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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.3	Period covered by this update: 25 February-31 July 2015
Date of issue: 14 August 2015	Point of contact: Kwame Darko
Operation start date: 25 February 2015	Operation end date: 15 October 2015
Operation budget: CHF 181,000	Expected timeframe: 8 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 15 October 2015

A. Situation analysis

Description of the disaster

An Ebola epidemic that started in March 2014 in Guinea 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 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

In view of the challenges some of the targeted National Societies have encountered in the implementation of planned activities 2-month extension of the end date till 15 October 2015 is being requested on the following grounds:

1. There were delays in the take-off of the project by some of the National Societies involved in the project e.g. insecurity in Burundi that has prevailed for some months now and absence of the focal person left a gap in the implementation in Rwanda.
2. Enthusiasm and interest shown in the project by the targeted National Societies, since the renewed effort by IFRC Africa Zone and the East Africa and Indian Ocean Islands to re-engage the National Societies have been tremendous and encouraging. The National Societies occupy a unique auxiliary position in the respective countries and in view of the of the recurrent bout of other diseases of public health concern such as polio, plague and cholera, there is even a greater need to utilise the opportunity offered through the Ebola Preparedness Project to enhance the capacity of the respective National Societies to embark on social mobilization activities in support of national prevention campaigns against these diseases, particularly the Ebola Virus Disease (EVD).
3. A fair amount of activities in the Ebola Preparedness Plan have so far been realised by the National Societies and they are keen to implement the remaining activities if given the opportunity by way of time extension.
4. Looking at the current enthusiasm of the NS especially Madagascar and Rwanda (in the past few weeks) and given the proper involvement as well as the dedication of new technical people in charge of implementing the project, we are optimistic that a 2-month extension will enable the NS to complete the remaining planned activities.
5. The National Societies have revised their plans to utilize the two-month window period, if approved so that they can complete all the planned activities.
6. Burundi is just getting out of months of election-related emergency and will now have the space to implement the planned activities for which funds have already been transferred.
7. The PPE for the targeted National Societies has been ordered through the Africa Zone Logistics Unit. Deliveries for Rwanda, Madagascar and Burundi are being channelled through Nairobi due to the challenges that the recipient National Societies are facing in obtaining the required clearance prior to shipment. The eventual delivery to the respective National Societies from Nairobi will therefore require some more time.

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 points 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 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 health 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.

Prepositioning 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		70%
	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		✓	70%
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			

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		80%
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		✓	70%
1.1.4: Updating Ebola Plan of action		✓	80%
Progress towards outcomes			
<p>Two out of the six National Societies targeted (Sudan and Comoros) have completed all activities outlined under this outcome. Sudan trained 20 focal persons (15 male and 5 female) from the State branches and Khartoum as ToTs. They were made up of health professionals, community health focal persons and volunteers. Sudan has also conducted 18 sensitization sessions for staff and active volunteers at the branch level. These sessions reached a total of 425 participants (281 male and 144 female). Sixty-two per cent (62%) were staff with volunteers constituting the remaining 38%. The Ministry of Health had been part of the discussion and planning for the activities executed while the National Society Ebola Plan of Action was updated following the activities conducted. Somalia trained 13 persons (8 male and 5 female) as ToTs, made up of Health Officers from the 9 branches of Somaliland and Puntland as well as the Ministry of Health and Labour in Somaliland. A further 48 volunteers (33 male and 15 female) were trained from the branches. Like Sudan, the Health Ministries in Puntland and Somaliland respectively were part of the discussions and planning for the activities executed so far. Following the ToT and volunteer trainings, the National Society Ebola Plan of Action was updated.</p>			

Madagascar has conducted ToT training so far for 20 persons (13 male and 7 female) comprising of National Society staff from the regions, the Ministry of Health and organizations such as the Pasteur Institute. The Ministry of Health has been a key participant in all the deliberations and planning for the ToT and the yet to be implemented activities. The National Society has submitted a revised plan for the implementation of the remaining activities in anticipation of the requested extension. Comoros, like Sudan, has conducted all the planned activities but are yet to submit a comprehensive report to establish achievement. Burundi has received funds for the ToT and volunteer trainings but the country's political situation over the past couple of months did not allow the National Society to conduct any of the planned activities. It is ready now to commence the implementation. Rwanda could not execute any of the planned activities such as the ToT and the volunteer training as the Ebola focal person in the NS left for further studies. The National Society has however submitted a revised plan for implementation.

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		33%
	Output 3.2: Printing and distribution of IEC material		33%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
3.1.1: Ebola message validation		✓	50%
3.1.2: Radio campaigns		✓	30%
3.2.1 Printing of posters		✓	33%
3.2.2: Distribution of posters		✓	33%
Progress towards outcomes			
Two out of the six National Societies targeted (Sudan and Comoros) have conducted sensitization activities on Ebola prevention, following their ToT and volunteer trainings. Sudan conducted 8 sensitization sessions for community leaders in 8 localities of west Dafur, attracting 151 persons comprising religious leaders, tribal leaders, head teachers, heads of community local committees, local health assistants, local authorities and women unions. The National Society also conducted 59 community awareness raising sessions including 859 door-to-door visits and 94 focus group discussion that reached a total of 5,758 persons (2,608 male and 3,150 female). Messages used were validated by all key stakeholders, including the Ministry of Health. Comoros is yet to submit a report on the sensitization activities conducted.			
Due to the on-going emergency with the Yemeni returnees/refugees, the planned sensitization activities in Somalia had to be shelved. The two locations identified for the sensitization activities, due to their risk level as key entry points into Somaliland and Puntland by sea, coincidentally were the very two port cities receiving the refugees/returnees. Madagascar is expected to conduct the social mobilization activities soon after completing the volunteer training in the revised plan of the NS. Burundi is expected to do the same, with the slow-down of the election-related emergency that the country experienced in the last couple of months. Rwanda will similarly conduct social mobilization activities as part of the revised plan of the National Society.			
Outcome 4: Procurement and prepositioning of high contact PPE by NS	Outputs		% of achievement
	Output 4.1: Procurement of PPE		80%
	Output 4.2: Logistic support for prepositioning of PPE in National Societies		80%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
4.1.1: PPE Requisition		✓	100%

4.1.2: PPE purchase		✓	100%
4.2.1: Delivery of PPE in the NS		✓	33%
Progress towards outcomes			
<p>Requisition and purchase of PPE for the targeted National Societies under this project have completed by the Africa Zone Procurement Unit. Deliveries of consignments for Sudan and Somalia have been completed although the Somalia consignment will be stored in Nairobi for better protection. Deliveries for Rwanda, Madagascar and Burundi are being processed through Nairobi due to challenges the recipient NS are encountering in obtaining the required clearance in time. Meanwhile, the recipient National Societies are being followed about the required clearance prior to shipping the consignment to them from Nairobi.</p>			

Contact information

For further information specifically related to this operation please contact:

- **IFRC East Africa and Indian Ocean Islands Regional Representation:** Finn Jarle Rode, Regional Representative for EAIOL; Nairobi; phone:+221 33 869 36 41; email: finnjarle.rode@ifrc.org
- **IFRC Africa Zone:** Lucia Lasso, Disaster Management Delegate; Nairobi; Tel: +254 (0) 731-067469; Email: lucia.lasso@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Zonal Logistics Unit (ZLU):** Rishi Ramrakha, Nairobi; phone +254 20 283 5142, Fax +254 20 271 2777, email: rishi.ramrakkha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Ebola Coordination Hub:** Terry Carney, Resource Mobilization Coordinator; Accra; phone: +233 266 444 14; email: terry.carney@ifrc.org

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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.