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DREF Final Report

Ethiopia /East Africa: Ebola Virus Disease (EVD) preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: MDRET014	GLIDE n° EP-2014-000039-ETH
Date of Issue: 30 June 2015	Date of disaster: NA
Operation manager: Jill Clements, IFRC Ethiopia Country Representative	Point of contact: Gashaw Dagne, Emergency Health Coordinator, Ethiopia Red Cross Society
Operation start date: 29 October 2014	Operation end date: 29 March 2015
Host National Society(ies): Ethiopian Red Cross Society	Operation budget: CHF 46,641
Number of people affected: 3,431,260	Number of people assisted: 86,045 (in Addis Ababa (49,000), Humera (18,545) and Moyale (18,500). An additional In addition, 84,000 people benefited indirectly.
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies	
N° of other partner organizations involved in the operation: Federal Ministry of Health, Medecins Sans Frontieres, United Nations Children Fund, World Health Organisation and other partners	

A. Situation analysis

Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea which spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone, and Mali, causing untold hardship and hundreds of deaths in these countries. As of 16 April 2015, a total of 25,791 cases, and 10,689 deaths, which were attributed to the EVD, had been recorded across the most affected countries of Guinea, Liberia and Sierra Leone. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which has affected West Africa. Efforts to stop the ongoing spread and bring the epidemic to an end were gaining in commitment and capacity; however the risk for further spread, both within the affected countries and more widely was also a real possibility and therefore needed to be planned for appropriately.

Ethiopia had been categorized by the World Health Organization (WHO) as “level 2” risk of transmission of the EVD through the importation of the virus by travel via Ethiopian Airlines, which has several flights to and from countries in high risk areas. In addition, there were a number of inter connected flights, which can possibly bring travellers from affected countries into the country. Land crossings and sea ports could also be possible routes of entry for the affected individuals as most of the borders are porous, specifically through Kenya, a country which was already designated as “a high risk”, and other routes through Dewele, Gambella, Metema, and Somali region borders. It is understood that people movement is unrestricted from country to country; as a result countries started screening travellers and intensify social mobilization activity to the border areas. Thus, Ethiopia started screening in addition to the social mobilization activity at selected places.



ERCS volunteers during house to house brochure distribution in Akaki-Kaliti, Addis Ababa © ERCS

Summary of response

Overview of Host National Society

Since the confirmation of the EVD in Guinea, the International Federation of Red Cross and Red Crescent Societies (IFRC) with the National Societies developed response strategies, which included supporting the National Societies of the affected countries, countries with a physical border to the affected countries and those who are at risk. Other high risk countries without a physical border were being assisted with EVD preparedness, including Ethiopia. On 29 October 2014, IFRC released CHF 46,641 from its Disaster Relief Emergency Fund (DREF) to support the Ethiopian Red Cross Society (ERCS) with EVD preparedness, for a period of three months, specifically in 10 sub-cities of Addis Ababa, as well as the border towns of Humera (Tigray Region) and Moyale. On 26 January 2015, an Operations Update was issued to extend the DREF operation by two months (until 29 March 2015) following the gaps that had been identified in the areas of implementation (Addis Ababa, Humera and Moyale) during joint monitoring missions carried out by the ERCS, Federal Ministry of Health (FMoH) and National Task Force for EVD preparedness. It included development of information, education and communication (IEC) materials (on audio media); Training of additional volunteers on social mobilization, Training of existing volunteers on disease surveillance and management of safe and dignified burial and training of volunteers on the use of personal protective equipment (PPE). The extension of the DREF and revision of the budget enabled these activities to be carried out. Through this DREF operation, the ERCS has contributed to the National EVD preparedness Plan of Action (PoA), which has been developed by the PHEMI/FMoH.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the Ethiopia Red Cross Society would like to extend many thanks to all partners for their generous contributions.

[<click here for the contact details and here for final financial report >](#)

Overview of Red Cross Red Crescent Movement in country

The IFRC Ethiopia country representation office in Addis Ababa, provided support to the ERCS, as well as its East Africa and Indian Ocean Islands (EAI/OI) regional representation and Africa zone office based in Nairobi. A Memorandum of Understanding (MoU) was signed by the IFRC and ERCS, which outlined the parties responsibilities to implement the activities planned within the DREF operation. The IFRC Ethiopia country representation has been responsible for coordination efforts including collaboration and information sharing with international agencies and organizations in-country, as well as part of the UN Humanitarian Coordination Group. In September and November 2014, the IFRC EAI/OI regional representation provided training for five members of staff from Ethiopia (two from PHEMI/FMoH) as part of an EVD preparedness workshop with other participants from the horn of Africa National Societies. Other Red Cross Red Crescent partners in country include; International Committee of Red Cross (ICRC), Austrian Red Cross, Netherlands Red Cross, Swedish Red Cross, Swiss Red Cross, Canada Red Cross, and Spanish Red Cross. Monthly coordination meetings were carried out to share information, discuss opportunities and challenges.

Overview of non-RCRC actors in country

Following the EVD outbreak in West Africa, the Ethiopian authorities took precautions to prevent the virus from entering the country. The PHEMI / FMOH have carried out activities including the training more than 200 health workers on EVD preparedness (the risk factors, symptoms, and key steps to preventing transmission of the virus), as put in place disease surveillance systems, established an isolation unit and pre-positioned PPE for use by its frontline staff in high risk situations. Further EVD preparedness training was given to the Journalists at the federal level and various regions in addition to staff from various development sector offices.

The FMoH has developed National EVD preparedness PoA, in collaboration with stakeholders including such as ERCS, Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF) and World Health Organization (WHO), which have all been allocated into sub-groups based on their area of expertise, for example, ERCS are working closely with the social mobilization and communication sub-group. The PHEMI/FMoH has

established a national Taskforces for EVD preparedness, ERCS is a member. Each Task Force comprised different Sub-committees (social mobilization and communication; surveillance, contact tracing and laboratory diagnosis; case management; and logistics and security).

Needs analysis and scenario planning

Ethiopia has not experienced EVD in the past, and the population has limited knowledge of the virus, and social mobilization / awareness raising activities were required to address the population's fears and misconceptions surrounding it, specifically related to transmission and behaviours required to avoid risk. The Taskforce has identified priority areas for the implementation of the EVD preparedness PoA as those that border neighbouring countries including, Kenya, Somalia and Sudan. The ERCS in accordance with the national EVD preparedness PoA has implemented the DREF operation in 10 of the most at risk sub-cities of Addis Ababa, as well as the border towns of Humera (Tigray Region) and Moyale (Oromia Region).

- **Addis Ababa** is the capital city of Ethiopia. It is the largest city in Ethiopia, with a population of 3,384,569 (Central Statistical Agency of Ethiopia 2007). As a chartered city (*ras gez astedader*), Addis Ababa has the status of both a city and a state. It is where the African Union and its predecessor the OAU are based. It also hosts the headquarters of the United Nations Economic Commission for Africa (UNECA) and numerous other continental and international organizations.
- **Moyale** is a market town on the border of Ethiopia and Kenya, which is split between the two countries. It has an estimated total population of 25,038 (Central Statistical Agency in 2005).
- **Humera** is a town and separate woreda in northern Ethiopia, near the borders of Sudan and Eritrea. Located in Mi'irabawi Zone of the Tigray Region. It has an estimated total population of 21,653 (Central Statistical Agency of Ethiopia 2007).

The DREF operation targeted those members of the population that had been identified as being most vulnerable to EVD, specifically local health workers, traders, taxi drivers and the youth.

B. Operational strategy and plan

Overall Objective

The overall objective was to contribute to the National EVD preparedness PoA where ERCS was contributing in the implementation of social mobilization activities and awareness raising activities.

Proposed strategy

The proposed strategy was in accordance with the IFRC's response and preparedness strategy and those activities that had been prioritised within the National EVD preparedness PoA. The activities were focused on:

- Training of ERCS volunteers in the Epidemic Control for Volunteers (ECV) and social mobilization; specifically related to EVD in Addis Ababa, Humera and Moyale.
- Preparation of information, education and communication materials in collaboration with other social mobilization Taskforce members (FMoH, United Nations Children's Fund (UNICEF), and World Health Organization (WHO); including printing (leaflets and posters) and distribution to key persons in at risk communities using the ECV / Social Mobilization trained volunteers.
- Community sensitization of key persons on EVD prevention using local social organizations including local *Edirs*, religious leaders, school teachers, and women associations.
- Participation in the established Task Force and sub-committee meetings; as well as follow up and information sharing on EVD with branch offices and volunteers.

Following joint monitoring carried out in collaboration with the IFRC in implementing areas and discussions with the FMoH officials, resulted in gap identification and proposed additional preparedness activities were also included in the DREF operation, these were:

- Training of existing volunteers in Addis Ababa, Humera and Moyale related to use of PPE, disease surveillance and management of safe and dignified burial; as well as additional volunteers in Addis Ababa.
- Support FMOH with the development, preparation and dissemination of EVD audio media messages.
- Pre-positioning of PPE and necessary materials for safe and dignified burial (in-kind support).

Operational support services

Human resources (HR)

Through this DREF operation, 204 volunteers were mobilized from across the three locations (Addis Ababa, Humera and Moyale). The DREF operation was coordinated by ERCS emergency health unit in collaboration with FMOH at each level.

Logistics and supply chain

The ERCS procured all items required for the implementation of the DREF operation locally; this included stationery for training, and the printing of IEC materials, which was carried out in collaboration with other members of the Social Mobilization Taskforce. In addition, 20 sets of PPE were provided free of charge by the FMOH to ERCS for the purpose of volunteers' training.

Communications

The ERCS issued progress reports, which it has shared with the IFRC Ethiopia country representation and IFRC EAIOI regional representation. In addition, reports on the implementation of the DREF operation on the ERCS website; in newsletters (Humanity Volume 1; Issue 2). IEC materials were printed in collaboration with the Social Mobilization Sub-Committee, and distributed in the target communities. The IEC materials were produced in Amharic language (local language), for better understanding by the majority of population in the implementing areas. In addition, ERCS has supported the FMOH to disseminate EVD audio messages to the community. Please note that visibility was also ensured through the issue of t-shirts, hats and banners to ERCS volunteers.

Security

ERCS experienced no security concerns which had implications for the implementation of the DREF operation.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous follow up and monitoring was carried out by the branch offices to ensure the effective implementation of the activities planned within the DREF operation. The ERCS branch offices (in Addis Ababa, Humera and Moyale) reported directly into the emergency preparedness and response department located at ERCS national headquarters (NHQ) on a weekly basis. The ERCS emergency health coordinator then compiled the reports and sent them fortnightly to the IFRC Ethiopia country representation office, which were then shared with the IFRC EAIOI regional representation. The ERCS also shared the reports to the FMOH at weekly Task Force meetings; and a joint national monitoring plan of the National EVD preparedness PoA was developed by the members. In addition, joint monitoring missions were carried out in Addis Ababa, Humera and Moyale. Each monitoring mission lasted for seven days, and comprised two staff members from NHQ (programme and PMER). The IFRC regional health coordinator joined the monitoring team only in Moyale. Based on the monitoring missions, the implementation of the DREF operation was carried out in accordance with the agreed EPoA. However, there were gaps identified which resulted in additional preparedness activities being included in the DREF operation.

Early warning & emergency response preparedness

Early Warning & emergency response preparedness

Outcome 1 : The immediate risks to the health of affected populations are reduced

Output 1.1: The capacity of Ethiopian Red Cross Society to prepare for potential EVD response is strengthened

Activities planned
1.1.1 Train volunteers in Epidemic Control for Volunteers, and Social mobilization (Target: 195 volunteers - Addis Ababa (135), Humera (30) and Moyale (30))
1.1.2 Train volunteers on PPE use, safe and dignified burial and disease surveillance (Target 160-)
Achievements
1.1.1 In total, 204 ERCS volunteers - in Addis Ababa (141), Humera (32) and Moyale (31) have received two-day training on ECV and social mobilization, which equates to 104.6% of the target (195). Following the ECV training, the capacity of the volunteers has been increased in the areas of implementation since they now have improved knowledge and skills, which will help them prevent and control EVD if cases be reported in Ethiopia. Each volunteer trained has been deployed to carry out social mobilization and awareness raising activities for a period of 15 days (on average).
1.1.1 In total, 168 volunteers were trained 105% of the target (160) on PPE dressing and undressing technique, case finding and disease surveillance as well as how to conduct safe and dignified burial procedures.
Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)
Activities planned
1.2.1 IEC materials production (10,000 Poster printing) and Support MOH on audio messages dissemination (CHF 6,045.34)
1.2.2 Distributions of IEC materials with key persons in at risk communities (Target: 16,000 IEC materials distributed)
1.2.3 Community sensitization of key messages on EVD prevention (Target: 12 community sensitization sessions in Addis Ababa, Humera and Moyale) for 600 participants.
Achievements
1.2.1 The ERCS has participated in the preparation and production of IEC materials (in collaboration with the FMOH, UNICEF and WHO). In total, 10,000 posters (100 per cent of the target) with key EVD messages were printed and given to FMOH and distributed to health facilities. ERCS also contributed to the preparation of EVD audio media messages. The audio message is produced using compacted disk (CD cassette) having the key messages about EVD and then duplicated. A total of 1,048 CD cassettes were duplicated and distributed to Government and private health facilities in Addis Ababa (298), primary and secondary schools of Addis Ababa (250), and in all regional health bureaus (500). These institutions will use the audio messages to raise the awareness of their community (clients, patients and their relatives, students and teachers for schools), which is estimated to reach about 1,048,000 people.
1.2.2 In total, 18,917 IEC materials (brochures) were distributed to raise awareness on EVD – in Addis Ababa (10,000), Humera (5,217) and Moyale (3,700), which equates to 118.23 per cent of the target (16,000); which reached 86,045 people - in Addis Ababa (49,000), Humera (18,545) and Moyale (18,500), which equates to 106.75% of the target (80,600).
1.2.3 16 community sensitization sessions were carried out, which equates to 133.3 per cent of the target (12) - in Addis Ababa (10), Humera (4) and Moyale (2), for 873 participants (145.5 per cent of the target). Community organizations involved in the sensitizations included: civil society organizations, local Edirs, military representatives, religious leaders, schools, women's associations and youth groups. During the community sensitization, participants improved their knowledge of EVD and increase their understanding by raising any questions that needed clarification. Following this, the social structure leaders participated in sensitization workshops, during which EVD messages were disseminated to 65,702 people, which equates to 78.21 per cent of the target (84,000).
Output 1.3: Community epidemiological surveillance is set up/enhanced
Activities planned
1.3.1 Active participation in information and coordination meetings in established EVD prevention task forces at all level
1.3.2 Epidemiological control and monitoring through community disease surveillance
1.3.3 Monitor & reporting activities
1.3.4 Lessons learned workshop (35 participants)
Achievements
1.3.1 ERCS actively participated in the high level and sub-group technical task forces led by the Ministry of Health of Ethiopia at all levels. ERCS is a member of the Task Forces for EVD preparedness, at national and regional levels; as well as a social mobilization and communication sub-committee member which

	has played significant role in preparation of IEC materials and EVD prevention guidelines.
1.3.2	ERCS volunteers were deployed to support with disease surveillance in areas of Moyale, which borders Kenya. Each day, four volunteers were assigned to work at check points at border crossings to register suspected cases of EVD. The ERCS put in place a tent at each of the check points. However, in Addis Ababa and Humera, disease surveillance was not carried out, as the local health authorities had assigned only professional health workers to do this.
1.3.3	Please refer to the PMER section.
1.3.4	A lessons learned workshop was carried out at the end of the DREF operation, comprising 28 participants (80 per cent of the target), including branch secretaries and representatives of volunteers from branches involved in the DREF operation, representatives from the FMOH, and ERCS NHQ. (See the outcomes of the workshop below)

Challenges

Key operational challenges included:

- **Communications:** The DREF operation was expected to end on 29 January 2015; however it was extended due to the delayed production of IEC materials and the change of prior needs from IEC materials to audio messages.
- **EVD message dissemination by ERCS volunteers** were challenging in some areas of implementation, as communities did not believe EVD would come to the country.
- **Admin and Finance:** Financial documentation was not submitted timely to IFRC Ethiopia country representation due to the timing of this DREF operation (implemented at the end of the fiscal year), which caused a burden to finance officers

Lessons Learned

Lessons learned included:

- **Resource Mobilization:** Through this DREF allocation, the branch offices benefited from capacity building, which has resulted in additional resource mobilization. For instance, Humera branch received ETB 1 million (CHF 50,000) from the zonal administration to establish an essential drug program (Pharmacy service) in the town. In addition, the branch has also received a house free of charge for the purpose of pharmacy service.
- **RCRC/Agency Coordination:** Based on the monitoring missions and discussions with the FMOH, ERCS established good coordination with other actors in EVD preparedness activities. In addition, the interviewed households ensured that they have got enough knowledge to protect themselves should EVD epidemic come in their locality. ERCS has the trust of the FMOH, particularly to take responsibility of safe and dead body management.
- **National Society capacity building:** Red Cross Red Crescent messages have been disseminated during community sensitization workshops, which resulted in increased number of volunteers and members in all implementing areas. The image of Red Cross was built positively in the community. Moreover, the ERCS volunteers will be able to disseminate EVD prevention and control messages in their communities, even after the end of the DREF operation.

D. The Budget

Of the CHF 46,641 allocated for this DREF, a balance of CHF7,422 will be returned to the DREF.

Under 'Workshops and Trainings' there was an over expenditure of CHF 1,654 due to the underestimation of the cost for workshops. There was also a greater demand from the national society for the training on Ebola preparedness/social mobilisation and a second one on dead body management leading to the cost overruns.

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.



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

Disaster Response Financial Report

MDRET014 - Ethiopia - Ebola Virus Preparedness

Timeframe: 29 Oct 14 to 29 Mar 15

Appeal Launch Date: 29 Oct 14

Final Report

Selected Parameters

Reporting Timeframe	2014/10-2015/5	Programme	MDRET014
Budget Timeframe	2014/10-2015/3	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		46,641				46,641	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		46,641				46,641	
C4. Other Income		46,641				46,641	
C. Total Income = SUM(C1..C4)		46,641				46,641	
D. Total Funding = B + C		46,641				46,641	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		46,641				46,641	
E. Expenditure		-39,218				-39,218	
F. Closing Balance = (B + C + E)		7,423				7,423	

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Budget Timeframe	2014/10-2015/3	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			46,641			46,641		
Logistics, Transport & Storage								
Transport & Vehicles Costs	4,050		4,077			4,077	-27	
Total Logistics, Transport & Storage	4,050		4,077			4,077	-27	
Personnel								
National Society Staff	2,000		1,778			1,778	222	
Volunteers	14,550		8,787			8,787	5,763	
Total Personnel	16,550		10,565			10,565	5,985	
Workshops & Training								
Workshops & Training	7,274		8,928			8,928	-1,654	
Total Workshops & Training	7,274		8,928			8,928	-1,654	
General Expenditure								
Travel	1,500		1,053			1,053	447	
Information & Public Relations	11,420		10,445			10,445	975	
Communications	2,000		1,682			1,682	318	
Financial Charges	1,000		75			75	925	
Total General Expenditure	15,920		13,254			13,254	2,666	
Indirect Costs								
Programme & Services Support Recove	2,847		2,394			2,394	453	
Total Indirect Costs	2,847		2,394			2,394	453	
TOTAL EXPENDITURE (D)	46,641		39,218			39,218	7,422	
VARIANCE (C - D)			7,422			7,422		

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Split by funding source	Y	Project	*
Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	46,641		46,641	46,641	39,218	7,423	
Subtotal BL2	46,641		46,641	46,641	39,218	7,423	
GRAND TOTAL	46,641		46,641	46,641	39,218	7,423	