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Emergency Plan of Action operation update

Central African Republic: Cholera

International Federation of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCF021	**Operations Update n° 1**
Date of issue: 7 December 2016	**Timeframe covered by this update:** 24 August 2016 – 11 November 2016
Operation start date: 24.08.2016	**Operation timeframe:** Three months plus extension requested for one month, totalling four months
Overall operation budget: CHF 237,877	**Revised budget:** CHF 225,789
N° of people being assisted: 1,000,000 indirectly and 450,000 people directly (90,000 families)	
Host National Society presence (n° of volunteers, staff, branches): Central African Red Cross (CARC): Three national headquarter staff (Head of Health, Head of Communications and Finance Officer), Three national disaster response team members, 1,500 volunteers, and one driver, and 16 local branches	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Central African Republic Red Cross Society (CARC), French Red Cross (CRF), International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent (IFRC).	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), WHO, UNICEF, MSF (Spain), OXFAM, ACF, IOM, IDC, JUPEDEC	

This Operation Update aims to extend the operational timeframe by one month from 23 November to 23 December. The extension will allow for completion of activities that have not been done due to security incidences that hampered implementation according to the original plan and to address mistakes in the approved budget.

1. **Budget line 51: The DREF is supporting the incentives of 20 supervisors working for 36 days (3 days per week) for three months with a daily per diems of CHF 9.9 for each. However, the approved budget has considered the supervisors' incentives for only one day a week.**
2. **Budget line 68: IFRC vehicle rent: the unit price for vehicle rent is XAF 2,100,000 per month which was supposed to be multiplied by three months but in the approved budget it was instead divided by three which was not sufficient for one month rent.**
3. **In general, savings have been made on items including pool testers and tarpaulins. After launching a tender for the selection of the item providers it became apparent that most of the unit prices have changed. In addition, the RDRT was living in the IFRC guesthouse rented by the Global Fund programme in CAR and thus savings have been made on accommodation. All these have resulted in savings for the operation.**
4. **Due to security issues (outlined below) the operation lost implementation time, particularly in Bangui, Begoua and Bimbo. In the one-month extension, the operation plans to complete activities as per the original plan such as community group discussions and cleaning and disinfecting of school latrines.**

Therefore, the National Society requested for the review of the budget to cover the actual needs of the DREF operation and to extend the time frame up to 23 December 2017 in order to complete the outstanding activities.

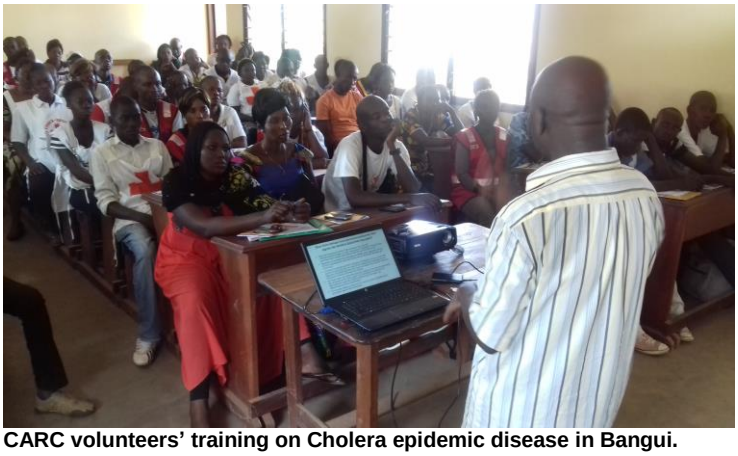
A. Situation analysis

Description of the disaster

According to the MoH and WHO situation report dated 7 August 2016, from 27 July to 5 August 2016, at least 36 cases of acute watery diarrhoea with severe dehydration were reported. In addition, eight deaths were reported in the village Mourou-fleuve, in Ndjoukou District, Kemo Province. A further, nine cases of acute watery diarrhoea with severe dehydration, including five deaths were recorded between 5 and 10 August 2016 in villages Zawara, Danga

and Massamba in Damara district and one case at the Bruxelles quarter, in Bangui. On 10 August, the Pasteur Institute Bangui confirmed the presence of *Vibrio cholerae* in the sample taken from the affected cases that originated from Zawara.

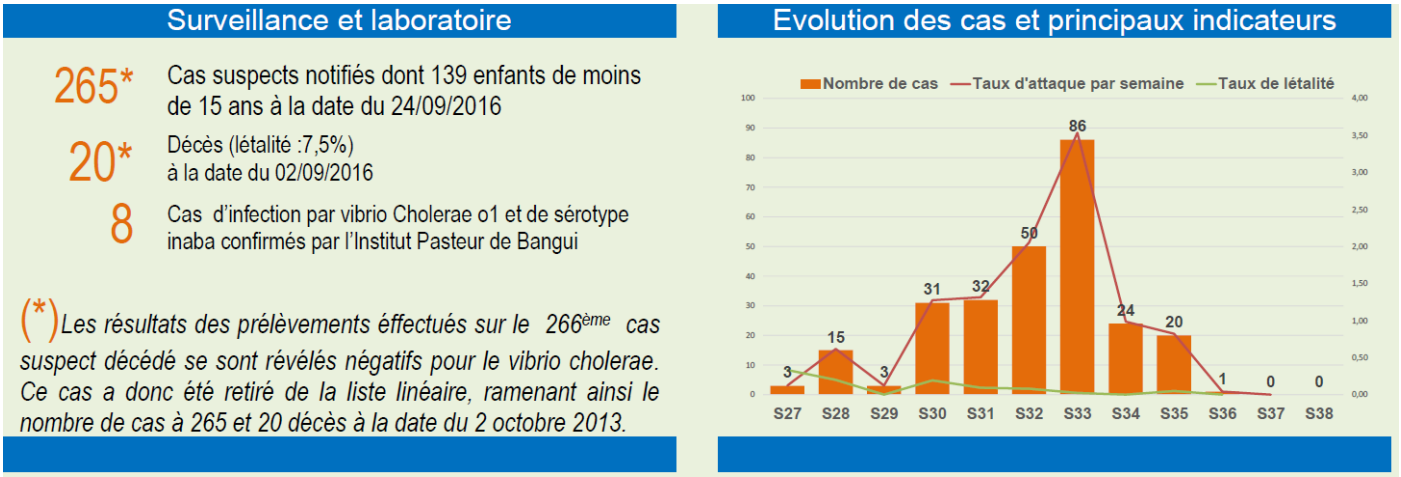
On the 10 August, 2016, the Minister of Health during a press conference declared the state of emergency for the cholera epidemic outbreak in the Central Africa Republic. The risk of spread of cholera was very high and the situation was most likely going to worsen if this was not addressed in a timely manner due to the high mobility of the population as well as the rainy season which lasts into November. According to the MoH and WHO, the cholera epidemic outbreak reached the capital, Bangui, on 1 September 2016, with at least four positive cases in the 2nd and 3rd districts specially in Benzvi and Boeing neighbourhood of the city. The most affected areas remained the districts of 1st, 4th and 7th in Bangui city.



CARC volunteers' training on Cholera epidemic disease in Bangui. Photo: CARC

According to CAR health cluster meeting report of 20 September 2016, from the 5 July to the 20 September 2016 some 266 affected cases had been registered with 21 deaths (lethality rate: 7.8%). However, the same report, indicated that at least 3 new suspects cases were detected in Bangui during the period of 17 – 19 September 2016 and five others from Ndjoukou District (where the epidemic outbreak started) from 16 – 18 September 2016. Out of the last new cases, none of them was found positive.

The CAR health cluster meeting, held on the 8 November 2016, revealed that the laboratory results of the sample taken on the 266th suspected case was found negative to the *vibrio cholera.* This case was therefore removed from the linear list, thus reducing the number of registered cases to 265 cholera cases including 139 children under 15 years old, with some 20 deaths (lethality rate: 7.5%). In addition, eight cases of infection to *vibrio cholera* and one case of *serotype Inaba* were confirmed by the Pasteur Institute of Bangui. The last confirmed case was registered in Bangui on the 23 September 2016. The country is expecting the government to declare the end of the epidemic shortly.



Cholera situation as it evolved, at the week 37 and the key indicators. Source: MoH sitrep N° 16 (22 Sept. – 2 Oct 2016)

While the prevailing situation has seen a drop of the number of affected cases as of 2 October 2016, the MoH has requested its partner humanitarian organizations to continue with the implementation of prevention activities. These activities including social mobilization, communication and community-based awareness on the knowledge of the disease, the risk factors, the universal prevention measures, community-based epidemiological surveillance and hand washing techniques. Further, the MoH has requested the support of the WHO to strengthen the capacity of health facilities in terms of care and management of positive cases, pre-positioning of treatment kits as well as the medicines for the treatment of water-borne diseases, especially in the risky areas. According to the MoH, there is a need to strengthen the national contingency plan for future responses.

The implementation of the DREF's activities were delayed by three major security incidents which did not allow the volunteers to complete the planned activities on time. All these incidences took place in Bangui.

The first incident took place on 2 October 2016, when a commander of the Central African Armed Forces (FACA) was shot dead in his vehicle. This incident caused a wave of violence in Bangui City, with shooting near the headquarters of the Central African Red Cross. The ensuing violence resulted in the deaths of several people. During this period, all the staff of the Central African Red Cross evacuated their office for a whole week. On the ground, door-to-door activities were suspended for the duration of a week.

On 17 October 2016, while humanitarian activities were resuming at a small scale, a civil society leader organized a protest demonstration calling for the departure of the country's International Forces (MINUSCA). This event created clashes between demonstrators and international forces. This other incident ended in the death of several people. For a second time, volunteers were forced to suspend to activities.

Two weeks after this incident, on October 31, 2016, a clash between two armed groups killed the two respective leaders. This last incident created heavy gunfire in the city of Bangui. Once again, the volunteers were forced to stop their activities. This other truce will last two weeks. Insecurity in Bangui resulted in six to eight weeks' loss of work. These events have impacted on the implementation of the operation particularly in Bangui, Begoua and Bimbo and the 10 teams that have been working in these locations.

In addition, schools have also been affected by these different waves of violence. Schools officially reopened in September 2016, but given the repetitive violence in the city of Bangui, parents have been reluctant to enrol their children in school. Since then, schools are gradually starting to reopen. In the extension, the National Society is prioritizing the completion of community group discussions and the cleaning and disinfecting of school latrines.

Summary of current response

Overview of Host National Society

The Central African Red Cross (CARC), as an auxiliary to the government, was involved in responding to all the epidemic outbreaks in the country. The CARC is organised into two main structures: - the operational structure which includes programmes in disaster management, community health/HIV/malaria/TB and social actions, water and sanitation, communication and dissemination and the support services, which comprises administration, finance, organizational development.

The CARC has 69 sub-branches (Comités sous-préfectoraux), eight local committees in Bangui, and 117 community-based committees, though not all are active. CARC counts on approximately 12,000 volunteers countrywide. In the affected regions, the CARC is represented by 10 local Red Cross committees, comprising approximately 2,500 volunteers. The volunteers in this part of the country have experience in cholera response because of an outbreak some 10 years ago.

The National Society (NS) has experience managing DREF funded operations and Emergency Appeal (EA) operations, and has a good understanding of the IFRC tools and procedures. The CARC has implemented an EA targeting 23 most hardest hit areas of the country following the three-year violence in CAR that left over one million people homeless. The areas affected and targeted by this DREF operation are, however, not part of the 23 areas that were targeted by the EA. As such, the funding from the DREF is strictly targeting the cholera epidemic outbreak and not the EA activities or any other epidemic outbreak.

Since 7 July 2016, when the information on the outbreak was shared by the WHO, the CARC and the International Federation of Red Cross and Red Crescent Societies (IFRC) took part in the crisis meeting co-led by the MoH and the WHO on the strategic response plan to this outbreak. As part of the initial response, the CARC deployed 500 volunteers from its roster of volunteers trained under the Ebola Preparedness programme. The CARC also provided 50 Personal Protective Equipment, distributing NFIs and sanitation material from its stock.

In addition, the MoH requested the CARC, with the support of the IFRC to carry out social mobilization, communication and epidemiological surveillance in the affected and at risk areas.

Overview of Red Cross Red Crescent Movement in country

The IFRC is assisting through its CAR Country Representation, Central Africa Countries Cluster Support team, 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 are being shared. On 10 August 2016, an alert was issued using the IFRC Disaster Management Information System (DMIS), and four Operational Strategy Calls were carried out with colleagues of Health and DCPRR units at regional and Geneva levels. It was agreed that given the nature of the outbreak, an RDRT roster member should be deployed to CAR to support the NS in the response to this epidemic outbreak.

Following the issue of a DMIS, discussions were held between IFRC CAR, CARC and ICRC counterparts on the intention to launch a DREF operation for the cholera outbreak. Further, after the reporting of new cases on the river Oubangui side, and subsequent decision to launch a DREF operation, efforts were made to ensure coordination at all levels, including sharing of information on the implementation of the activities planned.

Movement partners in CAR have set up Movement coordination meetings on the areas of security, communication and operations/programme management. These regular meetings have resulted in improved collaboration and have created synergies that have had a positive impact on activities implemented for the affected population.

Overview of non-RCRC actors in country

To date, approximately 100 national and international non-governmental organizations and United Nations agencies are operating in CAR; however, they are mostly involved in the response to the three years' civil unrest, and not in the Cholera epidemic response. MSF (Spain), "Action Contre la Faim" (ACF), IDC, IOM, UNICEF, CARC, IFRC, FRC, OXFAM and WHO are the only organisations that are involved in supporting the MoH in the response to the Cholera outbreak in the country. Regular crisis meetings are held at the WHO headquarters in Bangui to coordinate the strategic response plan.

The IFRC CAR Representation, in collaboration with the CARC, attended the crisis meetings co-led by the MoH and the WHO on the strategic response plan for Cholera outbreak. During the peak period of the outbreak, crisis meetings were held on daily basis at the centre for emergency operation in Public Health at the MoH, with cholera task-force meeting were being held twice per week. The Committees put in place by the MoH for the response of cholera were also meeting once per week; and the CAR health cluster meeting is taking place once per week. As the epidemic situation is decreasing, the number of meetings has also gradually reduced. The last crisis meeting took place on the 31 October 2016, however, the CAR health cluster meetings are ongoing, the last took place on the 15 November 2016.

Following the occurrence of acute diarrhoea cases in Djoukou, Mourou-fleuve and Zawara, the MoH response plan was set up to strengthen activities in the following six intervention areas:

- Epidemiological surveillance, where the CARC is a member,
- Social mobilization and community communication, where the CARC is a member,
- Treatment of contaminated cases in cholera treatment centres,
- Disinfection of the buildings, latrines and water sources including wells, in the affected areas and the surrounding, where the CARC is a member,
- Coordination where IFRC and CARC are members.
- Logistic

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

B. Operational strategy and plan

Overall Objective

Reduce immediate risk to the health of the affected population, especially in relation to the cholera outbreak, through the National Society's social mobilization and community sensitisation activities, targeting a total of 1,000,000 people (indirectly) and 450,000 people (directly). This DREF operation will mainly concentrate on the locality where the initial cases were detected and Bangui where the risk of spread is high. These include: Ndjoukou, Zawara, Bangui city, Massamba, Quartier Bruxelles and Danga, for a period of four months.

Proposed strategy

In accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, the response strategy for the CAR cholera epidemic outbreak aimed to support the CARC through staff and volunteer training and awareness raising, distribution of information, education and communication materials, communication of key messages on the knowledge of the disease, the preparedness and prevention of cholera outbreaks, dead body management as well as social mobilization to reduce the risk and improve prevention activities in collaboration with the MoH.

Activities implemented include:

- Training of 300 volunteers on the Epidemic Control for Volunteers (ECV) manual, specifically linked to the risks related to cholera outbreaks (two-day training). The CARC volunteers have received training on knowledge of the disease, the signs and symptoms, the transmission risk factors, actions for suspected cases, prevention and control measures as well as the use of calcium hypochlorite for various purposes (water treatment for hand washing, clothes disinfection, houses and beds cleaning, latrine disinfection and dead body washing. The trained volunteers are currently conducting door – to – door awareness campaign in the communities. The training sessions took place in Bangui for the 8 districts local branches, Bimbo and Begoua, and in Mongoumba, Damara and Sibut districts. This activity has been completed.

- Social mobilization is ongoing in Ndjoukou, Bangui City, Bimbo, Begoua, Zawara, Massamba, Danga, Mongoumba, Damara and Sibut districts. To date, 300 CARC volunteers are mobilized for three months, all the 300 trained volunteers are involved in door to door campaigns and mass media awareness sessions, demonstration of hand washing techniques and cleaning of public places. These activities have been undertaken using megaphones, and volunteers have distributed information, education and communication (IEC) materials in public places (including churches, mosques and schools) and within communities. The volunteers are also demonstrating the use of ORS, aqua tabs and PUR for water purification. This activity is on-going in areas affected by the violence that erupted during the awareness campaign. This includes the eight districts of Bangui, Bimbo and Begoua. Further, the volunteers are continuing to clean and disinfect latrines in public places such as schools and health facilities.

- Community based epidemiological surveillance including monitoring/referral by volunteers at community level is carried out by trained volunteers. As members of their communities, they act within the community as the community-based epidemiological surveillance agent and they report suspect cases to the nearest health centre. This activity is ongoing and these structures will be sustained after the implementation period of the DREF.

- Oral Rehydration Points have been set up for community based management of cholera, targeting affected areas without health facilities. There have been distributions of household water treatment including aqua tabs and PUR. Following the decrease in the number of affected cases, the MoH has requested its partners to concentrate more on prevention activities such as the information, education and communication of the disease in communities, the risk factors and the universal prevention measures. This includes the demonstration of the use of ORS, aqua tabs and PUR, the disinfection of latrines and water sources and the distribution of sanitation material for 1000 households in high risk areas, specifically affected areas of Bangui, Bimbo, Mongoumba and Damara districts including Ndjoukou. As such the contents of the kits have been shared by the Ministry of Health and other stakeholders. The kits include:

  Table 1: Minimum kit for households (SPHERE standards for population living in areas with no clean water facilities for 30 days) - for people living in an area where water turbid >20NTU)

ITEMS N°	DESCRIPTION	QUANTITY
1	Soap 200 grams each (1 month)	8 pieces
2	PUR/aqua tab for water purification with demonstration on its use	120 sachets
3	Tissue for water filtration (50 cm x 50 cm)	2 pieces
4	Leaflet on cholera	1 copy
5	Leaflet on the use of PUR and aqua tab	1 copy
6	Jerrycan (10 litres) for water transportation	1 piece
7	Bucket (10 litres) for water treatment	1 piece
8	Bucket (14 litres) for water storage	1 piece
9	ORS	6 sachets

Security

The CARC is well known and well respected in the country. In terms of security procedures and protocols, Movement partners in CAR have developed a Movement Security Framework, covering all delegates present in country.

In terms of volunteer security procedures, all planned interventions must be implemented during the day light. All RC volunteers, national and international staff must carry at all-times visible Red Cross Red Crescent emblems and a valid Red Cross Red Crescent ID card. IFRC staff movement is currently limited to the city of Bangui. The IFRC has a security focal point for the IFRC representation in CAR, who is connected to the United Nations Department of Safety and Security (UNDSS) and International NGO Safety Organisation (INSO) and regularly receives and disseminates security alert from these two organizations. In the event of security situations, volunteers are stood down and activities suspended until it is safe to resume activities.

Planning, monitoring, evaluation, & reporting (PMER)

Monitoring and reporting of the DREF operation will be supported by the RDRT in close collaboration with the National Society M and E department.

Brief weekly updates will be provided to the IFRC on the general progress of the operation through the RDRT person, and regular monitoring reports will provide detailed indicator tracking.

The RDRT will provide ongoing monitoring reports from the NS local branches, with the support from the NHQ level, and he/she will work in close cooperation with the IFRC country and regional office to monitor the progress of the DREF operation and provide necessary technical expertise

Administration and Finance

The RDRT person will work closely with the NS finance department, which will ensure the proper use of financial resources in accordance with conditions to be discussed in the Memorandum of Understanding between the National Society and the IFRC Country Cluster.

Management of financial resources will be carried out according to the procedures of the National Society and DREF guidelines.

Supervision will be ensured through the IFRC Country Representation Finance and coordination Unit.

C. Detailed Operational Plan

The CARC awareness campaign has so far reached 570,798 households (743,140 people), with 25,346 leaflets and 3,000 posters distributed.

Emergency Health & care

Outcome 1: Reduced morbidity and mortality among 450,00people (90,000families) through hygiene promotion and disinfection activities, ensuring early detection, community case management in the affected and at risk areas (Ndjoukou, Bangui, Zawara, Massamba, quartier Bruxelles and Danga	Outputs	% of achievement
	Output 1.1 The Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks	100%
	Output 1.2 Increased public awareness about the cholera epidemic outbreak (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) in the six affected and at risks areas (Ndjoukou, Bangui, Zawara, Massamba, quartier Bruxelles and Danga)	80%
	Output 1.3 Community epidemiological surveillance is set up / enhanced	80%
	Output 1.4 The dead bodies are properly managed in the dignified and efficient manner with zero risk of contamination	100%

Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1 Mobilize 300 CARC volunteers and 20 supervisors in the targeted areas (Target: 300 volunteers + 20 supervisors)	X		Complete
1.1.2 Organise training of 300 volunteers and supervisors on cholera outbreak management utilizing the Epidemic control manual for volunteers in 5 targets training areas in collaboration with the MoH using IFRC manuals (including early detection and referrals of cholera cases)	X		Complete
1.1.3 Continuous assessment and reporting on the evolving situation and spread of disease	X		Complete
1.1.4 Monitor and report on the activities carried out	X		Complete
1.2.1 Produce and print 6,000 assorted information, education and communication (IEC) materials (posters, leaflets and images boxes in collaboration with the MoH) on cholera	X		Complete
1.2.2 Distribute the 6,000 assorted information, education and communication materials in the affected and at risks communities to enhance positive behaviour change	X		Complete
1.2.3 Identify community leaders and conduct targeted sensitization activities	X		Complete
1.2.4 Organize community discussions	X		Not complete (ongoing)
1.2.5 Procure 100 ORP kits	X		Complete
1.2.6 Train 300 volunteers on the use of ORP	X		Complete
1.2.7 Deploy volunteers and ORP kits to high risk areas	X		Complete
1.2.8 Radio broadcasting using community radios in the affected areas	X		Not complete (ongoing)
1.2.9 Social mobilization with dissemination of keys messages on cholera disease prevention	X		Not complete (ongoing)
1.2.10 Produce 300 T-shirt and 300 caps for visibility	X		Complete
1.2.11 Monitor and report on the activities	X		Not complete (ongoing)
1.3.1 Participate in information and coordination meetings with authorities	X		Not complete (ongoing)
1.3.2 Identify community leaders and conduct targeted sensitization activities	X		Complete
1.3.3 Organise community discussions	X		Not complete (ongoing)
1.3.4 Set up / enhance community monitoring committees for disease surveillance	X		Not complete (ongoing)
1.3.5 Epidemiological control and monitoring through community disease surveillance	X		Not complete (ongoing)
1.4.1 Training of selected 20 volunteers on dead body management/ PPE equipment	X		Complete
1.4.2 Follow up process and supervision/ Rotation	X		Complete
Progress towards outcomes			

1.1.1 In total 300 volunteers were mobilized for the training on the epidemic control for volunteers including manuals focusing on the knowledge of the disease, the risk factors, the universal prevention measures.

1.1.2 In total, 300 volunteers and 20 supervisors received training on the cholera epidemic disease, including risk factors, the universal prevention measures, the community–based epidemiological surveillance and dead body management. The training was conducted by a staff of the MoH and the CARC WASH r Assistant Coordinator. The training targeted the districts of Mongoumba, Bimbo, Begoua, Damara, Sibut and Bangui and its eight districts, including all the affected and at risk areas.

1.1.3 The trained volunteers undertook assessment in the affected areas, reporting back on the evolving situation of the disease.

1.1.4 The CARC health team regularly travelled to the field to monitor and report on the activities. Data collection tools have been prepared by the RDRT and the CARC team and handed over to the NS aimed at improving collection of data from the field.

1.2.1 Initially 3,000 posters 3,000 leaflets and 200 image boxes were produced and distributed in the six targeted districts including Ndjoukou, Bangui, Zawara, Massamba, quartier Bruxelles and Bangui city with its eight districts.

1.2.2 The 6,000 IEC material have all been distributed as per the original plan. However due to the enormous needs, another set of 30,000 leaflets were produced and distribution is currently ongoing. In addition, 11,000 exercise books with messages on cholera disease prevention on the covers have been produced for distribution to students in schools. As of now at least 3,000 posters and 25,346 leaflets have been distributed and have reached 743,140 people so far.

1.2.3 All the 16 Mayors of the affected districts councils and the administrative authorities are involved in the response to this epidemic outbreak. Further, religious leaders are also raising in their respective communities (pastors and priest in the churches and Muslim leaders and Imams at the mosques). The CARC staff at the headquarter met with the 16 Mayors and other local administrative authorities in their municipalities to explain what the cholera disease is, the risk factors and the universal prevention measures. Red Cross staff requested permission of the community leaders to allow volunteers to visit the populations houses in order to raise awareness on cholera, the risk factors, the universal prevention measures and demonstrate the use of aqua tab for water purification and hand washing technique. Community leaders informed their people of the arrival of the volunteers and the aim of their visit. They also requested the people to listen to the volunteers and ask questions if they don't understand. The community leaders have also informed the religious leaders to disseminate the information to their respective communities.

1.2.4 While in the community, the volunteers organized community discussion with specific groups such as (the women group, the elders group or youth group). This activity is not complete, it is currently ongoing as the awareness sessions are continuing. The volunteers were organized into 16 groups, each group planned to conduct three community groups discussions within the three-month operational timeframe. In total, 48 community group sessions were planned and at least 25 groups discussions have been completed. Activities have ended in Mongoumba, Damara and Sibut districts, however they are ongoing in Bangui, Begoua and Bimbo. The aim is to disseminate the information about cholera disease, the risk factors and the control measures.

1.2.5 Following the new orientation of the MoH, the NS has purchased 1,000 kits to be distributed to the population at risk specially those living along the riverside of Oubangui and those surrounding the compounds of the confirmed cases in Bangui (Benzvi and Saïdou neighbourhoods). The kits include: eight pieces of 200g soap, 120 sachets of PUR/540 tablets of aqua tabs, two pieces of 50cm x 50 cm tissue for water filtration, a copy of cholera leaflet, a 20-litres jerry can for water transportation, a 10-litre bucket for water treatment, a 14-litre bucket with lid for water storage, and six ORS sachets. See the composition of the kits at the annex of this report.

1.2.6 During the training, the 300 volunteers have benefitted from the techniques of producing and managing an ORP.

1.2.7 After the identification of the four positive cases in the Bangui districts, UNICEF set up ORP in the affected areas, these points were managed by 12 Red Cross volunteers. Further, 24 Red Cross volunteers also managed the ORPs at two Cholera Treatment Centres (CTC) in Bangui. A further eight other Red Cross volunteers were part of the teams that disinfects the buildings, latrines and water sources of affected people as well as their surroundings. The teams were put in place by the MoH and was made up of people from the MoH, OXFAM, CARC. When the MoH announces a suspect case in an area, the investigation team goes to the affected area to identify the house of the person, to assess on the causes of contamination, identify the households living in area 50 meters surrounding the affected compound, organize the distribution of cholera prevention items such as soap, bucket with lids for clean water storage, aqua tab or PUR, disinfect the latrines and treat the water source and conduct awareness raising on the need for the household to remain clean to avoid cholera and other diseases. The teams have visited at least 35 affected households.

1.2.8 The radios spots on the cholera and community leaders' interviews are regularly being broadcasted on ***radio centrafrique*** where the CARC have an hour programme per week. To date, 8 radio programmes out of 12 have been broadcasted with interviews and discussions on cholera epidemic. Further, the CARC invited the media for a press release on the Red Cross Response to the cholera outbreak. All the planned activities have been supervised by the CARC Communication Officer. The National President of the CARC took the opportunity to inform all the CAR citizen that they should welcome the volunteers while

they are conducting door to door awareness raising campaigns.

1.2.9 Currently all the 300 trained volunteers are conducting door-to-door sensitization campaign on the disease, with dissemination of keys messages on cholera prevention and control measures. Further the volunteers are demonstrating hand washing technics and the use of chlorine, aqua tab and PUR for water purification at home. To date at least 743,140 people are reached with awareness sessions in the six targeted districts. Initially three awareness sessions were planned per week for three months, making a total of 36 sessions. In some areas, all the 36 sessions are completed, in others only 25 sessions have been conducted because of insecurity. The NS volunteers are continuing their activities in order to complete the planned sessions. These sessions will be held in Bangui, Begoua and Bimbo.

1.2.10 To date, 150 t-shirts, 150 Red Cross bibs, 300 caps and 50 polo shirts with CARC and IFRC emblems bearing messages on cholera prevention have been produced and distributed to volunteers for the visibility during their activities.

1.2.11 These activities are being regularly monitored by the CARC health Coordinator and his assistants. Reports are being shared on weekly basis to the CAR IFRC cluster support team. The information collected from the NS is used to contribute to the weekly DM updates that are shared with Nairobi regional office through the Yaoundé office.

1.3.1 The CARC and IFRC staff regularly attended MoH and WHO co-led meetings. This included the daily crisis meetings led by the MoH, as well as twice weekly Cholera Task Force meetings. In addition, once a week, there was communication and social mobilization meetings and a once a week there is the health cluster meeting. The CARC and IFRC were part of the meetings. Since the dropping of the cholera affected cases, only the health cluster meeting is continuing with a frequency of one meeting every fortnight. The IFRC and the NS attended 48 sessions of crisis meetings, 14 sessions of the cholera task force meetings, 12 sessions of communication and social mobilization meetings.

1.3.2 The religious leaders, the mayors of the affected districts and others community leaders were identified and briefed for the sensitization within their communities. There were 16 briefing sessions with the 16 Mayors and the local administrative authorities. The briefing reached 78 participants. The briefing took place at the Mayors offices. For each briefing session, there was the Mayor, the local administrative authority, and religious leaders of the community.

1.3.3 With the assistance of community leaders, the CARC volunteers succeeded in conducting community discussions on the cholera disease

1.3.4 Community monitoring committees for disease surveillance is very important activity because it will continue after the DREF operation. The community monitoring committees include three Red Cross volunteers, the Mayor of the local council, a representative of the women group, youth group and two elders. There are 16 community monitoring committees put in place by the Red Cross.

1.3.5 The trained volunteers are established as community-based epidemiological control and monitoring agents in their respective communities and linked to the nearest health centres. When a suspect case is identified, the volunteers call the number 4040 put in place by the MoH to provide ambulance or they report to the nearest health centre. To date 53 suspects cases out of the 265 registered by the MoH have been identified by the trained volunteers. The four positive cases identified in Bangui are among the people 53 suspects cases reported by the Red Cross volunteers.

1.4.1 300 volunteers have benefited from the training on dead bodies management during the training on the knowledge of the disease and the control measures. This has not been budgeted separately. Out of the 20 deaths reported by the MoH, at least 15 were buried by the Red Cross volunteers. This means that communities can call on the Red Cross, because its volunteers have been collecting and burying dead bodies during the past crises.

1.4.2 The process of dead body management is well being followed with Red Cross volunteers. They are well equipped for the activity and are ready at any time to contribute to the burial of corpses with dignity.

Water, sanitation, and hygiene promotion

Outcome 2: The immediate risks to the health of 450,000 people in the affected and at risk communities in the six targets areas are reduced by ensuring access to safe drinking water and hygiene supplies	**Outputs**	**% of achievement**
	Output 2.1: Targeted population in the affected areas are provided with access to safe drinking water supply in accordance with SPHERE and WHO standards	**75%**
Activities	**Is implementation on time?**	**% progress (estimate)**

	Yes	No	
2.1.1 Orient 300 volunteers on hygiene promotion activities		X	complete
2.1.2 Hand washing at keys times promoted through demonstrations at markets and other public places	X		Complete
2.1.3 Purchase water purification tablets and ORS for at least 5000 families	X		Complete
2.1.4 Distribute the aqua tab and the ORS to the affected and at risks communities	X		Complete
2.1.5 Safe use of water products including household safe drinking water storage promoted in 90,000 households through sensitization and demonstration sessions		X	Not complete (ongoing)
2.1.6 Conduct house to house visits for hygiene promotion		X	Not complete (ongoing)
2.1.7 Conduct disinfection of strategic functional latrines in schools and health centres		X	Not complete (ongoing)
2.1.8 Hygiene promotion activities like personal and environmental sanitation promoted in schools of the affected and at risks areas		X	Not complete (ongoing)
2.1.9 Support schools with hand washing points, water treatment products and latrine disinfection products		X	Not complete (ongoing)
2.1.10 Monitoring and reporting on activities	X		Not complete (ongoing)

Progress towards outcomes

2.1.1 The 300 trained volunteers have been deployed in their respective districts for awareness sessions as well as hygiene promotion with the demonstration of hand washing technics, the use of aqua tab, ORS and PUR and the cleaning of public places.

2.1.2 During the door-to-door sensitization campaign and during markets days of the affected areas, the volunteers have explained the various keys times for hand washing with the aid of posters and leaflets in addition to demonstrating hand washing technics; The hand washing demonstration also took place at the prayer grounds (Churches and Mosques) during the religious sessions. To date, 24 markets, 32 Churches and 16 Mosques have been visited with at least 87,000 people reached.

2.1.3 Due to lack of aqua tab in the country, a stock of 116,000 aqua tab was borrowed from the IFRC regional warehouse in Yaoundé to be replenish by the DREF fund and 9,000 sachets of ORS have been purchased from the neighbouring Cameroon. Further, UNICEF provided PUR for the distribution to 500 affected and at-risk families. These products have been received in CAR, handed over to the National Society and distributed to the 1,000 target families. PUR was distributed to the population that consume water with high turbidity > 20NTU and the aqua tab were distributed to the population that consume water with low turbidity <20NTU.

2.1.4 The aqua tabs an ORS have been purchased and distributed to at least 1,000 families in the affected and at risk areas. The distribution targeted the 2ND, 5TH ,6 TH districts of Bangui, Bimbo, Damara, Mongoumba districts, including Ndjoukou and Zawara. Each of the 1,000 beneficiaries received one 20-litre jerry cans for water transportation, a 10-litre bucket for water treatment and a 14-litre buckets with lids for water storage, eight pieces of 200 grams' soap, 100 sachets of PUR/100 tablets of aqua tabs and two pieces of 50cm x 50cm tissues for water purification. Further the awareness sessions conducted by the Red Cross volunteers includes the demonstration of hand washing and water purification techniques in the distribution sides.

2.1.5 The 300 trained volunteers are currently conducting house to house visits for hygiene promotion. To date, 570,798 families (743,140 people) have been reached with the door-to-door awareness sessions. This activity covers the 8 districts of Bangui, Bimbo, Begoua, Mongoumba, Damara and Sibut including Ndjoukou and Zawara.

2.1.6 While conducting the sensitization activities on the disease, the universal prevention measures through house to house approach, the Red Cross volunteers also conduct hygiene promotion in the visited households. This activity has been affected by the violence that erupted in the Bangui districts on several occasions. This activity is currently on going within the communities of the eight districts of Bangui, Bimbo and Begoua.

2.1.7 Officially, schools have reopened on 10 October 2016 but due to insecurity, most of the parents had not registered their children at that time. Schools are reopening gradually in the areas where there is peace and security. The Red Cross volunteers have identified 82 schools and 32 health centres in the affected and at risk areas. They are currently conducting latrine disinfection in the targeted schools and the health centres. To date at least 75 out of the 82 schools have reopened and are functional. Further, at least 50 backpack sack sprayers and 1,800 kg of HTH have been purchased to ease the effectiveness of this activities. In addition, 300 volunteers are trained in the use of calcium hypochlorite for disinfection activities.

2.1.8 Hygiene promotion activities are also being conducted in schools of the affected and at risk areas. The Red Cross volunteers are currently conducting the hygiene promotion in schools that are functional. This activity is also ongoing. To date, the total number of school children reached with this activity is still be analysed. Meanwhile, 82 schools have been identified by

the volunteers in the affected and at risk areas.

2.1.9 The activities are being monitored by the CARC Health Coordinator, his assistant and the RDRT deployed in CAR for the purpose. Regular reports are shared with the Central African cluster team and the regional health and the DM colleagues in Nairobi.

Logistics			
Outcome 3: Timely and effective logistics support provided to the emergency operation	**Outputs**		**% of achievement**
	Output 3.1: Effective logistical support has enabled rapid assistance to targeted beneficiaries		100%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes	**No**	
3.1.1. Coordinating mobilization of goods and reception of incoming shipments	X		Complete
3.1.2 Local procurement of sanitation and hygiene materials, and emergency health items, including 70,875 aqua tabs, 600 soaps, 50 buckets, 50 jerry cans for demonstrations, high test hypochlorite (HTH), 50 backpack sack sprayers, protective goggles, 300 pairs of boots, 300 pieces of protective clothing, 300 pairs of gloves, 300 face masks, 4 kits for measuring chlorine dosages as well as 50 megaphones for facilitating hygiene promotion	X		Complete
3.1.3 Transport relief supplies to final distribution site	X		Complete
3.1.4 Coordinating within IFRC logistical structures in the region	X		Complete
3.1.5 Monitoring and reporting on activities	X		Complete

Progress towards outcomes

3.1.1 All NFIs were purchased with support of the IFRC Logistics Department in CAR and the Logistics Department of the Central African Country Cluster team in Yaoundé, Cameroon. The items have been approved and received by the NS health coordinator.

3.1.2 A national tender was launched by the IFRC Logistics Department in CAR to acquire PPE and WASH items and purchases made in line with the IFRC logistics procedures and handed over to the National Society for distribution. The aqua tab and ORS were purchased from neighbouring Cameroon with the support of the IFRC Logistics at the Central African Country Cluster support team.

3.1.3 All items were transported in respect to the IFRC logistics procedures

3.2.1 The CAR Country Team coordinated with the IFRC Central African Cluster support team for the purchase of items from the neighbouring Cameroon;

3.2.2 Activities have been regularly monitored and reported by the CARC health teams and the RDRT.

No further activities under this output.

D. Budget

The overall budget has reduced from CHF 237,877 to CHF 225,789. The budget has been adjusted to include the vehicle rental, which was underbudgeted in the initial submission. The budget has also been adjusted to include supervisors' allowances, which were also underbudgeted in the initial submission. Savings have been made in terms of pool testers and tarpaulins. Savings have also been made in terms of accommodation for the RDRT, who is staying at the IFRC guesthouse, paid for by the Global Fund project, and volunteer insurance has also been paid for by the Global Fund. The budget has also been adjusted to capture the actual price of aqua tabs brought from the stores in Yaoundé.

Contact Information

For further information specifically related to this operation please contact:

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For Performance and Accountability (planning, monitoring, evaluation and reporting)

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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 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:

Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

Enable healthy and safe living.

Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

07/12/2016

MDRCF021 Central Africa Republic: Cholera

Budget Group	DREF Grant Budget CHF
Water, Sanitation & Hygiene	30,800
Medical & First Aid	17,210
Teaching Materials	4,145
Utensils & Tools	2,171
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**54,325**
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	**0**
Storage, Warehousing	0
Distribution & Monitoring	4,899
Transport & Vehicle Costs	15,866
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	**20,765**
International Staff	18,000
National Staff	0
National Society Staff	6,238
Volunteers	66,528
Total PERSONNEL	**90,766**
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	**0**
Workshops & Training	12,140
Total WORKSHOP & TRAINING	**12,140**
Travel	0
Information & Public Relations	25,287
Office Costs	7,426
Communications	300
Financial Charges	1,000
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	**34,013**
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	**0**
Programme and Services Support Recovery	13,781
Total INDIRECT COSTS	**13,781**
TOTAL BUDGET	**225,789**