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Emergency Plan of Action: Operations Update

East Africa: Ebola Preparedness

 International Federation
of Red Cross and Red Crescent Societies

EPF Operation	Operation n° :MDR64007
Operation Update :No.2	Period covered by this update :31 May 2015-20 June 2015
Date of issue :19 June 2015	Date of disaster :
Operation manager :	Point of contact : Willy Amisi
Operation start date : 25 February 2015	Operation end date : 26 July 2015
Operation budget : CHF 181,000	Expected timeframe : 5 months
Number of people affected : 200,000	Number of people to be assisted : 200,000
Host National Society presence : East Africa and Indian Ocean Islands (Burundi, Comoros, Madagascar, Rwanda, Somalia and Sudan)	
Red Cross Red Crescent Movement partners actively involved in the operation : French Red Cross	
Other partner organizations actively involved in the operation : None	

This operations update seeks a no-cost extension of one month. This will allow the completion of activities which are still ongoing in some countries. The operation end date will therefore be 26 July 2015

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 underestimate 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		65%
	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	✓		65%
1.1.2: Support training	✓		65%
1.1.3: Evaluation in 2 randomly selected NS		✓	0%
1.1.4: Lessons learnt workshop		✓	0%
Progress towards outcomes			
<p>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.</p> <p>The requested extension of the project end date till 31 August 2015 is on the following basis:</p> <ol style="list-style-type: none"> Only 30% of the targeted National Societies (Comoros and Sudan) have completed the planned activities with the exception of the receipt of the PPE. Somalia could not carry out the social mobilization activities as planned due to a new emergency (the Yemeni Returnee situation). The other three National Societies are in various stages of carrying out the planned activities and it is quite obvious that they will not be able to complete them before the current end date. The PPE for the targeted National Societies has been ordered through the Africa Zone Logistics Unit. However, delivery of the PPE is expected to be delivered to the target National Societies by mid-July 2015. 			

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: Output 2.1: Train staff and volunteers on Ebola transmission and prevention at branch level in NS		65%
	Output 2.2: NS Ebola preparedness Plan of action is aligned to federation-wide guidelines and MoH plan		65%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1: Training of trainers	✓		65%
1.1.2: Training of volunteers	✓		50%
1.1.3: Meeting with NS and MoH	✓		65%
1.1.4: Updating Ebola Plan of action	✓		65%
Progress towards outcomes			
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 has equally completed the ToT and is completing plans for the volunteer training following which the NS will complete its preparedness plans in line the IFRC-wide guidelines. Funds have been transferred to Burundi for the NS to organize its ToT and subsequently the volunteer training. Possibilities are being explored to see if Rwanda will be able to execute the planned activities, should an extension be granted to the project end date			

Outcome 3: Raise awareness about Ebola transmission and prevention in the communities	Outputs		% of achievement
	Output 3.1: Conduct radio sensitization campaigns on Ebola transmission and prevention		30%
	Output 3.2: Printing and distribution of IEC material		30%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
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%
Progress towards outcomes			
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 some of the targeted National Societies. In Somalia, two high risk locations were targeted for social mobilization. However, in view of the response to the Yemeni Returnees situation that coincidentally involve the two identified location, priorities have changed and therefore it will not be feasible to embark on Ebola social mobilization in view of the current emergency. Madagascar is expected to conduct the social mobilization activities soon after completing the ToT and volunteer training. Burundi is expected to do the same, unless there is a “force majeure” arising from rapidly changing political developments in that country at the time of conducting the social mobilization activities. The ability of Rwanda to carry out the planned activities under this project will be known by close of June, if the project end date is extended..

Outcome 4: Procurement and prepositioning of high contact PPE by NS	Outputs		% of achievement
	Output 4.1: Procurement of PPE		70%
	Output 4.2: Logistic support for prepositioning of PPE in National Societies		70%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
4.1.1: PPE Requisition	✓		100%
4.1.2: PPE purchase	✓		80%
4.2.1: Delivery of PPE in the NS	✓		0%
Progress towards outcomes			
Requisition for PPE for the targeted National Societies under 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 by mid-July 2015.			

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.