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Emergency Appeal operation update

Ebola Global Coordination and Preparedness

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDR60002	Glide n° EP-2014-000039-SLE/LBR/GIN/SEN/NGA
Date of Issue: 14 May 2015	
Operation manager: Norbert Allale	Point of contact: Norbert Allale, Ebola Regional Operations Coordinator.
Operations update: 6 Months Update	Timeframe covered by this update: 20 August 2014 – 20 February 2015 <i>This update represents a six-month summary of the operation (cumulative narrative and financial)</i>
Operation start date: 20 August 2014	Timeframe: 16 Months (end date December 2015)
Appeal budget: CHF 15.8 Million	Appeal coverage: 69%
Appeal history: This appeal was initially launched on 20 August 2014 for CHF 2,893,667 for a period of nine months, to coordinate support to over 32 million beneficiaries. On 9 January 2015, this appeal was revised to CHF 15.8 million, with an extended timeframe to December 2015.	
N° of people being assisted: 32 Million	
Red Cross Red Crescent Movement partners actively involved in the operation: Guinea Red Cross, Liberian National Red Cross Society, Sierra Leone Red Cross Society, Danish Red Cross, French Red Cross, German Red Cross, Netherlands Red Cross, Spanish Red Cross, Swiss Red Cross, ICRC.	
Other partner organizations actively involved in the operation: Ministries of Health, WHO, UNICEF, CDC, Médecins sans Frontières, Save the Children, Action Contré la Faim, Institut Pasteur Dakar, Catholic Relief Services, Concern Worldwide, World Vision, CARE, CAFOD, Caritas, Plan, Samaritan's Purse, Semi Darby, Global Communities.	

Summary

The West Africa Ebola outbreak is the largest in history, both in terms of caseload and geographical spread. Ebola has had a tremendous impact on socio-economic conditions not only in the affected countries, but also in neighbouring nations, across the region and the broader African continent.

Since the first cases were confirmed in Guinea in March 2014, the Red Cross 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 component of the extensive global effort mobilized to stop the epidemic.



A Red Cross volunteer chats with Mrs. Johnson. The people of Zangota say that ever since they started losing people to Ebola, they stopped getting visitors. Photo: Carielle Doe/IFRC

National Red Cross Societies in affected countries have taken a lead role, complementing their national health systems to stop the chain of transmission and support affected communities. Upon confirmation

of the outbreak, IFRC mobilized its resources, launching six emergency appeals in support of National Societies in Guinea, Liberia, Sierra Leone, Nigeria and Senegal, complemented by the Global Coordination and Preparedness Appeal. Smaller preparedness and response operations were financed under the Disaster Relief Emergency Fund (DREF) in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya, Guinea Bissau and Ethiopia. In total, 16 countries in Africa have launched emergency operations relating to this outbreak.

The Ebola Global Coordination and Preparedness Emergency Appeal was launched to supplement and support the country-level Ebola Emergency Appeals and DREF preparedness operations. Initially launched as a regional appeal, this appeal was later revised to reflect its global focus. 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 current Ebola outbreak to other countries in Africa and beyond. IFRC expanded this formerly regional appeal to incorporate global components, with the purpose of supporting preparedness efforts worldwide through the Ebola Preparedness Fund.

Under this appeal, essential regional and global-level coordination and support has been provided to the Movement's Ebola response and preparedness activities, summarised under the outcomes and outputs listed on page 3.

[<click here to go directly to the interim financial report and here for contact details >](#)

The 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. Retrospective epidemiological investigation suggests that the first cases of Ebola occurred in December 2013, and 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. Nigeria and Senegal confirmed cases within their borders on 2 and 29 August 2014, respectively; while Mali confirmed its first case on 24 October 2014. Both Nigeria and Senegal were declared Ebola-free in October 2014, and Mali became free of Ebola in January 2015.

Controlling the initial outbreak was made difficult by 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 disease spread rapidly from isolated, rural areas to densely populated urban centres, where transmission rates accelerated. The severity of the situation in West Africa has been exacerbated by the scale and unique characteristics of the outbreak. Health systems in Guinea, Liberia and Sierra Leone have buckled under the strain of the outbreak, and many health workers have become infected during routine contact with patients in health facilities. Delayed care-seeking behaviours and resulting high mortality rates in health facilities fuelled public mistrust in the health care system. Treatment centres and clinics closed as fear has caused patients to stay away and medical staff to leave.

The epidemic reached its peak in Liberia in September 2014, in Sierra Leone in November 2014, and in Guinea in December 2014, and despite positive trends, transmission rates continue to fluctuate across

the region. By the last week of April 2015, cumulative cases have surpassed 26,000, and close to 11,000 deaths have been recorded across West Africa. While Liberia has recorded only one case since 19 February 2015, widespread transmission continues to occur in Guinea and Sierra Leone, with many cases being detected from unknown sources. The current transmission patterns serve as a stark reminder that Ebola continues to spread and until every country has been declared Ebola-free in West Africa, efforts need to remain focused on stopping the epidemic and 'getting to zero'. The Ebola outbreak will not end until every last case has been identified, reached and successfully treated.

The Red Cross Red Crescent Ebola response is 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

In helping to stop the epidemic, IFRC appeal operations employ a 5 pillar approach comprised of: (1) Beneficiary Communication and Social Mobilization; (2) Contact Tracing and Surveillance; (3) Psychosocial Support; (4) Case Management; and (5) Safe and Dignified Burials (SDB) and Disinfection.

Coordination and partnerships

IFRC coordinates regularly with Movement partners and other humanitarian agencies and organisations involved in the global response to the Ebola outbreak, including ICRC, Partner National Societies, UNMEER, WHO, WFP, UNICEF, MSF, and CDC.

Red Cross and Red Crescent action

Progress towards outcomes

Response leadership, coordination and support
Outcome 1: Effective, dedicated coordination and technical support provided in effort to combat Ebola
Output 1.1 Establishment of IFRC Africa Ebola management, coordination and support structures
Activities planned: <ul style="list-style-type: none"> ▪ Deployment of IFRC Head of Emergency Operations. ▪ Establishment of 8-member Ebola Management Unit in Conakry, Guinea. ▪ Expansion and reallocation of 16-member Ebola Management Unit in Accra, Ghana. ▪ Recruitment of IFRC Africa Zone level Ebola humanitarian diplomacy function. ▪ Advocacy with government authorities to increase solidarity, surveillance, information management, tracing and security. ▪ Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination.
Output 1.2 Early recovery and recovery programming at country level in informed and guided by cross-border multi-country assessment of longer-term effects of the epidemic
Activities planned: <ul style="list-style-type: none"> ▪ Update the Ebola operational strategy to include a recovery focus and develop a recovery plan of action for relevant follow-up support. ▪ Early recovery assessment in affected areas, focussed on livelihoods and health recovery needs

and follow-up support and resources provided to communities through plans of action under relevant country appeals.

Output 1.3 Resources in place – including in zone and Geneva level available, for immediate deployment

Activities planned:

- Virtual pre-positioning of SDB starter kits.
- Virtual pre-positioning of SDB and disinfection kits.
- Virtual pre-positioning of SDB psychosocial kits.
- Print and pre-position community mobilization materials as needed.
- Procurement of satellite and other communications equipment.
- Develop SOPs for Ebola response.
- Develop planning template for standard Ebola response.

Output 1.4 Develop a communication and anti-stigma campaign and roll it out in the context of each zone

Activities planned:

- Development and management of key messages and external communication protocols.
- Develop communication materials with basic information about the disease for use in different contexts and building on existing materials.
- Produce infographics for internal and external dissemination to NSs.
- Develop audio-visual material to be adapted locally (for utilization in radio and TV programmes) to disseminate among NSs, partners and external organizations.
- Launch a digital marketing campaign to spark online conversations through the engagement of celebrities and the development of a dedicated webpage with campaign material, videos, stories and infographics.
- Support and fund round table discussions in possibly affected countries with major stakeholders.
- Development and management of communication structures and lines in the operational team.
- Develop and run a communication campaign focused on anti-stigma towards migrants and asylum seekers.
- Adapt the campaign to the need, context and language of each zone to tackle public awareness, fear and stigma around Ebola.
- Advocate with government authorities to increase solidarity, surveillance, information management, tracing and security.
- Engage with inter-governmental bodies to provide regional / zonal frameworks to facilitate information exchange and communication.

Outcome 2: The lead role in humanitarian response coordination and information management of the SDB intervention is filled by the IFRC

Output 2.1 SDB coordination hub established in Accra

Planned activities:

- Deployment of IFRC Head of Emergency Operations.
- Establishment of 8-member Ebola Management Unit in Conakry, Guinea.
- Expansion and reallocation of 16-member Ebola Management Unit in Accra, Ghana.
- Recruitment of IFRC Africa Zone level Ebola humanitarian diplomacy function.
- Advocacy with government authorities to increase solidarity, surveillance, information management, tracing and security.
- Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination.

Progress:

Ebola management, coordination, and support structures

Following the deployment of the IFRC Head of Emergency Operations, an Ebola Management Unit was established in Conakry, Guinea in November 2014. The Ebola Management Unit (EMU) initially comprised of a Head of Regional Ebola Response, Deputy Head of Regional Ebola Response, Resource Mobilization Coordinator, and Regional Health Advisor. The EMU was later relocated to Accra, Ghana, and expanded to include 14 members. Supplementing the initial management, coordination and support functions within the EMU, the unit is now comprised of a Regional Finance Coordinator, Regional HR Coordinator and HR Delegate, Regional Communications Coordinator, Regional Reporting Coordinator, Regional Logistics Coordinator, Regional Security Coordinator, Regional Preparedness Coordinator, Regional Beneficiary Communications Coordinator, and Infection Prevention and Control Specialist. These technical support functions are predominantly based in Accra; however, some members are located in Guinea, Liberia, Sierra Leone and Senegal, to better support specific parts of Red Cross Red Crescent preparedness and response operations. Recruitment has also been finalised for two Regional Preparedness Beneficiary Communications Delegates, who are based in Cote d'Ivoire and Senegal.

The Global Ebola Coordination and Support Unit (ECSU) is based in Geneva, and acts as a global coordination and advisory structure. The ECSU has coordinated regular Movement-wide communication, facilitating a weekly teleconference to share operational updates and other key information with Movement partners and other stakeholders, and hosted a Donor Forum with partners on 28 and 29 January 2015 in Geneva. The ECSU also engages with a number of intergovernmental bodies, including the Global Ebola Response Coalition (GERC) and the United Nations Mission for Ebola Emergency Response (UNMEER). The ECSU participates in the weekly GERC teleconference, circulating key information within IFRC to inform operational decision making. Engagement with GERC has allowed the Movement's issues and concerns to be raised with the wider group of organisations involved in the international Ebola response, while also highlighting the essential work and achievements of National Societies and the IFRC. Additionally, ECSU is on the UNMEER Board, which meets on a monthly basis. This engagement has enabled IFRC to interact with government authorities from around the world, and build the visibility and credibility of the Red Cross Red Crescent Movement in the global response to the Ebola outbreak.

The ECSU and Africa Zone Office have provided technical support in the areas of logistics; planning, monitoring, evaluation and reporting (PMER) and information management; human resources and health to assist country-level Ebola operations and support quality assurance across Ebola response activities. In addition to conducting epidemiological analysis to inform decision-making at the country level, the Secretariat and Africa Zone Office have supported logistics in Guinea, Liberia and Sierra Leone in procurement and supply chain management. Supply chain management has been coordinated through the Geneva Global Logistics Service, ensuring the uninterrupted procurement and supply of essential medical equipment, including personal protective equipment, vehicles, and other stock.

Communications

Technical support has also been provided from both Zone and the IFRC Secretariat to raise global public awareness about Ebola and the outbreak in West Africa, and highlight the Red Cross Red Crescent Movement's response through a range of communications initiatives. Communication materials have been regularly developed and disseminated, while more tailored communications campaigns have centred on particular themes as the outbreak has evolved and specific issues have arisen. Throughout the response, communications focal points in the Zone and the Secretariat have engaged with international media to spread key messages and raise the profile of the Red Cross. To

ensure that Movement partners and other key stakeholders remain informed and engaged, a communications package has been developed and circulated on a weekly basis, which contains key messages, reactive lines to common questions, the Snapshot and Facts and Figures documents, and copies of current press releases and web articles. The communications package includes additional material when available, such as infographics and resources relating to specific campaigns.

An Ebola-specific microsite has also been developed. This public website is updated regularly, and provides an accessible platform for people to learn more about the Ebola virus disease, what activities IFRC are implementing in the field, funding for IFRC Emergency Appeals, partners who are supporting Red Cross operations in West Africa, and stories from the field. In January 2015, the animation, “You probably don’t have Ebola if...” was launched on YouTube and promoted heavily through the IFRC website. The animation was translated into five languages, and talks about Ebola, its transmission, who is at risk of contracting Ebola, and why the outbreak in West Africa is unprecedented in its scale and severity. Since 16 January 2015, the animation has been viewed over 3,400 times.

Recovery Assessment

A multi-sectorial recovery assessment commenced in February 2015, and the final report is expected to be released in May 2015. The recovery assessment was co-led by National Society counterparts, and identified the early recovery needs of affected populations in Guinea, Liberia and Sierra Leone. Results from this assessment has assisted in joint-planning and resource mobilization for recovery programming, and will inform the updated IFRC operational strategy, at both the regional and country levels, which will include longer-term recovery activities. Specifically, the recovery assessment team has undertaken a detailed assessment of the situation in the three countries most affected by the Ebola outbreak, and identified potential response options that align with the strategic plans of the National Societies as well as the Government’s recovery plans in the three most-affected countries. Recovery programming will prioritise the thematic areas of health, livelihoods, disaster preparedness and National Society organizational development. Recovery programming will aim to support communities recover from the impacts of the Ebola outbreak, as well as strengthening resilience to future epidemics and other disasters. In addition, longer-term programming will focus on enhancing the capacity of National Societies to successfully fulfil their auxiliary role to their respective governments. The recovery assessment has also explored the role of other actors in the international response, including MSF, WHO, and UNMEER, to identify opportunities to further coordinate and enhance activities.

Ebola preparedness

Outcome 3: Strengthening of Ebola preparedness and response capacity in potential high-risk areas and countries
Output 3.1 National Societies have increased capacity in Ebola preparedness for response planning, aided by an Ebola Preparedness Fund
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Establish fund, criteria and procedures and allocate manager. ▪ Ebola preparedness grant requests are assessed and funds dispersed to NSs who require assistance ▪ Organize zone / regional workshops on Ebola with the participation of NS disaster management and health staff to raise awareness of the disease, share experience from the current response and provide information on preparedness and response. ▪ Train and prepared NS staff and volunteers in high-risk countries for self-management of personal safety and security measures, including protection, medication, code of conduct, etc. ▪ Support NSs to update and adopt business continuity plans and contingency plans. ▪ Seek membership in national bodies to lead and coordinate preparedness and response efforts related to EVD.

- Participate in coordination/planning meetings and related activities of national and local bodies.
- Work with national committee in the definition of NS role in preparedness and response.

Output 3.2 Countries surrounding the current outbreak area considered as high-risk areas benefit from increased community understanding, engagement, ownership and implementation of prevention, preparedness and control measures through effective social mobilization and beneficiary communication interventions

Activities planned:

- Establishment and training of beneficiary communication and community engagement functions in each of the nine targeted NS.
- Baseline definition and program planning.
- Production and adaptation of Ebola-related communication products in several contexts to foster preparedness.
- Media engagement and design of two-way communication campaigns.
- Engagement of community leaders in meaningful dialogue to reduce anxiety, address stigma, dispel rumours or cultural misperceptions of the disease, and report any suspicious case urgently.
- Data collection and analysis for programme guidance.

Progress:

Since the beginning of the Ebola Crisis, CHF 984,823 has been allocated from the Disaster Relief Emergency Fund (DREF) in the form of grants for Ebola preparedness activities, including awareness raising at the community level, training of National Societies and their volunteers, prepositioning stock, and establishing pre-agreements with national authorities on the role of the National Society. Recognising the need for a more complete and sustainable approach to EVD preparedness in at-risk countries, the Ebola Preparedness Fund (EPF) was established under this Emergency Appeal. The EPF was designed to provide National Societies with access to financial resources to prepare for a possible EVD outbreak, through activities informed by lessons learned from existing EVD response and preparedness operations.

The allocation of EPF grants has been based on criteria relating to the risk level of countries, such as those sharing a border with a country that has sustained transmission in the community, as well as countries connected to affected areas by active trade or migration activity. Allocations have also been based on current preparedness capacity and National Societies' proposed plans of action. Four allocations have been made to date, which will support preparedness activities in 17 countries across East Africa and the Indian Ocean Islands, and the MENA Zone, in addition to Cote d'Ivoire and Mali.

In response to the changing nature of the Ebola outbreak, and the enhanced capacity of the Red Cross Red Crescent Movement to respond, the standard DREF process will be reinstated to continue supporting National Societies with financial resources to prepare for and respond to Ebola. As such, the EPF will be closed and no further allocations will be made.

The Regional Ebola Preparedness Coordinator has been working closely with National Societies to strengthen preparedness capacity across the region. Mapping has been done to identify the current level of preparedness in countries, while the contingency plans of National Societies in Burkina Faso, Mali and Senegal have been updated to better align with national government plans, which clearly articulate and define the role of each National Society in preparedness and response activities.

Preparedness, prevention and response capacity is also being strengthened across the region through a beneficiary communications and social mobilization project, which will be led by National Societies with the support of the Beneficiary Communications Coordinator for the Ebola response, and funded by

the European Commission. This project is designed to break the chain of transmission of Ebola through effective social mobilization, community engagement and beneficiary communications activities in ten countries across West Africa, including Benin, Burkina Faso, Cote d'Ivoire, Gambia, Ghana, Guinea-Bissau, Mali, Nigeria, Senegal and Togo. In collaboration with IFRC Resource Mobilization, the Beneficiary Communications Coordinator has been liaising with the European Commission to finalise the project contract and budget. A number of Partner National Societies are involved in the programme, including the Danish, Swiss, Spanish and Netherlands Red Cross National Societies, and these partners will work with National Societies in the targeted countries to enhance community understanding, engagement, ownership and implementation of prevention, preparedness and control measures, while also strengthening regional coordination and technical support to ensure a well-coordinated and harmonised response. A formal meeting was held in Mali with Participating National Society Presidents to endorse the launch of the project, and representatives from each of the ten West African countries attended.

The West Africa Beneficiary Communications Framework is currently being finalised, taking into account the specific operational needs of delivering beneficiary communications in the Ebola outbreak context. Additionally, an implementation plan is being finalised and will be distributed to programme partners to streamline delivery across the ten countries. Discussions are also underway with UNICEF to ascertain potential areas of collaboration and partnership throughout the project. Regional Coordination meetings between partners will be held following the formalisation of partnerships, while a number of regional trainings are planned for March, including Grant Management Training.

Volunteer and staff safety and security
Outcome 4: Effective staff and volunteer safety and security system, including pre-, during and post-deployment support
Output 4.1 Comprehensive insurance system in place covering all Red Cross Red Crescent personnel involved in the operation
Activity planned: <ul style="list-style-type: none"> ▪ Development and application of insurance packages and systems.
Output 4.2 Psychosocial support provided to all personnel going in or out of operations
Activities planned: <ul style="list-style-type: none"> ▪ Deployment of psychosocial support delegate. ▪ Use of existing IFRC systems and offices for briefing/debriefing and stress-management.
Output 4.3 Resources and systems available for quarantine measures and reintegration
Activities planned: <ul style="list-style-type: none"> ▪ Work with NSs to influence government to assume testing and hibernation before reintegration with offices, etc. ▪ Develop a policy for how to make sure that the international staff is taken care of after ending their mi

Progress to date:

Ensuring the safety and well-being of Red Cross Red Crescent personnel is at all times of the highest priority for IFRC. The Ebola outbreak has raised significant challenges for the safety and security of staff and volunteers, and this has at times hindered vital response activities. IFRC has worked with National Societies to develop and implement strict protocols for personnel in the field, while also ensuring that systems are in place to effectively support staff and volunteers before, during and after their involvement in Ebola response operations.

All Red Cross Red Crescent personnel are covered by comprehensive insurance and Staff Health in the IFRC Secretariat have worked closely with various emergency assistance providers to assess their

capacity to conduct medical evacuations as required during the Ebola outbreak. Staff Health has also maintained regular contact with health authorities in a number of countries to confirm their preparedness and formal position on receiving medical evacuations from Ebola-affected countries. Additionally, support has been provided to IFRC country-level Ebola operations for the development and coordination of medical evacuation and contingency plans, as well as in-country staff health services to ensure healthy and safe working and living conditions for delegates in the field. Staff Health in the IFRC Secretariat have assisted with the medical evacuation of 12 international delegates from West Africa.

International delegates receive a health briefing pack and are made aware of the health protocols for those deploying to Ebola-affected countries. A pre-deployment course has been developed specifically for the Ebola context in collaboration with Spanish Red Cross and MSF. With funding support from Norwegian Red Cross and the Spanish Agency for International Cooperation, IFRC has run 23 trainings with 568 participants from different National Societies and external organizations. These trainings provide delegates with comprehensive information about the Ebola outbreak and West African context, and is specifically targeted to those who will be working in Ebola treatment centres (ETC) through the inclusion of simulations involving the use of personal protective equipment.

Recognising the challenging context that the Ebola outbreak represents, psychosocial support is available to staff and volunteers 24 hours a day, seven days a week through the Psychosocial Support Program. Delegates and volunteers continue to be supported after concluding their involvement in response operations, and specific guidance has been developed for the 21-day period following departure from an affected country.

Operational support services for quality programming
Outcome 5: Coordination of the operation is effectively monitored and supported
Output 5.1 Ensure effective monitoring and support
Activities planned: <ul style="list-style-type: none"> ▪ Zone disaster management and health staff in coordination with Zone management monitor and support appeal activities ▪ Deploy RDRT / RIT members specialized in health to monitor and support appeal activities. ▪ IFRC Secretariat staff are deployed to monitor and support actions development as needed. ▪ Country and regional level lessons learned and knowledge sharing activities. ▪ Carry out a Real Time Evaluation of the three main country operations and act on recommendations.
Output 5.2 Effective, dedicated coordination and technical support provided in an effort to combat Ebola
Activities planned: <ul style="list-style-type: none"> • Establishment of IFRC Africa Ebola management, coordination and support structures. • Early recovery and recovery programming at country level is informed and guided by cross-border multi-country assessment of longer-term effects of the epidemic. • Resources in place, including Zone and Geneva level, for immediate deployment. • Develop a communication and anti-stigma campaign and roll it out in the context of each zone. • Establishment of Ebola coordination and support unit structure in Geneva.
Output 5.3 The lead role in humanitarian response coordination and information management of the SDB interventions is filled by the IFRC
Activity planned: SDB coordination hub established in Accra.
Output 5.4 Strengthening of Ebola preparedness and response capacity in potential high-risk areas and countries
Activities planned: <ul style="list-style-type: none"> • National Societies have increased capacity in Ebola preparedness for response planning, aided by

<p>an Ebola Preparedness Fund.</p> <ul style="list-style-type: none"> • Countries surrounding the current outbreak area considered as high-risk areas benefit from increased community understanding, engagement, ownership and implementation of prevention, preparedness and control measures through effective social mobilisation and beneficiary communication interventions.
<p>Output 5.5 Effective staff and volunteer safety and security system, including pre-, during and post-deployment support.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> • Comprehensive insurance system in place covering all Red Cross Red Crescent personnel involved in the operation. • Psychosocial support provided to all personnel going in or out of operations. • Resources and systems available for quarantine measures and reintegration.
<p>Output 5.6 Coordination of operation is effectively monitored and otherwise supported</p>
<p>Activity planned:</p> <p>Ensure effective monitoring and support.</p>

Progress:

Ongoing monitoring and technical support has been provided through the Secretariat, Zone and Regional offices and surge support, and teams are involved in regular technical reviews, as well as all appeal activities, including field monitoring and quality implementation, development of Standard Operating Procedures (SOPs), ensuring the safety and wellbeing of staff and volunteers, and appeal revisions. Additionally, Surge Information Management Support (SIMS) has been provided through the Secretariat supported by American Red Cross and British Red Cross, to better capture and utilise data collected in the field, to inform operational decision-making and support communications with internal and external audiences. IFRC has also engaged with external technical partners, including WHO and CDC, who have conducted supervision, monitoring and technical audits of Red Cross response activities.

Knowledge sharing and lesson learning has been facilitated through a number of mechanisms, including a weekly Task Force and bi-monthly regional meetings with country and technical teams and regional staff, as well as forums with Movement and external partners.

A Real Time Evaluation (RTE) was commissioned by the IFRC Secretariat to assess the Red Cross response to the Ebola outbreak in Guinea, Liberia and Sierra Leone from March 2014 to January 2015, when the final report was published. Specifically, the RTE was intended to assess the extent to which the response followed the Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance; the relevance of the five-pillar response strategy; if IFRC systems and structures were effective and efficient in achieving operational objectives; and the extent to which operations addressed long-term interconnected vulnerabilities in the three host countries. Field visits were conducted to key sites, and interviews conducted with National Society staff, IFRC delegates, heads of operations, volunteers, and representatives of key stakeholders and personnel from the respective Ministries of Health. The RTE found that Red Cross activities played a critical role in disrupting the transmission of Ebola and preventing progression of the epidemic, and suggested that sustaining these will be a major tool in the elimination of Ebola in the current outbreak. Delegates, National Society staff and volunteers were all found to be highly dedicated, and this vast network of Red Cross people have given the Movement a comparative advantage that no other organisation has had.

This RTE Final Report presents observations, findings and recommendations that provide valuable insight into the current operational performance (achievements, gaps, and challenges) faced by the IFRC in West Africa, as well as key areas for improvement.

A number of recommendations were made to strengthen the IFRC Ebola response as a whole, as well as individual country operations. Recommendations were made relating to enhanced support and duty of care for volunteers, as well as improved recognition of volunteers involved in the response, particularly those who are part of the Safe and Dignified Burial Teams. Recommendations also focussed on strengthened epidemiological and public health capacity within IFRC, as well as improved use of information for better decision-making. Recommendations were also made to commence recovery programming. While the epidemiological situation in Guinea, Liberia and Sierra Leone requires that response activities continue, IFRC and National Societies in the affected countries are planning for a twin-track approach, in which getting to zero remains the first priority, while recovery programming commences in areas of lower risk that is focussed on building longer-term resilience,

A number of actions have been taken at the Secretariat, regional and country levels to progress these recommendations. To strengthen support of and duty of care for volunteers, IFRC has worked to improve the physical safety of and psychosocial support for volunteers. A protocol for systematic briefing and support for volunteers was established at the end of 2014, while psychosocial support research is currently being conducted on the mental health impacts of supporting the Ebola response. Standard protocols for safe and dignified burials have also been produced, and volunteers regularly participate in refresher trainings. Steps are currently being taken to recognise the essential role of volunteers in the Ebola response, including the production of pins and other non-monetary incentives,

The technical epidemiological capacity of the IFRC has been strengthened through the appointment of a Deputy Head of Regional Ebola Operations, who has significant epidemiological training and experience, while information management capacity has been strengthened at the country and Secretariat levels. This commitment to data collection, evidence-based practice and knowledge-sharing across the Movement is also being progressed through a number of planned research projects looking into different aspects of the Red Cross Red Crescent Ebola response.

Sixty-six country-based recommendations were made that focussed on supporting National Society-led capacity building and organisational development, with a particular focus on strategic development, volunteer management, epidemiological understanding, information management and analysis capacity. All recommendations, excluding the four that were not accepted, have been implemented or are in progress.

The RTE Final Report and the management response are now available on the IFRC's Evaluation Database, which can be accessed using the following link: <http://www.ifrc.org/en/publications-and-reports/evaluations/>

Financial Situation The Ebola Global Coordination and Preparedness Appeal has a budget of CHF15.8 million, of which CHF2,175,844 was spent in the period to February 2015.

As outlined in the Financial Report below, an amount of CHF 90,684 has been expended on distribution and monitoring which was not previously budgeted. This expense is related to the procurement of medical and first aid supplies, specifically the freight and storage of this stock.

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- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of Zone Logistics Unit; Tel: +254 (0) 733 888 022/ Fax +254 20 271 2777; Email: rishi.ramrakha@ifrc.org
- **For Resource Mobilization and Pledges:**
- **IFRC Ghana:** Terry Carney, Ebola Resource Mobilization Coordinator; Tel: +233 (0) 266 444 147; Email: terry.carney@ifrc.org . Please send all pledges for funding to zonerm.africa@ifrc.org
- **For Performance and Accountability (planning, monitoring, evaluation and reporting):**
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- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org
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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDR60002 - Africa - Ebola Coordination and preparedness

Timeframe: 19 Aug 14 to 31 Dec 15

Appeal Launch Date: 19 Aug 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/8-2015/2	Programme	MDR60002
Budget Timeframe	2014/8-2015/12	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		12,599,041			383,400	12,982,441	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		157,214				157,214	
Australian Red Cross		87,929				87,929	
British Red Cross		151,378				151,378	
Canadian Red Cross		83,983				83,983	
Canadian Red Cross (from Canadian Government*)		493,864				493,864	
Danish Red Cross		50,000				50,000	
DFID Partnership Allocations		-360,259				-360,259	
European Commission - DG ECHO		783,884				783,884	
Finnish Red Cross (from Finnish Government*)		144,259				144,259	
Icelandic Red Cross		160,000				160,000	
Irish Red Cross Society					36,101	36,101	
Israel - Private Donors		9,653				9,653	
Japanese Red Cross Society		87,579				87,579	
KPMG International Cooperative(KPMG-I)		20,120				20,120	
Luxembourg - Private Donors		2,824				2,824	
Monaco Government		24,030				24,030	
On Line donations		88,607				88,607	
Philippine Red Cross		24,110				24,110	
Qatar Red Crescent Society		9,501				9,501	
Red Cross of Monaco		28,191				28,191	
Spanish Government		753,067				753,067	
Swiss Red Cross		19,245				19,245	
Switzerland - Private Donors		1,072				1,072	
The Netherlands Red Cross (from Netherlands Government*)		965,448				965,448	
UNICEF - United Nations Children's Fund		45,965				45,965	
World Cocoa Foundation		66,395				66,395	
C1. Cash contributions		3,898,058			36,101	3,934,159	
Inkind Personnel							
Canadian Red Cross		0				0	
Finnish Red Cross		21,245				21,245	
Other		36,265				36,265	
C3. Inkind Personnel		57,511				57,511	
Other Income							
Fundraising Fees		-1,006				-1,006	
C4. Other Income		-1,006				-1,006	
C. Total Income = SUM(C1..C4)		3,954,563			36,101	3,990,663	
D. Total Funding = B + C		3,954,563			36,101	3,990,663	

* 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		3,954,563			36,101	3,990,663	
E. Expenditure		-2,175,844				-2,175,844	
F. Closing Balance = (B + C + E)		1,778,718			36,101	1,814,819	

Disaster Response Financial Report

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Budget Timeframe	2014/8-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			12,599,041			383,400	12,982,441	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	8,420							8,420
Medical & First Aid	250,000		217,741				217,741	32,259
Teaching Materials	314,873							314,873
Total Relief items, Construction, Sup	573,293		217,741				217,741	355,552
Land, vehicles & equipment								
Computers & Telecom	82,000		26,610				26,610	55,390
Office & Household Equipment	418,679							418,679
Total Land, vehicles & equipment	500,679		26,610				26,610	474,069
Logistics, Transport & Storage								
Storage			3,953				3,953	-3,953
Distribution & Monitoring			90,684				90,684	-90,684
Transport & Vehicles Costs	120,186		20,385				20,385	99,801
Logistics Services	781,052		23,794				23,794	757,259
Total Logistics, Transport & Storage	901,238		138,815				138,815	762,423
Personnel								
International Staff	4,572,179		813,672				813,672	3,758,507
National Staff	319,787		22,482				22,482	297,305
National Society Staff	374,876		3,056				3,056	371,820
Volunteers	684,205		375				375	683,830
Total Personnel	5,951,047		839,585				839,585	5,111,461
Consultants & Professional Fees								
Consultants	443,623		162,902				162,902	280,722
Professional Fees	84,508		15,975				15,975	68,533
Total Consultants & Professional Fees	528,131		178,876				178,876	349,254
Workshops & Training								
Workshops & Training	555,741		104,539				104,539	451,202
Total Workshops & Training	555,741		104,539				104,539	451,202
General Expenditure								
Travel	302,025		190,522				190,522	111,503
Information & Public Relations	2,220,273		94,089				94,089	2,126,183
Office Costs	252,008		76,880				76,880	175,128
Communications	152,038		18,793				18,793	133,244
Financial Charges	32,132		13,711				13,711	18,421
Other General Expenses	3,386		1,377				1,377	2,008
Shared Office and Services Costs	218,096		62,593				62,593	155,503
Total General Expenditure	3,179,957		457,965				457,965	2,721,991
Operational Provisions								
Operational Provisions			79,419				79,419	-79,419
Total Operational Provisions			79,419				79,419	-79,419
Indirect Costs								
Programme & Services Support Recover	792,356		129,093				129,093	663,263
Total Indirect Costs	792,356		129,093				129,093	663,263
Pledge Specific Costs								
Pledge Earmarking Fee			3,025				3,025	-3,025
Pledge Reporting Fees			175				175	-175

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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)			12,599,041			383,400	12,982,441	
Total Pledge Specific Costs			3,200				3,200	-3,200
TOTAL EXPENDITURE (D)	12,982,441		2,175,844				2,175,844	10,806,596
VARIANCE (C - D)			10,423,196			383,400	10,806,596	

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Selected Parameters

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Split by funding source	Y	Project	*
Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	387,979		87,579	87,579	8,637	78,941	
Disaster response	1,263,729		707,075	707,075	90,839	616,237	
Emergency preparedness	10,947,332		3,159,909	3,159,909	2,076,368	1,083,541	
Subtotal BL2	12,599,041		3,954,563	3,954,563	2,175,844	1,778,718	
BL5 - Joint working and accountability							
Security	383,400		36,101	36,101		36,101	
Subtotal BL5	383,400		36,101	36,101		36,101	
GRAND TOTAL	12,982,441		3,990,663	3,990,663	2,175,844	1,814,819	