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Emergency Plan of Action Final Report

Central Africa Republic: Ebola Virus Disease Epidemic Response Preparedness

International Federation of Red Cross and Red Crescent Societies

DREF operation:	**Operation n°** MDRCF024
Date of Issue: 22 March 2019	**Glide number:**
Date of disaster: --	
Operation start date: 5 June 2018	**Operation end date:** 05 November 2018
Host National Society: Central Africa Red Cross (CAR RC)	**Operation budget:** CHF 90,579
Number of people at risk: 1,585,167 (approx. 317,033 households)	**Number of people reached:** - **Direct beneficiaries:** 448,310[1] people (89,662 households) - **Indirect beneficiaries:** 1,585,167 (approx. 317,033 households)
N° of National Societies involved in the operation: one (1)	
N° of other partner organizations involved in the operation: Ministry of Health and Population (MSP), WHO, UNICEF, MSF, FAIRMED, Solidarités Internationales	

A. SITUATION ANALYSIS

Description of the disaster

The ninth (9th) Ebola virus disease (EVD) outbreak of the Democratic Republic of the Congo (DRC) was declared in May 2018, as cases were reported in various locations of the Equateur, North Kivu and Ituri provinces. Given that the Central African Republic shares a border of more than 1,500 km with the DRC along the Oubangui River, humanitarian and health partners of the Central African Republic (CAR) of which the CAR Red Cross (CAR RC), were alerted. During an emergency meeting held on the 15 May 2019, the Central African authorities and health sector partners identified a high risk of importing the epidemic, due to:

1. Significant, regular and continuous cross border populations movements on different directions and through different entry points along the Oubangui and the Congo Rivers, between the bordering provinces of the Republic of Congo and the RCA;

CAR RC volunteer conducting a sensitization session in a Pygmy community ©CAR RC

[1] Average of 5 people per household

2. Regular air flights between these provinces and Bangui (CAR);
3. Frequent river navigation between these provinces and Bangui and other agglomerations in the Central African Republic.

As a result, the authorities and partners of the Central African Republic (CAR) activated the Ebola virus preparedness and response cluster and launched activities aimed at screening and case management, as well as public education (awareness). Being poorly equipped to manage an Ebola outbreak, after five years of armed conflict that has disrupted the public health system and limited access to health care, the CAR RC requested its partners to provide support in ensuring that they could prepare their branches for an eventual outbreak in CAR.

As such, the Central African Red Cross (CAR RC) benefited from a DREF operation, which allowed the National Society to conduct preparedness actions and plan a response to a possible Ebola outbreak in the country. The project was initially planned to last 3 months but was extended through an Operational Update for an additional two months, due to delays in international supply and the transportation of kits for safe and dignify burials. This timeframe extension did not affect the initial operational strategy and budget.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of Central African Red Cross Society, the IFRC would like to thank all partners for their generous contributions.

Summary of response

Overview of Host National Society

The Central African Red Cross Society (CAR RC) is a member of the Epidemic Management Committee set up by the health authorities and is represented in various other committees, namely: Communication and social mobilization, community-based epidemiological surveillance, Case management and multisectoral rapid response team. The health department of CAR RC participates in crisis meetings held at the level of the Public Health Emergency Operations Centre (COUSP).

In addition, CAR RC developed the preparedness and response DREF which was approved for funding by IFRC Disaster relief Emergency Fund (DREF). This plan was designed base on the National contingency plan previously adopted by partners, and included the training of community volunteers, active epidemiological surveillance, setting up of safe and dignify burial teams and dissemination of prevention messages in priority areas 1 and 2 identified by health authorities.

CAR RC team member putting up posters for sensitization of riparian populations ©CAR RC

Overview of Red Cross Red Crescent Movement in country

The IFRC CAR Country Office is represented in the Epidemic Management committee and is part of the following commissions: communication and social mobilization as well as community-based surveillance. During this operation, it provided multifaceted support to the CAR RC in designing the preparedness activities and response plan and participated in the various crisis meetings. Indeed, the IFRC Country Office fully contributed to the development of awareness-raising messages that were subsequently validated by the Crisis Committee.

The Country – delegation of the International Committee of the Red Cross (ICRC) is also represented in the Crisis Committee within the security, logistics and WASH Committees. It should be noted that the ICRC equally participated in crisis meetings.

Overview of non-RCRC actors in country

Following the notification of the outbreak by the DRC Ministry of Health, the World Health Organization (WHO) put all countries bordering DRC on alert, urging each of them to put in place a preparedness and response plan. Thus, the Ministry of Health of CAR, the WHO country office, UNICEF and other partners (MSF, OXFAM, MINUSCA, IOM,

Solidarités Internationales, FAIRMED,) reactivated the Preparedness and response to disease Committee created during the 2014 alert.

Several other partners in the health sector were involved at different levels. These included:

- UNICEF supporting the Directorate of Community Health (Information, Education and Communication service) of the MoH, which recruited and trained Catholic scouts for community awareness and mobilization in the city of Bangui
- FAIRMED and WHO supported the training of health personnel in case management in priority areas 1
- SOLIDARITES and WHO supported the establishment of active surveillance sites (temperature-taking at border posts at the edge of the Oubangui River and at Bangui M'Poko Airport, installation of routine hand washing devices, IEC) in Priority Zone 1.

Needs analysis and scenario planning

The national contingency plan adopted by partners split the country into two priority areas of intervention. Priority Zone 1 comprised the health districts of M'baiki, Boda and Nola bordering the south-east of the DRC, while Priority Zone 2 comprised the districts of Bégoua, Sibut, Kouango, Mobaye and Bangassou bordering south-west of the DRC.

Due to the proximity of Priority Zone 1 with the outbreak area in DRC, CAR RC response plan opted for the training of community relays coupled with local awareness activities (door-to-door) within the communities during the first 30 days, while in Priority Zone 2, activities were limited only to the training of community relays and must be planned from 31 to 90 days, in accordance with the National contingency plan.

Through the National Ebola Contingency Response Working Group, CAR RC was requested by the MoH to carry out the specific activities described below. This is essentially the preparation activities for:

- Community-based surveillance
- Community sensitization and mobilisation in Priority Zone N° 1
- Training and preparedness for safe and dignified burials (SDB)
- Case management training (Infection Prevention and Control. CAR RC community volunteers will be used as hygienists in the epidemics treatment Centre (ETC) set up by the Ministry of Health.

It should be noted that as of 24 July 2018, EVD epidemic was declared over by WHO in the Ecuador province in DRC but one week later, a new EVD outbreak was declared in the province of Nord-Kivu on 1 August 2018. Despite this situation the CAR RC in agreement with the IFRC did not stop the preparedness activities – rather, a no-cost timeframe extension of the operation was approved to allow proper completion of the preparedness actions.

Risk Analysis

In the course of the implementation of the planned activities, CAR RC experienced a lot of difficulties related to the very poor state of road infrastructures, which made it difficult to access regions of the Priority Zone 2. Thus, it opted to use United Nations air flights (UNHAS) to travel to the towns of Mobaye and Bangassou. Nevertheless, some towns such as Ogunbona were accessible only by motorbike taxi.

Bangassou RC committee and CRCA HQ staff travelling by taxi-moto ©CAR RC

Example of poor road conditions ©CAR RC

CRCA team member travelling on a UNHAS flight ©CAR RC

B. OPERATIONAL STRATEGY

General Objective

The overall objective of this operation was to contribute to preparedness, prevention and early detection, (Scenario 1) and reduce morbidity and mortality (Scenario 2) resulting from a potential Ebola virus disease (EVD) outbreak.

Given the achievements highlighted under the detailed operational plan of this report, it can be confidently concluded that the stated objective was met at the operational level despite few challenges encountered during implementation. Indeed, the below three points were the main achievements of this response preparedness operation:

- Some 480 community volunteers were trained in the identified Priority Zones 1 and 2 (250 in Priority Zone 1 and 230 in Priority Zone 2);
- The planned 180 volunteers were mobilized for sensitization in Priority Zone 1. They were able to conduct 24 awareness sessions (3 home visits per week), which resulted in 89,662 households being reached, that is 103.77% of the planned 86,400 households;
- As a direct effect of the increase in households reached, some 448,310 people (202,228 men and 246,082 women) were directly reached through door-to-door sensitization campaigns (against 432,000 people planned, that is 104%). This could be explained by the increase in the number of persons per host family as a result of the internal displacement of people fleeing insecurity created by armed groups in the central and northern parts of the country to take refuge in host families in this part of the South-west region, considered "Green Zone for the movement of goods and people" by the collective of humanitarian actors.
- A total of 1,585,167 (approximately 317,033 households), which is the total population of Priority Zone 1, were indirectly reached through dissemination of awareness raising messages to communities via programmes broadcast on community radios in both national and local languages (Radio Songo in M'baiki and Radio KULI NDUNGA in Nola).

In terms of impact, awareness has contributed to change the behaviour of populations on the consumption of game meat. A phenomenon noted on the ground allows us to justify this success. Indeed, some game meat vendors organized demonstrations in the city of M'baiki against the volunteers as they witnessed a drastic reduction of their income due to the sensitization activities by CAR RC's community volunteers on Ebola disease prevention. The local administrative authorities had to organize a meeting with these vendors to calm the situation.

However, some activities of the response plan, including training on safe and dignified burials (SDB) and the lessons learned workshop was not carried out despite the extension of the implementation period from 3 to 5 months.

This SDB training could not take place because of the WHO trainers and representatives of the Ministry of Health, who were also mobilized to support other partners in response actions, could not avail themselves. The training was postponed many times till the end of the project.

The experience sharing meeting which was planned in the city of Mongoumba was not organized due to the repeated closures of the CAR RC office. In fact, the headquarters of the CAR RC is located in the 3rd district of the city of Bangui (PK 5), where self-defence groups are present, with regular armed clashes. This hampered the access of all staff at the office from time to time. Due to the same reasons, a single monitoring/evaluation mission (of the 3 missions planned) was organized.

Proposed strategy

The MoH and WHO activated the Standing Committee for the management of a possible EVD outbreak, acting on the recommendation of WHO-AFRO, which considers the nine neighbouring countries of the DRC as having a high risk of EVD outbreak. Regular crisis coordination meetings are held at the Health Emergency Operations Centre (COUSP) twice a week. A MoH mission was deployed in the higher-risk area along the Oubangui River to mobilize CAR RC volunteers to launch surveillance and awareness-raising activities.

The said committee is organized in seven (7) Working groups, namely:
1) Coordination
2) Monitoring and laboratory (CAR RC as a member)
3) Security/logistics (ICRC as a member)
4) Communication and social mobilization (CAR RC/IFRC as members)
5) Water, hygiene and sanitation
6) case management, infection prevention and control (CAR RC as a member)
7) Rapid Response Teams (CAR RC as a member)

It should be recalled that scenario # 1 predicted preparedness for early detection and prevention. The activities selected related to volunteer training in social mobilization, community surveillance, case management, infection prevention and control (IPC), and safe and dignified burials (SDB). In addition, social mobilization was carried out as part of the preparation phase, to ensure that at-risk communities were sensitized to the disease and preventive measures.

Support Services

Human Resources

Some 480 CAR RC volunteers were mobilized and trained to strengthen the National Society's capacity for Community surveillance and social mobilization. Members of the local disaster response committees and the Secretary General of the local CAR RC branches supervised the work of Community Volunteers.

In addition, seven (7) NS employees actively supported the implementation of preparedness activities in priority Zone 1--the head of the health department, the Assistant to the head of the health department, two logisticians, two finance officers, the head of communications and his assistant, as well as a driver.

Logistic and supply chain

As far as logistics and supply chain are concerned, personal protective equipment (PPE) and others were purchased by the IFRC country office, in line with the internal rules and regulations in force.

This equipment was handed over to the CAR RC for the trainings. They included 100 personal protective kits (50 adults, 50 children) 05 outreach Kits (1 kit for 50 volunteers) and 04 safe and dignified burial kits.

SDB and IPC kits provided to CAR RC as part of the operation

Communication

The dissemination of awareness raising messages to communities by community volunteers was carried out using the door-to-door methodology. This was coupled with the recording of programs on Ebola virus prevention which were broadcast on community radios in both national and local languages (Radio Songo in M'baiki and Radio KULI NDUNGA in Nola) which enabled the operation to indirectly reach the overall population of Priority Zone 1. Radio programmes on the Ebola virus (mode of transmission, clinical manifestations, means of prevention) were recorded and broadcasted for one month on the national Radio (Radio Centrafrique) in the National language (Sango) and in French.

The CAR RC Response Plan management team (Health and Communication department) participated in the three weekly crisis meetings organized by the Ebola Disease Management Committee at the Public Health emergency Operations Centre level (COUSP). Meetings were held under the responsibility of the Ministry of Health and WHO. Information on Response plan implementation progress was shared during these meetings.

Security

CAR is a country whose security is unstable because of the presence of armed groups. This situation limited access to several localities especially in Priority Zone 2. To access these areas, CAR RC in collaboration with the IFRC Country Office decided to organize field trips using domestic flights from UNHAS (United Nations Humanitarian Air Service). The limited number of places in these weekly flights disrupted the training schedule especially in Priority Zone 2.

Planning Monitoring, Evaluation and Reporting (PMER)

The monitoring of the project was done jointly by CAR RC and the IFRC Country Office. The focal points designated in each entity were regularly involved in the crisis meetings organized at the COUSP. The training and awareness reports were shared with the COUSP team.

An operation update was prepared and shared with the technical support team of the IFRC Regional office in Nairobi, which requested a two-month timeframe extension. This brought the overall timeframe of the operation to five months.

The translation of the EPoA from French into English and vice versa has enabled the CAR RC to better understand the actions to be carried, out but also to ensure that they share achievements under this operation with the Government and other non-English speaking partners.

A monitoring/evaluation mission was carried out in Priority Zone 1. This helped to ensure that activities were conducted in line with the action plan.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 1,585,167
Male: 782,044
Female: 803,123

Health Outcome 1: Communities are educated on Ebola prevention and detection measures; any cases are quickly detected.		
Indicators:	**Target**	**Actual**
Number of health areas covered by Community monitoring and EVD outreach activities at health districts level	03	04
Health Output 1.1: The government is assisted by CRCA volunteers in surveillance and social mobilisation/education		
Indicator	**Target**	**Actual**
Number of RC volunteers visits to communities to support surveillance and education	24	24
Number of volunteers trained in Ebola epidemic management, surveillance, referral, contact tracing and community commitment	250	250
Number of radio spots broadcasts	60	60
Number of people reached through broadcast of radio spots	1,585,167	1,585,167
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		
Health Output 2.1: CRCA personnel are trained and equipped to prevent EVD infections prevention and control the spread of the virus (IPC)		
Indicators	**Target**	**Actual**
Number of CAR RC IPC, clinic and ambulance staff members trained and equipped	41	41
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		
Health output 3.1: CRCA personnel are trained and equipped to provide SDB in Priority Zone 1		
Indicator	**Target**	**Actual**
Number of CAR RC SDB staff members trained and equipped (12 teams of 8 persons each)	96	0
Outcome 4: National rapid response teams can meet the clinical, social and logistical needs of a suspected case		
Output 4.1: CRCA personnel are trained and equipped for deployment with the national rapid response team		
Indicator	**Target**	**Actual**
Number of members of the CARC response team trained and equipped	10	10
Number of people reached by through door-to door activities by volunteers	432,000	448,310 (202,228 men and 246,082 women)

Narrative description of achievements

It is important to remember here that the number of people targeted to be affected by awareness is 432,000 people (i.e. 86,400 households). The above summary table reveals that 448,310 people *(202,228 men and 246,082 women),* or 103.77%, were reached by the home visits of community volunteers. As mentioned above, this increase in number of people could be explained by the fact that the number of persons per host family is constantly increasing because of the internal displacement of populations fleeing the insecurity created by armed groups in the central and northern parts of the country and take refuge in the host families in this part of the South-west region considered to be the "Green Zone for the movement of goods and people" by the collective of humanitarian actors.

Due to its proximity to Congo Brazzaville, the Boda Health district was added to the intervention districts in Priority Zone 1 (from 3 to 4 districts) and the CAR RC reviewed the number of community volunteers to adapt it without financial implication on the action plan.

With regards to Community relay training, it is noted that all 480 community relays of the two priority zones (1 and 2) were trained on Ebola virus disease, particularly on the modes of transmission, clinical manifestations, means and key messages to be disseminated to the population. Of the 250 community volunteers in Priority Zone No. 1, 180 were deployed to raise awareness of local communities on the disease. The awareness strategy used was door-to-door, but also focus discussion groups at churches and mosques, as well as with traders and game meat vendors amongst others. The messages were designed and validated by the Communication and Social Mobilization Commission (which includes the Ministry of Health, WHO, UNICEF, and IFRC).

A total of 24 outreach sessions (3 home visits per week) were carried out, making it possible to reach the number of people mentioned in the previous paragraph.

One of the positive points of the operation was that the community volunteers enrolled in this awareness-raising phase are the same ones that were trained during the alert preparation phase of 2014. The good control of the data collection tools by these volunteers facilitated the compilation and transmission of data within a reasonable time.

The dissemination of prevention messages in local languages by the local community radio channels is also another positive point to be noted in this awareness-raising phase. In order to be able to reach the maximum number of people, it was agreed with the IFRC to increase the number and frequency of dissemination of these messages. The funds saved on the production of the communication tools were redirected to finance the additional dissemination costs during the mid-term evaluation. This allowed CAR RC to reach the overall population of Priority Zone 1.

The safe and dignified burials training was not carried out as well as two of the three monitoring/evaluation missions planned, because of WHO trainers and representatives of the Ministry of Health, who were also mobilized to support other partners response actions, could not avail themselves. The training was postponed many times till the end of the project.

Challenges

The CAR RC team faced two challenges during the implementation of this operation:

Coordination at national level: Given the roles played by sister Red Cross Societies in the response to Ebola in some countries, the national authorities considered CAR RC as a partner of choice in preparing for the response. The announcement of IFRC support through this DREF operation during the coordination meetings amplified the hope that the authorities of the authorities but coordination with health authorities was painstaking because of lack of qualified personnel at CAR RC to respond to all the requests of the various partners.

Awareness raising: The population had little knowledge of the Ebola disease, although they knew through the media that it was a deadly disease that had raged in West Africa and the DRC. This led to a psychosis in the population with fears that there could be an outbreak in CAR. Finding the words to combat this psychosis and calm people's minds via sensitization sessions was a great challenge.

Lessons Learned

The main lesson learned was the positive behavioural change the communities due to awareness-raising by community volunteers in Priority Zone 1. Indeed, according to the Ministry of Health, the number of phone calls on the Hotline significantly reduced after four weeks of awareness.

International disaster response

Outcome S2.1: Effective and coordinated international response to disasters is ensured

Indicators:	Targets	Actual

Number of NS staff members deployed for the operation	5	8

Output S2.1.4: Deployment of surge capacity

Indicators:	Targets	Actual
Number of volunteers deployed for the operation and 9 SGs of local committees	180 volunteers and 9 SGs	180 volunteers and 9 SGs
Number of monitoring visits.	3	1

Achievements

Number of staff deployed: 8 (3 finance officers, 2 logisticians, 1 medical doctor, 1 driver, 1 RDRT member). An RDRT member was deployed to support the Head of Health for the running of the trainings.

During the implementation period, an additional finance officer and an additional logistician were needed to provide further support to speed up the activities.

One monitoring visit of the planned three was conducted due to regular disruptions related to security.

Challenges

Two of the three monitoring/evaluation missions planned could not be conducted because clashes in the PK5 area of Bangui did not allow NS staff to be able to conduct all field visits.

Lessons learned

Nothing to report.

Influencing others as a leading strategic partner

Outcome S3.1: The IFRC Secretariat, in collaboration with National Societies, uses their privileged position to influence decisions at the local, national and international levels that affect the most vulnerable.

Indicators:	Targets	Actual
Number of communication material produced	4,850	4,850

Output S3.1.1: IFRC and NS are visible, reliable and effective spokespersons on humanitarian issues

Indicators:	Targets	Actual
Number of radio spots produced	1	1
Number of translation work produced	3	3

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Targets	Actual
Number of lessons learned workshops organized	1	0

Achievements

The communication materials produced consist of 3,000 leaflets, 1,500 A2 size posters and 300 caps, as well as 50 image boxes.

The lessons learnt workshop could not hold because of the delay in carrying out training activities in Priority Area 2 due to several cancellations of United Nations Humanitarian Flights (UNHAS) in these localities. This compounded to the lack of staff at the CAR RC Health Department, the head of the department being the only one to ensure the implementation caused a delay in the request for funds from the CAR Country office. The DREF operation having closed, it was no longer possible to organize the lessons learnt workshop.

Challenges

The fact that the lessons learnt workshop could not be conducted despite it being budgeted, due to CAR RC health focal person being overwhelmed.

Lessons learned

Request for HR support on operations when there is only one focal person to cover large geographical areas. This way, tasks can be shared to ensure that all activities can be completed in a timely manner.

D. THE BUDGET

The overall budget for this operation was CHF 90,579, of which CHF 76,639 (84.61%) was spent. A balance of CHF 13,940 will be returned to the DREF pot.

Explanation of variances:

- Storage was not budgeted but items received from Yaoundé and Geneva were stored in the warehouse in Bangui and later transported to the local branches for trainings.
- Distribution & Monitoring was not budgeted but few items were transported to the branches from Bangui, generating distribution fees.
- Logistic Services was not budgeted but SDB kits were ordered from Geneva, resulting in procurement costs.
- Nominal account code for National staff was used for Volunteers Incentives instead.
- The over expenditure under Professional fees relates to security fee for the warehouse in which items were briefly stored during implementation.
- Communication was overspent due to the high Internet cost in CAR.

Reference documents

Click here to view:

- Operation Update
- Emergency Plan of Action (EPoA)

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

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How we work

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

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

Enable healthy and safe living.

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

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/06-2019/02	Operation	MDRCF024
Budget Timeframe	2018/06-2018/11	Budget	APPROVED

Prepared on 19/Mar/2019

All figures are in Swiss Francs (CHF)

MDRCF024 - Central African Rep - Ebola Virus Disease Epidemic

Operating Timeframe: 05 Jun 2018 to 05 Sep 2018

I. Summary

Opening Balance	**0**
Funds & Other Income	**90,579**
DREF Allocations	90,579
Expenditure	**-76,639**
Closing Balance	**13,940**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			**0**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs			**0**
AOF4 - Health	90,579	76,639	**13,940**
AOF5 - Water, sanitation and hygiene			**0**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**90,579**	**76,639**	**13,940**
SFI1 - Strenghten National Societies			**0**
SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC			**0**
Strategy for implementation Total			**0**
Grand Total	**90,579**	**76,639**	**13,940**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/06-2019/02	Operation	MDRCF024
Budget Timeframe	2018/06-2018/11	Budget	APPROVED

Prepared on 19/Mar/2019

All figures are in Swiss Francs (CHF)

MDRCF024 - Central African Rep - Ebola Virus Disease Epidemic

Operating Timeframe: 05 Jun 2018 to 05 Sep 2018

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**28,290**	**17,497**	**10,792**
Medical & First Aid	10,860	8,651	2,209
Teaching Materials	15,845	8,846	6,999
Utensils & Tools	1,585		1,585
Logistics, Transport & Storage	**3,266**	**9,844**	**-6,577**
Storage		2,368	-2,368
Distribution & Monitoring		1,800	-1,800
Transport & Vehicles Costs	3,266	3,175	91
Logistics Services		2,500	-2,500
Personnel	**23,968**	**25,401**	**-1,433**
National Staff		1,898	-1,898
National Society Staff	898		898
Volunteers	23,070	23,503	-432
Consultants & Professional Fees		**386**	**-386**
Professional Fees		386	-386
Workshops & Training	**17,852**	**12,656**	**5,196**
Workshops & Training	17,852	12,656	5,196
General Expenditure	**11,674**	**6,177**	**5,497**
Travel	3,000		3,000
Information & Public Relations	2,482	1,525	957
Office Costs	4,500	2,443	2,057
Communications	1,560	2,137	-577
Financial Charges	132	73	59
Indirect Costs	**5,528**	**4,677**	**851**
Programme & Services Support Recover	5,528	4,677	851
Grand Total	**90,579**	**76,639**	**13,940**