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DREF Operation Final Report

Central African Republic: Cholera Epidemic Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRCF021	**Glide n°** EP-2016-000082-CAF
Date of Issue: 27 March 2017	**Glide number:**
Date of disaster: 10 August 2016	
Operation start date: 24 August 2016	**Operation end date:** 24 December 2016
Operation budget: CHF 221,619	
Number of people affected: 265 people	**Number of people assisted:** 1,000,000 indirectly and 450,000 people directly (90,000 families)
Host National Society(ies): Central African Red Cross (CARC): Three national headquarter staff (Head of Health, Head of Communications and Finance Officer), Three national disaster response teams members, 1500 volunteers, and one driver, and 16 local branches	
N° of National Societies involved in the operation: CARC and French Red Cross	
N° of other partner organizations 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), Ministry of Health (MoH), WHO, UNICEF, MSF (Spain), OXFAM, ACF, IOM, IDC, JUPEDEC	

A. Situation analysis

Description of the disaster

From August to December 2016, the Central African Republic (CAR) faced a serious cholera epidemic outbreak which caused damage and death among the CAR population. According to the Ministry of Health (MoH) and WHO situational report dated on 7 August 2016, from 27 July to 5 August 2016, at least 36 cases of acute watery diarrhea with severe dehydration were reported in villages along River Ubangi. In addition, eight (8) deaths were also reported in Mourou-fleuve village, in the Ndjoukou district, Kemo Province. A further nine (9) cases of acute watery diarrhea with severe dehydration, including five deaths, were recorded between 5 and 10 August 2016 at Zawara, Danga and Massamba villages in the Damara district and one case at the Bruxelles neighborhood in Bangui.

CARC volunteers conducting Cholera awareness sessions in school / Photo CRCA

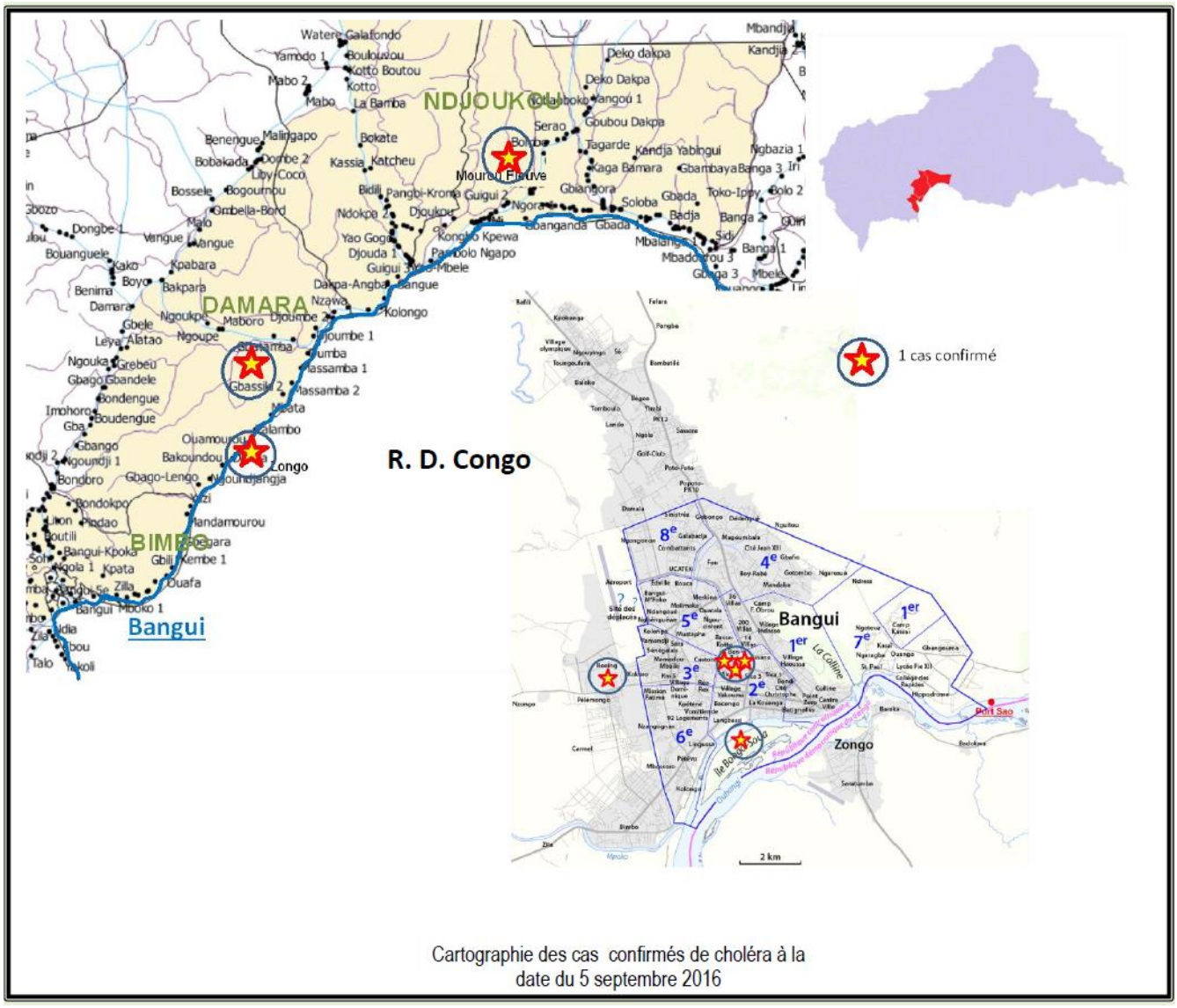
On 10 August, the Pasteur Institute of Bangui confirmed the presence of ***Vibrio***

Cholerae in the sample taken from the affected cases that originated from Zawara village. On the same day, the MoH, during a press conference, declared a state of emergency for cholera epidemic outbreak in the CAR.

The risk of spread of cholera was very high and the situation was 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 the 1st September 2016, with at least four (4) positive cases in the second and third districts; especially in the Benzvi and Boeing neighborhoods of the city. The most affected areas remained the 1st, 4th, and the 7th health province of the country.

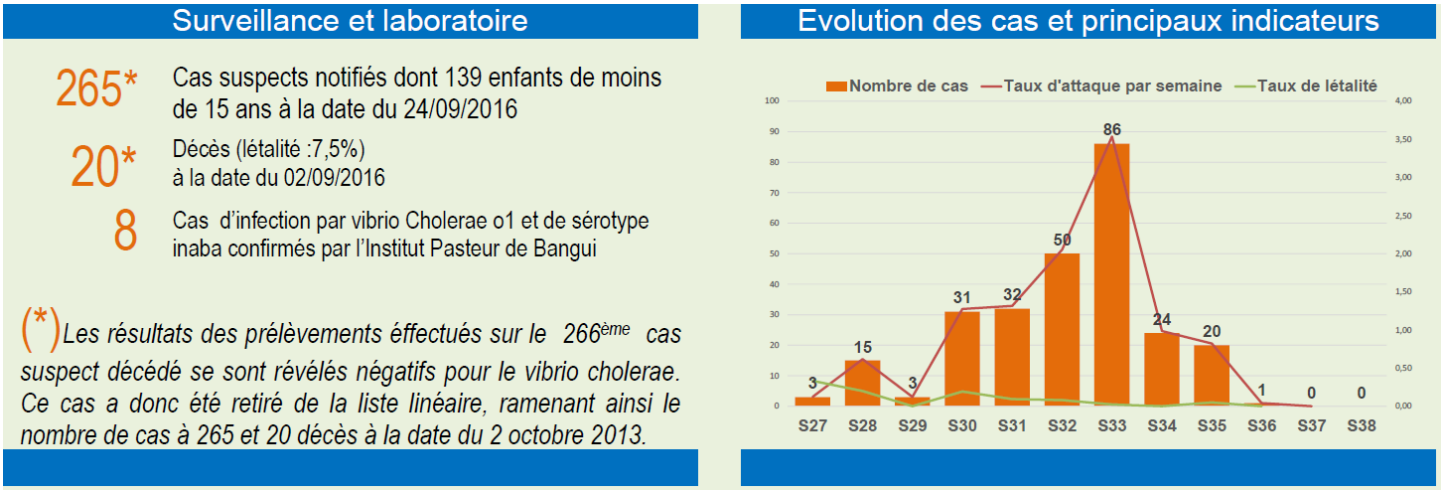
According to CAR health cluster report of 20 September 2016, from 5 July to 20 September 2016, some 266 affected cases were registered with 21 deaths (lethality rate: 7.8%). Later, the CAR health cluster meeting, held on the 8 November 2016, revealed that the laboratory results of the sample taken on the 266th suspected case were 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 Minister of Health, in a Press conference held on 4 January 2017, officially declared the end of the cholera epidemic in the country while advising the population to be vigilant.

Figure 1: Map of Cholera affected areas as of 5 September 2016



Source: *CAR Health Cluster Newsletter, June - September 2016*

Table 1: Data of the cholera epidemic situation in CAR as of the 02 October 2016



Source: *Bulletin du cluster Santé en RCA, Juin – Septembre 2016*

Trends in cholera cases and deaths between week 27 and week 38

While the situation experienced a drop in the number of affected cases as of 2 October 2016, the MoH requested its humanitarian partners to continue with the implementation of prevention activities. These activities include 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. Furthermore, the MoH requested the support of 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 medicine for the treatment of water-borne diseases, especially in at-risk areas. According to the MoH, there was a need to strengthen the national contingency plan for future responses.

The implementation of activities within this DREF was affected by three major security incidents which did not allow the volunteers to complete planned activities on time. All the incidences took place in Bangui, during the implementation period; this resulted in delaying implementation.

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, the entire staff of the Central African Red Cross evacuated their office for a whole week. On the ground, door to door activities were suspended throughout that same week.

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

Two weeks after this incident, on 31 October 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, volunteers were obliged to stop their activities. This other truce lasted two weeks. Insecurity in Bangui resulted in six to eight weeks' loss of work. As such, these events impacted on the implementation of the operation, particularly in Bangui, Begoua and Bimbo as well as on the 10 teams working in these locations.

In addition, schools were also 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 enroll their children into schools. Since then, schools gradually reopened based on the security situation in the area. The National Society thus requested an extension period of one month and prioritized the remaining activities to be complete. These included community group discussion, awareness raising and the cleaning and disinfection of latrines in schools, distribution of exercise books with covers promoting cholera prevention.

Summary of response

Overview of Host National Society

The Central African Red Cross (CARC), as an auxiliary to the government, is involved in responding to all epidemic outbreaks occurring in the country. The CARC is organized into two main structures: The Operational structure which includes programs in Disaster Management, Community Health/HIV/Malaria/TB and Social Actions, Water and Sanitation, Communication and Dissemination and Support Services, which comprises Administration, Finance, and Organizational Development.

The CARC has 69 sub-branches (Comités sous-préfectoraux), eight local committees in Bangui, and 117 community-based committees, though not all 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 experienced managing DREF funded operations and Emergency Appeal (EA) operations, and has a good understanding of IFRC tools and procedures. The CARC implemented EA activities targeting 23 most hardest hit areas of the country by the three-year violence in CAR, that left over one million people homeless. The areas affected and targeted by this DREF operation were, however, not part of the 23 areas that were targeted by the EA. As such, the funding from the DREF strictly targeted the cholera epidemic outbreak and not the EA activities or any other epidemic outbreak.

From 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) regularly 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 program. The CARC also provided 50 Personal Protective Equipment, NFIs and sanitation material from its stock to support the MoH in the response to this disaster.

In addition, the MoH requested the CARC, with support from 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 has assisted through its CAR Country Representation, Central Africa Multi-country Cluster Support team, and Africa Regional Office. From the onset of the disaster, there was 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 a new case along River Ubangi, 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 set up Movement coordination meetings on the areas of security, communication and operations/programme management. These regular meetings resulted in improved collaboration and created synergies that had a positive impact on activities implemented for the affected population.

Overview of non-RCRC actors in country

During the DREF implantation period, over 100 national and international non-governmental organizations and United Nations agencies were 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 organizations that were involved in supporting the MoH in the response to the Cholera outbreak in the country. Regular crisis meetings were being 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 a 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 was held once a week. As the epidemic situation decreased, the number of meetings also gradually reduced. The last crisis meeting took place on the 31 October 2016, however, the CAR health cluster meetings carried on because they addressed all health problems in the country and not only the cholera outbreak.

Following the occurrence of acute diarrhea 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 was a member,
- Social mobilization and community communication, where the CARC was a member,
- Treatment of contaminated cases in cholera treatment centers,
- Disinfection of buildings, latrines and water sources including wells, in the affected areas and surrounding, where the CARC was a member,
- Coordination where IFRC and CARC were members.
- Logistics

Based on its performance in the 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

The overall objective of this operation was to reduce immediate risk to the health of the affected population, especially in relation to the cholera outbreak, through social mobilization and community sensitisation activities conducted by the National Society,, targeting a total of 1,000,000 people (indirectly) and 450,000 people (directly). As such, this DREF operation mainly focussed on the locality where the initial cases were detected and Bangui, where the risk of spread was high. These include: Ndjoukou, Zawara, Bangui city, Massamba, Quartier Bruxelles and Danga, for a period of four (4) 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 included:

- Training of 300 volunteers on the Epidemic Control for Volunteers (ECV) manual specifically linked to the risks related to cholera outbreaks (two-day training). CARC volunteers received training on knowledge of the disease, signs and symptoms, 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 training sessions took place in Bangui for the 8 districts local branches, Bimbo and Begoua, and in Mongoumba, Damara and Sibut districts. The trained volunteers conducted a door – to – door awareness campaign in the communities.

- At least, 300 CARC volunteers were mobilized for three month; all the 300 trained volunteers were fully involved in door to door campaigns and mass media awareness sessions, demonstration of hand washing techniques and cleaning of public places. These activities were conducted using megaphones, and volunteers distributed information, education and communication (IEC) materials in public places (including churches, mosques and schools) and within communities. The volunteers equally conducted demonstration sessions on the use of ORS, aqua tabs and PUR for water purification. In addition, volunteers cleaned and disinfected latrines in public places such as schools and health facilities. These activities were hampered by the violence in the eight districts of Bangui, Bimbo and Begoua, but were later completed during the timeframe extension period. To date, all the targeted areas have been covered by awareness sessions.

- Community based epidemiological surveillance including monitoring/referral by volunteers at community level was carried out by trained volunteers. As members of their communities, they acted and continue to act within the community as community-based epidemiological surveillance agents, reporting suspect cases to the nearest health care centre. This activity is ongoing and these health structures will be sustained after the implementation period of the DREF. The volunteers involved in this activity are well known by the MoH and the collaboration with the healthcare centre personnel is smooth.

- Oral Rehydration Points (ORP) were set up for community based management of cholera, targeting affected areas without health facilities. There were distributions of household water treatment including aqua tabs and PUR. Following the decrease in the number of affected cases, the MoH requested its partners to concentrate more on prevention activities such as dissemination of information, education and communication on the disease in communities, the risk factors and the universal prevention measures. This includes demonstration of the use of ORS, aqua tabs and PUR, disinfection of latrines and water sources and 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 were shared by the MoH and other stakeholders. The kits include:

MINIMUM KIT FOR HOUSEHOLD 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

These DREF operation activities were supervised by 20 supervisors and NDRT and coordinated by the CARC Health Director and the Communication head of department.

Operational support services

During the implementation of the DREF operation activities, the team discovered mistakes in the approved initial budget. Incentives for supervisors incentives were calculated for one day while they worked for 20 days; the IFRC vehicle rent was calculated for one month while the vehicle was rented for three months. In Operations Update issued on 7 December 2016, the National Society requested the correction of the budget which was approved and revised. That said, the revision of the budget did not require an additional transfer of funds to the NS because some saving was made while purchasing emergency items. After launching the tender for the selection of items providers, it became apparent that most of the unit prices had reduced. In addition, the RDRT deployed to support the NS was living in the IFRC guesthouse rented by the Global Fund programme in CAR and as such, no fund has spent for his accommodation. Thus, savings were made on accommodation. All these resulted in savings for the operation.

Human resources (HR)

The CAR cholera epidemic outbreak DREF operation used 300 volunteers, an Assistant to the CARC Health Coordinator and the CARC Health Director. The National Society also received support from the MoH and UNICEF with the provision of trainers in the domain of health care and WASH respectively. The implementation of this programme also benefitted the support of a financial Assistant and the Logistic at the IFRC and NS levels.

Logistics and supply chain

Most of the items purchased locally with the support of IFRC Logistic Delegate in Bangui. However, Aquatabs and ORS were purchased in neighbouring Cameroon and transported to CAR with support from the IFRC Logistics unit of the Yaounde Cluster Support Team.

Communications

After the approval of the DREF operation and prior to the implementation of activities, the media were invited to the NS headquarter, wherethey were briefed on the planned activities. The President of the National Society took the opportunity to request the support of the CAR population in the affected areas, to welcome volunteers in their homes during door-door awareness sessions. Further, radios spots on cholera and interviews by community leaders were regularly broadcast on ***Radio Centrafrique,*** where the CARC has an hour long weekly programme.. In addition, the media were also invited to attend all the activities implementation.

Security

The implementation of activities of this DREF was affected by three major security incidents which did not allow volunteers to complete the planned activities on time. All the incidences took place in Bangui during the implementation period.

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 timidly, a civil society leader organized a protest demonstration calling for the departure of the International Military Forces (MINUSCA) from the country. This event sprung 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 activities.

Two weeks after this incident, on 31 October 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, volunteers are obliged to halt activities. This new truce lasted two weeks. Insecurity in Bangui resulted in six to eight weeks loss of work and impacted on the implementation of the operation particularly in Bangui, Begoua and Bimbo.

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 enrolling their children in school. Since then, schools are gradually starting to reopen. In the extension, the National Society is prioritized the completion of community group discussions as well as cleaning and disinfecting of school latrines.

C. DETAILED OPERATIONAL PLAN

Health and Care

Health and Care
Outcome 1: Reduced morbidity and mortality among 450,000people (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. **Output 1.1: The Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks** **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)** **Output 1.3: Community epidemiological surveillance is set up / enhanced** **Output 1.4: The dead bodies are properly managed in the dignified and efficient manner with zero risk of contamination**
Planned Activities
1.1.1 Mobilize 300 CARC volunteers and 20 supervisors in the targeted areas (Target: 300 volunteers + 20 supervisors); 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); 1.1.3 Continuous assessment and reporting on the evolving situation and spread of disease; 1.1.4 Monitor and report on the activities carried out; 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; 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; 1.2.3 Identify community leaders and conduct targeted sensitization activities; 1.2.4 Organize community discussions; 1.2.5 Procure 100 ORP kits; 1.2.6 Train 300 volunteers on the use of ORP; 1.2.7 Deploy volunteers and ORP kits to high risk areas; 1.2.8 Radio broadcasting using community radios in the affected areas; 1.2.9 Social mobilization with dissemination of keys messages on cholera disease prevention; 1.2.10 Produce 300 T-shirt and 300 caps for visibility; 1.2.11 Monitor and report on the activities; 1.3.1 Participate in information and coordination meetings with authorities; 1.3.2 Identify community leaders and conduct targeted sensitization activities; 1.3.3 Organise community discussions; 1.3.4 Set up / enhance community monitoring committees for disease surveillance; 1.3.5 Epidemiological control and monitoring through community disease surveillance;

1.4.1 Training of selected 20 volunteers on dead body management/ PPE equipment;

1.4.2 Follow up process and supervision/ Rotation.

Achievements

1.1.1 In total 300 volunteers and 20 supervisors were mobilized for the training on the epidemic control for volunteers including manuals focusing on the knowledge of the disease, risk factors, and the universal prevention measures, the community–based epidemiological surveillance and dead body management..

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 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 conducted assessment in the affected areas, reporting back on the evolving situation of the disease. Further, the IFRC and CARC staff regularly attended crisis meetings co-led by the MoH and WHO, where information on new cases were shared.

1.1.4 The CARC health team regularly travelled to the field to monitor and report on activities. Data collection tools were 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 At least **3,000** posters, **3,000** leaflets and **200** image boxes were produced with messages on cholera universal control measures and distributed in the six targeted districts including Ndjoukou, Bangui, Zawara, Massamba, quartier Bruxelles and Bangui city with its eight districts. However, this remained insufficient to cover the target population.

1.2.2 The **6,000** IEC materials were distributed as per the original plan. However due to the enormous needs, another set of **30,000** leaflets were produced and distributed in the affected and at risk areas. In addition, **11,000** exercise books with messages on cholera prevention on the covers were produced and distributed to **11,000** students in **78** primary schools and **13** secondary schools. At the end of the operation, at least **33,000** leaflets were produced and distributed, and **865,658** people and **195,000** school students reached with the awareness sessions.

1.2.3 All the **16** Mayors of the affected districts councils and the administrative authorities were involved in the response to this epidemic outbreak. Further, religious leaders were 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 headquarters 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 conduct door-to-door awareness visits on cholera, its risk factors, and universal prevention measures, as well as demonstrate the use of Aquatabs 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 did not understand. Community leaders also informed the religious leaders to disseminate the information to their respective communities.

1.2.4 While in the community, the volunteers organized community discussions with specific groups including women group, elders group and youth group. Volunteers were organized into 16 groups, each group planned to conduct three community groups' discussions within the three month operational timeframe. At the end of operation, **48** community group discussions were completed. The aim was to disseminate information about cholera, its risk factors and control measures.

1.2.5 Following the new orientation of the MoH, the NS purchased **1,000** kits which were distributed to the population at risk, especially those living along River Ubangi and those surrounding the compounds of confirmed cases in Bangui (Benzvi and Saïdou neighbourhoods). The kits included: eight (8) pieces of 200 grams soap, 120 sachets of PUR/ or 540 tablets of aqua tabs, two (2) 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.

1.2.6 During the training on cholera disease, the 300 volunteers benefitted from techniques for producing and managing an ORP in the community.

1.2.7 After the identification of the four (4) positive cases in the Bangui districts, UNICEF set up Oral rehydration points (ORP) in the affected areas. These ORPs were managed by **12** Red Cross volunteers. Further, **24** Red Cross volunteers managed the ORPs at two Cholera Treatment Centres (CTC) in Bangui. A further **eight** (8) other Red Cross volunteers were part of the teams that disinfected the buildings, latrines and water sources of affected people as well as their surroundings. The teams were put in place by the MoH and were made up of people from the MoH, OXFAM, and CARC. When the MoH confirmed a suspected case in an area, the investigation team went to the affected area to identify the house of the person, assessed the causes of contamination, identified the households living in area of 50 meters surrounding the affected compound, organized the distribution of cholera prevention items such as soaps, bucket with lids for clean water storage, aqua tab or PUR, disinfect the latrines, treated the water source and conducted awareness raising on the need for the household to remain clean to avoid cholera and other diseases. The teams visited at least **35** affected households.

1.2.8 Radio spots on cholera and interviews by community leaders were regularly being broadcast on ***Radio Centrafrique*** where the CARC has an hour-long programme per week. At least 12 radio programmes broadcast with interviews and discussions on the cholera epidemic within the three months' timeframe. Furthermore, the CARC invited the media for a press release on the Red Cross Response to the cholera outbreak. All the planned activities were supervised by the CARC Communication Officer. The National President of the CARC took the opportunity to inform the entire CAR population that they should welcome the volunteers while they conducted door to door awareness raising campaigns.

1.2.9 At the end of the programme, all the 300 trained volunteers conducted door to door sensitization campaign on the disease, with dissemination of keys messages on cholera prevention and control measures. Further, volunteers demonstrated hand washing technics and the use of chlorine, aqua tab and PUR for water purification at home. At least **865,658** people and **195,000** school students were thus reached with awareness sessions in the six (6) targeted districts. Initially three (3) awareness sessions were planned per week for three months, making a total of **36** sessions.

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

1.2.11 These activities were regularly monitored by the CARC health Coordinator and his assistants. Reports were shared on a weekly basis to IFRC Yaounde Cluster office. Indeed, information collected from the NS was 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 were regularly attended meetings co-led by the MoH and WHO. This included the daily crisis meetings led by the MoH, as well as two weekly Cholera Task Force meetings. In addition, once a week, there was a communication and social mobilization meetings and once a week there was the CAR health cluster meeting. The CARC and IFRC were part of the meetings. From the drop in the cholera affected cases, only the health cluster meeting continued 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 Religious leaders, mayors of the affected districts council and other 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 and local administrative authorities, the CARC volunteers conducted community discussions on the cholera disease. At least, **48** community group discussions were thus conducted by the CARC volunteers.

1.3.4 The CARC has set up **16** community monitoring committees for community-based epidemiological surveillance. This activity was key because continued to function after the DREF operation was closed. The community monitoring committees included **three** Red Cross volunteers, the Mayor of the local council, a representative of the women group, youth group and two elders. They report to the nearest health care centre in case of suspect identification.

1.3.5 The trained volunteers were established as community-based epidemiological control and monitoring agents in their respective communities and linked to the nearest health centres. When a suspected case was identified, the volunteers called the number 4040, put in place by the MoH to provide ambulance or they reported to the nearest health centre. During the DREF implementation period, at least **53** suspected cases out of the **265** registered by the MoH were identified by trained volunteers. The four (4) positive cases identified in Bangui were among the **53** suspect'ed cases reported by the Red Cross volunteers.

1.4.1 At least **300** volunteers benefited from the training on dead bodies management while they were attending training on the knowledge of the disease and the control measures. This was not budgeted separately. Out of the **20** deaths reported by the MoH, at least **15** were buried by Red Cross volunteers. In CAR, most of the population relies on Red Cross volunteers for burial ceremony, because the volunteers are well trained and have been collecting and burying dead bodies during past crises.

1.4.2 The process of dead body management is well respected 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.

Challenges

There were two main challenges during the implementation of this DREF operation:

1. While conducting the awareness campaign on water consumption, volunteers indicated to the population that they should not consume water directly fetched from the river without treatment. But all the people living along the River Ubangi refused to change their mind. They said that they were born and found that their parents and grandparents consumed the same water without having any problem. Finally the people living along River Ubangi were the most affected.

2. The second challenge was the security situation. During the implementation of the DREF operation activities; there were three major security incidents in Bangui. These incidents seriously affected the operation, causing volunteers to stop their activities for several weeks. The CARC volunteers risked their lives while conducting door-to-door activities in the communities.

Lessons learned

The lesson learned was that, the best way of conducting activities in the community is to involve community leaders. This is because they will prepare the community to receive the volunteers and facilitate volunteer activities.

Water, Sanitation and Hygiene Promotion

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.

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;

Planned Activities

2.1.1 Orient 300 volunteers on hygiene promotion activities;

2.1.2 Hand washing at keys times promoted through demonstrations at markets and other public places;

2.1.3 Purchase water purification tablets and ORS for at least 5000 families;

2.1.4 Distribute the aqua tab and the ORS to the affected and at risks communities;

2.1.5 Safe use of water products including household safe drinking water storage promoted in 90,000 households through sensitization and demonstration sessions;

2.1.6 Conduct house to house visits for hygiene promotion;

2.1.7 Conduct disinfection of strategic functional latrines in schools and health centres;

2.1.8 Hygiene promotion activities like personal and environmental sanitation promoted in schools of the affected and at risks areas;

2.1.9 Support schools with hand washing points, water treatment products and latrine disinfection products;

2.1.10 Monitoring and reporting on activities

Achievements

2.1.1 The **300** trained volunteers were 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, volunteers explained the various keys times for hand washing with the support of posters and leaflets. They also demonstrated hand washing technics; hand washing demonstration took place at the prayer ground (Churches and Mosques) during the religious sessions. At least, **24** markets, **32** Churches and **16** Mosques were visited, reaching least **87,000** people.

2.1.3 Due to lack of Aquatabs in the country, a stock of **116,000** Aquatabs was borrowed from the IFRC regional warehouse in Yaoundé to be replenished by the DREF fund and **9,000** sachets of ORS were purchased from neighbouring Cameroon. In addition, UNICEF provided PUR for distribution to **500** affected and at risk families. These products were 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 Aquatabs were distributed to the population that consume water with low turbidity <20NTU.

2.1.4 Aquatabs and ORS were purchased and distributed to at least **1,000** families in the affected and at risk areas. The distribution targeted the **2nd, 5th, 6th districts of Bangui, Bimbo, Damara, Mongoumba** districts, including **Ndjoukou** and **Zawara**. Each of the **1,000** targets beneficiaries received **a 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. Furthermore, awareness sessions conducted by the Red Cross volunteers included the demonstration of hand washing and water purification techniques in the distribution sites.

2.1.5 The 300 trained volunteers conducted house to house visits for hygiene promotion. At least, **865,658** people were reached through door-to-door awareness sessions. This activity covered the **8** districts of Bangui, Bimbo, Begoua, Mongoumba, Damara and Sibut including Ndjoukou and Zawara.

2.1.6 While conducting sensitization activities on the disease, universal prevention measures through house to house approach, Red Cross volunteers also sensitized on hygiene promotion in the visited households. This activity was unfortunately affected by the violence that erupted in the Bangui districts on several occasions.

2.1.7 Officially, schools reopened on 10 September 2016 but due insecurity, most parents were reluctant to register their children at that time. Schools later gradually reopened in areas where there was peace and security. Red Cross volunteers identified **78** primary schools, **13** secondary schools and **32** health centres in the affected and at risk areas. They thus conducted latrines disinfections in the targeted schools and the health centres. At least **78** primary schools, **13** secondary schools and **32** health centres were visited. Further, **50** backpack sprayers and **1800** kg of HTH were purchased to ease the effectiveness of this activities. Also, **300** volunteers were trained in the use of calcium hypochlorite for disinfection activities.

2.1.8 Hygiene promotion activities were equally conducted in schools of the affected and at risk areas. Red Cross volunteers carried out hygiene promotion in 78 primary schools and 13 secondary schools. Further, **11,000** exercise books with messages on cholera prevention on the covers were produced and distributed to **11,000** students in **78** primary schools and **13** secondary schools. This activity reached a total of **195,000** students.

2.1.9 Activities conducted as part of this operation were monitored by the CARC Health Coordinator, his assistant and the RDRT deployed in CAR for the purpose. Regular reports were shared with the Yaounder cluster team and the regional health and DCPRR colleagues in Nairobi.

Challenges

The main challenge noted was that during the implementation period, the need of PUR was high and it was not available neither in the country nor in Central Africa region. The CARC this had to negotiate with UNICEF, who provided PUR for 500 families. These were distributed in the areas with high water turbidity. Further Aquatabs and ORS were scarce in the country, the team had to request the support of the Logistic unit at the IFRC Yaounde Cluster, who assisted in buying and sending them to CAR.

Lessons learned

In times of disaster, It is always important to purchase all items abroad because most of the needed items become scarce on the field as most humanitarian organisation go for the same items.

Logistics

Logistic

Outcome 3: Timely and effective logistics support provided to the emergency operation

Output 3.1: Effective logistical support has enabled rapid assistance to targeted beneficiaries

Planned Activities

3.1.1. Coordinating mobilization of goods and reception of incoming shipments;

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;

3.1.3 Transport relief supplies to final distribution site;

3.1.4 Coordinating within IFRC logistical structures in the region;

3.1.5 Monitoring and reporting on activities

Achievements

3.1.1 All NFIs were purchased with the support of the IFRC Logistic units in the CAR Country Office and the Yaounde Cluster in Cameroon. These items were approved and received by the NS health coordinator;

3.1.2 A national tender was launched by the IFRC Logistics unitin CAR to acquire personal protective equipment (PPE) and WASH items. Also, purchases were made in line with IFRC logistics procedures and handed over to the

National Society for distribution. Aquatabs and ORS were purchased from neighbouring Cameroon with the support of the IFRC Logistic unit in the Yaounde office. 3.1.3 All items were transported with respect to the IFRC logistics procedures. 3.2.1 The CAR Country Team coordinated with the IFRC Central African Cluster support team in Yaoundé for the purchase of items from neighbouring Cameroon; 3.2.2 Activities were regularly monitored and reported by the CARC health teams and the RDRT;
Challenges
The respect of Logistics procedures caused delay in the procurement process. The CAR team launched the tender to identify providers , which took a week. After the provider was identified he took 2 to 3 weeks to provide all the needed items because he needed to purchase some of them from items in neighbouring countries. While the team was expecting the provider to supply the needed items, the implementation period was running out.
Lessons learned
Most of the emergency items must be stored in the country office warehouse, such that when there is an emergency there is no need to start running helter-skelter to purchase emergency items.

D. THE BUDGET

The total budget for tis DREF operation was CHF 237,877, of which CHF 221,836 was spent. The closing balance of CHF 16,041 shall be returned to the DREF.

Explanation of variances

- "Financial Charges" was overspent by CHF 3,586, or 359.6 % and is the monthly automatic allocation of Account 2991 (exchange loss or gain) generated by the system.
- "Professional fees" was overspent by CHF 1,325; and is due to the budget line not being provided from the onset of this DREF operation. In reality, these costs represent the perdiem fees of the deployed RDRT, which ought to be covered by "International Staff" budgetline, which has a balance of CHF 4,996.
- "Volunteers" was overrun by CHF 6,535 or 10.80 % and is due to the fact that they had to be deployed more days than planned.
- "Transport & Vehicles Costs" was overspent by CHF 6,560 or 44.32 %; and is due to vehicle rental costs. Indeed, part of these fees ought to have been budgeted under "Logistics services", which has a balance of CHF 1,782 while the other should have been budgeted under "Workshops & Trainings" for relating vehicle costs.
- "Travel" was overspent by CHF 789 or 78.9 %; due to miscoding or Operations manager travel fees which should have been under "International Staff".
- "Communication" was overrun by CHF 619 or 123.8%, due to the hightened security situation, which required more communication airtime.
- "Water, Sanitation & Hygiene" overspent by CHF 15,432 or 66.15% and "Utensils & Tools" overspent by CHF 6,829 or 153.25 % due to a mixup in budget lines under "Relief, Construction & Supplies". Indeed, miscoding under this budget line led to the above overruns, while other budget lines under this section either had a balance or were left unspent.

Disaster Response Financial Report

MDRCF021 - Central African Rep - Cholera

Timeframe: 24 Aug 16 to 23 Dec 16

Appeal Launch Date: 24 Aug 16

Final Report

Selected Parameters			
Reporting Timeframe	2016/8-2017/6	Programme	MDRCF021
Budget Timeframe	2016/8-2016/12	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			**237,877**			**237,877**	
B. Opening Balance							
Income							
Other Income							
DREF Allocations			*237,877*			*237,877*	
C4. Other Income			***237,877***			***237,877***	
C. Total Income = SUM(C1..C4)			**237,877**			**237,877**	
D. Total Funding = B +C			**237,877**			**237,877**	

* 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			237,877			**237,877**	
E. Expenditure			-221,836			**-221,836**	
F. Closing Balance = (B + C + E)			16,041			**16,041**	

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III. Expenditure

Account Groups	Budget	Expenditure					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	TOTAL	
	A						B	A - B
BUDGET (C)				**237,877**			**237,877**	
Relief items, Construction, Supplies								
Shelter - Relief	1,350							**1,350**
Clothing & Textiles	3,564							**3,564**
Water, Sanitation & Hygiene	23,327			38,758			**38,758**	**-15,432**
Medical & First Aid	21,000			1,753			**1,753**	**19,247**
Teaching Materials	14,356			11,453			**11,453**	**2,903**
Utensils & Tools	4,456			11,284			**11,284**	**-6,829**
Other Supplies & Services	597							**597**
Total Relief items, Construction, Sup	68,649			63,248			**63,248**	**5,400**
Logistics, Transport & Storage								
Transport & Vehicles Costs	14,800			21,360			**21,360**	**-6,560**
Logistics Services	1,782							**1,782**
Total Logistics, Transport & Storage	16,583			21,360			**21,360**	**-4,777**
Personnel								
International Staff	18,000			13,004			**13,004**	**4,996**
National Society Staff	7,489			5,896			**5,896**	**1,592**
Volunteers	60,498			67,033			**67,033**	**-6,535**
Total Personnel	85,987			85,933			**85,933**	**54**
Consultants & Professional Fees								
Consultants				-40			**-40**	**40**
Professional Fees				1,365			**1,365**	**-1,365**
Total Consultants & Professional Fe				1,325			**1,325**	**-1,325**
Workshops & Training								
Workshops & Training	10,454			6,142			**6,142**	**4,312**
Total Workshops & Training	10,454			6,142			**6,142**	**4,312**
General Expenditure								
Travel	1,000			1,789			**1,789**	**-789**
Information & Public Relations	31,761			20,230			**20,230**	**11,532**
Office Costs	7,426			2,555			**2,555**	**4,871**
Communications	500			1,119			**1,119**	**-619**
Financial Charges	1,000			4,596			**4,596**	**-3,596**
Total General Expenditure	41,687			30,288			**30,288**	**11,399**
Indirect Costs								
Programme & Services Support Recove	14,518			13,539			**13,539**	**979**
Total Indirect Costs	14,518			13,539			**13,539**	**979**
TOTAL EXPENDITURE (D)	**237,877**			**221,836**			**221,836**	**16,041**
VARIANCE (C - D)				**16,041**			**16,041**	

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Budget Timeframe	2016/8-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	237,877		237,877	237,877	221,836	16,041	
Subtotal BL3	237,877		237,877	237,877	221,836	16,041	
GRAND TOTAL	**237,877**		**237,877**	**237,877**	**221,836**	**16,041**	

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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 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