



International Red Cross and Red Crescent Movement

Ebola Strategic Framework

January 2015



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to ‘saving lives and changing minds’.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people.

The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Cover photo: Ebola survivor Jerald Dennis, now a volunteer for the Liberian Red Cross in Monrovia.
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Ebola response and preparedness – one year on
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Kenema Treatment Centre, Sierra Leone, November 2014. © Jari Lindholm/IFRC

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Foreword

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The unprecedented spread of the Ebola Virus Disease in West Africa has resulted in one of the most challenging public health crises in recent times. The International Red Cross and Red Crescent Movement is part of the extensive global effort mobilized to contain the epidemic in solidarity with the affected countries and the international community.

With more than 10,000 Red Cross volunteers trained in Guinea, Liberia and Sierra Leone, supported by the Red Cross Red Crescent's network of 189 National Societies worldwide, the Red Cross Red Crescent Movement is uniquely placed to play a critical role in responding to the outbreak while fostering preparedness in at-risk countries.

We are beginning to see positive results from our collective efforts to tackle the disease, strengthening our resolve to continue until the outbreaks are contained. We cannot become complacent. Our efforts must be sustained at the scale and speed necessary to bring the last Ebola case under control. While we must focus on the three countries at the epicentre of the epidemic, we must also expand our support to neighbouring countries to ensure they are prepared. This requires determination from all actors working together to rise to the challenge: people, communities, governments, local and international partners. No one country, person, entity or organization can solve this alone.

National Societies in the region, in particular the National Societies of Guinea, Liberia and Sierra Leone, have been on the frontline of the response since the beginning and their engagement has saved many lives. We are inspired by the leadership, the dedication and commitment of their thousands of volunteers, at times at the cost of their own lives, working alongside our international staff. When Ebola leaves the region – and I hope this will be soon – the volunteers and the National Societies in the affected countries will continue to support the people and communities as they recover, and as they face parallel health and humanitarian challenges. Ebola is indeed adding to other major health issues such as water-borne diseases and malaria, still major killers in West Africa, requiring urgent strengthening of health and community systems as well as response capacities. The Ebola operations should also strengthen National Society capacities to deliver relevant services after the epidemic based on sustainable resources.

Time is of the essence to contain and control Ebola. The Red Cross Red Crescent needs more and sustained resources to match our response to the gravity of the epidemic in affected countries, to expand preparedness in neighbouring countries, and engage in the recovery phase.

We sincerely thank all of our partners who have supported the Red Cross Red Crescent response to date, and look forward to our continued partnership. We are committed to doing more – to save lives, to uphold peoples' dignity, to control Ebola at its epicentre.



Elhadj As Sy
Secretary General

Executive summary

The West Africa Ebola outbreak is the largest Ebola outbreak in history, both in terms of case loads and geographical spread. Since the first cases were confirmed in March 2014, National Red Cross Societies in affected countries have taken a lead role, complementing their national health systems with support from the membership of the International Federation of Red Cross and Red Crescent Societies (IFRC).

This document, first published in August 2014* and revised periodically since then, is targeted mainly for member National Societies and IFRC Secretariat offices with current and future Ebola operations, and is meant to describe the overarching strategic intent of those operations IFRC-wide.

The strategy must cope both with the size and scope of the outbreak and its changeability. At the time of publishing, incidence was at last decreasing, but reappearing in new areas, further broadening the scope and demand on resources. Concurrently, cumulative cases surpassed 20,000, a reminder that Ebola continues to spread and that until all countries are declared Ebola free, the priority is still stopping the epidemic.

At the same time, any overarching strategy must look beyond this imperative. Containment has also meant prioritizing preparedness, particularly in neighbouring countries. Effective coordination is essential, both within IFRC and with external partners. Moreover, as the lead agency for safe and dignified burials, IFRC has specific obligations that require their own coordination structure. Lastly, even as efforts focus on a coordinated response to epidemic control and preparedness, actions are urgently needed that assist recovery from the loss of livelihoods and other social and economic resources. The overall strategy is therefore organized around five outcomes:

- The epidemic is stopped
- National Societies have better Ebola preparedness and stronger long term capacities
- IFRC operations are well coordinated
- Safe and dignified burials (SDB) are effectively carried out by all actors
- Recovery of community life and livelihoods

These five outcomes are meant to be necessary and sufficient for National Societies to meet their current obligations, consistent with their roles as auxiliaries to their respective governments and in harmony with the Movement's Seven Fundamental Principles. Strategies draw on learning from previous large scale disasters.

Stopping the epidemic has depended on the now-familiar five response pillars: community engagement/social mobilization; psychosocial support; surveillance and contact tracing; case management and treatment; and safe and dignified burials and disinfection.

This strategy is being put into action through five country-level Emergency Appeals, a complementary Africa coordination and preparedness appeal, and 12 preparedness operations using the Disaster Relief Emergency Fund (DREF) as well as through bilateral actions of IFRC member National Societies.

It is expected that IFRC members active in the Ebola response reflect on, comment and ultimately agree on the content of this strategic framework. Once this is done, the strategic framework can be put to use as a reference in initiating new or revising existing operations; to inform regular coordination and review at the country level; and as an accountability framework to guide regular review and reporting of IFRC-wide progress and relevance.

* Since then it was revised in September and November 2014 to keep pace with the epidemic.

Introduction

Since the first cases of the current West Africa Ebola outbreak were confirmed in Guinea in March 2014, the International Red Cross and Red Crescent Movement, comprising National Red Cross Red Crescent Societies, the IFRC Secretariat and the International Committee of the Red Cross (ICRC) have been an essential part of the extensive global effort mobilized to stop the epidemic.

National Societies in affected countries have taken a lead role, complementing their national health systems. Immediately since the confirmation of the outbreak, IFRC organized its resources to provide coordinated operational support to National Societies. IFRC launched six Emergency Appeals in response to the epidemic in support of National Societies in Guinea, Liberia, Sierra Leone, Nigeria and Senegal, complemented by a coordination appeal. Smaller preparedness and response operations were financed under the DREF in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya and Guinea Bissau and Ethiopia, making 16 countries in Africa that have launched emergency operations relating to this outbreak.

The purpose of this document is to describe the strategic intent of IFRC-wide

operations to support National Societies to prepare for and combat Ebola epidemics.

As such it serves two main purposes:
1. As a roadmap to guide future operational revisions and any new operations; 2. To provide an overarching accountability framework for IFRC-wide response across multiple operations, based mainly in Africa, but extending globally.

The main users are therefore member National Societies and IFRC Secretariat offices with Ebola operations. It is expected that review and discussion around this strategic framework will be one of the principle ways that member National Societies coordinate, plan, monitor, review and report on their Ebola-related activities. In particular, it is expected to provide the basis for IFRC-wide reporting.

Additionally, it is expected that wider stakeholders will also use the document to better understand and support coordinated humanitarian action in response to the West African Ebola epidemic. Lastly, it is meant to serve accountability to communities and donor constituencies.

A Liberian Red Cross staff member is checked to make sure her personal protective equipment (PPE) is correctly fitted. © Victor Lacken / IFRC



Situation

On 21 March 2014, the Ministry of Health (MoH) of Guinea notified the World Health Organization (WHO) of a rapidly evolving outbreak of Ebola Virus Disease. Ebola cases were initially reported in Guéckédou, Macenta, and Kissidougou in the Forest Region and later in Conakry, the capital city. Blood samples collected from the initial cases tested positive for Ebola virus, Zaire Ebola virus (EBOV) species. Retrospective epidemiological investigation suggests that the first cases of Ebola occurred in December 2013.

Ebola subsequently spread to the neighbouring countries of Liberia, Sierra Leone, Nigeria, Senegal and Mali. Liberia formally declared an Ebola outbreak on 30 March 2014, while the first case of Ebola in Sierra Leone was reported on 25 May 2014 (WHO Accra report). In Nigeria, the first case was declared on 2 August 2014. In Senegal, a case was confirmed on 29 August 2014. Both Nigeria and Senegal were declared Ebola-free later in October 2014. This can be attributed to a swift and robust crisis management system activated by the governments in the early phase of the outbreak to contain further transmission. Mali confirmed its first case on 24 October 2014 and was declared Ebola free in January 2015. By January, although incidence is at last falling, cumulative cases surpassed 20,000, serving as a reminder that Ebola continues to spread and that until every country has been declared Ebola free, efforts need to focus on stopping the epidemic.

This is the largest Ebola outbreak in history, both in terms of case loads and geographical spread. The difficulty in controlling the initial outbreak was the proximity of the index cases in Guinea to the porous border areas of Sierra Leone and Liberia, with cross border movement from trade a significant factor in the early spread of the virus.

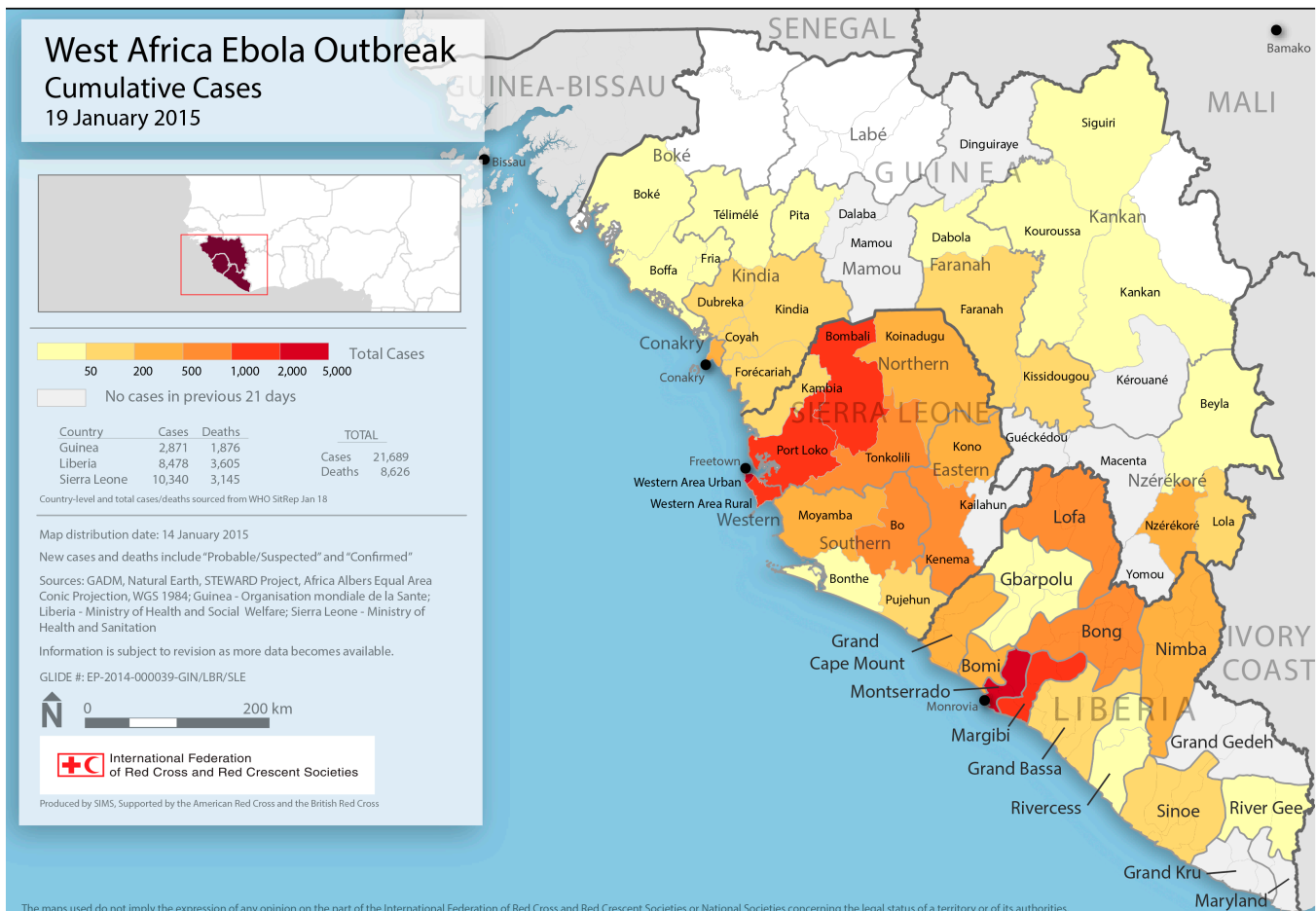
The severity of the situation in West Africa is exacerbated by the scale and unique characteristics of the outbreak. Health systems in Guinea, Sierra Leone and Liberia have buckled under the strain of the Ebola outbreak. Health workers have become infected during routine contact with patients in health facilities. Delayed care-seeking and resulting high mortality rates in health facilities have fuelled public mistrust in the health care systems. Treatment centres and clinics have closed as fear has caused patients to stay away and medical staff to flee. In the fight against what has been called by some the 'care-takers' disease' because of the high vulnerabilities of health care workers, there is still a severe shortage of health personnel and adequate treatment facilities.

Key challenges

Looking forward across all affected countries, the main challenges are:

Getting to zero (and staying there): In recent weeks, although case incidence in the capitals was on the decline, the geographic spread was expanding, with the disease flaring up in new locations. This has stretched the demand on resources in the field and poses the risk of creating new centres of transmission. Recent figures confirm the downward trend in new cases and encouragingly, in the number of districts affected. Continued vigilance in surveillance and enhanced contact tracing are now the challenges in bringing case incidence to zero and maintaining it for the 42 day surveillance period.

The potential for geographical creep requires more resources and efforts to respond rapidly where it is most needed—in the affected communities. It increases the need for logistical and technical expertise in multiple locations. From a disease control perspective, it is easier to deal with a



very high caseload in one area, than it is to control fewer but more dispersed cases in multiple locations. This requires field bases, with appropriate transport, as well as extra technical staff to support district-level coordination and analysis.

Disease surveillance and contact tracing: Early detection and rapid response to any new cases will be essential, complemented by continuing social mobilization and behaviour change communication and strengthening of health systems. Geographic spread of the disease poses greater challenges for disease surveillance – with an increased risk that large spikes in caseloads may go unnoticed, or that rapid response capacity will be insufficient to move into new areas (or back into areas that had already been cleared).

Population movement: Events that result in displacement of people, such as elections and holidays pose an added risk of spread.

Risk of re-emergence of cases: As resources move out of previously affected areas, where caseloads have decreased from very high levels (e.g. in Lofa or Kailahun), to meet needs in other areas, there is a risk of resurgence of the disease—as has already occurred several times, for example, in Guéckédou and Macenta. The reappearance of cases in previously cleared areas underscores the challenge, particularly to contact tracing and surveillance.

National Society institutional capacities: National Society capacities are mixed, with sometimes high dependencies on international resources and weak capacities to sustain community programmes using domestic resources. This leaves them vulnerable to the negative effects that large-scale international interventions can have in the long-term.

Guinea

Case incidence has declined throughout January, 2015 with the most recent cases in Dubreka, Conakry and Boffa. Overall disease control in Guinea remains problematic, due to the on-going resistance of certain communities to assistance. This is leading to 'epidemic creep', as the caseload spreads out from the forest areas to neighbouring areas, widening the geographic spread of the disease. This factor, coupled with a limited response capacity in country, means that Guinea will likely be the last country to clear cases. However, the number of cases in newly-infected prefectures is still low. This is an opportunity to contain further spread with a rapid and co-ordinated response.

Liberia

The caseload in Liberia has been declining steadily since October. Lofa and Montserrado have been the worst hotspots; however, from mid-November, Lofa saw its last confirmed case and has remained Ebola-free since. Worries about great numbers of hidden cases have so far proven unfounded. Smaller outbreaks persist, especially in Grand Cape Mount but are being dealt with on an individual basis. Less than 10 per cent of those admitted to Ebola treatment centres (ETCs) are now tested Ebola positive. SDB teams are collecting 35 – 45 bodies per week but none has tested positive for the last two weeks. Contact tracing has remained difficult. At present, only Montserrado and Grand Cape Mount are considered problematic, but the caseload is still slowly declining. Continued vigilance is required until the last case has been identified and the 42 day surveillance period has past as it takes only one case to restart an outbreak.

Sierra Leone

Nationwide, the number of new cases now shows signs of decline, but this masks local differences. Ongoing levels of transmission can be expected for several more weeks, but will gradually decrease in areas with

higher levels of transmission, and increase slightly in other areas (i.e. Kono and Koinadugu), unless urgent measures are taken. Response capacity in Sierra Leone has been scaling-up to meet needs, but serious gaps still exist. A multi-partner surge operation focusing on identifying active cases in the Western Area is expected to limit transmission (following an initial spike in case reporting) within the next four weeks, however a large-scale outbreak in Freetown is still a risk. The situation faces near term risks from the coming rainy season and related access concerns, as well as potential population movements resulting from upcoming elections in neighbouring Guinea.

Mali

The epidemic in Mali has been characterized by sporadic outbreaks propagating through multiple channels, underscoring the volatility of the epidemic and the difficulty of containing it within long and porous borders. Since October, the virus infected 8 people and killed 6. No new confirmed cases were reported since 6 December, and of the 285 contacts monitored, none showed signs of the disease. Forty-two days later, the Mali outbreak was declared over. There has been no official government request for an international emergency appeal, however the Mali Red Cross had requested support related to social mobilization, contact tracing and safe and dignified burials.

Other countries

Senegal and Nigeria were declared Ebola free in October 2014. There have been a few imported cases in other countries, including Spain, the United Kingdom and the United States of America.

Strategic framework: Five outcomes

Red Cross Red Crescent action must concern itself with more than stopping the epidemic, although this continues to be the immediate priority. The surprise spread of the epidemic highlights the need to also prioritize preparedness, particularly in countries neighbouring the three main affected countries. Effective action requires effective coordination, both within IFRC and with external partners. Moreover, as the designated lead agency for safe and dignified burials, IFRC has specific obligations that require a separate coordination structure for that purpose. Lastly, even as efforts focus on a coordinated response to epidemic control and preparedness, actions are urgently needed that assist recovery from the damage and loss of livelihoods and other social and economic resources.

The overall strategy is organized around five outcomes and their related outputs:

- The epidemic is stopped
- National Societies have better Ebola preparedness and stronger long term capacities
- IFRC operations are well coordinated
- Safe and dignified burials (SDB) are effectively carried out by all actors
- Recovery of community life and livelihoods

These five outcomes are meant to be necessary and sufficient for National Societies to meet their current obligations, consistent with their roles as auxiliaries to their respective governments and in harmony with the Movement's Seven Fundamental Principles. Strategies draw on learning from previous large scale disasters. Outcomes and their specific outputs are detailed below.

The epidemic is stopped

Like other humanitarian actors, IFRC follows the WHO standard recommended public health actions for stopping the Ebola outbreak. These key public health activities have been characterized as the five pillars of the IFRC Ebola response:

- Community engagement – social mobilization, two-way beneficiary communication
- Psychosocial support
- Surveillance and contact tracing
- Case management and treatment
- Safe and dignified burials and disinfection

Each pillar is equally important, with each reliant on the others to be effective. In order to adapt to the current trend of small, localized outbreaks appearing in as-of-yet unaffected geographical locations, with the potential of leading to a re-emergence of sustained community level transmission of the Ebola virus, the strategy of IFRC is to establish rapid response teams, available for immediate deployment to the most remote of areas. These teams would transport individuals with symptoms to a treatment centre, connect suspected contacts with monitoring teams, carry out safe and dignified burials when needed, conduct social mobilization and community awareness raising, and provide psychosocial support to affected families. The goal is to



Quarantined women in Grand Cape Mount county, Liberia, receive hygiene kits, home protection kits and training from Liberian Red Cross as part of the Community Based Protection program. © Victor Lacken / IFRC

contain and stop new outbreaks before they spread any further, almost like an Ebola 'firefighter team'.

Community engagement – social mobilization, two-way beneficiary communication: Community engagement encompasses the ways in which we work with communities to implement all intervention activities. It entails two-way beneficiary communication and social mobilization activities to help support behaviour change and health education. This allows communities to voice their needs, which helps reduce fear, dispel rumours and raise awareness. The IFRC strategy uses a mix of communication channels, such as SMS messaging, interactive radio programming, regular broadcasting and distribution of Red Cross Red Crescent audio visual materials, and door-to-door visits to deliver key messages and to enter into a dialogue with affected communities. Given IFRC's solid presence in the region, extensive community knowledge and critical social mobilization role and functions on the ground, IFRC has been recognized as a key strategic partner in the coordination and implementation of this pillar.

Psychosocial support: Raising awareness about Ebola and reducing fear and stigma are high priorities. For this reason, community volunteers who are in contact with families and communities with suspected Ebola cases are trained in supportive communication and psychological first aid. Volunteers working with safe and dignified burials are under extreme stress and carry out some of the most dangerous tasks related to the outbreak, and are in need of support. Teaching volunteers and staff about stress management and peer support, and setting up support systems to help them deal with their situation without engaging in risk taking behaviour is critical. Psychosocial support also entails the provision of solidarity kits¹. These kits are given to families that have lost material goods from disinfection, families of Ebola contacts or survivors, and the survivors themselves who are experiencing social exclusion and stigma. Red Cross volunteers, within their own communities, conduct door-to-door visits, and work with elders, and community and religious leaders to engage people in meaningful dialogue that addresses stigma, rumours, and cultural misperceptions about the disease.

Surveillance and contact tracing: Surveillance and contact tracing focuses on the follow up of potential contacts, but includes the notification of potential cases for transfer and potential Ebola deaths as well. Contact tracing is a key interaction with potential 'new' cases to ensure early presentation to an Ebola treatment centre and is essential to limit the next generation of cases. It is conducted utilizing community engagement and a psychosocial support approach because contacts and their families require a significant amount of information, reassurance and support to adapt their behaviour to protect themselves and their community. The current pattern of increased geographic spread demands a more agile rapid response capacity to move to new locations and contain new outbreaks immediately.

Case management and treatment: IFRC operates an Ebola treatment centre (ETC) in Kenema, Sierra Leone. It was built by the Spanish Red Cross, and occupies an area of 10,000m². The construction of the second ETC at Kono has recently been completed, comprising a morgue, guest house and school. The French Red Cross oper-

¹ Clothing, food, condoms, bedding, laundry supplies, tableware and a water jug.

ates an Ebola treatment centre in Macenta, Guinea. The German Red Cross operates Severe Infection Temporary Treatment Unit, catering to patients transferred from Ebola treatment units after testing negative for Ebola.

IFRC is preparing standard operating procedures for case management. In the Kenema ETC there is an observational unit for children under five. IFRC and the Liberia Red Cross Society, in partnership with UNICEF, are piloting community-based protection by providing training in infection prevention and control supplies to help enable safer isolation and community-based home protection for persons suspected to be infected with Ebola Virus Disease.

Safe and dignified burials and disinfection: The Red Cross safe and dignified burial teams ensure that every aspect of burials and disinfection is conducted in a safe and respectful way, taking into account cultural understanding and the sensitivity for families and communities at this difficult time. Highly trained Red Cross burial and disinfection teams, in conjunction with community engagement volunteers, limit the spread of infection by educating communities about the need for and processes behind disinfection and safe burials. IFRC has been recognized as the main actor in safe and dignified burials and has been given the leading role by the United Nations Mission for Ebola Emergency Response (UNMEER) and its partners. IFRC is preparing standard operating procedures, and RAMP (rapid mobile phone-based) surveys are used to collect data.

National Societies have better Ebola preparedness and stronger long term capacities

Once declared Ebola free, National Societies in affected countries will need to focus on improved surveillance, preventing future outbreaks and maintaining their readiness to respond, taking on board lessons learned from the current operations. This has been the case in Nigeria and Senegal. Building these capacities will extend beyond the duration of the current Emergency Appeals.

IFRC aims to ensure that National Societies in unaffected countries are prepared to carry out their role to prevent the spread of Ebola within their borders. Before an outbreak, epidemic control is done mainly through:

- Working with communities on communication campaigns to provide accurate information on Ebola, preventive measures and steps to take upon suspicion of exposure or case
- Encouraging early care seeking for fever
- Reinforcing messages around hygiene
- Strengthening hospital safety practices
- Surveillance of imported cases from high transmission countries at the ports of entry
- Surveillance of sick animals to prevent the initial infection transmission to humans (i.e., practicing safe meat preparation practices and avoiding contact with sick or dead animals in the forest)

It is useful to consider three tiers of priority countries when considering preparedness activities: those countries bordering the three most affected countries of Guinea, Liberia and Sierra Leone; other African countries sharing transport links with the affected countries; and the rest of the world.

In countries adjacent to the three mainly affected countries, the key elements of preparedness include contingency planning with National Societies, playing an active role in coordinating bodies within the respective countries. Preparedness activities are part of community engagement, focusing on Ebola awareness-raising, through dissemination of information about Ebola, its transmission, measures to take to avoid infection and what to do if a person develops symptoms. Preparedness activities also include prepositioning of a starter kit and training of volunteers in the use of equipment and protocols.

For ten countries considered to be more at risk², a special Ebola preparedness programme is being rolled out. The programme will include elements of community engagement, beneficiary communication and awareness, and address the increased risk of spread of the current outbreak to these countries. Efforts will focus on effective and sustained two-way communication and engagement with beneficiaries.

For Africa as a whole and the rest of the world, an Ebola preparedness fund of 2.9 million Swiss francs has been created to support preparedness activities. To ensure the priority remains where needs are the most urgent, allocations of un-earmarked contributions to the fund will follow a general 80/20 per cent distribution between Africa and the four other zones. The fund will enable countries considered to be medium or low-risk to take appropriate preparedness measures.

Though large-scale emergencies bring significant resources with the potential to develop National Societies, experience has shown that the effect is more often to decapitate them. One priority strategic aim is therefore to manage the emergency response in a way that fosters enhanced and lasting National Society capacities.

The recurring pattern of large-scale responses undermining long term National Society capacities is characterized by:

- Focus on short term assets and activities
- Resources only available for scale-up, not scale-down
- Systems are developed for a situation of high resource availability
- Loss of key National Society staff to foreign partners

Time-bound assets and ways of working supported by international funds are different from those that can be supported by the National Society in the long term. Clearly, a National Society with many short-term assets is not necessarily stronger in the long term.

Scaling down operations incurs high costs for National Societies (e.g. paying off staff, disposing of equipment, etc.). Scale-down and exit activities need to be planned and resourced, and could include additional Ebola-relevant activities, including provid-

² Nigeria, Senegal, Guinea-Bissau, Gambia, Burkina Faso, Mali, Benin, Togo, Ghana and Cote d'Ivoire.

ing psychosocial support to volunteers and families, outreach to communities on the role of volunteers and their (re)integration into communities.

High resource availability can undermine sustainable systems in the organization. For example, people have been paid salaries and called volunteers. The meaning of volunteering in communities and among individuals changes, with people only willing to work for the Red Cross for money. The local image and understanding of the National Society may be changed by the sudden influx of resources and new activities: it may be seen as a rich (and potentially unaccountable) organization. When these resources disappear, local resources (including from government) become harder to mobilize.

Lastly, there is a risk of overwhelming implementing National Societies capacity as all actors involved, including external actors, are turning to them for local implementation. Sometimes National Society personnel are recruited for jobs with other humanitarian organizations. Together, this can have a destabilizing and ultimately decapitating effect on longer term National Society development.

Detailed guidance for avoiding these pitfalls is available³ and involves dividing operations into three types of work:

- Work / processes that the National Society will continue beyond the operation (and sustain with its own resources)
- What the National Society will manage during the operation, but scale up and scale down over time, and with adequate resources to do so, and
- Activities that the National Society will effectively licence out to others

IFRC operations are well coordinated

All elements of IFRC need to coordinate their Ebola operations effectively and efficiently. In this regard, there is a special role for the IFRC Secretariat, and this strategy represents one approach to facilitating a coordinated response.

IFRC Secretariat structures

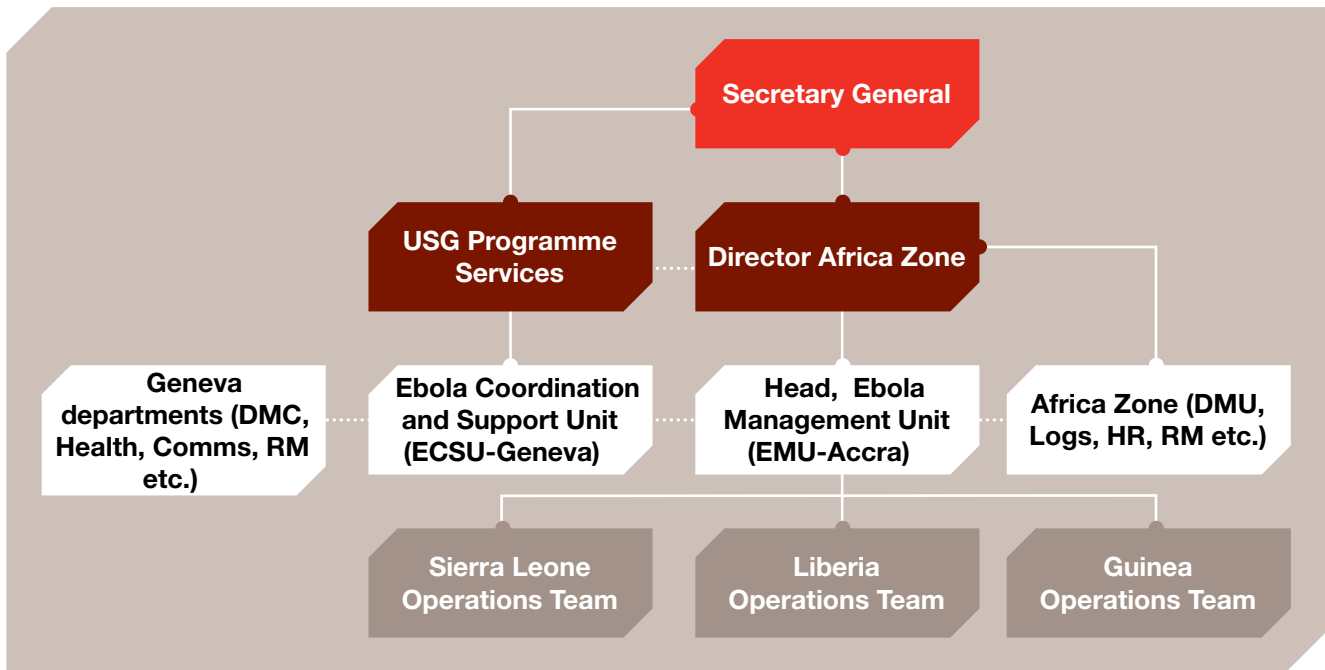
At the forefront of the IFRC response, the international appeal operations in affected countries depend on a management structure that is above all country-led, providing operational and technical support as close to implementing branches as possible. The Ebola operations span West Coast and Sahel regions. Supporting the country teams are different Ebola-specific coordination structures at Movement, regional, and global levels.

Country-level Ebola response set up: Following standard operating procedures, IFRC has operations managers in the affected countries with an operational setup to ensure technical support, logistics, management, reporting and supervision of the Red Cross Ebola operations. Country representatives ensure the long term relationship and dialogue with the National Societies' senior management and coherence between the National Societies' priorities and long term programmes.

³ See [Planning emergency response and recovery: Strategic OD guidance](#) and the [IFRC National Society Development Framework](#).



Freetown, Sierra Leone Nov 2014. Ebola survivor Haja Kargbo (left) was stigmatized upon returning home, but through the work of Red Cross volunteers she is once again welcomed into shops. Haja is now a contact tracing volunteer for the Sierra Leone Red Cross Society as a contact tracing volunteer. © IFRC.



IFRC Ebola management unit (EMU-Accra): To provide coordination and technical support as close to the field as possible, an IFRC coordination hub has been established, first in Conakry, Guinea then moving to Accra, Ghana to take advantage of proximity to UNMEER and other partners based there. The coordination hub provides operational planning and implementation guidance to the operations and represents IFRC in regional coordination mechanisms. The regional coordination hub has technical experts who will provide technical guidance for all the programmes across the region. The IFRC Ebola coordination hub is managed by a head of regional Ebola operations and includes technical adviser functions such as resource mobilization/grant management, regional logistics, regional finance, technical Ebola psychosocial support and health advisers, regional communications, regional reporting, regional human resources, communications and beneficiary communications, and regional preparedness in order to ensure capacity to support the response and preparedness operations.

Movement coordination: A close collaboration among Movement partners is pursued in all countries of intervention. Movement coordination meetings are held on a regular basis in Guinea, Liberia and Sierra Leone to ensure joint understanding of the strategies and coordinated approaches. Besides that, partner National Society conference calls are held and consultations with key partner National Societies are taking place.

IFRC West Africa Ebola task force: The IFRC West Africa Ebola task force consists of relevant personnel at country, regional, zone and Geneva Secretariat level involved in the Ebola response. The task force meets through weekly teleconferences to highlight urgent challenges or issues that require action at any level.

Africa zone disaster management unit (DMU): Standard operating procedures for disaster response in Africa specify that the DMU initiates operations strategy, oversees programme implementation and programme quality control on behalf of the Director of Africa zone.

Global Ebola coordination and support unit (ECSU-Geneva): The size, complexity and level of risk of the IFRC response to the West Africa Ebola crisis requires a global or “corporate level” response structure to be put in place within IFRC to ensure timely and efficient decision making. ECSU-Geneva is a small temporary advisory body structure, reporting through the IFRC Under Secretary General, Programme Services Division to the IFRC Secretary General, with a technical line relationship to the IFRC Ebola management unit (EMU-Accra).

Services provided by IFRC Secretariat

For the Ebola operation, the Africa zone DMU has provided support since the beginning of the crisis by launching DREFs and Emergency Appeals and requesting global tools to respond to the outbreak (FACT, ERUs, RDRTs, etc). DMU staff have been deployed to manage operations in a temporary backstopping capacity. A large number of regional disaster response teams (RDRT) have also been deployed to the region from the zone DMU roster, and the DMU was leading the Ebola task force until the creation of the Ebola management unit.

Logistics: A logistics plan will be developed and implemented. In order to benefit from procurement of scale, a major tender will ensure an uninterrupted supply of up-to-standard essential items. Robust logistics capacity will be established with a regional logistics coordinator overseeing logistics coordinators in the three main affected countries, fleet managers and a number of logistics delegates, logistics officers and warehouse managers to ensure the pipeline of essential goods needed for the Ebola response. The logistics set-up includes a large fleet of vehicles for Red Cross teams, motorcycles, ambulances for transport of the sick, and warehouses in central locations.

Communication: Communication is essential in raising awareness, addressing stigma and changing behaviour. Communication under the response will:

- Raise awareness about the humanitarian impact of Ebola in a humanitarian context and advocate regionally and globally for more massive engagement of the international community in providing more on-the-ground people, more funds and sustained commitment to support regional preventative measures and recovery processes.
- Position the Red Cross Red Crescent as first responder to the outbreak at the community level through Movement partners and our unparalleled network of volunteers, and advocate for the protection of volunteers and safe access to communities.
- Engage in awareness raising and social mobilization, locally, regionally and globally to reduce fears, misperceptions and stigmatization, nationally and globally.

A communication strategy to guide the collective Movement communication is being elaborated.

Beneficiary communications and social mobilization: The IFRC Secretariat will support National Societies in implementing and carrying out the following activities:

Village-to-village, door-to-door community engagement approach, across the affected countries, to deliver key messages by entering into a dialogue with those in the affected communities.

TERA SMS: An SMS gateway that allows the Red Cross to communicate directly with all subscribers on a TERA-enabled mobile network. Messages can be sent directly to people in specific geographical areas. Localized information can be sent without “spamming” an entire country.

Radio: Interactive radio shows broadcast on local and national channels, permitting callers to ask questions to Red Cross staff and volunteers.

TV: Regular spots broadcasting Red Cross audio visual materials.

Resource Mobilization (RM): To ensure capacity for institutional resource mobilization, donor contact and grants management, an RM unit has been established at the regional coordination hub to provide support to the country programmes in developing proposals, keeping track and recording donations in-kind and financial through cash pledges and donor reporting requirements.

Security: A security framework is in place in all three Ebola-affected countries, including security regulations, medical evacuation, hibernation and relocation plans. The security unit and the regional security delegate based in Dakar continue to provide both in-country and remote support. This security support will continue in close coordination with the operation managers throughout the Ebola operation. A security surge officer will be provided to strengthen security civil-military liaison in the countries of operation.

Monitoring, evaluation and reporting: The main principles are that Ebola operation objectives are monitored and systems are in place to ensure that implementing branches are able to provide information for regular monitoring of the plans. Mobile phone-based data collection can provide volunteers and staff with a fast, reliable way of obtaining, sharing and analyzing agreed-upon data. Monitoring information is reviewed as part of regular management of operations and this, in turn, contributes to reports to donors. Reviews also serve an evaluation learning function, assessing how the operations should be steered. Additional evaluations are planned. Updates on progress and the evolving situation are provided fortnightly. Standard appeal reports are provided at six and 12 month intervals, in addition to a final report. Annual IFRC-wide progress reports against this framework will also be available. These reports are provided on www.ifrc.org. Additional donor specific reporting is provided one-on-one with donors. Monitoring and evaluation arrangements require action from the whole of the implementation chain, with overall ownership belonging to the operations managers, assisted by full time IFRC Ebola reporting delegates and finance officers.

Safe and dignified burials (SDB) are effectively carried out by all actors

In order to stop the transmission of Ebola, UNMEER has emphasized three main strategies: Early isolation (ETCs, community care centres—CCCs, or self-isolation if services are not available); safe and dignified burials; and community engagement. Overarching challenges to SDB include: improving quality of burials; rapid ramping-up of numbers of SDB teams; ensuring continuous flow of supplies; arranging accommodation for SDB teams; ensuring a safe and secure operating environment; ensuring Medevac and 21-day quarantine arrangements.

IFRC has been recognized as the main actor in this component and has been tasked by UNMEER and partners to take up a leading role for SDB. This component will have to be strictly interlinked with community engagement. In order to maintain independence and neutrality, IFRC acts as a facilitator, convening agencies working on SDB to map the response, identify gaps, agree on common protocols and good practice, provide guidance, carry out advocacy, define what constitutes appropriate response, and develop a common strategy. It will ensure that information management is well-coordinated as well as response at country level and an overview of who-does-what-where-and-when. Agencies involved in SDB are not subordinate to IFRC, as it will act merely as convener or facilitator of consensus-based processes among all those responding. IFRC may consider deploying SDB coordination teams, which include team members from other agencies.

In order to ensure a “firewall” between the IFRC SDB operations and the IFRC SDB leadership/coordination role, IFRC deploys SDB coordination team members who have no responsibility over IFRC SDB operations, but rather are fully dedicated to the task of coordination. This is to prevent a conflict of interest between the SDB lead role, which is carried out on behalf of all agencies involved in SDB, and IFRC/National Society SDB operations. It also recognizes that coordination of response is a full time job.

In order to preserve its independence, IFRC does not accept accountability obligations beyond those established in its constitution and policies. SDB coordinators do not have a formal reporting line to in-country UNMEER crisis managers or the UNMEER coordinator in Accra. They report to the IFRC operations managers for security, administrative reasons, and have a technical reporting line to the IFRC deputy regional operations coordinator. They of course communicate and coordinate closely with UNMEER, but there is no formal reporting line.

IFRC will advocate for an adequate and appropriate response, subject to the capacities and resources of the humanitarian community, rather than acting as a “provider of last resort”.

IFRC will ensure a structure in the three main affected countries to fulfil this role, consisting of a SDB coordinator and an information manager. These will report to the operations manager in the country, but will be outside the National Society/IFRC operational set up.

Recovery of community life and livelihoods

To date, all Ebola virus disease response resources and capacities are being directed towards addressing the immediate needs to contain this outbreak. However, early recovery planning is now underway as there is an urgent need to support those who have survived Ebola and those communities and households affected. Recovery programming will aim to restore households back to where they were before this outbreak as well as making them more resilient to future risks and epidemics.

The impact of Ebola on peoples' lives and livelihoods has been immense and the medium-term impacts on markets, local economies and key productive areas, such as agriculture and food production, are only now being understood and point to future challenges around food and income security for many communities. Two-thirds of the population in West Africa depend on agriculture which has suffered severely since the outbreak of Ebola. Access to major food markets has been hampered as a result of cross-border movement restrictions and with many farmers abandoning their farms out of panic and fear, leading to fluctuating food prices. Although an IFRC recovery assessment has yet to be carried out, FEWS NET warns that due to disrupted markets, significantly below-average household incomes and food shortages, large numbers of people will face moderate to extreme food consumption gaps, equivalent to Crisis (IPC Phase 3) and Emergency (IPC Phase 4) food insecurity, by March 2015.

Ebola survivors also need immediate support to buy basic household items such as beds, cooking utensils and clothing, as their own have been disposed of. Often this support will be most appropriate through cash transfers, which not only give people choice and dignity but also can support the local economy.

Damage and loss also affects social assets, as families and communities are torn apart by death and stigmatization. There are also an increasing number of orphans and dependant households that will need support and assistance.

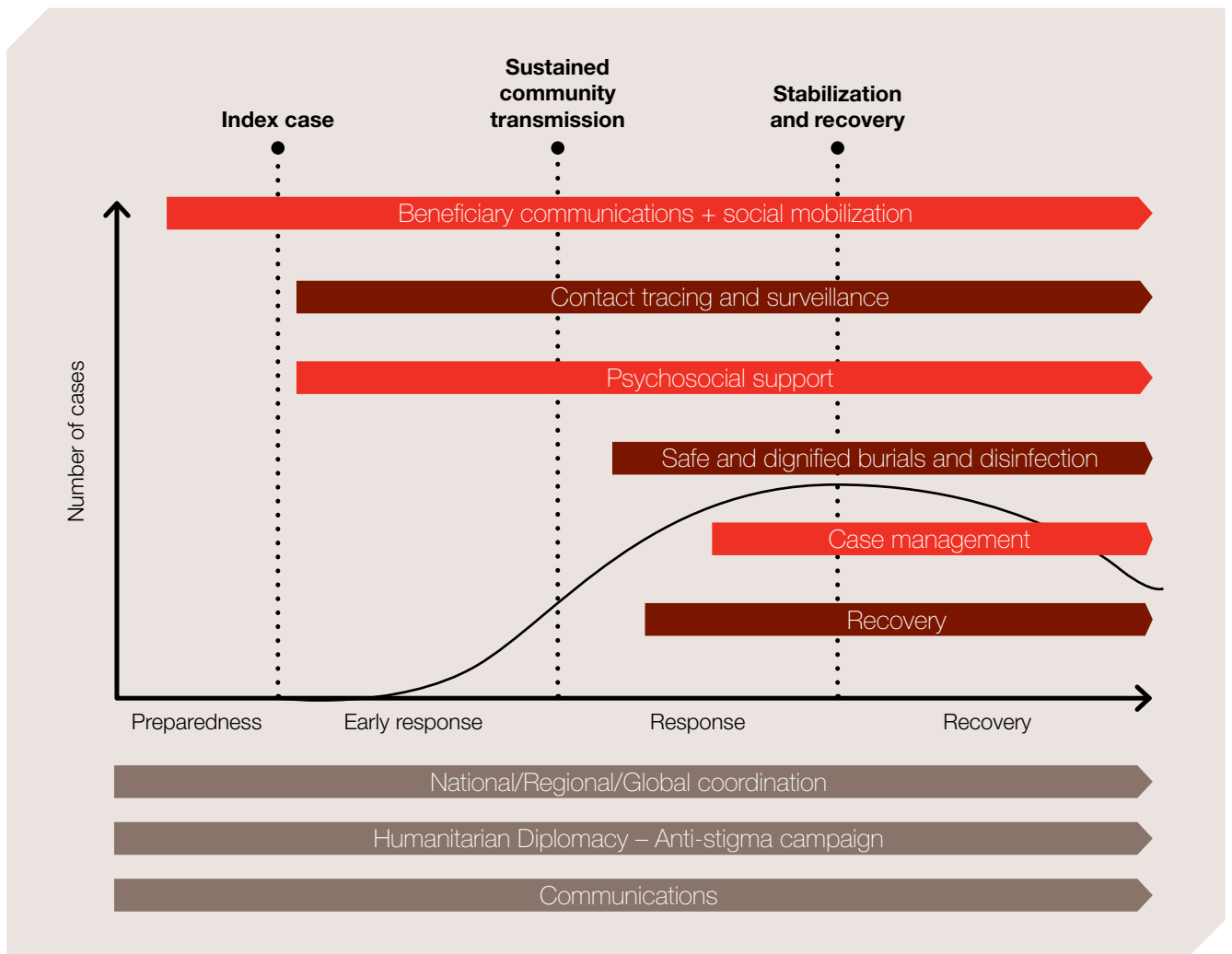
Recovery intersects with preparedness in building more resilient community health systems. Ebola has damaged community health systems on both the supply and demand sides. Arguably, poor community health systems are what permitted the rapid escalation of the epidemic. They have been further undermined through the collapse of community health centres as health workers stayed away due to fear of safety concerns in the work environment, and centres were simply overwhelmed and depleted of drugs and other consumables. Numbers of health care workers themselves have been depleted, due to taking higher paying agency jobs, and in some cases due to death. Disruption to training cycles has delayed the next cohort. On the demand side too, Ebola has undermined care-seeking behaviour due to fear of contagion, stigmatization, and the view that health centres are places to go to die. More routine-care seeking has been thwarted by lack of beds in overrun hospitals and because community health centres are closed.

Drawing from previous IFRC experience, recovery efforts can help rehabilitate clinics through the provision of drugs and medical supplies, training of community health

care workers and carrying out social mobilization to help restore confidence and utilization of community health systems. Priority services include antenatal care, vaccination, malaria programming and nutrition. Efforts can make use of strategic partnerships with other health actors and should limit the period of support to avoid dependency.

In order to develop an appropriate recovery strategy based on the reality of the affected communities, a recovery assessment will be conducted in early 2015. The assessment will be conducted in Guinea, Liberia and Sierra Leone and will look into the situation of affected people and give alternative options to respond to their needs. In addition, the above-mentioned preparedness fund will also include recovery grants.

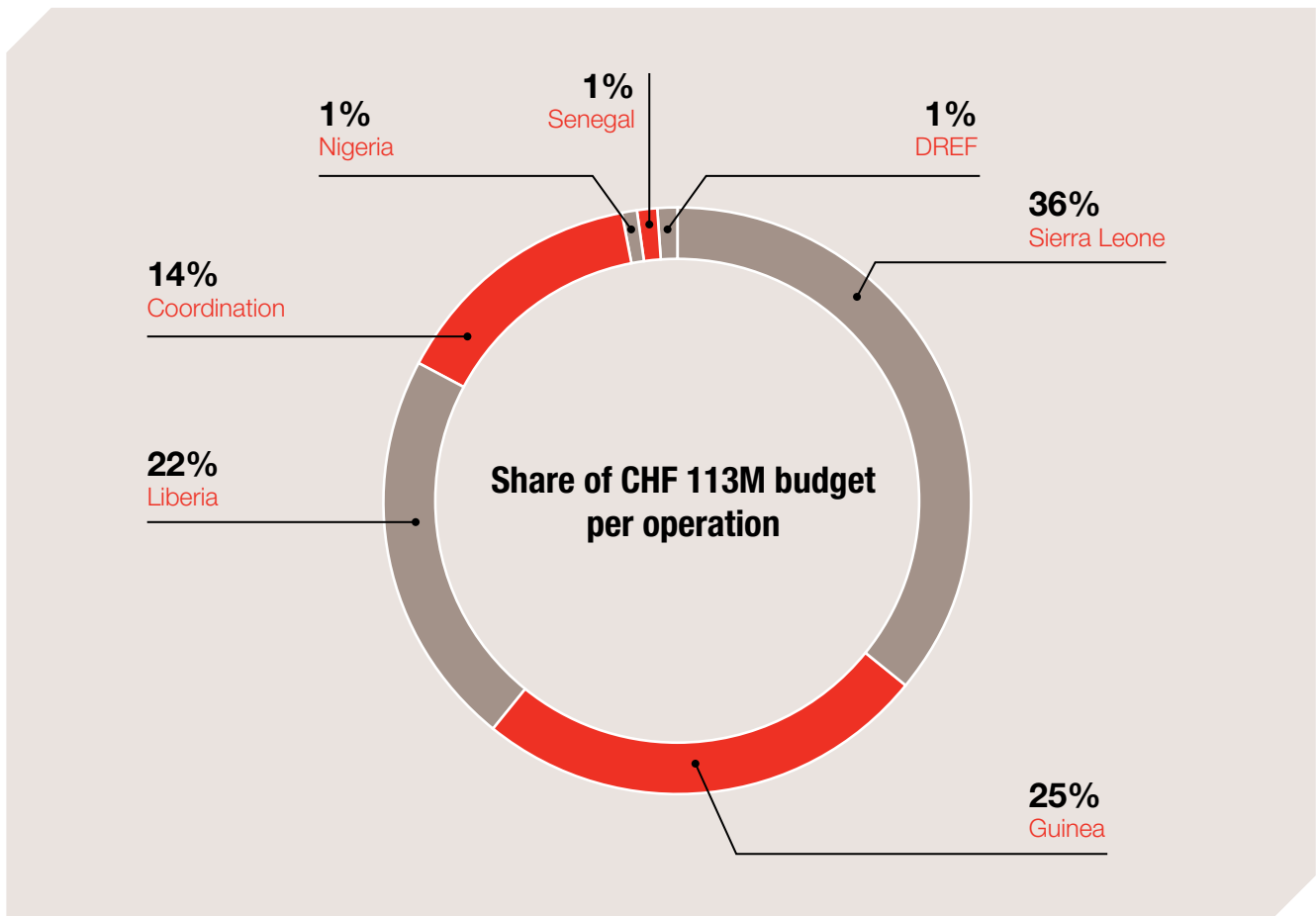
The chart below shows how different strategies and their components are phased as the epidemic progresses and the number of new cases increases and ultimately subsides.



Strategy in action

To date, the strategy has been operationalized into five country-level Emergency Appeals in Guinea, Liberia, Sierra Leone, Nigeria and Senegal, and an additional regional appeal to support coordination, preparedness and recovery needs. Smaller operations focused on preparedness were financed under IFRC's DREF in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya, Guinea Bissau and Ethiopia. An additional preparedness DREF operation was launched in the Americas in October.

At the time of publishing, the total level of effort of these appeals and DREF operations amounts to about 113 million Swiss francs (CHF). The chart below shows the breakdown.



Regular updates of the situation and operational progress are available online [here](#).

Guinea

Latest Emergency Appeal revision 18 November 2014	Budget: CHF 28.5 million
11.1 million people to be assisted	Timeframe: 15 months (end date 30 June, 2015)
Click here for: <u>Emergency Appeal MDRGN007</u>	Click here for: <u>Emergency Plan of Action</u>

The Emergency Appeal supports the Red Cross Society of Guinea (GRCS) in all five pillars of Ebola response as well as capacity building and recovery. IFRC is providing support to GRCS in its nationwide activities in safe and dignified burials and disinfection, with 69 safe and dignified burial teams, which undertake 100 per cent of the safe and dignified burials in Guinea. GRCS is involved in the transportation of patients from villages to treatment centres, and in community surveillance and contact tracing. The GRCS is active in social mobilization and beneficiary communications, including radio and television broadcasts. Psychosocial support activities are also undertaken, and will continue to expand as the situation permits.

The French Red Cross has established an Ebola treatment centre in Macenta, with a capacity of 50-70 beds. The ICRC, French Red Cross and Danish Red Cross are supporting GRCS community response activities.

Beyond response, IFRC also supports capacity building of GRCS 37 branches, all of which are involved in Ebola response and preparedness. The capacity building activities are focused on enabling the GRCS to fulfil its response role agreed with national authorities and partners and maintain readiness and institutional capacity to adapt to the fluid situation and be able to address longer term consequences of the epidemic. This includes:

- Inclusion of task force functions for strategic partnerships, institutional learning and capacity building
- Provision of necessary office equipment for the GRCS national headquarters
- Provision of office equipment, transport equipment and rehabilitation of the 32 provincial branches and the five branches in Conakry

- Reinforcement of logistics capacity of the branches
- Information technology improvements through radio systems, V-SATs in strategic branches, and internet and computer equipment
- Organizational development activities including the development of a strategic plan, introduction of an electronic financial system, creation of an HR plan for volunteer and staff development and tracking
- Improvements in information management and reporting capacities
- Increased community engagement, training and preparedness planning in all branches
- Establishment of necessary IFRC support structures to support project management and programme implementation, technical guidance and support
- Going forward, IFRC will also focus on specific recovery aspects, starting with assessments of salient negative impacts of the Ebola epidemic on:
 - Economic and food security
 - Trust in the health system and health care-seeking behaviour
 - Epidemic resilience and disaster risk reduction activities
 - Family dynamics and child care practices

While the situation does not allow for detailed recovery planning yet, as all attention is directed towards responding to the immediate threats of the epidemic, the operational plan includes a recovery delegate recruitment in order to have the necessary assessment and planning capacity available as soon as the situation allows.

Liberia

Latest Emergency Appeal revision 28 November 2014	Budget: CHF 24.5 million
4.5 million people to be assisted	Timeframe: 15 months (end date 30 June 2015)
Click here for: Emergency Appeal MDRLR001	Click here for: Emergency Plan of Action

The Emergency Appeal supports the Liberia Red Cross Society (LRCS) with outcomes that span several of the strategies:

- Ebola prevalence is reduced /eliminated
- The capacity of the Liberia Red Cross Society and IFRC management and technical support is enhanced
- Support is provided to national authorities for countrywide coordination of safe and dignified burial and disinfection of houses
- Longer-term effects of the Ebola outbreak through initiation of early recovery assessments and interventions, addressing increased vulnerability caused by food security and livelihood challenges and decreased capacity of health and care systems

Response activities are implemented in all 15 counties, using a holistic approach that combines awareness raising, social mobilization, contact tracing, and professional psychosocial support. Related activities include: training of volunteers; community health promotion through a communication campaign; support to community-level committees on coordination; provision of services to government authorities including safe and dignified burials (Montserrado), cremation and disinfection of households.

Capacity building focuses on epidemic management and control. The Emergency Appeal also plans assessments to identify the broader impacts of the disease on livelihood and economic security, and develop recovery programming aiming to mitigate these effects.

The Red Cross has significantly scaled-up all of its activities, including the number of volunteers and enlarged the geographic scope to a nation-wide response. The LRCS has piloted community home based protection in collaboration with UNICEF, and includes planned support to Ebola orphans. To support this initiative, a total of 1,860 community protection kits have been prepositioned in 10 counties along with 1,610 hygiene kits. The numbers reached through social mobilization have continued to climb, surpassing the one million mark.

The German Red Cross operates a Severe Infection Temporary Treatment Unit, catering to patients transferred from Ebola treatment units after testing negative for Ebola. The Canadian Red Cross Society and Danish Red Cross have expanded their long term support to LRCS to include preparedness activities.

Sierra Leone

Latest Emergency Appeal revision 24 October 2014	Budget: CHF 40.4 million
6.3 million people to be assisted	Timeframe: 15 Months (end date 30 June 2015)
Click here for: Emergency Appeal MDRSL005	Click here for: Emergency Plan of Action

The Emergency Appeal supports the Sierra Leone Red Cross Society (SLRCS), focusing mainly on all five response pillars and on building National Society capacities.

Response includes conducting contact tracing, safe and dignified burials, social mobilization, communication and psychosocial support. The Appeal also has a large role for supporting clinical treatment. In Kenema, with support from Spanish Red Cross, IFRC established a 60-bed Ebola treatment centre (ETC). A second ETC has been established in Kono at the end of 2014.

Response activities prioritize the epidemic ‘front-line’ –districts with large amounts of active transmission and target high risks groups and opinion leaders including women’s groups and associations; bicycle riders and drivers; schools; religious and traditional healer leaders; health workers and Ebola patients.

Community engagement/ social mobilization efforts have involved discussions and interactions with communities to educate them about Ebola and to ensure that they are implementing the key prevention and containment messages. It also involves contact tracing. Supplementary active case follow up employs a psychosocial support approach involving volunteers assigned to follow up specific contacts for 21 days. Further social mobilization occurs as part of the follow up to educate families

on prevention and control. Additional psychosocial support activities are directed at grief management and community re-entry.

Safe and dignified burials involve the collection of bodies from the communities of clinical facilities for burial with a psychosocial support approach, ensuring cultural practices when possible and care for families when needed. Currently 49 safe and dignified burial teams have been trained, and approximately 100 per cent of burials conducted by the Red Cross are performed within 24 hours.

The SLRCS continues to scale up its social mobilization activities in high transmission areas such as Bombali, Tonkolili, Port Loko and Western Urban and Western Rural, which includes use of mobile phone technology by Red Cross volunteers in data collection and reporting. The Red Cross has been asked to lend human resources / volunteers in support of a national community surveillance initiative developed by the Ministry of Health and ten other partners.

The Canadian Red Cross Society and Spanish Red Cross are planning to expand their support to the Sierra Leone Red Cross Society. The Iranian Red Crescent Society operates two medical centres, one jointly with the Ministry of Health which has a holding centre for Ebola patients.

Senegal

Latest Emergency Appeal revision 29 September 2014	Budget: CHF 1.4 million
2.2 million people to be assisted	Timeframe: 6 months (end date February 2015)
Click here for: Emergency Appeal MDRSN010	Click here for: Emergency Plan of Action

The Emergency Appeal provides support to the Senegalese Red Cross Society, and focuses on hygiene promotion, social mobilization and psychosocial support.

Training activities reached 50 volunteers, 60 teachers, and 23 Red Cross staff. In total, more than 500 volunteers have been active in Ebola response. Field staff report 235,000 people were reached through

sensitization activities.

In October 2014 Senegal was declared free of Ebola virus disease transmission. Nevertheless, risk analyses define Senegal as a high risk country and continued strengthening of response capacity and preparedness is vital for early and effective response to potential new cases.

Nigeria

Latest Emergency Appeal revision 29 September 2014	Budget: CHF 1.6 million
5 million people to be assisted	Timeframe: 9 months (end date 31 May 2015)
Click here for: Emergency Appeal MDRNG017	Click here for: Emergency Plan of Action

The Emergency Appeal provides support to the Nigerian Red Cross Society (NRCS) focusing on three of the five operational pillars:

1. Public awareness and community based sensitization
2. Community surveillance and contact tracing
3. Psychosocial support

The operation has not included burials or direct clinical case management, which have been undertaken by the government.

The operation is assisting NRCS support to federal and state governments to respond to the Ebola virus outbreak through training and deployment of 300 volunteers to conduct sensitizations and information dissemination and contact tracing. Information dissemination is through mobile

phones and radio programmes in partnership with telecommunication mobile companies. Hygiene materials are distributed as part of hygiene promotion.

The operation is managed by the NRCS and the IFRC country team in Abuja.

Perhaps because of the successful containment of Ebola, only 39 per cent of the planned operation has been funded, constraining achievement of objectives. So far, more than one million people have been reached through social mobilization and 740 people have received psychosocial support from trained Red Cross volunteers.

Although officially declared Ebola-free in October 2014, Nigeria remains a high risk country, and therefore, continued preparedness activities are important.

Africa: Regional coordination and preparedness

Latest Emergency Appeal revision 19 August 2014	Budget: CHF 15.9 million
An estimated 32 million people to be assisted	Timeframe: 16 months (end date 31 December 2015)
Click here for: Emergency Appeal MDR60002	Click here for: Emergency Plan of Action

This appeal was launched to supplement and support the country-level Ebola Emergency Appeals and DREF preparedness operations. As such, it focuses on the other outcomes of this strategy, including co-ordination of the operations, preparedness, National Society capacity, technical assistance, external SDB coordination and recovery.

The aim of this appeal is to strengthen and scale up operations support, coordination, communication, capacity building and preparedness for at-risk countries in the region and to prepare for the potential spread of the Ebola outbreak to other countries in Africa and beyond.

To match the increasing demand from its membership for guidance and assistance on preparedness, and to consolidate its capacity to provide ongoing, coordinated support, IFRC expanded this formerly regional appeal by incorporating global components, with the purpose of supporting preparedness efforts worldwide through the Ebola preparedness fund.

This plan provides essential regional and global level coordination and support to the Movement's Ebola response and preparedness activities, summarized under the outcomes and outputs below. The Emergency Appeal is managed by the head of the IFRC Ebola management unit in Accra, with individual projects under this plan managed either directly from Accra or the Ebola coordination and support unit (ECSU) in Geneva. Planned outcomes are as follows:

- **Outcome 1:** Effective, dedicated coordination and technical support provided in the effort to combat Ebola
- **Outcome 2:** The lead role in humanitarian response coordination and information management

of the safe and dignified burials (SDB) interventions is filled by IFRC

- **Outcome 3:** Strengthening of Ebola preparedness and response capacity in potential high-risk areas and countries
- **Outcome 4:** Effective staff and volunteer safety and security system, including pre, during and post-deployment support
- **Outcome 5:** Coordination operation MDR60002 is effectively monitored and otherwise supported

Key aspects of the operation include:

- Expansion of the IFRC Ebola management unit (EMU-Accra) to 16 international staff and the relocation of the office from Conakry, Guinea to Accra, Ghana
- Strengthening of the Geneva-based global Ebola coordination and support unit (ECSU)
- Establishment of the IFRC safe and dignified burials (SDB) function to fill the lead role in coordination and information management for the overall humanitarian SDB response
- Expansion of the Ebola preparedness fund to a global scope with a revised funding target of 2.9 million Swiss francs
- Launch of a global anti-stigma campaign to provide accurate information at scale about Ebola, and combat global stigma and exclusion
- In addition to the Ebola preparedness fund, the introduction of a social mobilization, community engagement and beneficiary communication Ebola preparedness programme in ten at-risk countries surrounding those currently affected by the outbreak, in partnership with the 'Instrument contributing to stability and peace' (ICP) under the European Union.

Africa/Global: Operations financed under the Disaster Relief Emergency Fund (DREF)

Latest Appeal Dates: Various	Budget: CHF 1 million
11M people to be assisted	Timeframe: (end date 31 January, 2015)
	Click here for: Emergency Plans of Action

Preparedness and response operations were financed under the DREF in Mali, Senegal, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya and Guinea Bissau and Ethiopia in Africa. Americas zone also used DREF resources to mount preparedness operations. An additional DREF allocation was made in August 2014 to support response to a separate Ebola outbreak in Democratic Republic of Congo that is not part of the West African outbreak. All were scheduled to be completed by end January, 2015.

The preparedness DREFs followed set criteria:

- Countries sharing a border with a country that has active cases
- Countries on a particularly active road or air transport link with an affected country

- National Societies that have been tasked by their government to engage in significant preparedness measures
- Countries noted as particularly at risk from this outbreak by WHO or the Centers for Disease Control and Prevention

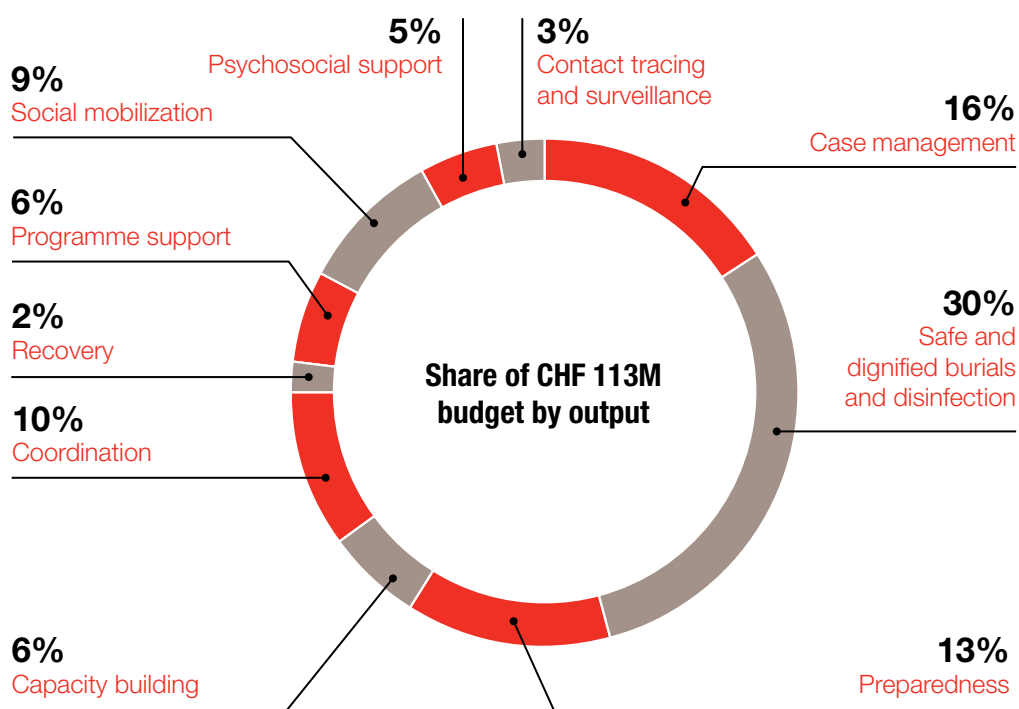
Ebola preparedness DREFs were advised to focus on staff / volunteer training and awareness raising, social mobilization activities, and a minimal level of personal protective equipment (PPE) support. Preparedness DREFs have been small in scale (up to 50,000 Swiss francs) to ensure support is realistic and manageable and that the DREF can maintain ongoing support for National Societies in need.

Budgets and funding

Current budget breakdown by output for Emergency Appeals and DREFs (Million CHF, as of 23 January, 2015⁴)

	Social mobilization	Psychosocial support	Surveillance and contact tracing	Case management	Safe and dignified burials and disinfection	Preparedness	Capacity building	Coordination	Recovery	Programme support	Total
Sierra Leone	4.3	1.5	0.6	15.7	11.1		1.6	3.3		2.5	40.4
Liberia	2.1	2.0	1.9	1.1	8.4		3.2	2.1	2.2	1.5	24.5
Guinea	4.3	2.4	0.8	1.6	14.2		1.8	1.6		1.7	28.5
Nigeria						1.5				0.1	1.6
Senegal						1.3				0.1	1.4
Africa Ebola coordination / preparedness					0.4	10.7		3.9	0.1	0.8	15.9
DREFs						0.7				0.0	0.7
Total	10.7	5.9	3.2	18.5	34.0	14.2	6.5	10.8	2.3	6.7	113.0

⁴ SDB includes budget for SDB activities and SDB coordination with external partners



Key partners

Support to Emergency Appeals and the DREF funding facility has been generously provided by IFRC partners as well as by governments and private donors. Current partners supporting Emergency Appeals are listed below. Latest donor response to Ebola operations can be found [here](#).

Primary partners for coordination/operations are the host country governments and their ministries of health. Other operational partners include the following:

Médecins Sans Frontières (MSF) – has been managing the large majority of the clinical treatment in all three countries. MSF has provided high quality training and standards that IFRC has used in clinical treatment in Ebola treatment centres and in SDB. MSF standards are guiding Red Cross volunteers in their implementation work.

United Nations partners include regular cooperation with United Nations Office for the Coordination of Humanitarian Affairs (OCHA) as well as strategic involvement with some other agencies. In particular, WHO is supporting governments of the affected countries in the coordination of the response. A regional coordination mechanism SEOCC/CNLEB was established to manage the outbreak as a whole, now transferred to Accra and integrated within UNMEER. UNMEER has been created by the UN Secretary General to provide crisis management for the Ebola outbreak. UNMEER has been charged with installing robust incidence control mechanisms at country level in order to stop the outbreak, including multiple crisis management centres and Ebola crisis managers in Guinea, Sierra Leone and Liberia, along with a coordination and crisis management centre in Accra, Ghana. UNMEER has produced an Ebola emergency response operational plan based on the Ebola response strategy developed by the UN Special Envoy for Ebola, with the aim of identifying all necessary lines of action and respective lead actors, as well as identify resource requirements and deadlines for specific results. In this way, IFRC took up the role as lead agency for safe and dignified burials. United Nations Children's Fund (UNICEF) with IFRC and the Liberia Red Cross, is piloting community home-based protection with planned support to orphans.

Military – The British and American governments have deployed troops to Sierra Leone and Liberia and, together with German and French governments, have made bilateral commitments to the Governments of Sierra Leone, Liberia and Guinea respectively, and are providing large contingents of medical and logistics army personnel.

Others – Partners such as Institute Pasteur, Centers for Disease Control and Prevention (CDC), Canadian Public Health, academic institutions and some non-governmental organizations (NGOs) have been involved in the ongoing response in a variety of ways, including the provision of laboratory support, disease surveillance, social mobilization and support to the Ministries of Health. There is increasing interest and involvement by NGOs, including Save the Children, International Rescue Committee (IRC) and Concern.

IFRC would like to thank the following partners for their contributions to IFRC’s Emergency Appeals for Ebola Response and Preparedness (up to 22 January 2015):

National Red Cross Red Crescent Societies	Governments	Corporations and other organizations
American Red Cross	Australian Government	Bill and Melinda Gates Foundation
Australian Red Cross	Austrian Government	FIATA – International Federation Freight Forwarders Association
Austrian Red Cross	Belgian Federal Government	Children’s Investment Fund Foundation
British Red Cross	British Government	KPMG International Cooperative
Canadian Red Cross Society	Canadian Government	Nestlé
Danish Red Cross	Czech Government	Shell
Finnish Red Cross	Danish Government	Sime Darby Berhad
French Red Cross	European Commission – DG ECHO	Total (through French Red Cross)
German Red Cross	Finnish Government	Tullow Guinea Limited
Icelandic Red Cross	Icelandic Government	UNICEF
Irish Red Cross Society	Italian Government	World Cocoa Foundation
Japanese Red Cross Society	Japanese Government	Private donors
Monaco Red Cross	Monaco Government	
Netherlands Red Cross	Netherlands Government	
New Zealand Red Cross	Spanish Government	
Norwegian Red Cross	Swiss Government	
Portuguese Red Cross	United States Government – USAID	
Qatar Red Crescent Society		
Red Crescent Society of Islamic Republic of Iran		
Red Cross Society of China – Hong Kong branch		
Republic of Korea National Red Cross		
Spanish Red Cross		
Swedish Red Cross		
Swiss Red Cross		
Taiwan Red Cross Organization		

Learning

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Three levels of learning are important under this strategy: 1) the strategy and associated operations need to apply learning from recent large-scale disaster response operations; 2) activities geared toward learning need to be systematically integrated into each individual operation; and 3) learning also applies to the strategic framework itself.

Applying learning from recent large scale disaster response operations

The Ebola response strategic and operational planning takes into account some of the salient lessons learned from the Haiti earthquake, the Indian Ocean Tsunami and other recent large scale disaster response. Chief among these is that it is desirable, even necessary, for the various National Red Cross Red Crescent Societies to plan, monitor, review and report as one in an IFRC-wide way. It is expected that this strategic framework can form the basis for regular IFRC-wide progress reporting every 12 months.

Learning to improve operations

Each operation has a budget for evaluation. A real time evaluation of the IFRC response in the three main affected countries was carried out from December 2014-January 2015, with the technical assistance of John Hopkins University. Its real time nature has provided immediate learning (e.g. regarding volunteer management and psychosocial support) to permit course corrections early in the operational timeframe.

August-September 2014, a research study on community-based activities in Guinea was carried out by the John Hopkins Bloomberg School of Public Health, to provide technical recommendations for the current Ebola response operation, identify lessons learned from March-July 2014 for future Ebola response operations, and provide analysis and direction for further study and learning.

Of course, carrying out evaluations does not automatically equate to learning. Involvement of stakeholders in evaluation processes can greatly contribute to utilization of findings and recommendations. Another good practice is requiring and following up formal management responses, to identify audiences, vet findings and recommendations and ensure that the latter are acknowledged and acted upon.

Throughout and after the response, reviews will be held to debrief and share lessons learned – both at local community / country level and, on a larger scale at a regional / global level – to ensure that we learn and share technical health and operational management lessons from this response.

Learning using the strategic framework

Regular annual reviews and reporting against the strategic framework for accountability purposes also provides an opportunity to reflect on specific strategies as well as about the relevance of the framework itself and how it could be improved, including questions such as:

- Does the framework provide a working mechanism to update procedures and other guidance to address the current and future epidemics?
- How effective are current coordination approaches among IFRC?
- Do modalities for collaboration with external partners need to be improved?
- What do country differences teach us about responding to local cultural, social, political and economic contexts?
- What have we learned about building capacity of National Societies during large scale emergencies, including fostering leadership capacity?



Way forward

The first step is for IFRC member National Societies active in the Ebola response to reflect on, comment and ultimately agree on the content of this Strategic Framework. Once this is done, the Strategic Framework can be put to use.

Basic use of the strategy can function at three levels:

- As a point of reference in initiating new or revising existing operations
- To govern country level reviews
- To guide a regular annual review and reporting of progress and relevance

The IFRC Ebola Strategic Framework will be updated and modified as needed. Member National Societies can designate focal points to contribute to updates, annual reviews and reports against this Framework. It should also be noted that appeals and perhaps even current DREF operations may need to be extended or revised consistent with the strategy in response to the evolving situation.

A family in quarantine in Grand Cape Mount county, Liberia, receives hygiene kits from Liberian Red Cross. © Victor Lacken / IFRC



Annexes

Results matrix for IFRC Ebola Strategic Framework

Outcome	Output	Indicators	Target	Guiding strategic principles
The epidemic is stopped	Safe and dignified burials and disinfection	Cumulative #/% burials managed by National Societies in a safe and dignified manner	100%	Support National Society's role to implement standard WHO Ebola protocols
		Cumulative # premises disinfected	Ratio to current numbers contacts traced	
	Community engagement – social mobilization, two-way beneficiary communication	Cumulative # number of people reached through social mobilization direct interaction	Per appeal targets of at risk population	
	Psychosocial support	Cumulative # people supported by PSS activity	NA	
	Surveillance and contact tracing	Current # active volunteers undertaking contact tracing	Ratio to current numbers contacts traced	
		Cumulative # contacts traced by NS	Multiple of cases	
	Case management and treatment	Cumulative # admissions in NS run ETCs	Relative to cases in catchment	
		Cumulative #/% deaths in NS run ETCs	Below national average fatality rate	
National Societies have better preparedness and stronger long term capacities	Build long term epidemic preparedness by addressing existing gaps	#/% National Societies have contingency plans that include epidemic preparedness	100%	Build capacities in accordance with 2013 IFRC National Society Development Framework and OCAC (Organizational Capacity Assessment and Certification) standards
	Technical assistance provided for long-term NS capacity building (including intuitional capacities, surveillance, social mobilization)	<ul style="list-style-type: none"> • FDRS Indicator: # of people volunteering their time • FDRS Indicator: # of paid staff • FDRS Indicator: # of people donating blood • FDRS Indicator: # of local units • FDRS Indicator: # of people reached 	Better than pre-epidemic level	

Outcome	Output	Indicators	Target	Guiding strategic principles
IFRC operations are well coordinated	Work together as Movement partners within an agreed strategic programming framework	% of Ebola partners who contribute to annual Ebola strategic framework report	100%	Ensure all elements of IFRC coordinate their Ebola operations effectively and efficiently, focused on country-led management process; providing quality logistics, communication, resource mobilization, M&E and other technical support and ensuring cross-sectoral linkages
		% funding coverage of Ebola appeals	100%	
Safe and dignified burials (SDB) are effectively carried out by all actors		# of burial teams trained and in place		Lead and facilitate consensus among all those responding through SDB; increase observance of SDB procedures and community acceptance within local cultural practices
		# of safe and dignified burials (carried out by any actor)		
		Cumulative # of alerts responded to that rejected safe burials		
Recovery of community life and livelihoods	Assess priority recovery needs	TBD following assessment	Better than pre-epidemic level	Recovery programming will aim to restore community livelihoods to where they were before this outbreak, while making them more resilient to future epidemics.
	Help NS to support community needs (e.g. food security; market activity; education and social amenities; support to orphans and vulnerable households; community health systems)			



FIEVRE ÉPIDÉMIQUE: SIGNES ET SYMPTÔMES

Si vous avez ces signes, consultez immédiatement le Centre de Santé le plus proche.



Appelons le **115** pour toute assistance
Ministère de la Santé de la République de Guinée et ses partenaires

Red Cross volunteers in Kolebengo, Guinea visit communities to meet with residents face-to-face to try and change attitudes and practices that could spread the virus. Moustapha Diallo/IFRC

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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