

Emergency Plan of Action Preliminary Final Report CAR: Monkey-pox epidemic outbreak

DREF operation No. : MDRCF020	Glide n° EP-2015-000178-CAF
Date of Issue : 01 August 2016	Date of disaster : 05 December 2015
DREF operation start date : 17 February 2016	Operation end date : 30 April 2016
Operations Manager (person responsible for this DREF): Pierre DANLADI, Operations Manager, CAR IFRC Country Office	Point of contact: Dr Fernand Etienne GBAGBA, Head of Health and Social Actions Unit, CAR Red Cross
DREF operation budget : CHF 55,848	
Number of people affected: 13 cases (2 deaths) and risk of human to human transmission	N° of people being assisted: 164,000 people indirectly and 64,000 people directly
Host National Society presence: Four national headquarters staff (head of Health, Head of Communications, Programme Coordinator and Finance Officer); three national disaster response team members, 300 volunteers and two drivers	
Red Cross Red Crescent Movement partners actively involved in the operation: Central African Red Cross and International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF, MSF-Belgium, COHEB, Caritas, CRS, MINUSCA	

Summary :

On 17 February 2016, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 55,848 from the Disaster Relief Emergency Fund (DREF) to support the Central African Republic Red Cross (CARC) reduce the immediate risk of a Monkey-pox outbreak to 164,000 people (indirectly) and 64,000 people (directly), living in the Bakouma, Gambo, Ouango and Rafai sub-prefectures of the Mbomou Province, through support in social mobilization and community communication activities, for a period of two months.

On April 21, an operations update was published, requesting a 2 week timeframe extension (New end date: 30 April 2016) to able the deployment of a Finance Analyst to support the closure of DREF operation; as well as data collection on the number of people reached.

A. Situation Analysis

Description of the disaster :

On 4 December 2015, two children aged 9 and 5 were found suffering from an unidentified disease with rashes all over their bodies in Lengo village, located at some 15 kilometres from Bakouma in the Mbomou province, eastern Central African Republic (CAR), and taken to the Bakouma Health Centre.

On 10 December 2015, in response to the outbreak in Bangassou, WHO facilitated an initial assessment carried out by the Ministry of Health (MoH) in the affected province and a joint mission was undertaken by the health district and Médecins Sans Frontières (MSF) Belgium. On 17 December 2015, the children were transferred to the Bangassou Regional Hospital, run by an international non-governmental organization (NGO) and MSF, where their condition got worse. Samples were taken and sent to the Pasteur Institute of Bangui for laboratory testing.



Volunteers training on knowledge of the disease, its mode of transmission and universal precaution measures . © CARC

Upon announcement of the outbreak by WHO on 13 January 2016, the CARC and IFRC continued to take part in the crisis meeting co-led by the MoH and WHO on the strategic response plan for this outbreak. As part of the initial response, the CARC, with support from UNICEF provided the following materials at the request of the MoH:

Joint CARC / UNICEF provision of materials in response to Monkey-pox outbreak

N°	Description	Quantity
1	<i>Apron, protection, plastic, Pack/100</i>	25
2	<i>Mask, surg. type IIR, disp.</i>	300
3	<i>Gloves household cleaning reusable M/L</i>	20
4	<i>Gloves, nitril, non-reusable, pair, BOX/100</i>	50
5	<i><u>Boots rubber, PVC, reusable, pair, size 42</u></i>	10
6	<i><u>Boots rubber, PVC, reusable, pair, size 43</u></i>	10
7	<i><u>Boots rubber, PVC, reusable, pair, size 44</u></i>	10
8	<i><u>Goggles, protective, indirect, sideventil</u></i>	15
9	<i><u>ap, surg, non-woven, disp, box/100</u></i>	40
10	<i><u>Trouser, surg, woven, size XL</u></i>	100
11	<i><u>Tunic, surg, woven, size L</u></i>	50
12	<i><u>Coverall, protective, CatIII, type 6 B,L</u></i>	50
13	<i><u>Coverall, protective, CatIII, type 6 B,M</u></i>	25
	<i><u>Coverall, protective, CatIII, type 6 B,XL</u></i>	25

In addition, the Bangassou Red Cross local Committee was part of the provincial response crisis taskforce put in place by the provincial authorities. The MoH requested the CARC, with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), to carry out social mobilisation, communication and epidemiological surveillance activities.

This DREF was replenished by the Canadian Red Cross Society / Government and Netherlands Red Cross / Silent Emergencies Fund. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Central African Red Cross would like to extend its thanks to all partners for their generous contributions to this DREF operation.

This report is being issued as a preliminary final report, in advance of the Final report which will be issued once financials are reconciled.

Summary of Response

Overview of Host National Society

As a government auxiliary, the CARC has always been fully involved in responding to all epidemic outbreaks in the country. Indeed, the CARC is organised into two main structures: The operational structure which includes programmes in Disaster Management, Community Health/HIV/Malaria/TB and Social Affairs, Water & Sanitation, Communication and Dissemination and the Support Services, which comprises Administration, Finance, and Organizational Development.

The CARC is made up of 69 sub-branches (*Comités sous-préfectoraux*), eight local committees in Bangui, and 117 community-based committees, though not all are active. It counts on approximately 12,000 volunteers countrywide. In the Mbomou province, the CARC is represented by five local Red Cross committees, comprising approximately 800 volunteers. Volunteers in this part of the country have knowledge of Monkey-pox because an epidemic occurred in the same area in 2001 and in the neighbouring province of Haute Kotto in 2014, although not all the volunteers were involved in the response in these two cases.

Furthermore, the CARC, which has managed DREFs and Emergency Appeal (EA) operations before, is experienced with IFRC modalities and procedures. To date, the CARC is implementing activities of an Emergency Appeal targeting 23 areas of the country hardest hit by the ongoing violence in CAR, which has left over one million

people homeless. The areas affected and targeted by this DREF are, however, not part of the 23 areas that were targeted by the EA. As such, the funding from the DREF will strictly target the Monkey pox outbreak and not the EA activities or any other epidemic outbreak outside the one intended by the DREF.

Thanks to the DREF funds received for this operation, the CARC was the only organization that conducted awareness in all the five (5) cities of Health Region No. 1, namely Gambo, Ounago, Bangassou, Rafai and Bakouma). Indeed, at the start of the response to this epidemic, the Ministry of health and WHO trained 10 community mobilizers in the city of Bakouma (starting point of the epidemic) without setting up a sensitization program. Thus, it is only when the CARC started implementing activities of this operation in this city that community mobilisers understood that they should have conducted sensitized the population on the epidemic. The local Red Cross committee ended up enrolling these mobilizers in its team of first aid volunteers involved in social mobilization activities.

Overview of Red Cross Red Crescent Movement in country

The IFRC provided assistance through its CAR Country Representation, The Yaounde Country-Cluster Support Team (Yaounde CCST), and Africa Regional Office. From the onset of the disaster, there has been regular contact with the IFRC CAR Country Representation, and Africa Region Disaster Crisis Prevention, Response and Recovery (DCPRR) unit and regular updates on the situation and activities. On 18 January 2016, an alert was issued using the IFRC Disaster Management Information System (DMIS), and an Operational Strategy Call was carried out with colleagues at regional and Geneva levels. It was agreed that given the nature of the outbreak, specifically the lack of evidence of sustained transmission (limited only from animal to human, restricted to people directly in contact with those initially infected) that a DREF allocation could not be considered but continual monitoring of the situation should be carried out to establish how the epidemic was evolving (i.e. moving to human to human transmission, and/or increase in the cases reported). Given the reporting of a new case (on 5 February 2016), a follow up Operational Strategy Call was convened (on 10 February 2016), and it was agreed that a targeted DREF allocation should be considered for “imminent crisis” linked to the strengthening of CARC’s volunteer capacity, and to carry out social mobilization in the Mbomou Province.

The IFRC CAR Representation, in collaboration with the CARC, continued to attend the crisis meetings co-led by the MoH and the WHO on the strategic response plan for Monkey-pox outbreak. Movement partners in CAR set up Movement coordination meetings on the areas of security, communication and programme management. In this regard, regular meetings were held to improve collaboration and seek, where necessary, synergies that will have a positive impact on activities implemented for the affected population.

Following the issue of a DMIS, discussions were held between IFRC CAR and ICRC counterparts on the intention to launch a DREF operation for the Monkey pox outbreak; then following the initial Operational Strategy Call, and decision given the stabilization of the situation, to stand down the response. Following the reporting of a new case (on 5 February 2016), and subsequent decision to launch a DREF operation, efforts were made to ensure coordination at all levels, including the sharing of information on the implementation of the activities planned.

Overview of non-RCRC actors in country

In total, approximately 105 national and international non-governmental organizations and United Nations agencies were operating in CAR; however they were mostly involved in the response to the on-going civil unrest, and not in the Monkey pox response in Bangassou. Caritas, Catholic Relief Services (CRS), the Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), UNICEF, CARC, IFRC and WHO are the only organizations that were involved in supporting the MoH in this response to the Monkey-pox outbreak. Also, regular crisis meetings were held at the WHO headquarters in Bangui and at provincial level in Bangassou to coordinate the strategic response plan. In addition, following the occurrence of the new case on 5 February, the MoH response plan was set up to strengthen activities in the following five areas:

- Epidemiological surveillance,
- Social mobilisation and community communication,
- Treatment of contaminated cases in quarantine areas,
- Research of contact cases,
- Coordination.

Based on past campaigns, the MoH requested the CARC to assist with social mobilization and community communication as part of response to the Monkey pox outbreak.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Please refer to the original EPoA for information on the findings of the initial assessment facilitated by the WHO and conducted by the *Ministry of Health (MoH)*, which informed the design of the DREF operation.

B. Operational Plan and Strategy

Please refer to the original EPoA for further information on the “Operational strategy and plan”, which remained unchanged, with the exception of Human Resources, which was revised during Operations update No. 1 to include a Finance Analyst.

Human resources

The IFRC CAR Country office requested the deployment of a Financial Analyst from the IFRC Yaounde cluster support team to support with the reconciliation of expenditures incurred during this operation and the closure of this DREF.

C. Detailed Operational Plan

Early warning & emergency response preparedness
Outcome 1: Immediate risks to the population in Bangassou, Bakouma, Gambo, Ouango and Rafai districts of the Mbomou Province, Central Africa Republic is reduced for a period of two months
Output 1.1: The capacity of the Central Africa Red Cross Society to prepare for the monkey-pox epidemic outbreak response is strengthened
Planned activities
1.1.1 Mobilize/train CARC volunteers and supervisors on Epidemic Control for Volunteers in the five target areas of the sous-prefectures (Target: 300 volunteers)
1.1.2 Produce/distribute visibility materials to CARC volunteers (Target: 300 T-shirts and 300 caps)
1.1.3 Participate in information and coordination meetings with authorities
1.1.4 Monitor and report on activities carried out
Output 1.2: Target population is provided with public awareness / sensitization on the Monkey-pox epidemic outbreak (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) in Bangassou, Bakouma, Gambo, Ouango and Rafai sub-prefectures of the Mbomou Province (Target: 164,000 people indirectly / 64,000 people directly)
Planned activities
1.2.1 Produce the information, education and communication materials in collaboration with the MoH, and distribute in the at risk communities (Target: 1,000 posters, 3,000 leaflets, 25 image boxes)
1.2.2 Purchase 10 Megaphones and batteries for messages dissemination
1.2.3 Identify community leaders and conduct targeted sensitization activities
1.2.4 Organise community discussions
1.2.5 Conduct door to door sensitization campaign on the disease, with dissemination of key messages on Monkey-pox prevention and control measures (Target: 164,000 people indirectly / 64,000 people directly)
1.2.6 Carry out sessions of mass sensitization campaign in each of the targeted sub prefectures to share knowledge of the disease and the control measures (Target: Five sessions)
1.2.7 Radio broadcasting using community radios in the affected areas
Output 1.3: Community epidemiological surveillance is set up / enhanced
Planned activities
1.3.1 Participate in information and coordination meetings with authorities
1.3.2 Set up / enhance community monitoring committees for disease surveillance
1.3.3 Epidemiological control and monitoring through community disease surveillance
Achievements

1.1.1 A Health team organized a 15-day mission to health area No. 6 to recruit and train first aid volunteers with technical support from district health officials. In Gambo and Bakouma, where the number of first aid volunteers was insufficient, the local Red Cross committee identified youths from religious denominations (Catholic scout, African Evangelical Youth) to be recruited for outreach activities. As such, some 300 volunteers were trained across the targeted areas, as seen in Table 1 below.

1.1.2 Visibility material was produced and distributed to volunteers as seen in the table below:

Table 1: Number of IEC material distributed

Sub-prefectures	Gambo	Ouango	Bangassou	Bakouma	Rafai	TOTAL
Description						
Leaflets	600	600	600	600	600	3 000
Posters	500	500	500	500	500	2 500*
Tee - shirts	75	75	75	75	75	300
Caps	75	75	75	75	75	300
Trained volunteers	50	50	75**	75	50	300

*In addition to the 1,000 posters produced as part of this DREF operation, CARC received 1500 posters from UNICEF.

**This DREF initially planned to train 80 first aid volunteers in the city of Bangassou and 70 in Bakouma, which has the largest population in Region No. 6, but health district authorities recommended that there be the same number of first aid volunteers in Bakouma since it was the starting point of the epidemic.

1.1.3 CARC participated in information/coordination meetings set up by Movement partners including (WHO) and CAR authorities (MoH).

1.1.4 Monitoring and reporting of activities carried out during this operation were duly conducted by the CARC health unit, with support from IFRC.

1.2.1 As seen in 1.1.2 above, IEC material was produced in collaboration with the MoH, and distributed in at risk communities

1.2.2 10 Megaphones and batteries for messages dissemination were purchased and used to reach populations, through proximity awareness (door to door), announcements in churches, markets and public places.

1.2.3 Community leaders including traditional and religious authorities were identified, thereby facilitating access for door-to-door sensitization to be conducted.

1.2.4 Community discussions were organised and conducted in groups at the weekly markets.

1.2.5 Several strategies were used to reach populations, including proximity awareness (door to door), announcements in churches and especially discussion groups at the weekly markets. Indeed, they were sensitized by dissemination of key messages on Monkey-pox prevention and control measures, directly reaching a total of 68,650 people as seen in the table below:

Table 2: Number of persons reached

Sub-prefectures	Men	Women	TOTAL
Gambo	3 073	6 147	9 220
Ouango	2 345	4 690	7 035
Bangassou	12 452	18 678	31 130
Bakouma	6 076	9 114	15 190
Rafai	2 025	4 050	6 075
TOTAL	25 971	42 679	68 650

The above table shows that awareness reached more women (2/3) than men. In addition, the number of people sensitized went beyond what was planned by the operation. This could be explained by the fact these regions border with the Democratic Republic of Congo (DRC). First aid volunteers used the weekly markets days to conduct awareness, which reached both the local population as well as people who crossed the river to shop at the local markets

1.2.6 As seen in 1.2.5 above, a mass sensitization campaigns were held at markets in each of the targeted sub prefectures to share knowledge of the disease and the control measures. Disaggregated data from these campaigns can be seen in Table 2 above.

1.2.7 Q & A sessions were on the disease, were organised and broadcast on community radio stations in all the affected areas.

1.3.1 See 1.1.3 above

1.3.2 Community epidemiological surveillance including monitoring/referral by volunteers was conducted at community level as planned in the DREF EPoA.

1.3.3 See 1.3.2 above

Difficulties

- The main difficulty was bad state of access roads to the various implementation areas.
- CARC and IFRC financial procedures delayed availability of funds as they are long
- The little dynamism of some local RC committees resulted in the insufficient number of first aid volunteers present at training sessions.

Lessons learned

- Partnership between IFRC and CARC was reinforced as IFRC provided technical support in mobilizing material and financial resources
- The commitment of CARC officials and staff to support the actions of health authorities further strengthened CARC role as auxiliary to the Government. This contributed in a good partnership between local committees of the Red Cross and officials of health districts.
- Through this operation, CARC first aid volunteers developed strategies to reach maximum population during periodic weekly markets. This strategy has allowed these populations to adopt safer behaviours, significantly reducing the transmission of Monkey Pox. These periodic markets also allowed for the dissemination of prevention information throughout health region No. 6. This resulted in a change in behaviour, especially with regards to eating habits because people no longer buy bush meat on the market, despite the fact that they are highly consumed in this region.

D. Budget

The overall budget for this DREF was CHF 55,848 of which CHF 55,593 was spent. The balance shall be returned to the DREF.

Contact information

For further information specifically related to this operation please contact:

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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 (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian 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.