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DREF Operations Final Report

America: Ebola Coordination and Preparedness

 International Federation
of Red Cross and Red Crescent Societies

Emergency DREF number: MDR42002	Date of Issue: 15 September 2015
Date of disaster: Starting in March 2014	Operation start date: 21 October 2014
Operation end date: 21 March 2015	Operation budget: 100,000 Swiss francs (CHF)
Host National Societies: The 34 National Societies in the Americas region.	
Number of people assisted: The 34 National Societies and overseas branches located in the Americas region have been reached with the dissemination of information on the coordination and preparedness for the Ebola virus disease (EVD).	
Number of National Societies involved in the operation: This regional DREF operation allowed the International Federation to provide immediate support and guidance to the National Societies in the Americas region in coordination, communication and capacity- building activities, including the provision of communication materials to inform and disseminate information about the Ebola virus disease in the region. This DREF allocation enabled the most urgent preparedness activities to be implemented, including a communication campaign and a continental-level workshop with all National Societies in the region. The IFRC communication and health units in secretariat headquarters in Geneva created the communication campaign.	
Number of other partner organizations involved in the operation: Representatives from the Pan-American Health Organization/World Health Organization (PAHO/WHO), the Panamanian Ministry of Health and the Panamanian National System of Civil Protection (SINAPROC) were actively involved in the workshop. The PAHO/WHO representatives presented their guidelines regarding cases of Ebola in the Americas and the two Panamanian institutions shared their knowledge and experience with infectious diseases. Following the workshop, the National Societies returned to their home countries and established coordination with the pertinent State authorities and publicly disseminated information on the EVD.	

[<Click here to view the final financial report. Click here to view the contact information>](#)

Summary:

This DREF operation provided the 34 National Societies in the Americas region with essential information to boost their response capacities and/or provide support to their State authorities on potential humanitarian issues regarding the Ebola virus disease (EVD). Furthermore, the National Societies were capable of contributing to public actions to reduce the fear, stigmatization and discrimination associated with EVD. A two-day continental workshop for Ebola preparedness was organized for all the National Societies on 25-26 November 2015. Nearly all of the National Societies and overseas branches located in the Americas region participated in the workshop. (The Uruguayan Red Cross was unable to attend.) Including participants from the IFRC and the International Committee of the Red Cross (ICRC), the workshop was attended by 76 people.

The workshop fulfilled the primary objective of providing guidance and support on Ebola preparedness to National Societies. Additionally, the representatives from the National Societies received the necessary information to implement community-level actions to counteract the fear, stigmatization and discrimination generated by the Ebola virus disease. After the workshop, the majority of National Societies strengthen their capacities to continue to engage in internal and external advocacy, disseminate the acquired knowledge and offer guidance for recommended actions for countries with low risk of an Ebola outbreak.

This DREF operation also provided financial support that allowed the IFRC communication unit in the secretariat headquarters to develop a global communication campaign on EVD. Particular support was allocated for the translation into Portuguese of the design and development of the campaign video material. The communication unit and the health focal point in the Americas region office (ARO) provided technical input for the development of the video script. The preliminary video was shared with all the National Societies at the continental workshop; their constructive feedback was used to improve the final product. Additionally, these funds contributed to the costs related

to the distribution of the Ebola tool kit to 34 National societies and 1 overseas branch during the XX Inter-American Conference in March 2015.

The principle challenge of the operation revolved around coordination efforts with other institutions to ensure coherence and compatibility of the information. The coordination with the World Health Organization was required since its information was central in the global response to address Ebola. The ARO was also challenged to be able to ensure that all the National Societies and overseas branches in the Americas could meet and build a common agenda and skills set regarding Ebola in spite of the enormous sociocultural diversity in this region.

Among the central lessons learned in this operation was the understanding that the secretariat has a leadership and dissemination role in emerging risks and emergencies, such as that presented by the outbreak of Ebola and the repercussions in countries with limited or non-existent levels of affectation. Additionally, this operation reiterated the auxiliary role of the National Societies to their State institutions in humanitarian issues.

A. Situation analysis

Description of the disaster

The first documented case in the Ebola virus disease was on 21 March 2014 in Guinea, which prompted the government of Guinea to declare an Ebola outbreak. At that time, the outbreak's epicentre was in the southern regions near the Guinea border with Liberia and Sierra Leone. In August 2014, the World Health Organization declared the outbreak of Ebola virus disease in West Africa as an "extraordinary event and a public health risk to other States". When this operation was started, several countries in West Africa were still facing the serious impact of this outbreak.

The Ebola virus disease is a severe and often fatal illness, which is spread from direct human-to-human contact with the bodily fluids of an infected person, such as blood, faeces, sweat, through sexual contact or the unprotected handling of contaminated corpses. The Ebola virus disease kills between 25 per cent and 90 per cent of victims depending upon the strain of the virus and the medical environment in which it was treated. A vaccine against the EVD remains in the testing phase.

According to the WHO Situation Report for 20 May 2015, there is a total of 26,933 report confirmed, probable and suspected cases of EVD in Guinea, Liberia and Sierra Leone, which have led to 11,120 reported deaths. As of this week, new confirmed cases continue to be reported in Guinea and Sierra Leone. On 9 May 2015, the outbreak in Liberia was declared over. Mali, Nigeria, Senegal, Spain, the United Kingdom, the United States of America and most recently, Italy have reported one or more cases imported from a country with widespread and intense transmission.

In the Americas, four cases were confirmed in the United States; three of these cases were reported in October 2014. Several countries in the Americas implemented controls to diminish the risk of entry of people infected by the EVD or those who might have had contact with individuals with confirmed, probable and suspected cases. The majority of these controls were implemented in points of entry by air or sea through the restriction of entry and monitoring of those entering these countries.

Given that the initial information in the media was focused on the misuse of protective equipment and/or the difficulty to timely identification of cases, the public fear around the EVD increased.

Summary of response

Overview of Red Cross Red Crescent Movement in the region

The Americas region of the secretariat worked to support the National Societies in their preparation efforts by providing information, sponsoring webinars and sharing tools such as contingency plans. The National Societies that required additional support early in the operation received information directly from the global communication campaign and informative materials. As this operation continued, all of the National Societies and overseas branches in the Americas region received training and all the campaign materials in the relevant languages for their use with the population and State authorities in their countries.

The Ebola coordination and preparedness plan presents the necessary measures to achieve adequate operational support, coordination and preparedness within the region. The Americas region office organized a continental workshop and contributed to the IFRC communication campaign being created and disseminated from the communications unit in Geneva. The National Societies had the fundamental role of implementing a community mobilization effort that hinges on awareness raising activities and advocacy with the populations in their countries, as well as external actors to address and diminish the fear, stigmatization and discrimination caused by the EVD. Coordination with their State institutions and the delegation of responsibilities in humanitarian issues were central to this task.

At the global level, the IFRC response resulted in the launch of six emergency appeals; five of them in direct support of the most affected countries of Guinea, Liberia, Senegal, Sierra Leone and Nigeria. The sixth is a regional appeal for better coordination and preparedness. Preparedness DREF operations were also launched in Ivory Coast and Mali, which border the initially affected countries. These appeals and DREF-supported operations have the objective of reaching 39 million people and have a combined cost of 34.7 million Swiss francs.

The IFRC is currently working in 16 countries in Africa, where it has developed a strategy based on the five pillars of intervention: 1. case management; 2. psychosocial support; 3. community mobilization; 4. safe and dignified burials; and 5. contact tracing. The health in emergencies unit in the secretariat headquarters developed guidelines on how to prepare for Ebola cases in countries that had not been affected. These guidelines, along with other documents that provide information on the virus, the manner it is spread, symptoms and management procedures, were shared with the IFRC in the Americas region. For the countries that have not reported any cases, special emphasis was placed on improving the control of airports and customs and on being better prepared to respond to the five pillars, especially the community mobilization pillar based on available resources and vulnerability.

Prior to the start of this DREF operation, the National Societies of Costa Rica, El Salvador, Guatemala, Colombia, Chile, Jamaica and Haiti had already engaged in advocacy efforts with their governments and attended national-level coordination meetings. The Venezuelan Red Cross conducted training sessions for volunteers. After the continental-level workshop held in Panama on 25-26 November 2014, 31 National Societies and 5 overseas branches implemented Ebola preparedness actions. The main actions of the National Society were undertaking advocacy actions, participating in internal and external coordination and conducting outreach as a part of community mobilization against fear, stigma and discrimination around the EVD.

The IFRC has created and developed a strategy based on the experience of the operations in West Africa and by closely working with the National Societies in the affected countries to be prepared and able to respond to an Ebola outbreak, were this to occur in other locations. The five pillar preparedness strategy has been created in line with the risk preparation actions in the global strategy. Partner National Societies (PNS) involved in the response to the EVD in West Africa have also supported and shared information with other National Societies.

External coordination was one of the main objectives of this operation. The IFRC aimed to promote a coherent and unified response through the facilitation of defined roles and activities that could be developed to support State institutions during the preparatory process. This operation facilitated information sharing. Since the outbreak began in Africa, the Movement has been sharing the materials and guidelines developed by the World Health Organization.

In the continental-level workshop held in November 2014 in Panama, a representative from PAHO/WHO, representative from the Panamanian Ministry of Health and a representative of the Panamanian National System of Civil Protection (SINAPROC) presented information to the participants. The PAHO/WHO representatives presented their guidelines regarding cases of Ebola in the Americas and the two Panamanian institutions shared their knowledge and experience with infectious diseases. This workshop additionally allowed for a collective reflection on the Movement role as an auxiliary to State authorities in humanitarian issues.

Overview of non-RCRC actors in the region

The Pan-American Health Organization has guided the governments in the region on the five pillars of intervention defined by the World Health Organization. The WHO has the global objective to detect, contain, isolate, contact trace and follow cases of EVD. In the America region, focus has been on the containment and prevention of local transmission. The PAHO conducted missions, engaged in political advocacy, met with State authorities and organized technical meetings. Additionally, the PAHO has pre-positioned Ebola kits in Panama; these kits would be to any country in the Americas region where a suspected case of EVD be identified.

Needs analysis and scenario planning

This DREF was requested to respond to the needs of National Society for guidance, information and materials on the EVD, allowing each National Society to provide timely and factual information to State institutions and populations in the countries of the Americas.

These specific needs were identified as the identification of the role of the National Society and its responsibilities and possible actions according to capacities and mandates in each country; the provision of information about the level of risk of Ebola in the Americas; the requirement for materials and training to appropriately respond to a suspected case of the Ebola virus disease.

According to their capacity and mandate, the National Societies launched internal discussions regarding their role in Ebola response efforts, were these to be required. Many National Societies were unclear about their roles and several received requests from State authorities. These requests can be divided into the following categories: 1. Organization of training sessions on safe burial management; 2. Organization of training sessions on personal

equipment protection use; 3. Engage in community mobilization; 4. Take on responsibility for ambulance service for possible cases of people with the EVD; 5. Train and provide psychosocial support.

The vulnerability in the Americas to the EVD Ebola was not clear. In light of migration patterns, human movement and the poor health system, there were fears regarding the region's level of vulnerability. The National Societies of the Americas required a clear and scientific explanation of the real risk and the manners to manage this risk.

When the IFRC transmitted the five pillars of intervention used in Africa to all National Societies, these requested training in the five pillars. Requests were made on how to organize safe burials, provide psychosocial support, engage in contact tracing and use the personal protective equipment and protocols for case management. Although an IFRC guide that explained which pillars should be prioritized in the Americas was distributed, the National Societies needed space to ask question and discuss the guide.

It was identified that most National Societies did not feel prepared to face this epidemic, which increased fears. With this DREF operation, especially through the workshop, participants from the National Societies understood that tools as Epidemic Control for Volunteers (ECV), Community-Based Health and First Aid (CBHFA), Psychosocial Support Methodologies (PSS) and acquired knowledge and experiences, such as that with H1N1, would be extremely useful for community mobilization, preparation and response to the Ebola virus disease.

An Americas region contingency plan was drafted and shared with the National Societies. However, the document was insufficient by itself even as it defined the five pillars. However, National Societies needed to adapt it to their local contexts. In order to support National Societies in the required adaption process, the workshop was organized as a location to learn more about the five pillars and differentiate the level of vulnerabilities to the epidemic.

Risk Analysis

This DREF operation did not experience any risks. The training was conducted in compliance with all the security regulations of the Americas region office in Panama. While not a risk, there was a delay related to the communications campaign; this led to the two-month extension since the campaign materials were not complete by 21 January 2015. As one of the main products was created in conjunction with the World Health Organization, this institution needed to approve the material before distribution.

B. Operational strategy and plan

Overall Objective

This DREF operation for regional coordination and preparedness had the objective of providing the National Societies in the Americas with the appropriate information, support and resources to prevent fear, discrimination and stigmatization surrounding the Ebola virus disease, increase National Societies' knowledge on the EVD and to obtain the required information if it were necessary to take the first steps toward responding to an outbreak.

The continental workshop held in November 2014 provided the National Societies with knowledge and tools to support advocacy, strengthened the Movement's guidelines and supported the National Societies' contingency plans and preparedness capacity. The workshop also presented the five pillars of intervention that is used by the IFRC in West Africa, the existing risk level in the Americas and how this strategy fits in the region, particularly the pillar focused on community mobilization.

The IFRC global communication campaign on the EVD was shared with all the National Societies with the aim that it be used to conduct community mobilization against the fear, discrimination and stigmatization caused by Ebola.

This DREF operation directly reached 33 National Societies of the Americas and 6 overseas branches. Despite the Uruguayan Red Cross not being able to attend, it received the communication kit. It also directly reached one representative each from the PAHO, the Panamanian Ministry of Health and the Panama's SINAPROC.

In an indirect manner, this DREF operation reached staff and volunteers of the National Societies and overseas branches, State health authorities in the Americas, member States of the PAHO and authorities responsible for health issues in the European Commission Humanitarian Aid and Civil Protection (ECHO).

Proposed strategy

The proposed strategy for the National Societies contained the following elements that contributed to making the National Societies become better prepared in the case of an Ebola outbreak:

- Clarify the role of the National Societies as an auxiliary to their State authorities in humanitarian issues.

- Present the IFRC strategy in West Africa and explain its connection with the strategy for the Americas
- Understand the level of risk of an Ebola outbreak in the Americas
- Foster the establishment of coordination and strategic alliances prior to a potential outbreak
- Support the National Societies to be a resource for pertinent information to prevent fear, stigmatization and discrimination of the EVD
- Provide the National Societies with internal and external communication tools
- Share advocacy tools to enable the National Societies to maintain support in their respective countries
- Promote the development of updated National Society contingency plans according to the risk
- Increase National Societies' knowledge of protection and security measures to EVD
- Identify current and future funding possibilities

Given the nature of this operation, there was no need to carry out a further needs assessment. The secretariat through the Pan-American Disaster Response Unit (PADRU) continually monitored the situation of the EVD in West Africa. The Americas regional office fielded and responded to the National Societies' requests for guidelines on how to address the situation and maintain dialogue with the secretariat headquarters in Geneva.

Operational support services

Human resources (HR)

The workshop expenditures include the mobilization of volunteers, per diem payments, transportation costs, alimentionation and accommodations.

The staff of PADRU, the administrative and communication staff from the Americas regional office and personnel from the health and communications units in the secretariat headquarters supported the operation's activities. This DREF paid for the health coordinator's consulting fees.

Logistics and supply chain

While this operation originally had included in the mailing costs to each of the National Societies in the budget, this was not necessary as the communications campaign kit materials were distributed in the XX Inter-American Conference in Houston in March. The PADRU coordinator carried these materials from Panama to the United States of America.

Communications

The work in communications was the most important aspect of this DREF operation. As previously mentioned, the operation had the objective of reducing the fear and stigma surrounding the EDV. Since the beginning of the epidemic, prior to the launching of this DREF operation, timely information was being transmitted to the National Societies in the Americas. The communication and health units in the secretariat headquarters provided information the counterpart units in the ARO, which was subsequently provided to the National Societies and overseas branches in the Americas.

The guide regarding the role of the Americas as region with a low vulnerability to have Ebola cases was initially circulated. This text contained all the information and the actions of the IFRC in Africa that enabled work to decrease the growing National Societies' concerns regarding Ebola and the potential response needed. This guide, also, contributed to the development of a regional contingency plan to reinforce the sense of control of our NS.

With the organization of the continental-level workshop in November, the communications unit from the ARO provided updated information to the participants. This had the goal of raising National Societies' awareness about the importance of communication in this kind of disasters. As previously mentioned, workshop participants reviewed the video script to reduce fear and discrimination surrounding Ebola and provided constructive feedback that allowed for its improvement.

The Ebola communication campaign was the result of work by the technical support of the communication and health units in Geneva and Panama. This kit was distributed online and in printed form and distributed in the Inter-American Conference.

Security

This operation did not entail any security issues. The continental-level workshop held in Panama was organized with the standard measures to avoid security incidents. Participants additional received logistics information that requested they only take official taxis. The remaining activities of this DREF operation were conducted using internet communications.

Planning, monitoring, evaluation and reporting (PMER)

At the conclusion of the workshop, representatives from each National Society shared their planned actions for their countries that took into account the newly acquired information. The National Societies would develop the following actions:

- Further develop contingency plans
- Update their contingency plans
- Map local resources
- Provide internal trainings in Ebola
- Focus on the community mobilization pillar and the communication campaign
- Strengthen internal and external coordination
- Engage in advocacy work
- Step up resource mobilization/ strategic alliances
- Identify National Society human resources to participate in the Ebola network responders/ task workers in Ebola with volunteers or as part of the Rapid Response Team

Monitoring, as explained in the following sections on the progress of the planned activities, was done through internet communication with each National Society.

C. DETAILED OPERATIONAL PLAN

Health and Care

Needs analysis:

As part of this operation, the health and care component aimed to address the following needs:

- Provide information and knowledge about the role, responsibilities, and the possible activities according to the global strategy and its adaptation to the Americas region's vulnerability to an Ebola outbreak.
- Diminish or prevent fear, stigmatization and discrimination surrounding the EVD within the International Movement (staff and volunteers), providing the appropriate knowledge of the epidemic, and the level of risk in the region.
- Develop appropriate communication materials so National Societies can contribute to diminish the fear, stigma and discrimination surrounding the EVD with their State institutions and populations located in their countries.

Population to be assisted:

As has been previously mentioned, the target population were the 35 National Societies and 16 overseas branches located in the Americas region.

Health and Care

Outcome 1: The preparedness, response capacity, coordination and advocacy tools of National Societies in the Americas Zone against an Ebola outbreak is strengthened.

Output 1.1: Increased public awareness about Ebola Haemorrhagic Fever (EHF) Disease (signs, symptoms, transmission risk factors, actions for suspected cases, prevention and control measures) and a reduction in the fear, stigmatization and discrimination caused by the lack of knowledge.

Activities

Activity 1.1.1: Support the development of a video on basic Ebola information (contraction, prevention and treatment) and disseminate it among the National Societies and external organizations. This video seeks to diminish the fear, stigmatization and discrimination.

Achievements

The secretariat headquarters, with the lead of the communication and health units, produced a video. Once it was translated into English, Spanish, Portuguese and French, it was disseminated globally. The participants of the continental-level workshop on Ebola in the Americas region read the script and provided feedback that was useful for the final product.

This DREF operation covered a percentage of the video production and the translation into Portuguese.

To see the video, please click [here](#).



Challenges

With regards to the implementation of the video in the Americas region, no substantial challenges were encountered. The communication between the health and communication units in the ARO and the secretariat headquarters was fluid and productive.

Lessons learned

One of the primary lessons was the recognition that translation of visual and printed texts require more than simple translation. The complexity of language and culture means that different words can have different valences in different locations.

Activity 1.1.2: Translation of the global communication campaign materials against fear, stigmatization and discrimination.

Achievements

The communication campaign included a video and printed material. This material contained: facts and figures; key messages; questions and answers; snapshots; infographics; an animated video; and jointly produced leaflet with the WHO.

As the leaflet was based on WHO information, the adaptation and translation process took time since it required approval from this institution. This operation had to be extended two months in order to complete and distribute the material. Due to time constraints, this material has not been translated into Portuguese.

The compiled printed material was made into an Ebola toolkit. This material, as previously mentioned, was distributed in the XX Inter-American Conference, which all the National Societies in the Americas attended.

To see the campaign, please click [here](#).

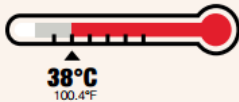
FACTS TO KNOW ABOUT EBOLA



SYMPTOMS



Fever, weakness, muscle pain, headache and sore throat, followed by vomiting, diarrhoea, and bleeding



HOW IT SPREADS

Direct contact with body fluids of an infected person (incl. dead bodies) – most infectious: blood, faeces, vomit



EBOLA IS NOT AIRBORNE

Unlike influenza or tuberculosis, Ebola does not spread through the air



HOW TO PREVENT

Isolate yourself and get medical care

Who? If you have been in an affected country + have had contact with a sick person + you begin to have symptoms



Wash your hands with soap and water frequently

Handrub with alcohol-based hand sanitizer

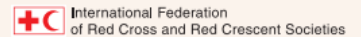


PEOPLE CAN SURVIVE EBOLA

Although Ebola is a severe, often fatal illness, getting medical care early can increase the chance of survival



QUESTIONS ABOUT EBOLA



1. IS EBOLA HIGHLY CONTAGIOUS?

Ebola is harder to catch than you think. The disease can only be spread to others after symptoms begin. And it takes close, direct contact to become infected with the virus, which is why many of the victims of the disease in West Africa are healthcare workers or family members caring for a sick person without personal protective equipment.



2. CAN I GET EBOLA BY TALKING TO SOMEONE OR SITTING NEXT TO THEM?

You cannot catch Ebola by talking to people, walking in the street, sitting next to someone or shopping in the market. Casual social contact (being nearby, or even shaking hands) generally doesn't spread the virus, unless the person is showing symptoms. Also, if a person has not travelled to the affected countries recently or has not been in contact with a person who is sick or who has died of Ebola, there is no chance the person will contract the virus.

3. IS EVERYONE WHO HAS COME INTO CONTACT WITH EBOLA PATIENTS CONTAGIOUS?

The incubation period for Ebola is between 2-21 days and a person is not contagious until they display Ebola symptoms. There is no need to be afraid of healthy people, regardless of where they come from.



4. DO TRAVEL BANS STOP EBOLA FROM SPREADING?

None of the bans was ever effective in the past, and viruses spread regardless of what radical measures governments took to keep them out. Restrictions makes it even harder for those who want to help. Without human resources, we cannot run our response operations (sending supplies, healthcare workers); and without it, we cannot stop Ebola.



5. DOES BRINGING EBOLA PATIENTS TO OTHER COUNTRIES PUT PEOPLE AT RISK?

Ebola spreads widely in West Africa because of underdeveloped healthcare systems. The countries where Ebola has spread did not have the resources or facilities to properly diagnose, treat and trace so many patients. This is often not the case in more developed countries outside West Africa that are treating Ebola patients.

6. IS THERE A VACCINE FOR EBOLA?

There are currently no vaccines to protect against Ebola that are licensed for use in humans. There are two vaccine candidates that are currently being tested in humans and both have shown to be safe and effective in animals.

Challenges

As mentioned above, the coordination necessary to receive final approval from the WHO took more time than initially programmed.

Lessons learned

A lesson learned is that further reflection is required before engaging in a strategic partnership within a short operation. The development of material with an institutional partner allows the International Movement to reach a larger public. However, it entails challenges to ensure official approval on a schedule that does not always match that of the secretariat.

Additionally, this operation showed that communication is a key component and as such, should be included in all our operations and actions. Red Cross volunteers should be involved in the development and dissemination of communication key messages. These messages need to be appropriately created according to the specific contexts and particular target populations.

Activity 1.2.1 Organize a continental National Society workshop on Ebola with the participation of a representative from each National Society in the Americas, with the aim of providing guidance and support to National Societies to increase their preparedness and readiness to respond to the potential emergence of cases in the region. (For the workshop's complete report, see Annex 1).



Achievements

- The workshop was held on 25 and 26 November 2014 in Panama with the participation of 76 representatives from the National Societies of the region, ARO, secretariat headquarters, Partner National Societies, International Committee of the Red Cross, PAHO, Panamanian Ministry of Health and SINAPROC.
- The workshop agenda was divided into five sessions. The first session presented external preparation experiences in confronting the virus, as well the WHO/PAHO projections for the Americas. The second session explained the IFRC response to the outbreak in West Africa. The third session detailed the current response against the EVD. During the fourth session, National Societies shared their own experiences and challenges. The workshop concluded with the formulation of action points that each National Society would implement in their countries.

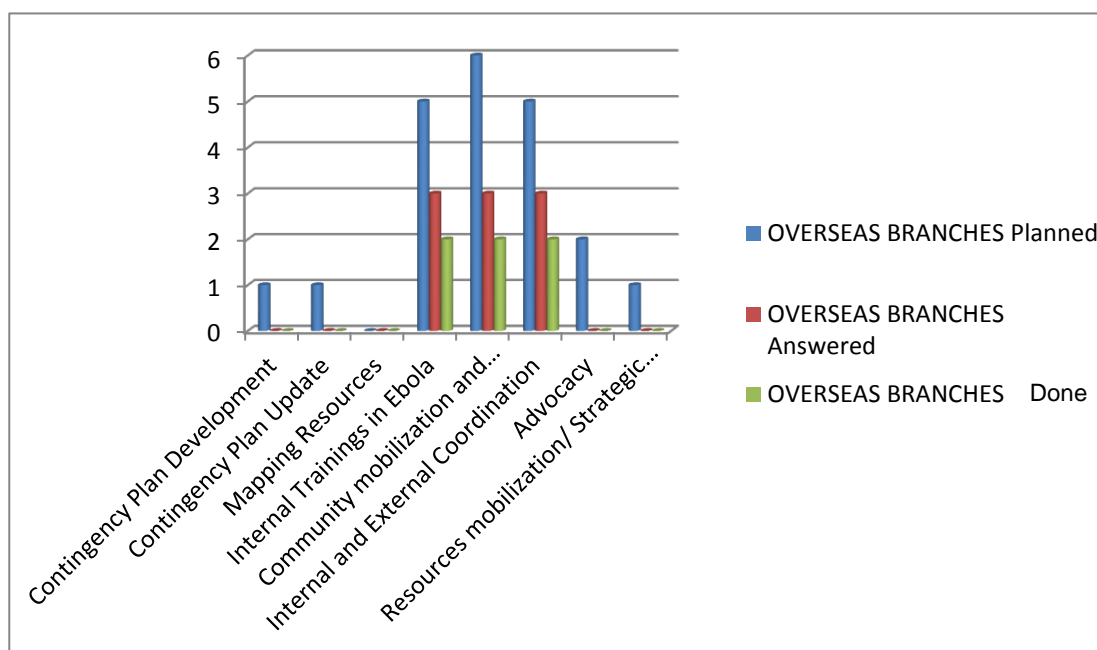
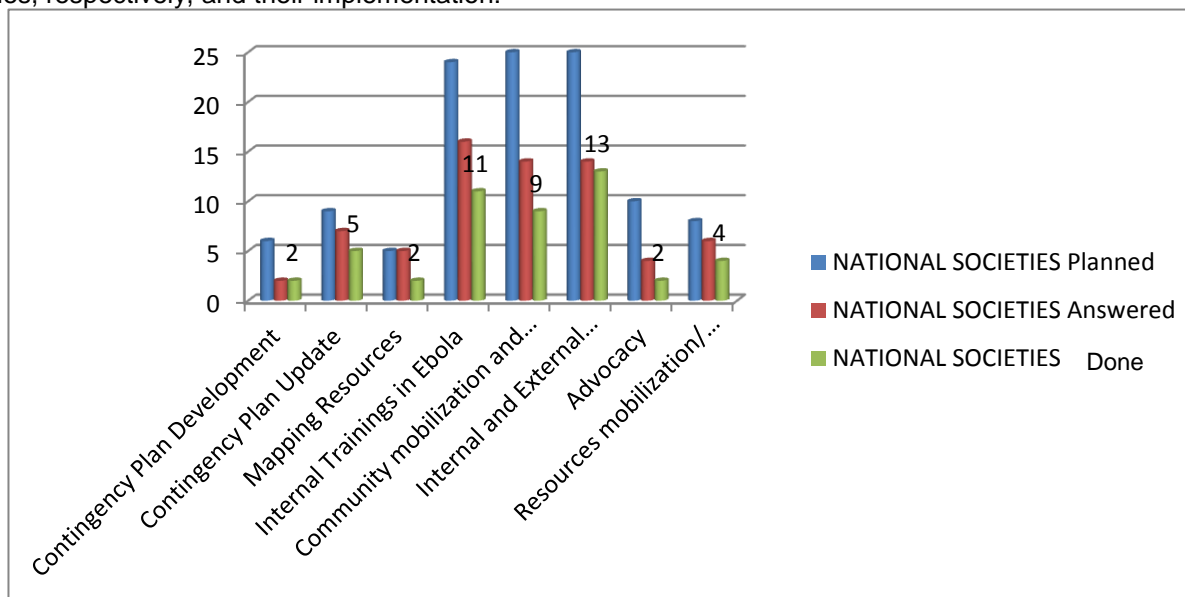
The following summarize the central accomplishments of the continental-level workshop:

- The secretariat provided National Societies and overseas branches with guidance and support to increase their preparedness and readiness to respond to the potential emergence of cases in the region.
- The participants from the National Societies and the overseas branches defined the pillar of community mobilization as their main action point and committed to implementing the communication campaign in their countries.
- The participants from the National Societies and the overseas branches identified the need to improve internal and external coordination and train volunteers to mobilize their communities and diminish fear, stigmatization and discrimination.
- The participants from the National Societies and the overseas branches committed to developing or updating their contingency plans.
- The participants from the National Societies and the overseas branches expressed interest in receiving technical training for select staff and participating in the Rapid Response Team.
- All participants concluded that resource mapping, advocacy activities, resources mobilization and the need for strategic alliances at the regional and national levels are shared responsibilities.

After the workshop, each National Society defined five actions to be implemented in their countries. The ARO sent monitoring questionnaires to 31 National Societies and 6 overseas branches. Of these, 18 National Societies and 3 overseas branches (58% of the National Societies and the 50% of the overseas branches) responded. The following table details the quantity of actions undertaken by the National Societies (NS on the table) and overseas branches (OSB on the table):

Actions	Planned		Responded to the monitoring questions		Implemented the planned actions	
	NS	OSB	NS	OSB	NS	OSB
Contingency plan development	6	1	2	0	2	0
Update contingency plan	9	1	7	0	5	0
Mapping resources	5	0	5	0	2	0
Internal trainings on Ebola	24	5	16	3	11	2
Community mobilization and communication campaign	25	6	14	3	9	2
Internal and external coordination	25	5	14	3	13	2
Advocacy	10	2	4	0	2	0
Resources mobilization and strategic alliances	8	1	6	0	4	0

The following two charts identify the most frequent actions planned by the National Societies and the overseas branches, respectively, and their implementation:



For further information on the different actions undertaken by the National Societies and overseas branches, see Annex 2 for the monitoring results.

The most frequent actions undertaken by the National Societies and the overseas branches were:

- Internal and external coordination (42% of the National Societies and 33% of the overseas branches of those that attended the workshop)
- Internal training sessions (35% of the National Societies and 33% of the overseas branches of those that attended the workshop)
- Community mobilization and communication campaign (29% of the National Societies and 33% of the overseas branches of those that attended the workshop)

According to the responses received, 9 National societies have a contingency plan for an Ebola outbreak, and 3 of these (the National Societies of Peru, Saint Vincent and Haiti) have shared this plan with the Ministry of Health in their countries.

Regarding the training sessions for volunteers, not all of the reported training sessions tabulated the number of people trained. However, based on the reports received at least 705 volunteers received the information about Ebola, which

had been presented in the continental-level workshop. It is estimated that the number could be upwards of 1,000 volunteers are staff who had been trained.

The community mobilization through a communication campaign was quite successful since nearly all the National Societies and overseas branches reported their alignment with State actions on the issue of Ebola. In order to contextualize the tools provided, some National Societies developed materials that were not included in the communication campaign tool kit. Other National Societies were requested to discuss Ebola with State and academic institutions and at the community level. The media (blogs, television and radio interviews, spots, printed material and public conferences) has been essential in allowing the Red Cross to address communities and share information that prevents fear, stigma and discrimination about the EVD.

The responses from the National Societies and overseas branches indicated that these considered that the workshop strengthened their capacities, allowed them to disseminate internally the key messages with their branch networks, and externally with the State institutions responsible for health issues. Several National Societies mentioned that they organized different actions together, built alliances and participated in the formulation of national contingency plans or inter-sectoral working groups to monitor and respond, as needed.

Some of the responses indicated that the video on Ebola in Africa was used to conduct advocacy, launch resource mobilization, meet with institutions and companies involved in the field of tourism, include Ebola key messages in all of the subsequent trainings on any topic done by the National Societies and identify possible manners to improve volunteer safety, if an outbreak were to occur.

Challenges

Some of the challenges for the follow-up to the continental-level workshop revolved around funding challenges to implement the desired actions within the National Societies. Many expressed their desire to implement preparedness actions internally and within the country, however, funds were not available. As is known, the identification of funds for preparation is often a challenge. Some National Societies were able to identify internal funds to print material, to engage in community mobilization, or to support State strategies. Additionally, it is clear that at the Americas regional-level, more attention is required to strengthening resource mobilization capacities of National Societies and collectively determining the manner in which resources for these types of preparation activities are funded.

While it is extremely positive that most of the governments in the region took the lead in information management regarding the EVD, not all of these entailed community outreach to disseminate the information at different levels of society. The National Societies needed to respond to community-level needs, which based on their regular contact and basis in the community through its volunteers, in order to provide timely and appropriate information.

Due to the delay in finalizing the aspects of the community campaign, as explained above, some National Societies were compelled to create their own materials. This was a challenge due to the time required, in addition to funding issues.

While the Rapid Response Team was proposed during the training, a global appeal was not launched. However, some National Societies had expressed interest in having personal trained to be part of this team. The ARO now has the responsibility of compiling this information so that these National Societies can be integrated into future actions with this same purpose during other outbreaks.

Lessons learned

This operation permitted several lessons learned to be identified for the secretariat, as well as the National Societies and overseas branches. This particular component of the operation demonstrated that while the global communication campaign reinforced the National Societies' community mobilization actions, in the future, communication resources should accompany this type of strategy. National Societies are in a privileged location to disseminate the information received in IFRC activities and workshops, but oftentimes do not have the appropriate skills to transfer newly acquired knowledge into user friendly communication.

Prior to the workshop, a few National Societies had wanted to implement the five pillars of intervention in their own countries. However, this was not possible until the continental-level meeting in which participants could discuss the strategy, risk levels and focus of these actions. The secretariat should foster these advocacy initiatives by immediately communicating, providing online access and disseminating relevant information, including talking points.

As the Movement is based on the strength of its volunteers and their close connection to the communities where they live and work, the secretariat is challenged to reinforce coordination and advocacy skills of the National Societies. While this will be a great aid in the current situation, this is fundamental to any future outbreak that might occur.

As the Red Cross is an auxiliary to State institutions on humanitarian issues, it is essential to remember that the State

always has the lead position in the management of outbreaks or other situations that entail health risks for the population in its territory. The International Movement has the unique position to provide support to the State and concurrently interact with communities. The secretariat and the National Societies in the Americas will only be reinforced with clear guidance regarding the role and responsibilities of the International Movement. The secretariat in the Americas can continue to orient the National Societies in achieving this clarity.

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[Click here](#)

1. Final financial report [below](#)
2. Click [here](#) to return to the title page

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 (NGO's) 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

Disaster Response Financial Report

MDR42002 - Americas - Ebola Preparedness

Timeframe: 21 Oct 14 to 21 Jan 15

Appeal Launch Date: 21 Oct 14

Final Report

Selected Parameters

Reporting Timeframe	2014/10-2015/7	Programme	MDR42002
Budget Timeframe	2014/10-2015/1	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		100,000				100,000	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		100,000				100,000	
C4. Other Income		100,000				100,000	
C. Total Income = SUM(C1..C4)		100,000				100,000	
D. Total Funding = B + C		100,000				100,000	

* 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		100,000				100,000	
E. Expenditure		-84,482				-84,482	
F. Closing Balance = (B + C + E)		15,518				15,518	

Disaster Response Financial Report

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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)			100,000			100,000		
Relief items, Construction, Supplies								
Teaching Materials	11,610		13,505			13,505	-1,895	
Total Relief items, Construction, Sup	11,610		13,505			13,505	-1,895	
Logistics, Transport & Storage								
Distribution & Monitoring	11,899						11,899	
Logistics Services	2,394						2,394	
Total Logistics, Transport & Storage	14,293						14,293	
Workshops & Training								
Workshops & Training	67,036		68,029			68,029	-993	
Total Workshops & Training	67,036		68,029			68,029	-993	
General Expenditure								
Information & Public Relations	958		343			343	615	
Financial Charges			-2,551			-2,551	2,551	
Total General Expenditure	958		-2,209			-2,209	3,166	
Indirect Costs								
Programme & Services Support Recovt	6,103		5,156			5,156	947	
Total Indirect Costs	6,103		5,156			5,156	947	
TOTAL EXPENDITURE (D)	100,000		84,482			84,482	15,518	
VARIANCE (C - D)			15,518			15,518		

Disaster Response Financial Report**MDR42002 - Americas - Ebola Preparedness**

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Selected Parameters

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Budget Timeframe	2014/10-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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	100,000		100,000	100,000	84,482	15,518	
Subtotal BL2	100,000		100,000	100,000	84,482	15,518	
GRAND TOTAL	100,000		100,000	100,000	84,482	15,518	

Annex 1

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WORKSHOP REPORT

Ebola Preparedness in the Americas

 International Federation
of Red Cross and Red Crescent Societies



Workshop date	25/11/14 to 26/11/14, Panama, Hotel Country Inn (Amador)
Inform Date	02/12/14
Overall Objective	Providing guidance and support to National Societies to increase their preparedness and readiness to respond to the potential emergence of cases in the region.
Specific Objectives	<ul style="list-style-type: none"> • Facilitating inter-agency coordination based on the identification of actions conducted for response in Africa, and especially the preparedness planned for America by PAHO and a representative of the Panamanian Government • Sharing and socializing lessons learned and specific activities from the operation in Africa. Contextualize preparedness phase and pillars involved in this phase according to vulnerability level in the Americas. • Socializing the actions carried out by the IFRC in America and the installed capacity from Epidemics Control for volunteer trainings, such as ECV-H2P, H1N1 • Socialization of the challenges that National Societies have had in their preparedness actions initiated to face Ebola • Providing a space for defining and developing action points to keep strengthen their preparedness to face Ebola by the National Societies.
Assistants	<p>34 National Societies and the OSB had a representative in the workshop (See annex 1: Assistant)</p> <p>A total of 76 persons assisted. The number of assistants include National Societies representatives, IFRC-AZO and IFRC Geneva representatives, PNS's, ICRC, PAHO, Ministry of Health and SINAPROC representatives.</p>

Agenda Development	Results
<p>Welcome and Opening of the workshop:</p> <p>The persons in charge of the opening words were:</p> <p>Dr. Rafael Pérez, coordinator of the Inter Agencial Commission of the Ministry of Health</p> <p>Mr. Eblis Dias of the Panamenian Red Cross</p> <p>Mr. Jan Gelfand , Head of Programs and Operations</p>	<p>Dr. Rafael Pérez, the Ministry of Health representative, during the opening talked to the audience about the challenges that the Government of Panama have had facing Ebola.</p> <p>As their first phase, he mentioned that patients care, and cases identification in the airport and ports was the priority. In this preparation, they had to face the fear of the human resources to Ebola, anybody of the medical personnel, wanted to be prepared. They had to select a group of persons, train them and also to identify and develop health infrastructure to respond if a case was identified. They have been reinforcing their security in the different ports.</p> <p>They also want in a second phase to do community mobilization, they have face the stigma and discrimination in the Panamanian people, because of the fear that an unknown and new disease produces. They have been working coordinated with agencies as PAHO/WHO. They have as objective to stablish a protocol to respond to Ebola.</p> <p>Mr. Eblis gave the welcome to the assistants to his country and the support of the National Society to the whole process.</p> <p>Mr Jan Gelfand focused his intervention in the importance of facing stigma and discrimination doing community mobilization. Mr. Gelfand remarked that fear is the worst enemy, than stigmatization is the result of lack of knowledge. That being from Africa, was not the same than having ebola. He also emphasize that solidarity must be our purpose, and that is possible to be prepared and protect ourselves.</p> 
<p>The Agenda and expectations were shared.</p>	<p>The expectations of the assistants were focused around three main questions:</p> <p>How you expect the behaviour of participants must be? What do you expect to take with you of this workshop? What do you expect to take to your National Society with this workshop?</p> <p>The responses were around respectfully behaviour, information sharing, and strengthen their actual preparedness actions as National Societies based in the projections and resources in America.</p> <p>The agenda was planned into five main blocks (see attached 2 and 3- Agenda in spanish and english). The first block was thought to know about external preparation experiences to face Ebola, also was thought to share the projections in America</p>

according to PAHO/WHO. The second block was thought to know about our response in West Africa. The third block was thought to know what are we doing and how are we focusing the preparedness in a global and regional perspective. The fourth block was thought to share between national societies their own experiences and challenges. And finally we wanted to end with action points to keep going through this preparation phase for each National Society.



FIRST BLOCK: It had the objective of facilitate inter-agency coordination based on the identification of actions conducted for response in Africa, and especially the preparedness planned for America by PAHO, and a representative of the Panamanian Government

PAHO/WHO representant was Dr. Hilda Leal

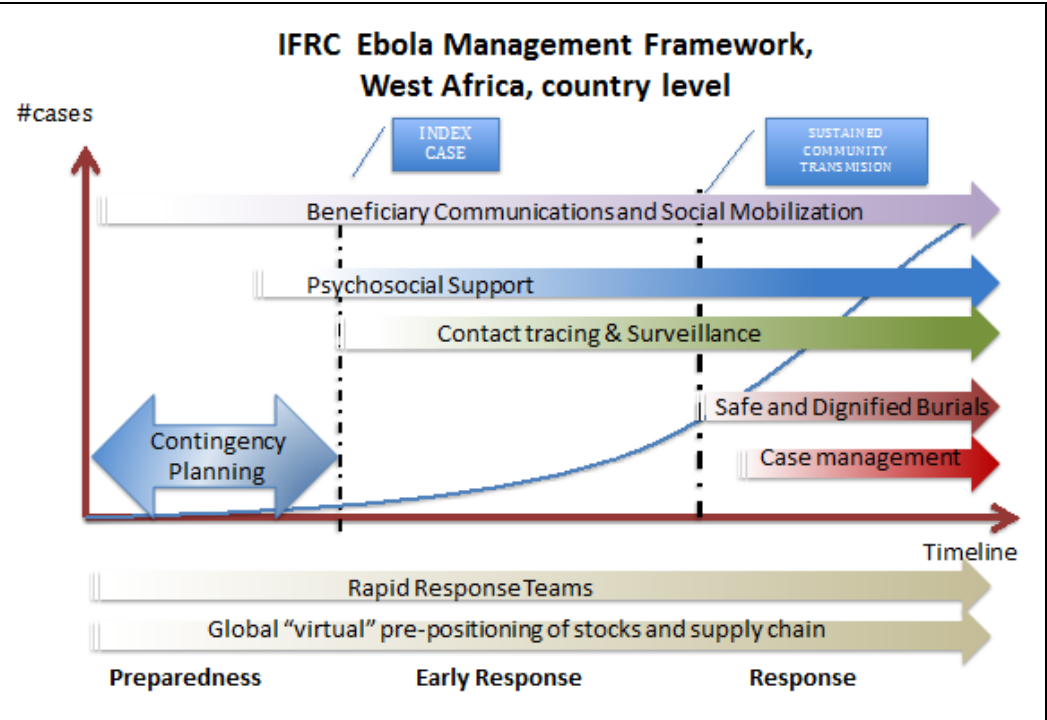
Dr. Hilda Leal presented to the assistant the following information:

- Experiences that PAHO/WHO has, in the work they have been done globally and regionally. Dr Leal talked about the challenges, difficulties and lessons learned. The goal globally is to detect, contain, isolate, contact traicing and following of cases. In the America zone, the focus is to contain and to prevent the local transmission. Paho has done different activities like: missions, promotion of political engagement, meeting with presidents, technical meetings.
- Analyses of the possible evolution of the epidemic during next months
- Identification of the vulnerability of the American continent: Dr. said that even though we have not the health system weakness that facilitate the widespread of the virus in west Africa, is important to review if our health systems are strong...

Dr. Leal called the attention on the International Sanitary Rules, that were signed for all the countries in America but unfortunately are not accomplished as them must be. Other recommendation was that the governments must to grab of their responsibilities in the preparedness, the agencies are not the responsables.

Introduction and Strategy presented by Jean Pierre Tascherau

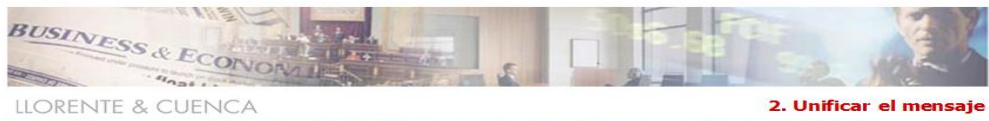
Mr. Jean Pierre Tascherau guided the audience to the main objective of the workshop, and the specific objectives that will conduct us toward the goal. Then he updated us in the different actions made in the response strategy in west Africa. The main objective was to focus the audience in the global strategy that we have as Movement, the following graph illustrated the message given:



Mr. Jean Pierre ends his intervention, explaining the considerations for the global strategy, which are: insufficient available resources, priority to the places with the greatest needs and highest risk, coordination and response mechanism and the rapid response teams tool. The Rapid Response Teams, encourage National Societies to increase their level of preparedness and support operations by putting people forward to be trained and deployed to West Africa operations.

Sinergy forum (a particular forum) joined the workshop with a talk about the importance of communication in sanitary crisis

Sr. Javier Rosado, in charge of the talk, wanted to sensitize the assistants in the importance of the communication to prevent crisis. He begun, talking about the impact of social networks in the response and behaviour of people to face a crisis. Communication is referred as a tool to increase the capacity of people to take the better decisions. Communication must be focus in managing the expectation of audiences, unified messages, give a voice to the governments and listen to the people, guide in action protocols and management post-crisis.

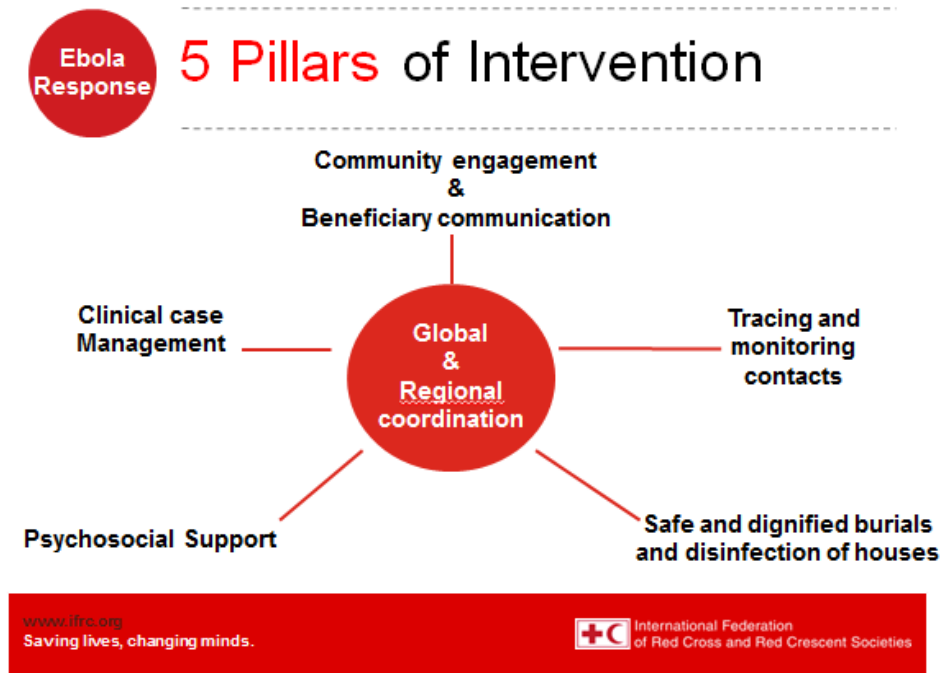


SECOND BLOCK: Lessons learned are shared and socialized, also specific activities from the operation in Africa. The five pillars of intervention are explained and the level of preparedness, and the priority of

their implementation for America according to our level of vulnerability

The five pillars of intervention are explained by our focal point in Geneva, Ms. Fatima Cabello and Dra. Marta Trayner from the Spanish Red Cross share with us, her experience in the Kenema (Ebola Treatment Center – ETC)

The five pillars of intervention were explained one by one



The development of these will depend of the stage of the country. Three stages had been identified: non affected countries, affected with no sustained community transmission and countries with sustained community transmission. (Here the graph presented by Jean Pierre is taken again to explain the level of activities according to the stage the country is)

Because of our level of vulnerability in the Americas, the pillar that was explained in more detail, because is the one, we are focusing our preparedness action is: community engagement and beneficiary communication. Several tools were presented as an option to engage population to decrease their perception of risk and reduce stigma. The global anti stigma campaign also was referred.



Dr Marta Trayner, began doing an introduction of the disease with the objective of reduce fear in our National Societies representatives, having the complete information.

Then She focused on the case management pillar taking as example the experience in Sierra Leone, in the Ebola Treatment Centre in Kenema. Explaining the experience, gave to the audience the lessons learned, the wonderful work done by our volunteers and the humanitarian and based in security work our delegates are doing.



As lessons learned by the IFRC Ebola West Africa Regional Response , Dra Marta, share with us, that:

- Ebola is new for us, that make people feel afraid
- Delays in communication at the beginning strengthen the widespread of the disease
- Timeliness of activities for response are essential to contain the outbreak
- Leadership to prevent panic is vital
- Volunteers from the communities promote change mind-set
- Resources must not scale down prematurely
- Cross borders coordination is vital
- Sector responsibilities must be clever
- Agency focal points must be correctly identified
- Cross country coordination and resource allocation is needed
- The effort must be collective and massive coordinated
- No one must be left behind

Dr. Wbeimar Sanchez, Colombian red cross volunteer and Health ERU staff with the Canadian experience in Sierra Leona was shared.

Dr. Wbeimar, share with the audience his experience travelling to Sierra Leona. The story began from the beginning with the preparedness, continued with the most difficult and challenging experiences, and finished with the lessons learned and what does mean for him getting back home. His main objective was that the assistants could identify that with preparedness each one of us can help, also, he wanted to diminish the fear facing Ebola and the importance of the coordinated work and solidarity.



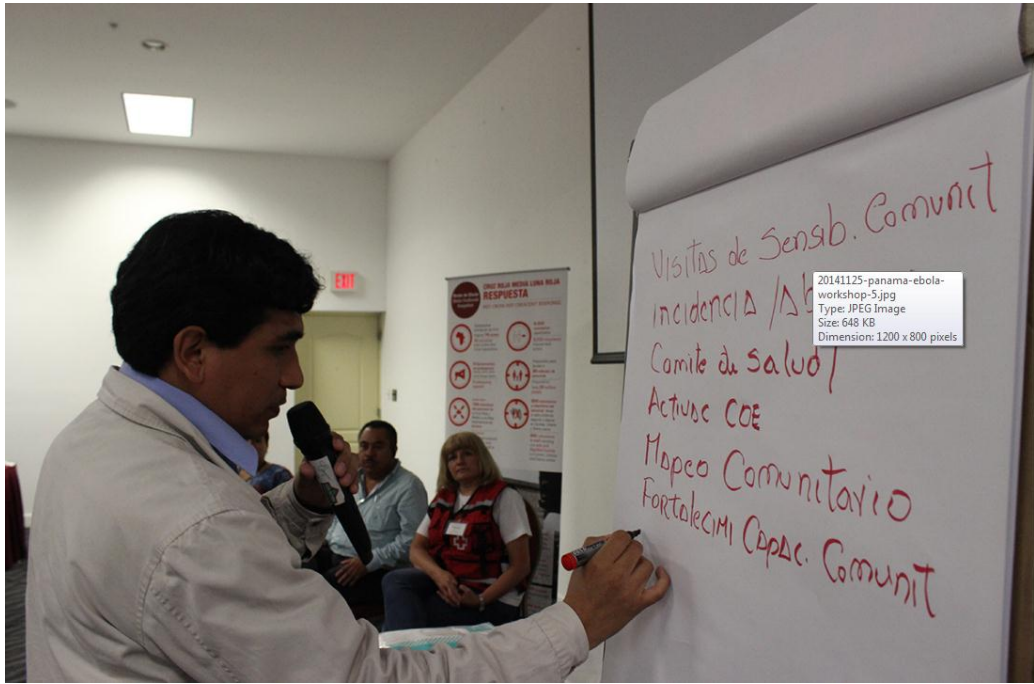
	<p>As lessons learned he shared:</p> <ul style="list-style-type: none"> • The importance of security • The importance of the coordinated work with the Hosted National Society • The importance of strengthen the local capacity • The importance of coordinate efforts with different actors • The strength that the Red Cross has in the community volunteers network we do have • The Ebola epidemic is not only a matter of clinical attention, is a matter of public health actions.
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THIRD BLOCK: Socialized the actions carried out by the IFRC in America and the installed capacity from Epidemics Control trainings, such as ECV-H2P, H1N1

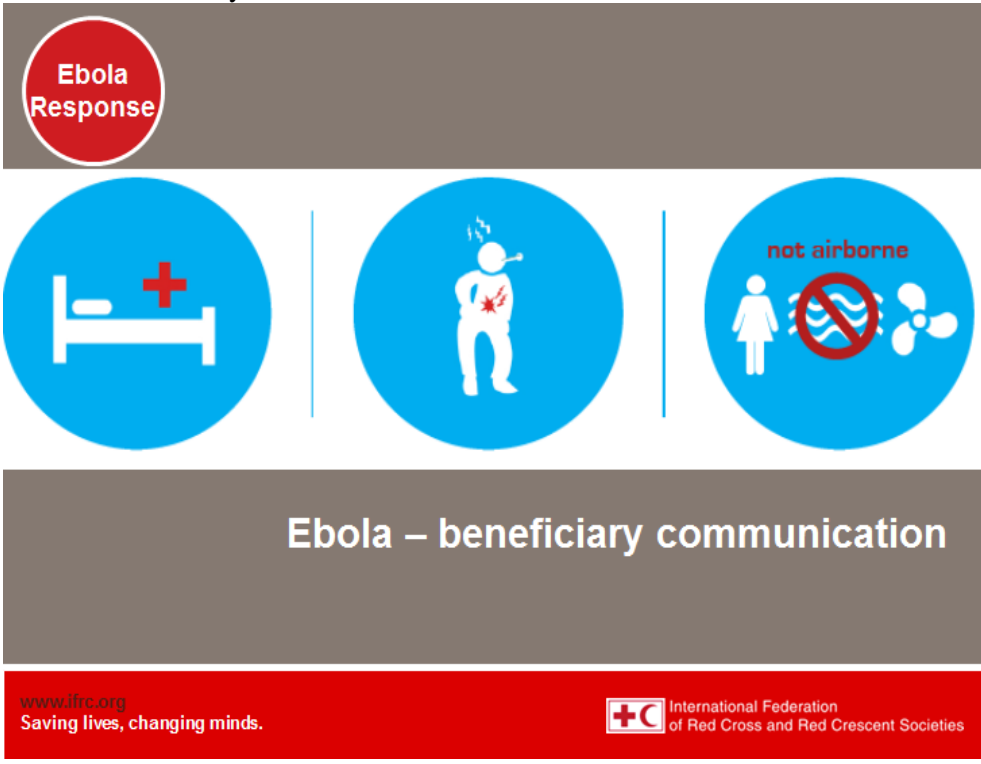
The Health Directors and Health in Emergency coordinators from the Peruvian, Argentina, Guatemala, Honduras, Haiti and Salvador National Societies presented the tools that National Societies already have with the strategies of CBHFA, H2P, ECV.

The main objective of this presentation was to identify the elements and the tools that the strategies in epidemics gives to our National Societies to develop the first pillar of Social Mobilization and Community Communication, with the objective of diminish fear, stigma and discrimination in our communities with the action of the volunteers already trained.

The presentation was done as a drama, were one volunteer went to a community to explain to the local leaders and government representatives the importance to talk to their communities about Ebola outbreak. During the process, the leaders (women representative, school teacher, social promotor, the major) remember with the volunteer the different tools they can implement to mobilize their communities, tools learned during different projects done with the Red Cross.



- Some of the tools presented by the team were:
1. **From H2P Project:** Preparedness of messages to be given to communities, prepositioning of materials, community actors mapping, sensitization to leaders, guide of the community respondent, VCA, contingency plans, coordinate actions with different actors, importance of communication
 2. **ECV/ CBHFA:** Training of the volunteers in epidemics, allow an integral community analyses, adapted guideless, involve tools of PHAST for group workshops.
 3. **HOME VISITS/GROUP SESSIONS/COMMUNITY WORKSHOPS**
 4. **CASES FOLLOW**

<p>EBOLA- Beneficiary communication campaign was presented by Mr. Jair Enrique Guevara, communication focal point in the IFRC/AZO</p>	<p>Jair presented to the audience the global Ebola Communication Campaign. The first message is about the importance of communication. Then he share, what must be said, how must the message be delivered. Lessons learned as consulting the communities, having double way communication, give relevant, clear and harmonized messages, reassure that what we want to communicate is what we are communicating. The communication campaign is focused in: inform, prevent, fight stigma, support action and solidarity</p>  <p>The graphic consists of a red circle with 'Ebola Response' text, three blue circles with icons: a hospital bed with a red cross, a person with a red star on their chest, and a person with a red 'not airborne' sign over a fan. Below is a grey box with 'Ebola – beneficiary communication' and a red footer with 'www.ifrc.org Saving lives, changing minds.' and the IFRC logo.</p> <p>Finally, Jair shared the elements that are part of our communication campaign. In the beginning of the event, everybody received a folder with: facts and figures, infographics, key messages, questions and answers and snapshot. And at the end of the talk, all the assistants received a copy of the script of the video and gave their recommendations to be considered for the final video.</p>
<p>Mr. Joseph Moralus, Senior Beneficiary Communication Officer in the Haiti earthquake operation, shared his lessons learned in community mobilization in Liberia.</p>	<p>Joseph began talking to the audience the tools that they are using in Haiti, and that are great resources for community mobilization, as: IVR and Soundtruck. Then he reinforced what communication with beneficiaries is. He emphasised that people get information for a lot of resources in Liberia, that amount of different messages, was one of the reason of the fear increasing. Then he shows how the Red Cross with different tools, is giving trust information to people in Liberia (Radio, leaflets, posters, call centre, training, KAP surveys)</p>



Joseph shared as lessons learned that: beneficiaries must be part of the response, time is vital, information must be clear accurate, useful, practical, bad news is better than no news, is necessary doing daily monitoring, volunteers are the hearth-eyes-ears of the intervention and building link with National Societies, authorities and communities is the key factor for a quick and effective response.

FOUR BLOCK: Socialization of the requests that National Societies have received from public authorities in their countries and of the preparedness actions they have initiated against Ebola

Four groups were made, two of english speakers and two of spanish speakers, each group has a PADRU DM facilitator, and then, each group selected a representative that share with the audience the main challenges that National Societies have had in their preparation to face Ebola.

The main challenges referred by the National Societies in their preparation to face Ebola were:

- Lack of guidelines from the National Governments (Health Ministries)
- Compromise and credibility of key actors
- Coordination and strategic alliances
- Information, fear , stigma and discrimination
- Internal/External communication-Community communication
- Advocacy elements
- Contingency plans
- Socialization and access to different tools, educative material
- The capacity to respond
- Being part of the intervention team
- Protection and Security measures
- Funding

Facing this challenges and with the objective of reinforce the message of the workshop, Benoit Porte respond to the audience how the Dref in America for Ebola preparedness is supporting the need of understanding, elements of doing advocacy, strengthen contingency plans, guidelines from the Movement, capacity to be prepared with the workshop itself, also reinforce how this DREF is supporting a communication campaing to be used for all the National Societies to do community mobilization against fear, discrimination and stigma.

Then JP reinforced his message of a global/regional strategy to be prepared to Ebola.

FIFTH BLOCK: Providing a space for the National Societies to do a checklist of the next activities to develop, based on their experience and the guidelines and messages received in the workshop

A printed matrix was given to each member of the National Society.

32 National Societies filled the matrix
 5 OSB filled the matrix
 2 persons of the IFRC Delegation in Haiti filled the matrix
 1 person of the American Red Cross in Haiti filled the matrix

<p>In it, they must write the action points they will do after the training with their national Society, in the actual scenario: controlled cases in one country of the region</p>	<p>1 person of the IFRC Staff in the AZO filled the matrix</p> <p>You can see the responses in the annex # 4</p> <p>The main action points checked by the participants were:</p> <ul style="list-style-type: none"> • Contingency plan development (17 National Societies and OSB and 2 IFRC Staff in Haiti) • Contingency plan updated and implementation after the workshop (8 NS and OSB) • Mapping resources activities (4 NS&OBS) • Internal trainings in Ebola (29 NS&OBS and 4 IFRC and PNS staff) • Pillar: Community mobilization and Communication Campaign (33 NS&OBS and 4 IFRC and PNS) • Internal and External coordination (29 NS&OBS and 3 IFRC) • Advocacy (12 NS&OBS) • Resources Mobilization/ Strategic Alliances (9 NS&OBS and 1 IFRC) • Ebola network responders/task workers in ebola with volunteers or being part of the rapid team of response (7 NS&OBS and 1 IFRC) • Supplies and equipment availability as Personal Protection Elements (4 NS&OBS) <p>Other actions referred were: Insurance for volunteers was proposed for one National Society, surveillance activities was proposed for 1 NS and 1 IFRC staff. One PNS staff proposed to develop contact tracing activities and border control. And one NS proposed include Ebola in all the trainings they are doing. Finally, 4 national societies put in their action points to have supplies and equipment like personal protection elements.</p>
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CONCLUSIONS

- The objective of the workshop of providing the National Societies guidance and support to increase their preparedness and readiness to respond to the potential emergence of cases in the region, was a success. The participants get information as there was their expectation, and the 89% of the National Societies and the Over Seas Branches wrote as their main action point the pillar of Community Mobilization and communication campaign when they arrive home. This shows that the work done about guide our preparedness with the global strategy proposed by Geneva was useful.
- The second and third action point that was more relevant for the participants were with the 78% of the punctuation, the importance of internal and external coordination and the importance of training our volunteers. We expect that this training are related with, what is Ebola, its transmission ways, and all the information that is useful for our volunteers to mobilize their communities and diminish fear, stigma and discrimination.
- The forth action point was about contingency plans. 46% of the National Societies defined they are going to work in the development of this document, and 22% already signed they have a plan and they are going to update it with the information of the training, and they will socialize it.
- Only the 11% of the National Societies wrote about mapping their resources, this in an important activity that must be reinforced and from the zone, supported.
- Only 32% of the national Societies wrote about advocacy, and this was one of the main messages of all the presentations, coordination, must be accompany of advocacy. So we must keep strengthen this point.
- Although was related as one of the main challenges the resources mobilization, the funding and the need of strategic alliances, only the 24% of the national Societies referred as their

role, work on it. We must reinforce that getting funding is the work of everybody, so, we must work together on it.

- 19% of the National Societies referred their interest of having personnel trained and some of them directly talk about being part of the rapid team of response.

NEXT STEPS:

- The community mobilization and communication campaign is a priority, so, the work must be reinforced to finish the work, and share the materials and the tools with the National Societies as soon as possible. This is a work that is being done between Geneva and the Zone (specifically with the DREF funding allocated in the Americas Zone)
- Keep supporting and reinforcing the importance of internal and external coordination and strengthen with the National Societies, that advocacy must accompany this coordination.
- Keep monitoring and supporting the National Societies in the development, updating and socialization of their contingency plans. From the Health in Emergencies officer, we will do it in an individualized way, to make sure, everybody is working in the document. This accompanying and support must be reinforced with a common mapping of our resources.
- Finding funding is EVERYBODY job. So, we must keep doing this in all the levels.
- The Rapid Response Team, is a tool that is being thought, the accompany and support must be constant, and the inclusion of the National Societies in this is crucial.

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ANEX 1: ASSISTANTS

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69	PAHO/WHO	Dra. Hilda Leal	
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71	Foro de Sinergias	Carlos Aguayo	
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Annex 2

ANEX 2. ACTIONS DONE BY THE NATIONAL SOCIETIES AND THE OVERSEAS BRANCHES AFTER THE EBOLA PREPAREDNESS WORKSHOP IN THE AMERICA REGION

NATIONAL SOCIETY	Contingency Plan
PARAGUAY	A group in the National Society adapted the regional plan to Paraguay p
HONDURAS	Se prepró un plan de contingencia en Ebola desde la Dirección de Programas y Gerencia de Progrma Nacional de Sangre. Fue coordindo porel vicepresidente. The plan was done by the Programs, and the Blood National Program Direction. This was coordinated by the Vicepresident
JAMAICA	Second draft is being worked on
SAINT VINCENT	One action plan was done
CHILE	The regional contingency plan shared by the IFRC was shared with the different directions of the National Society and was explained to the volunteers of the National Society
EL SALVADOR	The dref was ready. The next step was the revision and the socialization through a workshop

National Society	Updating/Socialization/Implementati on of the Contingency Plan
VENEZUELA	The plan was planified to be ready during the last weekend of January 2015.

PARAGUAY	The contingency plan was proposed to be socialized with the Ministry and the Reference Hospital for Ebola in Paraguay.
HAITI	The Plan was updated and finalized
DOMINICA	Pending confirmation of National Ebola contingency plan and allocation of roles
SAINT VINCENT	The plan was discussed with Ministry
PERU	The contingency plan was socialized (The National Society have a National Contingency Plan in Epidemics). The Ministry of Health was implementing the Plan to face Ebola outbreaks, with equipment for isolation, laboratories, trainings of their professionals.

National Society	Training
TRINIDAD AND TOBAGO	Awaiting assistance of Ministry of Health in this regard
REP. DOMINICANA	Volunteers of different branches and of the 911 were trained.
NICARAGUA	The thirty two branches received the powerpoints of the workshop/ A training in psychosocial support and information related to Ebola was done to volunteers and employees.
VENEZUELA	A training in preparedness to Ebola outbreaks was done in January, 20 volunteers were trained.

PARAGUAY	With the Ministry of health was planned the socialization of the Plan and the training of volunteers.
JAMAICA	One sensitization workshop conducted by the Ministry of Health, 26 volunteers participated
DOMINICA	Volunteers and staff workshop facilitated by the ministry of health and the princess margaret hospital on proper hand washing techniques and donning and doffing of PPE
CUBA	A teorical/practical training was done with 468 volunteers, in protection measures and promotion of the steps that each community must follow if a Ebola outbreak is suspected in the island.
CHILE	The Naational Society volunteers were trained about the disease and the prevention measures in basic health response.
EL SALVADOR	In november, a training in health was developed, with the objective of give tools to volunteers to the design of projects and actions in health in their communities, specifically in epidemics and other sanitary problems.

<p>PERU</p>	<ol style="list-style-type: none"> 1. Socialization of the online course made by the Ministry of Health about Ebola to Directors, Volunteers and Nits of the National Society 2. Some branches got trainings with DRESAS (Regional Directions of Health of the Ministry) 3. A training would be done for the volunteers of the health program in Ebola and Chikungunya. 4. In march, there was a Health in Emergencies, National Intervention Team Training. Ebola and Chikv would be to subjects in this NIT. 5. Basic trainings of Epidemic Control for Volunteers are being done in 2 or 3 zones were projects are being done. 6. For other zones, there are some proposals to do projects that include CBHFA. And the messages of Ebola will be given.
<p>GUATEMALA</p>	<p>A training to doctors and nurses of seven delegations of the Red Cross, were done. They gave this information to volunteers. (58 volunteers)</p>
<p>OVERSEAS BRANCHES</p>	<p style="text-align: center;">Training</p>
<p>CAIMAN ISLAND</p>	<p>Incorporated ebola response into the CIRC Disaster 101 trainin red cross volunteers and community emergency resonse teams (CERTs)</p>
<p>ARUBA</p>	<p>They organized lectures about Ebola for the volunteers. Not training but informative workshops</p>

National Society	Communication/sensibilizacion/movilización
REP. DOMINICANA	Communication campaigns have been done in different communities.
NICARAGUA	A biosecurity and psychological attitude was done to pre-hospital care who would be in charge of the transport of an ebola suspected case.
PARAGUAY	the link of the video was shared
DOMINICA	Public awareness material-PSA`s and visual aids produced and aired during large public gatherings as well as on national tv graphcs chanel/sensitization carried out with CDRT`S
SAINT VINCENT	The plan set out time line on community mobilization
CUBA	All the communication campaign and community movilization have been done since the National Society get the request for the health authorities. This have been done through publicity spots, radio campagins, community education. the volunteers have been play an important role, talking to their communities about hygiene promotion, prevention of the outbreaks. the country have be very careful to diminish the risk of having ONE case of Ebola in the territory.
BRASIL	In the tourism web page, information about Ebola was published. The National Society also, assisted to an event, to talk about Ebola in the Economy Faculty of the University Armando Alvares Penteado (FAAP)

CHILE	Not activities were done. The Ministry of Health has lead the information and communications about Ebola. The NS is aligned to this decision.
PERU	<p>1. A tryptic to inform travelers and tourists, that included key messages reived in the workshop to decrease fear, stigma and that also have information about Chikungunya because of the confusion it also causes in the community was done. This material would be given to tourists, hotels, agencies, guides. This material was done with local resources.</p> <p>2. Through social media messages have been shared</p> <p>3.A monitoring with the epidemiology office have been done, to identify other possible actions in a community level.</p> <p>4. the Ministry of Health has centered the information in airports, and ports. Training to communication staff and other perssonel have been done with the support of PAHO.</p> <p>5. The National Society participated also in a Risk Communication Training to Ebola and Chikungunya, organized by Ministry of Health and PAHO/WHO.</p>
GUATEMALA	Five bulletins were done to inform about the disease to the staff and volunteers of the NS. This are shared with the 20 delegations
OVERSEAS BRANCHES	Communication/sensibilizacion/movilización

CAIMAN ISLAND	Danielle has an ebola blog on sitmatization of aid workers with IFRC, OSB, printed press and social edia. Intervio with the local tv station CITN. Presentation to a group of catholic missionaries in dominican republic (75)
ARUBA	Made a communication plan for the Red Cross which would be activated only when the Caribbean region is at high risk of Ebola

National Society	Coordination Interna / Externa
TRINIDAD AND TOBAGO	<p>Internal: The governing council of de Trinidad and Tobago National Society have been briefed Dr. ahmad at a specially convened meeting for an update on Ebola.</p> <p>External: the Medical Director of the TTRCS has been appointed to sin on the Naational Committee for Ebola Preparedness</p>
ST. KITT AND NEWIS	Collaborated with the Ministry of Health in country in educating medical and hospital auxiliary staff primarily on Facts about the disorder.
REP. DOMINICANA	Inter-Departamental and Inter-Institutional Coordination have been done to planify different actions.
PARAGUAY	Every thinks is been done in coordination with the Ministry, and the differents referents in Ebola in the Branches.

HONDURAS	Two meetings were held with COPECO- Permanent Contingency Coordination and the MoH
HAITI	The Contingency Plan was shared with the MoH
DOMINICA	<p>Coordination with the Princess margaret Hospital, ministry of health and the office of disaster management re national protocols to be followed/ Development of protocols for provided health care at first aid stations/Provided PPE training to first responders/ Ensure availability of PPE at first aid stations/Inidtiate decontamination procedures for any suspected Ebola Patients/Provide Emotional and Psychosocial support as neccesary.</p>
SAINT VINCENT	The plan was done with the ministry
CUBA	<p>Since the first moment, after the workshop done in Panama, training activities and posters with key messages were done and given to the directors of the branches.</p> <p>A National Commission has been created and the NS is part of it, since the firsst moment of its creation.</p>
CHILE	It was coordinated with the MoH than in the case of ONE ebola suspected case in the country, the REd Cross would be in charge of the promotion and prevention activities. Meetings with the MoH were done to share with them the information obtain during the workshop.

EL SALVADOR	<p>Internal: Through other Participant National Societies as Spanish, Switzerland, and American Red Cross.</p> <p>External: An Inter Sectorial Table in Health (MoH, PAHO, Civil Protection and others)</p>
PERU	<ol style="list-style-type: none"> 1. Coordination meetings have been done with PAHO/MoH and Social Security. 2. Internally communications with documentation related have been shared (Plans, IFRC documentation, Epidemiological information of the MoH) 3. MoH, developed an online course, that was shared with the branches (presidents, volunteers, national intervention team in health)
GUATEMALA	<ol style="list-style-type: none"> 1. Be part of the sectorial table, the National Commission for Sanitary Epidemics (CONAES). Actions based in the International Sanitary Rules. 2. Being part of the Health Cluster, were is being elaborated the country plan and manuals to manage the patients with Ebola.
OVERSEAS BRANCHES	<p>Coordination Interna / Externa</p>
CAIMAN ISLAND	<p>Meeting with Dr. Kumar, Director of Health Services Authority (HSA) to finalize the rol of the CIRC in january 27. they also meet haard management cayman islad ebola response. Finallizing the report to be shared with all the OSB.</p>
ARUBA	<p>Referred their help to the Public Health Department in case of high risk of Ebola of the country</p>

National Society	Resources Mobilization/Alianzas
TRINIDAD AND TOBAGO	<p>Partening with the Ministry of Health of Trinidad and Tobago in preparation for a potential Ebola outbreak by:</p> <ol style="list-style-type: none"> 1. Sharing information obtained ate the Panama Workshop 2. Offering of volunteers fro training for contact tracing
ST. KITT AND NEWIS	Assisted in preparing policy guideline with In-Hospital Infection Control staff
REP. DOMINICANA	Educational material have been don about Ebola and some alliances have also been done with Ministry of Tourism and other touristics operators.
EL SALVADOR	Alliances have been done with MoH PAHO.