Unit tasked with coordinating all RM requests and following and also having one person with an overview for regional reporting on existing operations, including the latest facts and figures across all the affected countries. In the event that the number of countries increases, additional resources may be required at zonal or Geneva level to cope with the scale of the situation.

## Operational support services

As this emergency appeal is focused on improving the support and resourcing for coordination and preparedness, there is strong focus on the operational support services for the response.

## Human resources

As outlined above, this appeal seeks funding support for additional human resources to support the overall coordination of the appeal at regional level, as well as additional focal persons at both Zone and Geneva levels.

The Africa Ebola Management Unit will initially consist of seven key positions:

**Regional Operations Coordinator:** This role will be based in Conakry and will cover the regional outbreak in three existing countries and other countries with outbreaks or potential outbreaks across the rest of Africa. Initially be filled by a Head of Emergency Operations (HEOps) until such time as a suitable replacement can be identified, recruited and deployed. This position will ensure:-

- strategic leadership of the relief and recovery response as the outbreak evolves in the region and beyond;
- coordination of the country operations in all countries with a response operation;
- leadership and management of the unit and of the country teams where operations are running;
- internal and external coordination and representation of the IFRC in various regional and Africa wide fora;
- overall security leadership and focus on staff / volunteer safety and health.

**Regional Ebola Technical Advisor:** This person will have a strong health technical background and will have clear knowledge and leadership skills around contagious diseases, ideally Ebola. The role will be primarily to provide technical support to the countries in the region, but may also be asked to provide wider technical advice and support to other countries in Africa with potential or new cases;

- provide technical expertise and support to the country operations and to other countries with potential or new cases;
- consolidate standard operating procedures related to the various pillars of intervention (social mobilization, key messaging, psychosocial support, contact tracing and surveillance, dead body management (including burials and household disinfection), and clinical case management);
- capture institutional learning from the response and lead the establishment of guidelines to be used for outbreaks in other countries or for future outbreak management;
- work with NSs in the region (and possibly beyond) to influence NSs and governments to adopt relevant measures regarding testing and hibernation of delegates/RDRTs, staff and volunteers before reintegration with families and offices;
- develop and promote key health/Ebola messaging, in coordination with other actors, and support the representation of those positions to key actors in the region and beyond.

**Psycho-social support:** As this will be a vital element of the response at a country level, the Unit has budgeted for a psychosocial support (PSS) delegate for an initial three month period. This delegate will provide technical advice and support for NSs to ensure they have the systems, training and knowledge in place to provide PSS to staff, volunteers and affected communities.

**Disaster preparedness:** This role will provide much needed support for NSs in the region and beyond to improve their response structures and systems, and will focus on helping those NSs at risk from Ebola to become prepared.

- provide NSs with technical advice to improve DM systems and structures;
- support NSs with advice and training on preparedness systems, including contingency planning for possible outbreaks;
- support surge training for RDRTs and potentially national level staff and volunteers
- support for recovery planning process, including initial livelihoods and health recovery assessments and resulting programme planning and coordination

**Communications and IM delegate(s):** The importance of communications and IM cannot be underestimated in this context and it is vital that there is strong capacity dedicated to these roles. The Communications and IM function(s) will:-

- ensure that the situation regarding Ebola and the work of the NSs is well documented and shared with media channels to profile the RCRC appropriately;
- develop human interest stories and information on the reality of the situation on the ground and ensure that the global focus on Ebola is maintained;
- will monitor and collate key facts and figures from the affected countries and present these in a concise and visual way, ensuring they are regularly updated;
- provide information for briefings and representational functions.

**Beneficiary communications:** As a key role of the RCRC in this outbreak has been the work at a local community level to spread key messages and combat stigma, it is felt that it is important to work on beneficiary communications in the Regional Unit. This role will use the lessons learned from the first months of the outbreak in the three countries to help focus communications on more targeted approaches to community leadership and influencers. The position will:-

- ensure effective two-way communications with beneficiaries and other agencies involved in social mobilization;
- support NSs involved in the response in strengthening their respective social mobilization strategies to become more targeted and effective;
- develop and improve on existing means of communications related to Ebola awareness.

**Resource mobilization:** Although support has been forthcoming for the country appeals, it is important to maintain a focus on the resource mobilization and to ensure that contacts with donors and supporters are well coordinated and informed. To liberate operational staff to focus on their roles, this position will:-

- ensure relations with partners and donors are established and maintained through sound information and follow up;
- negotiate and write quality project proposals for funding purposes;
- monitor the implementation of pledges and grants and ensure their reporting requirements are met.

**Reporting delegate:** This role will focus on providing an overview of progress and of statistics / facts and figures for the regional response. To date, information has been more based at a country level and this role will be tasked to bring together more cohesive regional reporting and information sharing. It should also be considered to add financial support to ensure financial reporting mirrors improve regional reporting. This person will:-

- provide partners and donors with regular information sharing and updates on operational progress and challenges;
- post regular operations updates and facts and figures on the public web site;
- prepare donor reports and special reports as necessary.

**Finance delegate and Unit support staff:** It is important that the Unit has the appropriate finance and support staff to function effectively and a finance delegate will be in place for the initial three months to set up systems.

In addition, there will be an Ebola focal point appointed in Geneva for the duration of this appeal (nine months), to ensure that there is one point of contact, information and coordination for the response at the global level. This position will work to ensure consistency, quality and clear communication of the response from a global level and will be the focal point to inform senior management on progress and to represent our work on the response to other stakeholders, or support senior management in high level advocacy.

It is also foreseen that this appeal will support an additional member of the Disaster Management Unit (DMU) in Nairobi to help coordinate support to other countries in Africa that might seek help for preparedness for an Ebola outbreak or for a response if they experience cases in their country.

In addition to the reporting support, the current response has been supported by the Surge Information Management System (SIMS) based in American and British Red Cross and supporting the response from a distance with information management tools, infographics etc. As this goes beyond the remit of a reporting delegate, it is proposed that this support is maintained and support for it is included in this appeal.

### **Logistics and supply chain**

Logistics teams have been deployed to support existing operations and the concerned NSs and are providing technical support and advice, implementing IFRC logistics procedures and contributing to the enhancement of the logistics structure, systems and capacities on the ground. These include warehouse management, fleet management and local procurement. The teams on the ground are working in close collaboration with GLS offices (in Geneva, Dubai and Nairobi) to ensure the best sourcing strategy is used to provide supplies, including medical equipment and other equipment and vehicles. The Zone Logistics Unit (ZLU) is also providing technical validation of procurement processes according to the established rules and regulations.

During this current emergency two types of Personal Protection Equipment (PPE) kits are being deployed:–

- The Low Burden kit, for volunteers working in information dissemination and education with minimal risk of direct contact with Ebola patients. It contains goggles, disposable gloves, hand sanitizer and high filtration surgical masks.
- The High Burden kit is for volunteers at higher risk, working at burial places, spraying or carrying out other activities which bring them in close contact with Ebola patients. This kit contains goggles, disposable gloves, disposable gowns, disposable tunics and trousers, hand sanitizer, masks with high particle filtration efficiency, protective overalls with hoods, household gloves and nitrile gloves

In addition to pre-packed PPE kits, additional PPE equipment have been dispatched in bulk, including overalls, goggles, hand sanitizers, and gloves. All equipment meets EU standards, specifically the overalls which comply with the high levels of protection required against biological hazards and resistance to penetration by ineffective agents and contaminated liquids. All equipment is sourced and procured by the GLS to ensure quality and delivery according to set requirements.

To date, through existing emergency appeal and DREF funded operations, PPE kits have been delivered to Sierra Leone (100), Liberia (100), Mali (100), Cote d'Ivoire (100), and Senegal (100). A further 500 kits are being delivered to Sierra Leone, with 100 more being prepared for Liberia and 330 for Nigeria. Preparedness requests are currently pending for Botswana and Kenya. In addition, other protective gear such as overalls (5,230), goggles 8,370) and body bags (1,100) have been provided to Guinea, Sierra Leone and Liberia

Transport and fleet needs are significant and challenging. Several vehicles have been delivered to the four affected countries (Sierra Leone, Liberia, Guinea and Nigeria) and alternative options, including regional procurement are being considered to support vehicle needs. In addition, vehicles are being sent to Dakar regional stock to anticipate further need.

### **Information technologies (IT)**

Support for appropriate communications technology will be an important part of this regional coordination and enhanced reporting and communications. This appeal includes support for communications equipment (satellite

telephones) to support the teams on the ground at country level communicate more effectively with the Regional Ebola Unit and from there with the wider group of stakeholders.

## **Communications**

Communication is a key element in this response and is an important part of this additional regional and global support structure/approach. In addition to the support for beneficiary communications outlined above and the need to move towards a more structured and targeted approach to reach key community change agents and influencers, there is also the need to strengthen communications with external actors, including media, partner organisations and governments/authorities.

Based on this, the focal teams at regional, zonal and global level will ensure full support for communications through the media, web and social media, to ensure the scale of the response and the need for support is widely held. The existing IFRC teams will also ensure the widest possible reach in terms of regional, zonal and global representation of key Ebola messages and advocacy to the diplomatic and wider community.

At country level, the in-country communications delegates act as the focal point for any media requests regarding the Ebola outbreak. Field interviews or field visit requests should be channelled through the country level communications delegate who will then dispatch if needed to the appropriate expert. The country communications delegate will also be responsible to develop regular quality baseline information and materials to position the affected NSs as key responders.

## **Security**

All country operations managers must ensure that effective security frameworks are established in accordance with the Federation's Minimum Security Requirements (MRS). A Security Risk assessment outlining the broad risk themes for those working in Ebola operations in Guinea, Liberia and Sierra Leone has been completed and has been provided to the Country Managers. The specific risks in each country of operation will vary. As such, all Operation Managers will assess specific threats based on their context, using this document as a base guide. However, it is noted that due to the fluidity of the situation, the Security Risk Assessment and any other health/security documents, such as the in-country medical assistance, MedEvac, and relocation/hibernation plans, must be reviewed and updated on a weekly basis.

The Africa Security Delegate and the Security Unit in Geneva continues to work closely with in country Operations Managers and support team in Geneva to monitor and support the operations on security related matters. It is recommended that further security assessment missions be carried out (quarterly) by the Africa Security Delegate to support the changing operation or to be able to support other countries / regions should new outbreaks occur. The Volunteer Security Booklet – "Volunteer Stay Safe" in French and English is being sent to the operations to ensure that all volunteers involved in the operation have access to the document to raise their security awareness.

## **Planning, monitoring, evaluation, & reporting (PMER)**

The objectives and activities in this regional emergency appeal will be monitored by Zone and Geneva management, to ensure that this additional support and human resources are effectively used to support an enhanced response to the Ebola outbreak. This will include regular monitoring visits from technical and management staff from both zone and Geneva, which will pick and adapt any needed changes in the plan or human resource structure.

In addition, regular Operations Updates will be posted on the regional response and on any other countries suffering from outbreaks of the disease, and, in conjunction with information management specialists (e.g. SIMS) additional infographics and maps will be provided to report on the response in the region and beyond.

Both during and at the end of the response, lessons learning workshops will be held – both at local community / country level and, on a larger scale at a regional / global level – to ensure that we learn and share both technical health and operational management lessons from this response and from the management approach outlined in this appeal.

## **Administration and Finance**

The aim of this emergency appeal is to provide further financial support to the coordination and support mechanisms to facilitate this urgent and growing Ebola response. All relevant positions have been budgeted according to IFRC standard costs and cost recovery procedures. All funding will be appropriately channelled through established IFRC financial and reporting systems and will be accounted for to donors through regular reports. Administration support will be provided through normal IFRC channels at country (Guinea for the Regional Ebola Unit), Zone and Geneva levels.



operations team and global surge / RDRT										
Pre-positioning of PPE and other relevant relief items in logistics hubs										
<b>Output 2.2: Tools available for Ebola response operations planning</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Develop SOPs for Ebola response										
Develop planning template for standard Ebola response										
<b>Outcome 3: Ability to coordinate a continuous response in extreme and worst-case scenarios</b>										
<b>Output 3.1: infrastructure-independent means of communication</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Procurement of satellite communication equipment										
Establishment of remote support protocols for operations management										

## Volunteer and staff safety and security

<b>Outcome 1: Effective staff and volunteer safety and security system, including pre, during and post-deployment support</b>										
<b>Output 1.1 : comprehensive insurance system in place covering all Red Cross Red Crescent personnel involved in the operations</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Development and application of insurance packages and systems.										
<b>Output 1.2 : Psychosocial support provided to all personnel going in or out of operations</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Deployment of psychosocial support delegate										
Use of existing IFRC systems and offices for briefing/debriefing and stress-management										
<b>Output 1.3 : Resources and systems available for quarantine measures and reintegration</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Work with NSs to influence government to assume testing and hibernation before reintegration with families, offices										

## Coordination

<b>Outcome 1: Effective information and communication to all stakeholders</b>										
<b>Output 1.1 Establishment of Ebola communication/public relations function</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Development and management of key messages and external communication protocols										
Deployment of communications delegate										
<b>Output 1.2 Management of movement communication</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Development and management of information sharing systems										
Development and management of communication structures and lines in the operations team										
<b>Output 1.3 Adequate communication to high risk countries</b>										
Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Continuous global risk analysis										
Guidance to national societies on risk levels and recommended actions										
<b>Output 1.4 Advocacy to states and inter-governmental bodies</b>										

Activities planned	Week/Month	1	2	3	4	5	6	7	8	9
Advocacy with government authorities to increase solidarity, surveillance, information management, tracing and security.										
Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination										

## Budget

Click [here](#) for IFRC Secretariat budget (Annex 1)

Walter Cotte  
Under Secretary General  
Programme Services Division

Elhadj As Sy  
Secretary General

## Contact information

### For further information specifically related to this operation please contact:

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### For Performance and Accountability (planning, monitoring, evaluation and reporting):

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.

## Ebola Coordination and Preparedness Emergency Appeal

19.08.2014

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0		0
Shelter - Transitional	0		0
Construction - Housing	0		0
Construction - Facilities	0		0
Construction - Materials	0		0
Clothing & Textiles	0		0
Food	0		0
Seeds & Plants	0		0
Water, Sanitation & Hygiene	0		0
Medical & First Aid	60,000		60,000
Teaching Materials	0		0
Utensils & Tools	0		0
Other Supplies & Services	0		0
Emergency Response Units	0		0
Cash Disbursements	0		0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>60,000</b>	<b>0</b>	<b>60,000</b>
Land & Buildings	0		0
Vehicles Purchase	0		0
Computer & Telecom Equipment	48,000		48,000
Office/Household Furniture & Equipment	17,399		17,399
Medical Equipment	0		0
Other Machinery & Equipment	0		0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>65,399</b>	<b>0</b>	<b>65,399</b>
Storage, Warehousing	0		0
Distribution & Monitoring	0		0
Transport & Vehicle Costs	58,947		58,947
Logistics Services	0		0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>58,947</b>	<b>0</b>	<b>58,947</b>
International Staff	930,300		930,300
National Staff	68,937		68,937
National Society Staff	0		0
Volunteers	0		0
<b>Total PERSONNEL</b>	<b>999,237</b>	<b>0</b>	<b>999,237</b>
Consultants	130,000		130,000
Professional Fees	28,465		28,465
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>158,465</b>	<b>0</b>	<b>158,465</b>
Workshops & Training	225,000		225,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>225,000</b>	<b>0</b>	<b>225,000</b>
Travel	25,000		25,000
Information & Public Relations	1,000,000		1,000,000
Office Costs	41,265		41,265
Communications	51,258		51,258
Financial Charges	0		0
Other General Expenses	2,031		2,031
Shared Support Services	30,456		30,456
<b>Total GENERAL EXPENDITURES</b>	<b>1,150,010</b>	<b>0</b>	<b>1,150,010</b>
Programme and Supplementary Services Recovery	176,609	0	176,609
<b>Total INDIRECT COSTS</b>	<b>176,609</b>	<b>0</b>	<b>176,609</b>
<b>TOTAL BUDGET</b>	<b>2,893,667</b>	<b>0</b>	<b>2,893,667</b>
Multilateral Contributions			0
Bilateral Contributions			0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>2,893,667</b>	<b>0</b>	<b>2,893,667</b>



# Ebola coordination and preparedness

