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Disaster relief emergency fund (DREF) Central African Republic: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCF009
GLIDE n° EP-2011-000153-CAF
13 October, 2011**

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 238,333 has been allocated from IFRC's Disaster Relief Emergency Fund (DREF) to support the Central African Republic Red Cross National Society (CAR RC) in delivering immediate assistance to some 300,000 families, i.e. about 1,500,000 beneficiaries. Un-earmarked funds to repay DREF are encouraged.

Summary: Since week 37 of 2011 (middle of September 2011), cases of diarrhoea were registered in the Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale villages located South-West of Bangui, the



A volunteer from the CAR RC mass sensitization session to build awareness on cholera /photo CAR Red Cross

capital of the Central African Republic (CAR). In response to the registered cases, tests conducted by the "Laboratoire National de Biologie Clinique et de Santé Publique" and confirmed by the "Institut Pasteur de Bangui" have revealed that the diarrhoea was caused by cholera. As of week 39, health authorities in the country were announcing a cumulative 51 cases of cholera and 11 deaths; i.e. a 22% lethality rate, with 7 cholera patients admitted in the reference hospitals of the country. Although not confirmed, the epidemic is now reported to have spread to the city of Bangui. The disease is fast progressing and the CAR RC believes that if action is not taken immediately, many more lives will be lost. Government declared the epidemic officially on 30 September 2011 and activated its standing committee for epidemiological surveillance, epidemic preparedness and response, which is currently finalizing the national response plan. During a crisis meeting that was organized on 5 October 2011, the Minister of Health appealed to national and international partners to assist with the response. With this DREF allocation, the CAR RC intends to contribute to reducing morbidity and mortality associated with the cholera epidemic through emergency health activities aimed at promotion of good hygiene practices and raising awareness about cholera risks, prevention and treatment to 300,000 families in the affected areas.

This operation is expected to be implemented over 3 months, and will therefore be completed by 13 January, 2012; a Final Report will be made available three months after the end of the operation (by 13 April, 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)

The situation

Since week 37 of 2011 (middle of September 2011), cases of diarrhoea were declared in Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale villages located South-West of Bangui, the capital of the Central African Republic (CAR). These villages are found in the health prefectures of Ombella M'poko and Lobaye. Administratively, Sékia Moté, Bokélo, Mondoli, Monza and Bokassi are located in Bimbo sub prefecture, while Nzinga and Sedale are in Mongoumba sub prefecture. These sub-prefectures share boundaries with the Democratic Republic of the Congo (DRC) which is currently facing a serious cholera epidemic. Both countries are separated by the Oubangui River where populations on both sides practice intensive traditional fishing.

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Government declared the epidemic officially on 30 September 2011 and has activated its standing committee for epidemiological surveillance, epidemic preparedness and response, which is currently finalizing the national response plan. During a crisis meeting that was organized on 5 October 2011, the Minister of Health appealed on national and international partners to assist with the response to cholera in CAR.

The epidemic is fast progressing and the CAR RC believes that if action is not taken immediately, many more lives will be lost, especially in Bangui with its 759,862 inhabitants and 67 km², i.e. a population density of 11,341 inhabitants per km². This fear is based on the following factors:

- There is intensive population movement along the Oubangui River, the main focus for the spread of the epidemic with weekly markets located in both sides of the River (CAR and DRC);
- There are few safe water points (well, borehole, etc.) in the targeted localities; consequently, the populations drink unsafe water;
- There are no latrines in almost all the riparian villages of the Oubangui River; thus community hygiene is precarious;
- The Oubangui River therefore serves as water source, defecation place and place for the disposal of solid and liquid wastes;
- Some villagers know nothing about cholera;
- The River is long, making it difficult to ensure health control of the riparian populations;
- Most localities affected by cholera are enclosed;
- There is limited number of health facilities, with personnel that are not sufficiently trained to be able to sensitize the populations on individual and collective hygiene measures.

Coordination and partnerships

The "Laboratoire National de Biologie Clinique et de Santé Publique" and the "Institut Pasteur de Bangui" confirmed the presence of cholera in CAR.

Government declared the epidemic officially on 30 September 2011 and activated its Standing Committee for epidemiological surveillance, epidemic preparedness and response, which is currently finalizing the national response plan. During a crisis meeting that was organized on 5 October 2011, the Minister of Health appealed to national and international partners to assist with the cholera response. UNICEF and WHO have pledged their support. UNICEF is currently supporting 15 days sensitization for 300 RC volunteers in Bangui, 30 volunteers in each of the 10 health districts in Bangui.

Red Cross and Red Crescent action

CAR RC has already mobilized its volunteers in the affected localities and is preparing them for mass sensitization. This DREF operation is part of the effort the Red Cross is making within a larger framework of the cholera.

The needs

Selection of people to be reached: The riparian populations of the Oubangui River are the most exposed to the cholera epidemic. There is the urgent need to sensitize these populations on how to avoid being contaminated and on the measures to be taken when one is already contaminated. To that effect, CAR Red Cross will need to train about 500 Red Cross volunteers and equip them with both protection and intervention materials. 300 volunteers for Bangui and 200 for Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale. The NS will also need to recruit and train 20 supervisors to follow up the various activities, on the basis of 1 supervisor for 25 volunteers. The volunteers will also need sanitation materials, chemicals to help clean the environment. The materials needed include sanitation kits, , individual and collective protection materials (including soap for the most vulnerable people identified in schools or markets), and posters and leaflets bearing cholera sensitization messages. Other materials needed are megaphones and image boxes. IFRC's Central Africa Regional Representation (CARREP) will monitor the operation (technical support) but also need logistics support to be able to better support CAR Red Cross within the framework of this operation. Some procurement will be done by CARREP and delivered in CAR. A RDRT will support the NS on logistic and finance management of the operation.

The proposed operation

Emergency health and care

Outcome: 300,000 families (or roughly 1,500,000 beneficiaries) have been sensitized and are aware of good hygiene practices as well as cholera risks, prevention and treatment in the targeted areas of Bangui, Bimbo sub prefecture (Sékia Moté, Bokélo, Mondoli, Monza and Bokassi), and Mongoumba sub prefecture (Nzinga and Sedale). The disease is prevented from spreading to other towns of CAR during the 3 month operation.

Outputs (expected results):

- The populations of Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale practice basic hygiene rules and adhere to the community-based prevention actions initiated by CAR RC volunteers with the view of preventing the spread of cholera.
- Messages on cholera prevention are disseminated in targeted localities (Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale).
- CAR RC volunteers have participated in the early identification of cases of diarrhoea and have referred them to health centres.
- Epidemiological surveillance with focus on cholera surveillance is intensified in the riparian villages of Bimbo and Mongoumba sub prefectures.

Activities planned:

- Recruit and train/retrain 500 in targeted localities (Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale).
- Make copies of the epidemic management manual and distribute them to trained Red Cross volunteers.
- Develop and produce 5,000 leaflets with cholera messages.
- Develop and produce posters with cholera messages (how to prevent cholera).
- Set up sensitization teams.
- Sensitize the populations, with an average of three sensitization sessions per week for 2 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places.
- Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive the ORS by RC Volunteers during their transport to health centres.
- Disseminate cholera prevention messages over local radio stations.
- Ensure permanent hygiene and sanitation promotion in targeted localities, with focus on water points.
- Train the populations on how to disinfect water at home
- Improve and disinfect family and public latrines
- Carry out door-to-door sensitization while

	<p>demonstrating how to wash hands with soap.</p> <ul style="list-style-type: none"> • Participate in the collection and destruction of solid and liquid wastes. • Disseminate drinking water conservation and treatment techniques. • Disinfect isolation sites in targeted localities and treat them with insecticide. • Participate in periodic cholera response coordination meetings. • Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities for 2 months. • Participate in the meetings of the crisis committee. • Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective plans of action. • Carry out regular monitoring of the operation.
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Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) 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.

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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.
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DREF OPERATION

13-10-11

MDRCF009

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	14,851
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	27,109
Medical & First Aid	0
Teaching Materials	39,108
Ustensils & Tools	2,723
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	83,792
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machiney & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Dsitribution & Monitoring	990
Transport & Vehicle Costs	9,960
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	10,950
International Staff	11,881
National Staff	0
National Society Staff	83,391
Volunteers	
Total PERSONNEL	95,272
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	3,465
Total WORKSHOP & TRAINING	3,465
Travel	19,020
Information & Public Relations	3,960
Office Costs	2,970
Communications	3,960
Financial Charges	396
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	30,307
Programme and Supplementary Services Recovery	14,546
Total INDIRECT COSTS	14,546
TOTAL BUDGET	238,333



Central Africa Republic: Epidemic - Cholera

