

Ebola Response Quick Guide

This document contains guidance for start-up of possible activities in the event of an outbreak of Ebola. Each National Society should select its Ebola response activities based on a needs analysis—what are partners covering, what are the gaps—and based on its own capacities. For each activity undertaken by a National Society for Ebola response, the inputs and support required indicated below should be taken into account. This document is to support rapid DREF or EA development and can guide strategy development. However, detailed planning needs to look at sectoral guidelines and technical standards once past the initial DREF application and as the outbreak evolves.

	HR needs	Training needs	Key Activities	Logistics
Safe and Dignified Burials (SDB)	<p>IFRC:</p> <ul style="list-style-type: none"> NS with first/infrequent outbreak (limited recent experience in SDB) = 1 SDB delegate Large or multi-centre outbreak = 1 SDB coordinator 1 IM for SDB data <p>NS:</p> <ul style="list-style-type: none"> SDB focal point SDB supervisors (max 1 per 4 teams) SDB teams (1 team = 8 RCV) Drivers for SDB vehicles 	<p>SBD ToT¹</p> <ul style="list-style-type: none"> For NS trainers – can also include MoH 5 days (5th day focuses on training practice) <p>SDB for volunteers</p> <ul style="list-style-type: none"> 2 teams per session (16 volunteers) 4 days <p>16 participants per training! Each training produces 2 teams.</p> <p>SDB delegate or health coordinator supervision is required until NS trainers have experience.</p>	<ul style="list-style-type: none"> Plan for selection of volunteers, including through election/selection by community members Plan for registration/check-in of volunteers and incentives for activities Simulations in recovery period Simulations and rapid deployment/activation capacity in preparedness zones Regular mentoring, quality assurance and supervision by supervisors – this includes IPC for SDB and swabbing Regular data tracking and analysis, including daily data sharing with epidemiological management team (MOH, WHO and/or others) If systematic swabbing (including RDTs) of dead bodies is requested by MoH, system for alerts and communication of results to be set up <p>Key Indicators: See annex</p>	<p>SBD kits (see SDB Guidelines, Annex 2)</p> <ul style="list-style-type: none"> Training kit = trains 2 teams Starter kit = 1 team, 20 burials Replenishment kit = consumables only, 20 subsequent burials for a team that has already received a starter kit Initial order should not exceed the number of starter kits needed for the number of teams established in a multi-centre outbreak. In the even of a geographically small outbreak, the initial order should not exceed 60 burials unless approved by RO/GVA health <p>Transport</p> <ul style="list-style-type: none"> 2 vehicles per team (1 pickup, 1 hardtop)² <p>Other needs:</p> <ul style="list-style-type: none"> Body bags Chlorine Pulverisers / sprayers Swab material (if not provided by the Laboratory commission)

¹ Generally, the SDB delegate will train SDB teams directly, especially at the beginning of an outbreak. A ToT at the beginning can cause time delays to get the teams operational. A ToT come in as a transition activity to ensure longer term capacity, or when there is a need to scale up mid-outbreak. Trainers should be pulled from experienced and well performing SDB supervisors etc.

² If teams are more localised and cover a very small geographic area, other appropriate transportation methods can be discussed with IFRC Emergency Health

<p>Community health activities</p> <p>(includes RCCE and CBS)</p>	<p>IFRC:</p> <ul style="list-style-type: none"> Health: large outbreak, or NS with small health footprint = 1 PHiE delegate (reports to health co) RCCE: large outbreak, or NS with first outbreak or limited CEA experience in outbreaks = 1 CEA delegate, 1 CEA IM If CBS to be included = 1 CBS Manager, and 1 CBS IM <p>NS:</p> <ul style="list-style-type: none"> Community health manager (oversees RCCE and CBS) CEA focal point CBS focal point Field health supervisors CEA data analyst Volunteers <ul style="list-style-type: none"> If including CBS = 1 RCV per 30-50HH If CBS = 1 supervisor per max 25 volunteers 	<p>EPIC</p> <ul style="list-style-type: none"> Mandatory base training including CBHFA, ECV, CEA and PFA basics 5 days for NS trainers/supervisors 4 days volunteers <p>Community feedback</p> <ul style="list-style-type: none"> 2 days for NS trainers/supervisors 1-day volunteers <p>CBS</p> <ul style="list-style-type: none"> 3-4 days for NS trainers/supervisors (depends on number of diseases to include in system) 2-3 days volunteers 	<ul style="list-style-type: none"> Plan for registration/check-in of volunteers and 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 If CBS: rapid assessment and system design Monthly meetings with health facilities Joint supervision with MoH Regular mentoring, quality assurance and supervision by supervisors Put in place community feedback mechanism and review process If lack of information or new EVD zone do a KAP survey (including survey questions in the SDB guidelines) <p>Key Indicators: See annex</p>	<ul style="list-style-type: none"> IEC materials (posters, boites a images, ECV toolkits) Volunteer booklets (memory aids) (If CBS – include list of community-case definitions and alert codes for SMSs) Mobile cinema equipment IF CBS: <ul style="list-style-type: none"> Smart phones or tablets for supervisors Computer for Officers/Managers Phone credit, or paper printing for reporting SMS Eagle device if using Nyss Soap for demonstrations and prizes Radio slots Vests, backpacks, rain gear for volunteers <p>Transport</p> <ul style="list-style-type: none"> Motorbikes or bikes for supervisors
<p>Screening</p>	<p>NS:</p> <ul style="list-style-type: none"> Volunteers 	<p>Should be included in EPIC training above.</p> <p>Additional training on screening protocols (1 day)</p>	<ul style="list-style-type: none"> Plan for registration/check-in of volunteers and incentives for activities Regular mentoring and supervision by supervisors <p>Key Indicators: See annex</p>	<ul style="list-style-type: none"> Thermometers

<p>Contact Tracing</p>	<p>NS:</p> <ul style="list-style-type: none"> Volunteers <p>(if NS running contact tracing independently then supervision and IM structure is needed)</p>	<p>Should be included in EPiC training above.</p> <p>Additional training on contact tracing protocols (1 day). Normally led by MoH or WHO, as teams are integrated.</p>	<ul style="list-style-type: none"> Plan for registration/check-in of volunteers and incentives for activities Regular mentoring and supervision by supervisors <p>Key Indicators: See annex</p>	<ul style="list-style-type: none"> Normally integrated into MoH/WHO teams – and no need for inputs beyond incentives
<p>WASH (decontamination)</p>	<p>NS:</p> <ul style="list-style-type: none"> WASH focal point WASH supervisors Volunteers for decontamination activities 	<p>Should be included in EPiC training above.</p> <p>Additional training on decontamination and proper PPE use</p> <ul style="list-style-type: none"> Supervisors = 3 days Volunteers = 2 days 	<ul style="list-style-type: none"> Plan for registration/check-in of volunteers and incentives for activities Regular mentoring and supervision Simulations in recovery phase and preparedness zones <p>Key Indicators: See annex</p>	<p>Transport</p> <ul style="list-style-type: none"> For decontamination activities: 1 vehicle per team <p>Other needs:</p> <ul style="list-style-type: none"> PPE Pulverisers Chlorine
<p>MHPSS (community level)</p>	<p>IFRC:</p> <ul style="list-style-type: none"> 1 MHPSS delegate (if large outbreak or NS new to PSS) <p>NS:</p> <ul style="list-style-type: none"> MHPSS focal point PSS supervisors PSS volunteers 	<p>Ideally should be included in EPiC training.</p> <p>Additional training on MHPSS</p> <ul style="list-style-type: none"> Supervisors = 2 days Volunteers = 1 days 	<ul style="list-style-type: none"> Plan for incentives for activities If a call centre, plan for cost associated with upkeep of the call centre or call line Regular mentoring and supervision <p>Key Indicators: See annex</p>	<p>Vests, backpacks, stationary, rain gear for volunteers</p>
<p>Patient transfer</p>	<p>NS:</p> <ul style="list-style-type: none"> EMS focal point EMS supervisors (max 1 per 4 teams) EMS teams (1 team = 3 RCV) Drivers for ambulances 	<p>Volunteers with paramedical or clinical background (ambulance profile) in order to support the transfer of sick/ potentially infectious patients.</p> <p>Training in line with national MoH standards (or WHO, whichever is strictest), including IPC</p> <ul style="list-style-type: none"> Supervisors = 5 days Volunteers = 4 days 	<ul style="list-style-type: none"> Plan for incentives for activities Simulations in recovery period Regular mentoring, quality assurance and supervision by supervisors Regular data tracking and analysis, including daily data sharing with epidemiological management team (MOH, WHO and/or others) MoU with MoH with clear roles and responsibilities for patient transfer related to EVD. <p>Key Indicators: See annex</p>	<p>PPE</p> <ul style="list-style-type: none"> Same PPE needs as for treating EVD patients <p>Transport</p> <ul style="list-style-type: none"> 1 ambulance per team (cannot be shared with SDB teams or non EVD ambulances) <p>Other needs:</p> <ul style="list-style-type: none"> Chlorine Pulverisers / sprayers Waste management and decontamination area for ambulance

<p>Infection Prevention and Control (IPC) for health facilities</p>	<p>IFRC:</p> <ul style="list-style-type: none"> 1 IPC delegate (clinical background if clinician education is included) <p>NS:</p> <ul style="list-style-type: none"> IPC focal point (clinical background) WASH focal point IPC volunteer supervisors IPC volunteers supporting health facilities (non-technical background) 	<p>Volunteers with clinical background in order to support health facility IPC activities</p> <p>IPC training in line with national MoH standards (or WHO, whichever is strictest)</p> <ul style="list-style-type: none"> Supervisors = 4 days <p>Volunteers = 3 days</p>	<ul style="list-style-type: none"> Plan for registration/check-in of volunteers and incentives for activities Regular mentoring/ supervision Participation in IPC forums and coordination Training of health facility staff Provision of PPE and IPC supplies to the health facility IPC checklist (daily) and detailed weekly or monthly assessments (against standardised criteria, if available in the response) <p>Key Indicators: See annex</p>	<ul style="list-style-type: none"> IEC materials (posters) Volunteer booklets (memory aids) IPC minimum standards, KPIs, and supervision and materials checklists WASH installations (handwashing stations, soap, latrines) IPC installations (waste management, sterilisation capacities) PPE Materials to create patient flow (screening), e.g., tarpaulins and wood
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General HR Needs:

IFRC	NS
<ul style="list-style-type: none"> 1 Health Coordinator (if large outbreak, also a deputy health coordinator) 1 Operations Manager (or field co) (HEOps if large outbreak or outbreak occurring in a complex environment) 1 Logistics 1 Finance 1 CEA (if support needed for setting up and analyzing community feedback) 1 security (if in complex setting) 1 IM to support SDB, CEA, and CBS data management as needed 	<ul style="list-style-type: none"> Health Coordinator Operations manager Logistics Finance Communications PMER CEA focal point IM Staff health and MHPSS services for SDB volunteers (IFRC to support if NS lacks this capacity)

Annex 1: Key Performance Indicators for response interventions to viral haemorrhagic fever disease epidemics (Marburg and Ebola)



IFRC EVD KPI, per
sector_FINAL (1).pdf

Key Performance Indicators:

Currently missing: Update the KPI document then import here as an annex.

- Community health (e.g. ECV)
- Patient transfer
- IPC clinical and WASH components (e.g. # health facilities with improved access to water for hygiene, # health facilities reaching minimum IPC assessment score)
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