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Emergency Plan of Action (EPoA) Central African Republic: Ebola Virus Disease Epidemic Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRCF024	Glide n°:
Date of issue: 06 June 2018	Expected timeframe: 3 months
Operation start date: 05 June 2018	Operation end date: 05 September 2018
Category allocated to the disaster or crisis: Yellow / Orange / Red	
DREF allocated: CHF 90,579	
Budget Holder/project Manager IFRC: Thierry Balloy, Interim Head of Country Office, CAR	NS point of Contact: Dr Fernand Etienne GBAGBA; National Director of Health
Total number of people at risk: 1,585,167 (approximately 317,033 households)	Number of people to be reached: 432,000 (86,400 households)
Host National Society presence (n° of volunteers, staff, branches): CRCA counts 68 staff members, and approximately 12,000 volunteers nationwide and 77 local committees at the sub-prefecture levels.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Health and Population (MSP), WHO, UNICEF and MSF	

A. Situation analysis

Description of the disaster

Since May 3, more than 50 suspected, probable and confirmed cases of Ebola Virus Disease (EVD) have been reported in DRC's Equateur province. The Central African Republic shares a nearly 1,300 km long border with DRC along the Ubangi river. In an emergency response meeting the 15 May, the Central African authorities and health sector partners identified a high risk of importation of the epidemic, due to:

- 1) Significant, regular, and ongoing population movements along various axes and through various entry points along the Ubangi River and the Congo River, between Equateur, the Republic of Congo and CAR
- 2) The existence of a regular flight between the affected city of Mbandaka and Bangui
- 3) The existence of a frequently navigated river between Mbandaka and Bangui and other population centres in CAR

As a result, the authorities and partners have activated an Ebola preparedness and response cluster and have begun activities related to case detection and management, and public education (sensitization). Central Africa is ill-equipped to manage an Ebola outbreak, as a result of five years of conflict that have disrupted health service delivery and limited access to health services.

Summary of the current response

Overview of Host National Society

The Central African Red Cross Society (CRCA) is auxiliary to the Central African government in the humanitarian field, as provided for in their domestic legal instruments. The CRCA counts 68 staff members, and approximately 12,000 volunteers nationwide. These are organised through 77 local committees at the sub-prefecture level. There is strong collaboration with the specific Government line ministries at the national level, particularly the Ministry of Health (MSP). At various levels of governments i.e. provincial, district and community level, the Red Cross works with the relevant and appropriate authorities to network in the delivery of essential services to the vulnerable communities. The CRCA's

networks of volunteers extends to the lowest levels and smallest communities. The CRCA is well accepted at the community level and recognized as a neutral humanitarian organization. The CRCA volunteers understand the local context and work with the local structures to deliver services that are appropriate, affordable and in line with the culture and traditions of the targeted communities. They have frequently been activated for outbreak response, such as Monkey Pox and cholera as well as broader social mobilisation.

In response to the current outbreak and at the request of the MSP, the CRCA has already mobilized 70 volunteers of the 250 trained volunteers from 2014 Ebola preparedness in high-risk areas. At the headquarters level, the CRCA Head of the Health Department is providing ongoing technical support to the Emergency Operations Centre, while also preparing the National Society for required activities. In addition, CRCA Head of Health and IFRC CAR Country Office colleagues have been participating in all crisis meetings on this specific outbreak. It is to be noted that the CRCA received DREF funding for its Ebola preparedness activities in 2014, from which the NS has some limited remaining preparedness assets (which will support the current preparedness activities). In Q1 2015, it was recognised in an evaluation meeting at the National Health Cluster that the CRCA was the only organisation that had deployed community agents for sensitization activities.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country office will support the CRCA with the coordination of all activities within this DREF operation, including the planning, implementation, monitoring and reporting, as well as participating in monitoring/evaluation missions in the localities as needed. The ICRC also has a strong presence in the country, with WASH and security capacity. Via a tripartite meeting (CRCA, ICRC, IFRC), the CRCA and IFRC leadership roles in this EVD preparedness effort are appreciated. Due to the volatile situation in the country, ICRC will be continuously informed about key decisions and critical needs. ICRC will contribute to the EVD preparedness efforts as necessary as possible.

Partner National Societies present in the country include the Netherlands Red Cross, French Red Cross and Qatari Red Crescent. PNS have been informed in the most recent monthly Movement Operational Coordination meeting of the ongoing preparations for Ebola, and that the CRCA would be seeking a DREF allocation. Close coordination will be maintained, in particular with the ICRC, whose participation is sought in commissions on security and logistics, and WASH in the clinical setting.

IFRC in-country presence and Appeal and DREF operations

The IFRC country office is a member of the Communication and Social Mobilisation commission for Ebola preparedness and response, while the CRCA is expected to support the MSP and WHO in epidemiological surveillance and case management (Infection Prevention and Control). The IFRC is assisting the CRCA in its preparations for a scale-up of the response.

Overview of non-RCRC actors in country

MSP and WHO have activated a Permanent committee for the management of a possible EVD outbreak, acting on the recommendation of WHO-AFRO, which considers DRC's nine bordering countries as having an elevated risk of EVD. Regular crisis coordination meetings are being held at the Health Emergency Operations Centre, twice a week. An MSP mission has been deployed to the highest-risk area along the Ubangi river to mobilise CRCA volunteers to begin surveillance and sensitisation activities.

The committee is organised along seven (7) working groups, namely:

- 1) Coordination
- 2) Surveillance and laboratory (CRCA as member)
- 3) Security/ Logistics
- 4) Communication (CRCA/ IFRC as members)
- 5) WASH (in the clinical setting)
- 6) Case management, and infection prevention and control (CRCA as member)
- 7) Rapid response teams (CRCA as member)

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The national response plan has been divided into two geographic zones. Priority Zone 1 includes the border districts from Bangui westward. Priority Zone 2 includes the river-adjacent districts bordering on DRC east of Bangui. Zone 1 is the priority for all preparedness activities for the first 30 days, while Zone 2 is to be addressed in days 31-90, in line with the national strategy.



In each zone, the CRCA has been requested by MSP, through the National Ebola Contingency Response Working Group, to carry out specific activities, outlined below. This EPoA accounts for the changing nature of the outbreak, presenting initial needs for immediate preparedness, along with a contingency plan for expanded response operations, in the event that a case is identified in the country.

The key components of the CRCA preparedness and eventually response actions will include:

Scenario 1 (Preparedness):

- Surveillance
- Sensitisation and community mobilisation in Priority Zone 1
- Safe and dignified burials (SDB) training and preparations
- Case management training (Infection Prevention and Control)

Scenario 2 (Response):

- Contact tracing
- Surveillance
- Sensitisation and community mobilisation in Priority Zone 2
- PSS activities
- SDB activities
- Rapid response deployments as part of national rapid response team

It should however be noted that as this is a preparedness operation, only preparedness (scenario 1) will be considered in the detailed operational plan and budget.

Targeting

The total population in Priority Zone 1 is approximately 1,585,167 individuals, while Priority Zone 2 is home to approximately 895,787 people.

As the current community-based surveillance and awareness campaign focuses on Priority Zone 1, the direct target for this operation will be 432,000 people (86,400 households). This is based on the fact that that 180 volunteers, working in pairs (thus 90 teams), will be able to reach an average of 40 households per day. That said, an additional 1,153,167 people (230,633 households) are expected to be indirect beneficiaries of the operation as a result of the cascade effect of sensitization. This will allow for the overall population of Priority Zone 1, that is 1,585,167 people or approximately 317,033 households, to be reached directly and indirectly.

Past experience with outbreak response in CAR, particularly to cholera and Monkeypox, has led to a standard of 10 volunteer social mobilisers per main population centre.

	District	At-risk population	Social mobilisers to be trained	Social mobilisers to be deployed
Priority Zone 1	Sanga Mbaere	134,463	50	50
	Lobaye/Mbaiki	382,564	70	70
	Bangui	903,268	60	60
	Ombella M'Poko (portion in Zone 1)	164,872	70	
	Total PZ 1	1,585,167	250	180
Priority Zone 2	Ombella M'Poko (portion in Zone 2)	164,872	20	
	Kemo	157,539	30	
	Mobaye	128,810	60	
	Mbomou	218,187	60	
	Ouaka	146,008	30	
	Basse Kotto	80,371	30	
	Total PZ 2	895,787	230	
Grand Total		2,480,954	480	180

Operation Risk Assessment

The security situation is reasonably stable across Zone 1, designated by the UN as a 'green zone' for humanitarian access. Movement partners present in-country meet on a monthly basis to share information and coordinate security for activities on the ground. Physical access is a major challenge, as many areas are only accessible by boat or motorbike during the rainy season, which has recently begun (end May 2018). There is also a large nature reserve (Bayanga Nature Reserve) in the Zone 1 priority area, which limits physical access to some remote communities. However, the Ministry of Water and Forests has been included in the EVD preparations, including monitoring wildlife and sensitizing human populations within the reserve. This Ministry is also involved in the surveillance working group.

Zone 2 faces much more significant access challenges as a result of ongoing population displacement and the presence of armed groups on certain of the key transport axes. The CRCA, however, remains active across both intervention zones, and will continue to monitor the security situation in cooperation with ICRC.

Finally, the capital city, Bangui, has faced several weeks of insecurity, in particular in the district in which is located the CRCA's headquarters, which has impeded access at times. In the event of renewed insecurity, the CRCA will keep monitoring the security situation in close coordination with ICRC, to ensure the safety of any movements towards or away from the CRCA headquarters.

B. Operational strategy¹

Contribute to preparedness, prevention and early detection, (Scenario 1) and reduce morbidity and mortality (Scenario 2) resulting from a potential EVD outbreak.

Overall Operational objective:

Based on current information, the strategy of the CRCA preparedness operation will be to contribute to preventing an EVD outbreak and will focus on:

1. Support CRCA immediate national preparedness, and prevention interventions in high-risk areas.

This will be done through volunteer trainings in social mobilisation, community-based surveillance, case management, infection prevention and control (IPC) and in safe and dignified burials (SDB). In addition, social mobilisation will be conducted as part of the preparedness phase, to ensure communities have been made aware of the disease and preventive measures.

In the event that a case of EVD is identified in CAR, Scenario 2 will be activated, with a focus on:

1. Support CRCA SDB and IPC activities in area where case is found
2. Support CRCA prevention, further social mobilisation and PSS activities in area where case is found
3. Support CRCA preparedness and prevention interventions in areas made at-risk by the detection of a case within CAR.

In case an EVD outbreak is declared in CAR, the CRCA will target persons in the affected districts with risk communication and community engagement activities. The community volunteers will be mobilized to support early

¹ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

detection of possible new cases through active case finding and contact tracing. The CRCA ensures readiness to support the government in safe and dignified burial activities, disinfection of houses and direct psychosocial interventions to those affected. This will meet the immediate needs of Ebola awareness and sensitization of affected communities and areas at risk, as well as the need for support to the government in psychosocial interventions, safe management of bodies and disinfection of suspected infected houses and areas. All this will be based on local cultures and traditions. All 250 volunteers in Priority Zone 1, who had previously been trained in 2014 during Ebola preparedness will be re-trained. However, only 180 of those retrained volunteers will be engaged in the sensitization campaign which will be conducted in Priority Zone 1, through social mobilisation activities three days per week during the intervention period. The remaining volunteers will remain on standby until additional sensitization is needed. Some 230 volunteers in Priority Zone 2 will also be trained in preparation for eventual response. The CRCA will also develop key messages to be disseminated on the radio in French and in Sango twice a day for one (1) month, to increase community awareness. In addition, the Henry Dunant health centre, run by the CRCA, has been identified by MSP as a health centre which could potentially be used to isolate suspected Ebola cases. As such, the CRCA plans to run a joint training for CRCA clinical staff (case identification, health worker protection), 31 RC ambulance attendants (16 in Bangui, 10 in Mongoumba, 5 in Sangha-Mbaere) and 10 ambulance drivers, to provide IPC services to any eventual Ebola Treatment Centre.

Currently, other health partners are in the process of confirming their operational involvement, which remains subject to funding.

Below is an outline of the activities requested by MSP for CRCA support, with the inputs and activities needed to effectively provide the requested service:

Case finding and community sensitisation	
Activity	Inputs
Retraining 250 community volunteers who were trained in Ebola preparedness in 2014, in Priority Zone 1	Refresher training, community education materials and PPE
Training 230 community volunteers in Priority Zone 2	Training, community education materials and PPE
Active surveillance and community education by 180 volunteers in Priority Zone 1	180 people, 3 days per week
Dissemination of key messages in media (radio spots)	Radio spot in French and Sango twice a day, for one month
Rapid response team	
Training for pool of volunteers for deployment as part of national rapid response team (2 volunteers deploy each time).	Pool of 10 volunteers in Bangui
Case management	
Activity	Needs
Training of IPC personnel to manage IPC stations at any eventual Ebola Treatment Centres, in areas of likeliest case detection. This will include clinical training (case detection, health worker protection) for CRCA clinical staff in CRCA health facility in Bangui, training for 31 RC ambulance attendants in IPC (16 Bangui, 10 Mongoumba, 5 Sangha-Mbaere), and training of CRCA ambulance drivers (10).	Training and materials for hands-on, scenario-based training
Safe and Dignified Burial Teams	
Activity	Needs
Training of 12 SDB teams in Zone 1 (Mongoumba 1, Bangui 8, Bimbo 1, Begoua 1, Sangha-Mbaere 1)	Training 2 days, with simulations. 8 persons per team (4 to carry body, 2 social mobilisers/educators, 1 supervisor, 1 sprayer).
Heavy Duty PPE kits and consumables	33 PPE kits
Chlorine sprayers for SDB activities (1 per team)	12 units of chlorine sprayers

Human resources

Some 250 CRCA volunteers in Priority Zone 1 and 230 CRCA volunteers in Priority Zone 2 will be mobilised and receive the necessary training to enhance the National Society's capacity in community-based surveillance and social mobilization. Of the trained volunteers, 180 in Priority Zone 1 will conduct a community-based surveillance and awareness-raising campaign. This will support early detection and control of an eventual outbreak. Members of the local disaster response committee and the Secretaries-General of the CRCA local committees will be closely involved (CRCA local committees of Mongoumba, Mbaiki, Boda, Nola in Priority Zone 1, and committees of Ndjoukou, Ouango, Kembe, Bangassou, Mobaye in Priority Zone 2).

In addition, seven (7) NS staff will be actively supporting the preparedness activities in Priority Zone 1 - the Head of the Health Department, the Assistant of the Head of Health Department, two logisticians, two finance staff, the Communications Manager and Communications Assistant, and one driver, noting that at least 5 of the above staff will be deployed to the areas of activities.

Planning, monitoring, evaluation and reporting (PMER) will be ensured by CRCA with support from the IFRC Country Office team. The IFRC country team will equally provide coordination and finance support to ensure visibility of Red Cross action and financial monitoring of the operation. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, security, finance and administration units. The Head of IFRC CAR Country Office will assume overall responsibility for the implementation, reporting, compliance and finance management of this project. In addition, since CRCA is a French speaking National Society, it is important to highlight the need for translation of this EPoA, any eventual Ops update and final reports from French into English and French, to ensure that NS can share its achievements as part of this operation with Government and other non-English speaking partners.

A lessons-learnt workshop will also be organised in Mongoumba following the operation, to ensure that volunteer feedback is obtained, and any strengths highlighted, or weaknesses identified, to address these and inform future planning.

As concerns **logistics and supply chain**, personal protective equipment (PPE) and other items will be procured by the Country Office as much as possible, or alternatively through Nairobi or Geneva, depending on internal rules on threshold and acquisition site. If necessary, items could be taken from the warehouse of the Central Africa Cluster in Yaoundé and be replenished through this DREF operation budget.

As for remaining stocks from the 100 kits (50 adult, 50 child) purchased through the 2014 Ebola preparedness operation, there remains approximately 10 adult kits and 10 child kits.

	contact tracing and community engagement in Priority Zone 2																	
AP021	Carry out community-based surveillance and social mobilisation/ awareness campaign in high-risk areas in Priority Zone 1 (180 volunteers in highest-risk areas)																	
AP021	Establish community-based active case-finding teams in at-risk and surrounding villages (180 volunteers in highest-risk areas)																	
AP021	Procurement of light PPE materials for volunteers and transport																	
AP021	Production of training and awareness-raising materials																	
AP021	Production and broadcast of radio messaging																	
AP021	Purchasing insurance for 200 volunteers																	
P&B Output Code	Health Outcome 2: Healthcare workers are able to safely provide critical care for presumed Ebola patients within an Ebola Treatment Centre (ETC), if cases are found	<i># CRCA IPC, clinical and ambulance personnel trained and equipped</i>																
	Health Output 2.1: CRCA personnel are trained and equipped to prevent EVD infections prevention and control the spread of the virus (IPC)																	
	Activities planned, Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Training for CRCA clinical staff (case identification, health worker protection), 31 RC ambulance attendants (16 in Bangui, 10 in Mongoumba, 5 in Sangha-Mbaere) and 10 ambulance drivers to provide IPC services to any eventual ETC																	
P&B Output Code	Health outcome 3: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions in Priority Zone 1	<i># CRCA SDB personnel trained and equipped</i>																
	Health Output 3.1: CRCA personnel are trained and equipped to provide SDB in Priority Zone 1																	
	Activities planned, Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Training 12 teams of volunteers in the prevention and control of infections and in conducting safe and dignified burials. Training 2 days, with simulations. 8 persons per team (4 to carry body, 2 social mobilisers/educators, 1 supervisor, 1 sprayer).																	
AP021	Procurement of heavy duty PPE sets and consumables, as well as chlorine sprayers																	
AP021	Provision of disinfection equipment to the teams																	
P&B	Health Outcome 4: National Rapid Response teams can meet the clinical, social and logistical needs of a suspected case	<i># CRCA response team personnel trained and equipped</i>																

Budget

DREF OPERATION CAR Ebola Preparedness

04 June 2018

Budget Group		DREF Grant	Expenditures CHF
500	Shelter - Relief	0	
501	Shelter - Transitional	0	
502	Construction - Housing	0	
503	Construction - Facilities	0	
505	Construction - Materials	0	
510	Clothing & Textiles	0	
520	Food	0	
523	Seeds & Plants	0	
530	Water, Sanitation & Hygiene	0	
540	Medical & First Aid	10,860	
550	Teaching Materials	15,845	
560	Utensils & Tools	1,585	
570	Other Supplies & Services	0	
571	Emergency Response Units	0	
578	Cash Disbursements	0	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		28,290	0
		0	
580	Land & Buildings	0	
581	Vehicles	0	
582	Computer & Telecom Equipment	0	
584	Office/Household Furniture & Equipment	0	
587	Medical Equipment	0	
589	Other Machinery & Equipment	0	
Total LAND, VEHICLES AND EQUIPMENT		0	0
		0	
590	Storage, Warehousing	0	
592	Distribution & Monitoring	0	
593	Transport & Vehicle Costs	3,266	
594	Logistics Services	0	
Total LOGISTICS, TRANSPORT AND STORAGE		3,266	0
		0	
640	International Staff (RDRTs)	0	
661	National Staff	0	
662	National Society Staff	898	
667	Volunteers	23,070	
669	Other Staff Benefits	0	
Total PERSONNEL		23,968	0
		0	
670	Consultants	0	
750	Professional Fees	0	
Total CONSULTANTS & PROFESSIONAL FEES		0	0
		0	
680	Workshops & Training	17,852	
Total WORKSHOP & TRAINING		17,852	0
		0	
700	Travel	3,000	
710	Information & Public Relations	2,482	

730	Office Costs	4,500	
740	Communications	1,560	
760	Financial Charges	132	
790	Other General Expenses	0	
799	Shared Office and Services Costs	0	
Total GENERAL EXPENDITURES		11,674	0
		0	
830	Partner National Societies	0	
831	Other Partners (NGOs, UN, other)	0	
Total TRANSFER TO PARTNERS		0	0
599	Programme and Services Support Recovery	5,528	0
Total INDIRECT COSTS		5,528	0
TOTAL BUDGET		90,579	0

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

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IFRC Resource Mobilization and Pledges support:

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In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: fiona.gatere@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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