Ebola Preparedness Activities

	HR needs	Training needs	Key Activities	Logistics

Safe and Dignified Burials (SBD)	IFRC:
	• SBD surge if preparedness in new country, or NS hasn't worked in SDB before *(determination to be made by RO/GVA health team)*
	
	NS:
	• SDB focal point
		SBD ToT
		• For NS trainers – can also include MoH
		• 5 days (5th day focuses on training practice)
		
		16 participants per training! Each training produces 2 teams.
			• Develop MoU with MoH outlining role of NS in SBD for VHFs
			• Identification of volunteers in high-risk areas willing and available to be part of SDB teams
			• Put in place plan for rapid response to SDB alerts
			• Depending on preparedness rating of country or zone (decided in conjunction with RO/GVA health) there are two possibilities for training:
			  • Identification of teams for rapid training only
			  • ToT resulting in pool of trainers and two possible rapid response teams.
				SBD kits
				• Training kit = trains 2 teams
				• Starter kit = 1 team, first 20 burials
				• Replenishment kit = consumables only, 20 further burials
				• Initial order should not exceed 20 burials in country, or 1 starter kit per geographic team, unless approved by RO/GVA health, additional orders go to IFRC RO central storage
				
				Planning in event of an outbreak:
				• 2 vehicles per team (1 pickup, 1 hardtop)
				• Body bags
				• Chlorine
				• Pulverisers / sprayers
				• Swab material for 20 burials (if not provided by the Laboratory commission)

Community health activities (includes RCCE and CBS)	IFRC: • Health: large outbreak, or NS with small health footprint = 1 PHiE delegate NS: • Community health manager (oversees RCCE and CBS) • CEA focal point • Field health supervisors • CEA data analyst • Volunteers ○ If including CBS = 1 RCV per 30-50HH	EPiC • Mandatory base training including CBHFA, ECV, CEA and PFA basics • 5 days for NS trainers/ supervisors • 4 days volunteers If adding community feedback: • 2 days for NS trainers/ supervisors • 1-day volunteers	• Plan for incentives for activities • Community health promotion (HH visits, FGDs, community meetings, work with traditional/religious leaders, mobile cinema and radio programmes) • Link with health facilities • Link with traditional healers • Joint supervision with MoH • Regular mentoring, quality assurance and supervision by supervisors • Put in place community feedback mechanism and review & programmatic adaptation process	• IEC materials (posters, boite a images, ECV toolkits) • Volunteer booklets (memory aids) (If CBS – include list of community-case definitions and alert codes for SMSs) • Mobile cinema equipment • Soap for demonstrations and prizes • Radio slots • Vests, backpacks, rain gear for volunteers Transport • for supervisors and volunteers

	o If CBS = 1 supervisor per max 25 volunteers		• If lack of information or new EVD zone do a KAP survey (including survey questions in the [SDB guidelines](#) and EPiC toolkit)	
Screening	NS: • Health manager	None in preparedness	• Identification of volunteers in high-risk areas willing and available to support screening activities in event of a shift from preparedness to response • Put in place plan for rapid training and placement related to screening	• Nothing in preparedness
Contact Tracing	NS: • Health manager	None in preparedness	• Identification of volunteers in high-risk areas willing and available to support contact tracing activities in event of a shift form response to preparedness • Put in place plan for rapid training and placement related to contact tracing	• Nothing in preparedness
WASH (decontamination)	NS: • WASH focal point	None in preparedness	• Identification of volunteers in high-risk areas willing and available to support decontamination activities in event of a shift form response to preparedness • Put in place plan for rapid training and placement related to decontamination in event of an outbreak in country.	• Nothing in preparedness
Infection Prevention and Control (IPC)	NS: • IPC focal point	None in preparedness	• Identification of volunteers with clinical background to support IPC activities in RCRC health facilities. • Revision of RCRC health facility IPC protocols and training plans • Participation in IPC forums • Put in place plan for rapid training and placement related to decontamination in event of an outbreak in country.	Planning only in event of shift to response • IEC materials (posters) • IPC checklists • WASH inputs (handwashing stations, soap, waste management, latrines, sterilization,…) • PPE • Waste management plans and procedures

Internal

MHPSS	NS: • MHPSS focal point	None in preparedness	• Identification of volunteers in high-risk areas willing and available to support MHPSS activities in event of a shift form response to preparedness • Put in place plan for rapid training and placement related to MHPSS in event of an outbreak in country.	None in preparedness

General HR Needs:

IFRC	NS
• 1 Health Coordinator (ideally different from response HC) • 1 Operations Manager (ideally difference from response Ops) • 1 security (if in complex setting) • 1 CEA (if community feedback in new for the NS, ideally different from response CEA)	• Health Coordinator • Operations manager • Finance • Communications • PMER • CEA