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## Emergency Plan of Action: Operations Update East Africa: Ebola Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>EPF Operation</b>	<b>Operation n° :MDR64007</b>
<b>Operation Update No.1</b>	<b>Period covered by this update: 25 February 2015 to 31 May 2015</b>
<b>Date of issue:4 June 2015</b>	<b>Date of disaster:</b>
<b>Operation manager :</b>	<b>Point of contact: Willy Amisi</b>
<b>Operation start date: 25 February 2015</b>	<b>New Operation end date: 26 June 2015</b>
<b>Operation budget: CHF 181,000</b>	<b>Expected timeframe: 4 months</b>
<b>Number of people affected: 200,000</b>	<b>Number of people to be assisted: 200,000</b>
<b>Host National Society presence: East Africa and Indian Ocean Islands (Burundi, Comoros, Madagascar, Rwanda, Somalia and Sudan)</b>	
<b>Red Cross Red Crescent Movement partners actively involved in the operation: French Red Cross</b>	
<b>Other partner organizations actively involved in the operation: None</b>	

***This operations update seeks to change the operation end date to 26 June 2015. This is owing to the fact that it took considerably long for the EPF money to be released. More time is therefore needed to complete the remaining activities.***

## A. Situation analysis

### Description of the disaster

An Ebola epidemic that started in March 2014 in Guinea has relentlessly continued to claim lives and to spread to other countries in West Africa. The current Ebola outbreak is the largest in history and the first to affect multiple countries simultaneously. There have been over 24 000 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (table 1), with almost 10 000 reported deaths (outcomes for many cases are unknown). A total of 58 new confirmed cases were reported in Guinea, 0 in Liberia, and 58 in Sierra Leone in the 7 days to 8 March (4 days to 5 March for Liberia). Many experts believe that the official numbers substantially understate the size of the outbreak because of families' widespread reluctance to report cases. Because of the fluidity of movement of people between West Africa and several countries in the East African countries, especially Kenya and Ethiopia (who in turn have extensive interaction with other countries in the region in terms of human movement), the risk of an outbreak of Ebola in East Africa is as eminent as in any of the countries bordering the affected countries. The IFRC regional office intends to support National Societies to raise their Ebola preparedness and response capacity through training, technical support in planning and implementation of Ebola related activities, and coordination both within and outside the movement.

## Summary of the current response

### Overview of Red Cross Red Crescent Movement in country

Activities related to coordination of Ebola preparedness and response, within and outside the RCRC movement, will be part of the support pillars that the IFRC will offer to National Societies that are involved in Ebola preparedness and response. We will liaise and consult regional and country partners on current and future Ebola initiatives that are likely to benefit National Societies in our the region. Linking NS to available Ebola resources in their countries and in the region will be an integral part of the coordination support.

At regional level, the IFRC EAIOIRRO provides:

- participation in external regional coordination meetings,
- development and update of mapping of ongoing and planned initiatives,
- sharing of relevant information with NSs and PNSs,
- PNSs mobilization for country level support

At national level, the IFRC EAIOIRRO provides:

- Support to NSs in key national coordination meeting to help them define their role within the national plan and influence the strategy where needed/possible

## Needs assessment, Beneficiary selection, Risk Evaluation and Scenarios Definition.

### Risk analysis

The risk of an Ebola event in any of the countries in the EARRO and IOI is in composite terms the same as in any countries in West Africa and beyond. The importation of the disease in countries as far out as America and Europe is a characteristic illustration of how real the risk of an Ebola spread in EAIOI is.

We analyse and grade the actual risk of Ebola in the region based on the following set of considerations:

1. Air traffic connection with West Africa: the region has two major airline hubs in Addis Ababa and Nairobi that serve as transit points for passengers to and from West Africa. Kenya Airways and Ethiopia airlines together make more than 100 rotations to and from West Africa every week. This represents a potential risk of Importation of the Ebola infection from its current epicentre to EA.
2. High fluidity of movement of people between countries in the region with most of them transiting either in Nairobi or in Addis Ababa: Passengers travelling to other countries and passing through the two exchange airports may be exposed to contamination with Ebola if a case does occur there
3. Lack of adequate preparation against Ebola outbreak: Most countries in the region are inadequately prepared to prevent or respond to an Ebola outbreak. Apart from a few countries that have established screening and quarantine facilities at some point of entry for travellers from selected origins, the majority of countries in the region have no systematic procedure to detect suspected Ebola patients at point of entry. Some countries in the region have developed contingency plans for Ebola but most have no identified or adequate funding to implement their plans.
4. Lack of knowledge and myths about Ebola: though Ebola outbreaks have occurred before in the region there is still a considerable amount of misconception and lack of awareness about the manner in which the disease is transmitted, its natural history as well as its treatment.
5. Weak Public Health Systems: Most of the public health systems in the region are weak and under-funded for some and dysfunctional for others. One case of Ebola could easily spread to infect several other people before it is contained. A case notified away from the capital city may infect many other people before it is detected and isolated, this is because of lack screening and testing facilities outside capital cities as well as lack of trained personnel.

## B. Operational strategy and plan

### Overall objective

To improve the level of preparedness against Ebola virus disease in six National Societies in East Africa and Indian Ocean Islands.

### **Proposed strategy**

#### ***Train staff and volunteers on Ebola transmission and prevention at branch level in six NS***

Organize and conduct one training of trainers and training for volunteers in each of the six National Societies

#### ***Support Coordination on Ebola Prevention regionally and between NS***

Regional focal persons and identified health experts actively facilitate Ebola prevention activities in the selected National Societies

#### ***Raise awareness about Ebola transmission and prevention in the communities (social Mobilisation)***

Conduct sensitisation campaigns on Ebola in communities by using various channels such as radio, posters, leaflets etc.

#### ***Positioning of a limited number of Personal Protective Equipment in the 6 National Societies***

Procurement and dispatching of 100 units of PPEs for each of the selected National Societies

## **C. DETAILED OPERATIONAL PLAN**

### **Quality programming / Areas common to all sectors**

Quality Programming/Areas common to all sectors			
Outcome 1: Support Coordination on Ebola Prevention, Monitoring and Evaluation and Learning	Outputs		% of achievement
	Output 1.1: Regional sector focal persons actively facilitate Ebola interaction in NS		50%
	Output 1.2: conducted an end line evaluation and lessons learnt workshop		0%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1: Travel and meetings in NS	✓		50%
1.1.2: Support training	✓		50%
1.1.3: Evaluation in 2 randomly selected NS		✓	0%
1.1.4: Lessons learnt workshop		✓	0%
<b>Progress towards outcomes</b>			
The Ebola Focal Person at the IFRC Eastern Africa and Indian Ocean Islands has coordinated support to the targeted National Societies to conduct their ToT training and planning for the volunteer training as well as the procurement of PPE for the respective countries. The evaluation of the project in two National Societies, as well as the Lessons Learnt workshop are yet to be realized. This will become feasible when the targeted NSs have completed the implementation of the planned activities. In view of the unforeseen developments in some of the National Societies, an extension of the project duration will be advisable.			

## Health and Care

Health and Care			
Outcome 2: Support the rolling out of Ebola training in National Societies and harmonization of preparedness plan.	Outputs		% of achievement
	Output 2.1: Train staff and volunteers on Ebola transmission and prevention at branch level in NS		50%
	Output 2.2: NS Ebola preparedness Plan of action is aligned to federation-wide guidelines and MoH plan		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1: Training of trainers	✓		50%
1.1.2: Training of volunteers	✓		50%
1.1.3: Meeting with NS and MoH	✓		50%
1.1.4: Updating Ebola Plan of action	✓		50%
Progress towards outcomes			
<p>Two out of the six National Societies targeted (Sudan and Comoros) have completed all activities outlines under this outcome. They are however yet to submit their reports on the project implementation. Somalia has completed the ToT and volunteer training and updated the NS Ebola Plan of Action. Madagascar is expected to conduct the ToT and volunteer training from the second week of June and update the NS Ebola Plan of action as well. It is uncertain if Burundi, under the on-going political developments, will be able to conduct the planned activities within the project time frame. Rwanda could similarly not be able to conduct all the planned activities within the time frame of the project in view of the absence of the focal person for a while now. This therefore calls for an extension of the project at least one month.</p>			

Outcome 3: Raise awareness about Ebola transmission and prevention in the communities	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 3.1:</b> Conduct radio sensitization campaigns on Ebola transmission and prevention		<b>30%</b>
	<b>Output 3.2:</b> Printing and distribution of IEC material		<b>30%</b>
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes</b>	<b>No</b>	
3.1.1: Ebola message validation	✓		30%
3.1.2: Radio campaigns	✓		30%
3.2.1: Printing of posters	✓		30%
3.2.2: Distribution of posters	✓		30%
<b>Progress towards outcomes</b>			
Two out of the six National Societies targeted (Sudan and Comoros) have completed all activities outlines under this outcome. They are however yet to submit their reports on the project implementation. Somalia is yet to conduct the social mobilization activities. However, in view of other current priorities and risk level, social mobilization on the Ebola Virus Diseases might not be ideal and funds for that activity might rather be channeled to building more capacity in the National Society. Madagascar is expected to conduct the social mobilization activities soon after completing the Tot and volunteer training. It is uncertain if Burundi, under the on-going political developments, will be able to conduct the planned activities within the project time frame. Rwanda could similarly not be able to conduct all the planned activities within the time frame of the project in view of the absence of the focal person for a while now. This therefore calls for an extension of the project at least one month.			
Outcome 4: Procurement and prepositioning of high contact PPE by NS	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 4.1:</b> Procurement of PPE		<b>0%</b>
	<b>Output 4.2:</b> Logistic support for prepositioning of PPE in National Societies		<b>0%</b>
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes</b>	<b>No</b>	
4.1.1: PPE Requisition	✓		100%
4.1.2: PPE purchase	✓		80%
4.2.1: Delivery of PPE in the NS	✓		0%
<b>Progress towards outcomes</b>			
Requisition for PPE for the targeted national Society in this project has been raised with the Africa Zone Procurement Unit. Procurement of the item is in progress and will be shipped to the respective National Societies in the coming weeks.			

## 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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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.