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Emergency Plan of Action (EPoA)

Central African Republic: EVD Preparedness

International Federation of Red Cross and Red Crescent Societies

DREF Operation n°	MDRCF026	**Glide n°:**	N/A
Date of issue:	30 June 2020	**Expected timeframe:**	03 months
		Expected end date:	30 September 2020
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 133,694			
Total number of people at risk	1,405,000	Number of people to be assisted:	745,350
Provinces at risk:	04 health districts (Bangui 1, 2, 3 and Mbaïki health districts)	**Provinces/regions targeted:**	04 health districts (Bangui 1, 2, 3 and Mbaïki health districts)
Host National Society(ies) presence (n° of volunteers, staff, branches): 4 local branches			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Netherlands Red Cross, French Red Cross.			
Other partner organizations actively involved in the operation: Ministry of Health, World Health Organization (WHO), UNICEF			

<Please click here for the budget and here for the contacts>

A. Situation analysis

Description of the disaster

The situation began on 30 May 2020 when the Provincial Director of Health of Equateur province informed of the occurrence of 4 deaths in the Air Congo district of Mbandaka health zone in the Democratic Republic of Congo. Prior to their death, the affected persons had fever and bleeding during the period of May 18-30, 2020, leading to suspicions of EVD cases.

This suspicion was confirmed on 1 June 2020, the Ministry of Public Health of the Democratic Republic of Congo (DRC) declared the 11th outbreak of Ebola Virus Disease (EVD) in Equateur province, which has a geographical proximity to Bangui, the capital of CAR and shares significant trade and social links with the Central African Republic (CAR) and the Republic of Congo, which also shares borders with CAR.

As of 24 June:

- A total of 24 cases (21 confirmed and 3 probable), with 13 deaths (for a case fatality rate of 54,2%)
- 11 health areas affected across 5 health zones
- 1,735 contacts of cases identified, of whom 93,6% were contacted by the health authorities within the last 24 hours.
- 254 alerts of suspected EVD cases, 68,1% of which were investigated within the benchmark 24 hours
- 5,104 contacts, contacts of contacts and frontline workers vaccinated against EVD, following a ring vaccination strategy.

These risks of an EVD outbreak come at a time when the CAR has been facing an unprecedented socio-political, security and humanitarian crisis since December 2012. This crisis, which occurred in a context of chronic underdevelopment, has affected all pillars of the health system and reduced the country's capacity to respond without international support. This is compounded by the COVID-19 pandemic, which has been changing exponentially in recent weeks.

Discussions between the National Society, the IFRC CAR Country Office and MoH in Bangui began as soon as the 11th EVD outbreak was officially declared in the DRC. However, the MoH's position and the request to the partners was not clarified until 16 June 2020, after a telephone meeting with the Minister's office. It is only after MoH made clear what support it needed from CARC that this DREF request was developed. In addition, the Head of Country office had to

undergo a medical evacuation in the week starting on 22 June, which offset work schedules within the already lean IFRC country team, thus delayed finalization of this EPoA.

Summary of the current response

Overview of Host National Society Response Action

Since the outbreak was declared, CARC national headquarters alerted its local committees of the concerned health districts to ensure they are aware and can reactivate volunteers who were trained in 2018, in readiness for deployment. The response has been slow due to the lockdowns imposed by COVID-19, which requires social distancing measures to be implemented everywhere.

During the 9th EVD outbreak in the same area and at the request of the MoH, the CARC had retrained volunteers previously trained during preparation of the 2014 outbreak. A total of 480 volunteers, including 250 in Zone 1 (Moungoumba, Bangui, Begoua and Sangha-Mambere), 230 in Zone 2 (Ndjoukou, Ouango, Kembe, Bangassou and Mobaye) were trained in awareness and case-finding, 180 volunteers on surveillance in the two zones between June and November 2018. Ten (10) Central African Red Cross volunteers have been trained to be an integral part of the Ministry of Health's Rapid Response Team. Twelve Safe and Dignified Burial Teams (SDB) of eight (8) members each, with a total of 96 volunteers, were set up in Bangui (8), Moungoumba (1), Begoua (1) and Sangha-Mambere (1). Thirty-three (33) kits of protective equipment were pre-positioned in Zone 2.

To note, CARC implemented an EVD preparedness DREF operation in 2018, following the 9th outbreak in DRC, reaching a total 1,585,167 people (782,044 male and 803,123 females) through awareness raising using radio broadcast and door-to-door. A total 41 CARC IPC, clinic and ambulance staff members were trained and equipped while 180 volunteers and 9 SGs of local committees involved were trained. Key lessons learned include the below:

- Positive behavioural change within communities was noted thanks to awareness-raising by community volunteers in Priority Zone 1. According to the Ministry of Health, the number of phone calls on EVD on the Hotline significantly reduced after four weeks of awareness.

- 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. As such, the NS is taking proper security measures to ensure volunteers are aware of risks and know how the Red Cross emblem protects them.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC country office will assist the Central African Red Cross (CARC) in coordinating all activities related to this operation, including planning, implementation, monitoring and reporting, and will participate in local monitoring/assessment missions as required. The ICRC also has a strong presence in the country, with WASH and security capabilities. Thanks to a tripartite meeting (CARC, ICRC, IFRC), the leadership roles of the CARC and the IFRC in this effort to prepare for the EVD are appreciated. Due to the unstable situation in the country, the ICRC will be constantly informed of key decisions and critical needs. The ICRC will contribute as much as possible to the preparation efforts for the EVD, in accordance with its mandate and mission.

Partner National Societies in the country include the Netherlands Red Cross, the French Red Cross and the Qatari Red Crescent. They are informed and involved in the preparation of this application for this project. The French Red Cross is particularly associated with identifying the actions to be put in place for the Infection Prevention and Control (IPC). Close coordination will be maintained, particularly with the ICRC, whose participation is sought in the security and logistics commissions, and WASH in clinical settings.

The Movement coordination platform that was put in place in the context of the COVID 19 pandemic can be expanded to include EVD preparedness. In this way, the related aspects will be addressed at all meetings.

This operation is being launched in line with preparedness efforts highlighted in the DRC EVD One International Appeal, and the IFRC Regional Coordination will ensure the link with other EVD preparedness actions across the Region, leveraging on the lessons learnt as implementation progresses.

Overview of other actors' actions in country

CAR Government: The Ministry of Health and Population has set up a standing committee to manage a possible outbreak of AEMs, on the recommendation of WHO-AFRO, which considers that the nine neighbouring countries of the DRC are at high risk of EVD. Unfortunately, with the situation of the COVID 19 pandemic, crisis coordination meetings no longer take place on a regular basis. The Health Emergency Operations Centre (COUSP) is currently meeting on an ad hoc basis due to the COVID 19 pandemic. This committee was organized into seven (7) working committees, namely:

Coordination, Surveillance and Laboratory, Security/Logistics, Communication, WASH, Case Management and Infection Prevention and Control (including safe and dignified burials), Rapid Response Teams.

The Ministry of Health, with the support of all its partners, had developed a national plan for EVD preparation and shared it with them to solicit their support for its implementation. It will be sufficient to reactivate it and switch priority areas depending on the proximity of the outbreak area. Thus, as in 2018, Priority Zone 1 will be the one that borders the Equateur province and the Republic of Congo along the Oubangui river (see map).

UN agencies (OCHA, WFP, WHO and Unicef): WHO had deployed an international preparedness team in 2019 to help the as-yet-unaffected CAR build on what they have already accomplished in preparation and planning. The team, which included representatives of delivery partners and national and international networks such as the U.S. Centers for Disease Control and Prevention (CDC), the International Association of Public Health Institutes (IANPHI) and the WHO Global Outbreak Alert and Response Network (GOARN), focused on ensuring that the country is as ready as possible to detect potential cases of Ebola virus disease. , to investigate and report them in an efficient and safe manner.

It was also intended to provide an effective response to prevent a larger epidemic. The mission identified and retained priority, necessary and realistic actions based on the deficiencies identified to strengthen the preparation phases for the 30-, 60- and 90-day deadlines. The same 2019 provisions will be put in place by prioritizing the health districts of Bangui (1, 2 and 3), Sangha-Mbaeré, Boda and Mbaiki.

Coordination:

At the national level, mechanisms are being put in place at the central level and in districts at risk by the MoH. The IFRC/CARC operation coordination team will be involved in these platforms for consultation and coordination. Both teams will participate in all coordinating committee meetings that have been set up. Successes and failures will be shared to improve intervention. Similarly, the local committees of the CARC will take part in all meetings organized for this purpose at the level of each health district. This will ensure all preparedness efforts are aligned and there are no overlaps or gaps with actions from various MoH partners.

At the Movement level, information on the preparation operation during the various coordination meetings that will bring together the ICRC, the IFRC, the CARC and the PNS. The operations team will participate in all coordination meetings and technical meetings at all levels of the pyramid.

The activities will be carried out by Central African Red Cross volunteers recruited mainly at the local level and who will be placed under the supervision of local CARC committees. Cooperation and collaboration with local authorities and other partners in the areas of intervention will be strengthened.

A national coordinator of the operation will be recruited in Bangui, with 04 supervisors for the selected health districts, while local supervisors will be recruited locally to make the most of the trust they already enjoy with the authorities and beneficiary communities, as well as their knowledge of the area of intervention. Joint supervisory missions will be carried out by the IFRC and CARC technical teams.

Needs analysis, targeting, scenario planning and risk assessment

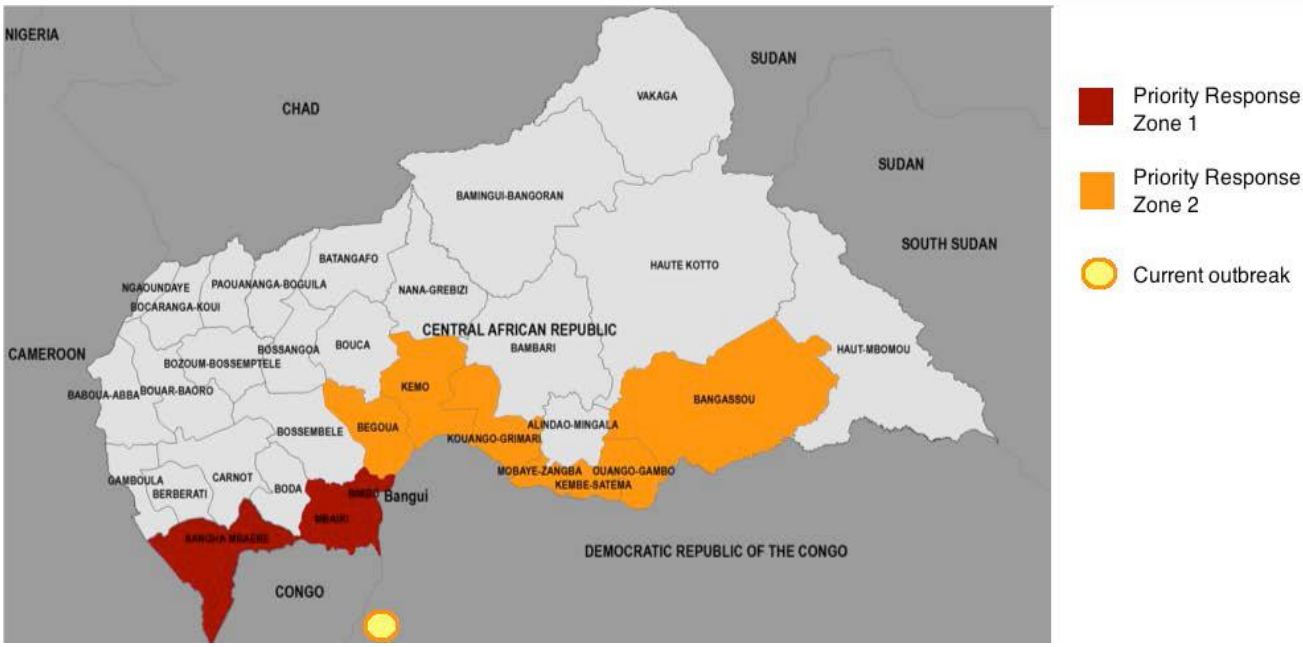
Needs analysis

According to the WHO, CAR is ranked as a second priority country at risk of importing EVD from the DRC. In addition, several studies conducted by the BPI show that there is a risk of an indigenous outbreak of EVD in CAR. Risk analysis based on a number of factors allowed NS to identify at-risk health districts based on their proximity to the outbreak, the existence of trade and movements of populations and armed groups with the home, as well as indicators of epidemiological surveillance and the likelihood of an aboriginal outbreak. On the other hand, districts were categorized into 2 priority levels based on the weighting of the various factors.

Risk factors for importing EVD to CAR include trade between at-risk districts and areas affected by the 11th EVD epidemic in the DRC, significant cross-border movements of people for family and health reasons with the province of Equateur, inadequate health checkpoints at ports of entry or crossing, and porous borders.

There are important risk factors for community outbreaks of EVD due to the existence of Ebola antibodies in some indigenous populations in CAR without any notion of travel to an area affected by EVD (source: IPB), evidence that they have been in contact with Ebola virus in Central African territory; to the existence of a large population of animals known as Ebola reservoirs in Central African Republic (frugivorous bats, rodents, monkeys) some of which carried antibodies against Ebola virus (source: IPB) and to the high consumption by populations of bushmeat, including that of animals known as Ebola reservoir (frugivorous bats, rodents).

The risk of spread is also significant. Indeed, there is a low capacity for early detection of diseases under surveillance in health facilities (low promptness and completeness of surveillance reports for diseases with epidemic potential) and in the community; Poor readiness in responding to emergencies risk behaviours by health workers who do not apply Infection Prevention and Control (IPC) measures; Low availability and accessibility to the minimum package of activities in health facilities (FOSA); low use of health services (use of traditional healers or self-medication); the existence of funeral rites and behaviours conducive to human-to-human transmission of EVD; poor coverage of water infrastructure, hygiene and sanitation in health facilities, schools, public places and villages; Inadequate implementation of good hygiene practices by people; insecurity and poor condition see the lack of road infrastructure that would limit access and timely implementation of the response in some localities; grouping populations in IDP/refugee sites and urban areas can facilitate human-to-human transmission and internal movements of populations, including transhumance.



Results of the analysis with the support of some technical partners in the human health, animal health, protection, camp management and security sectors, as summarized in the map below as part of this action plan. The focus will be on the 3 health districts of Bangui that are just across from the city of Zongo and the Mbaiki health district which shares borders with the province of Equateur with Mbandaka as headquarter.

Targeting

The overall population of the 4 most at-risk health districts namely Bangui 1, Bangui 2, Bangui 3, Mbaïki is 1,405,258 people. Of this population, 745,350 people (745,030 community members and 320 volunteers) in the 04 health districts will be directly targeted by this operation as follows:

- 320,000 people to be reached by the temperature controls, handwashing and awareness at the 8 entry points where Red Cross volunteers will be positioned.
- 425,000 people in households who will be reached during door-to-door visits (thanks to the involvement of community leaders and caregivers) through community awareness and monitoring,
- 320 volunteers to be trained in the various pillars of the response including health training staff who will benefit from the various trainings in IPC (80 people).

Indirect targets are those who will be indirectly affected by all the actions of the preparation, i.e. the overall 1,405,258 people of the 04 districts at risk.

Estimated disaggregated data for population targeted.

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	149,006 (20%)	77,483 (52%)	71,523 (48%)
Children (5-17yrs)	268,210 (36%)	136,787 (51%)	131,423 (49%)
Adults (18-49 yrs)	238,409 (32%)	123,972 (52%)	114,437 (48%)
Elderly (>50 yrs)	89,403 (12%)	42,913 (54%)	46,490 (46%)
People with disabilities	2 (0%)	1 (53%)	1 (47%)

NB: Note that the above is calculated only on the community members targeted i.e. 745,030 people.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario 1 : No EVD cases are recorded.	A large part of the riverside population is not aware of the danger and goes about its usual business. This increases their vulnerability if the virus is imported from the epidemic zone across borders that are very porous.	Increased risk awareness is needed. It will also be necessary to strengthen surveillance at the crossing points of populations (Airport, river and land) and at the level of health facilities and other people who care for the sick (traditional practitioners, churches) and at the level of community. SDB teams will be trained and protective equipment provided in Bangui and the Mbaïki health district in preparedness. In all health facilities in these 4 health districts, CEA's activities will be strengthened. Volunteers are trained in community-based surveillance and deployed. We are reassured if the support system is ready with regular simulation sessions. CARC volunteers continue activities planned in the DREF, while mobilizing funds locally (WHO, UNICEF, OCHA and other partners) to strengthen the same. CARC volunteers continue the activities planned in the DREF and it will be necessary to mobilize funds locally (WHO, UNICEF, OCHA and other partners) to strengthen them.
Scenario 2 : One (1) to five (5) EVD cases detected in a health facility with about thirty contacts to follow and 1 to 4 deaths to manage. Epidemic localized to one community.	The population concerned is becoming more and more aware of the danger and a certain fear is beginning to take hold within the communities.	The teams in place immediately go into response mode. SDB teams are activated; the number of entry points are increased; surveillance and outreach activities are strengthened at the community level. The number of volunteers present at the ports of entry are increased. In addition to the DREF, an appeal must be launched by the IFRC and additional funds must be mobilized locally.
Scenario 3: A dozen cases are detected at the level of a rural/urban/grouping site with about 50 contacts to follow and about 90% of deaths.	The epidemic spread to several localities. The number of community deaths is increasing. There is a certain amount of panic in the communities.	Volunteers are involved in contact research and tracing, community surveillance and community awareness in the affected area, psychosocial support activities are launched, Trained SDB teams are deployed and CARC rapid sanitation teams are deployed alongside Ministry of Health teams, Civil Protection and Firefighters teams. An emergency appeal should be immediately launched at the Red Cross Movement level.

Operation Risk Assessment

The security situation in CAR has been volatile for years now, with the presence of armed fighters in the countryside. The country's eastern sector is most affected by new surges of violence mainly resulting from activities of the self-defence groups. The implementation area of the EVD preparedness operation outside Bangui is part of the No. 1 Health Region, where the KFW project is already being implemented. As such, security provisions used during activities will be the same. For field missions, a pre-safety assessment will be carried out. Local CARC committees and other partners in this area will be involved. Similarly, additional safety-related information will be requested from INSO (International NGO Safety Organization) for further assurance. All incidents, even minor ones, will be reported to the NS and IFRC security officials. Each mission team will have a satellite phone to allow good communication in areas without a telephone network or in case of interruption of normal communication. Communication airtime for the satellite phones

will be budgeted on this DREF operation. In addition, visibility items for volunteers will be procured, to ensure that when deployed, they are easily recognized.

The current DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. Following the confirmation of the first case of coronavirus confirmed in mid-March 2020, Government took the following measures: closures of external borders, closure of schools, drinking establishments and places of worship. Gatherings of more than 50 people were banned, including in morgues. A crisis committee has been set up with 6 technical commissions corresponding to the 6 pillars of the response in CAR. As of 28 June 2020, a total 3,429 cases of Covid-19 have been registered in country, with 45 deaths and 699 recoveries, according to Africa CDC. To note, a total of 89 new cases were registered on 27th June, all of them locally transmitted.

National Society responses to COVID-19 are supported through the IFRC global appeal, which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. This means that the NS will ensure even as it prepares to respond this EVD threat, COVID-19 prevention measures are adhered to in line with regional plan of action and its national COVID-19 country plan. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff. For more information please consult the Covid-19 operation page on the IFRC Go platform.

Below table indicates potential impact of the pandemic on this DREF operation and how CAR RC will respond to the situation in the event of COVID 19 mitigation measures are made more stringent.

COVID-19 measures	**Standard epidemic control measures**	**Temporary lockdown of society (schools, shops, public functions)**	**Sustained lockdown and restriction of movement during implementation period**
Likelihood	HIGH	LOW	VERY LOW
Impact on ongoing operations and projects	None	None – NS has authorization to continue activities.	Many activities might be cancelled with an impact on the operation
Mitigating measures	Conduct volunteers' trainings while respecting COVID 19 mitigation measures including social distancing. Briefing of Volunteers on COVID-19 preventive measures. Priority will be given to mass media with interactive broadcasts	Briefing of Volunteers on COVID-19 preventive measures. Community mobilization activities conducted through radio broadcasts to limit exposure of people to the virus. Priority will be given to mass media with interactive broadcasts	Briefing of Volunteers on COVID-19 preventive measures. Suspension of any activity that may require gatherings. Young volunteers will be recruited from their places of residence and continue to support community leaders in activities. Community leaders will be involved in the conduct of outreach and monitoring activities. Priority will be given to mass media with interactive broadcasts

B. Operational strategy

Overall Operational objective:

The overall objective of this operation is to support prevention and early detection of possible cases (Scenario 1) and to reduce morbidity and mortality (scenario 2 and 3) resulting from a possible Ebola outbreak, as part of the preparedness plan of the Ministry of Health of the Central African Republic.

To achieve this goal, the National Society will implement the below activities:

Health:

- Screening at points of entry with systematic temperature-taking of passengers crossing the border by volunteers. Handwashing kits will also be installed at the entry and/or crossing points, and all passengers will be required to wash their hands at the crossing. In collaboration with specialized organizations, access to hand-washing kits for people with disabilities will be organized. Volunteers will pass on the messages about the importance of hand washing with soap, using megaphones. They will also share key awareness messages within communities in villages or neighbourhoods surrounding the entry points but prior to this, locally recruited volunteers will be trained in taking temperatures, communication techniques, hand-washing techniques, and the preparation of chlorinated solutions, to ensure they can properly guide populations.
- In the community, they will be responsible for conveying messages on the promotion of hygiene (systematic washing of hands with soap), to train households on the potability of water. Chlorine pellets or pieces of soap will be distributed to households within communities in communities around entry and/or crossing points. At the health facilities level, existing but non-functional water points will be rehabilitated, and new ones will be installed where there is no water.
- Volunteers will be recruited locally and will work for their own community. They will be trained in community-based surveillance not only of diseases with epidemiological potential, but also in the surveillance of any other events that may occur in the community. The PGI aspects will be considered during this training since volunteers will be working directly with the communities and it will be important for them to ensure dignity, access, participation and safety of targeted communities in the response.
- Once deployed, they will be responsible for a number of households in their respective communities. In their package of activities, they will have to visit these households regularly, inform them about the main diseases and the ways to prevent them, about the importance of vaccination, about any other events that have occurred in the community (community deaths, newcomers to the locality, visitors from an epidemic area, etc.). A system for collecting and transmitting information, integrated in the health Department, will be put in place.
- Conduct Community Base Surveillance activities in localities around entry and transit points in the 4 targeted health districts (by the Ministry of Health)
- Help maintain an information management and quality control system to ensure reliable data collection and analysis on community feedback and perceptions, particularly in the ongoing IFRC/CRCA project in collaboration with UNICEF and CDC.

Safe and Dignified Burials:

- Regarding safe and dignified burials (SDB) and disinfection, an SDB team will be trained/refreshed, i.e. a total of 04 teams for the health districts and two teams will be trained/recycled in Bangui. These teams will be equipped with personal protective equipment and equipment for SDB and will be in each of the 04 selected health districts (Bangui 1, 2.et 3, and Mbaiki). Equipment kits for the installation of an operational base for the decontamination of equipment and means of rolling will be pre-positioned for each team. Locations will be identified by local Red Cross committees in collaboration with local authorities and other partners.
- Safe and Dignified Burial (SDB) teams will be formed and trained, ensuring diversity among the members to increase acceptance in communities where they will respond. In at-risk communities, volunteers working on CBS, RCCEA or other health activities will raise awareness about SDB, and will support and introduce SDB teams to the affected family and community in the event of a burial, to ensure community acceptance and reduce risk for volunteers.

Risk Communication and Community Engagement & Accountability (RC/CEA):

- As concerns risk communication, community engagement and accountability, the participation of target communities will be ensured in all preparedness activities and their regular responses. The focus will be on cultural specificities and community structures, on the integration of gender and diversity, and on promoting the actions of the CARC and its mission within communities. Engaging with communities will also involve informing them of their right to be informed and providing feedback during the operation. The CARC will focus on (as much as possible) communication channels that do not expose volunteers, using innovative two-way communication tools to provide vital information as well as to communicate with communities.

- Outreach messages previously aligned with the MoH and partners will also be broadcast in public squares, including markets, churches, schools and through existing radio stations in these areas, particularly community radio stations. To adapt the messages to the needs of the beneficiary communities, vox-pops will be organized mainly to capture rumours, as well as the community's perception of EVD and design targeted messages. The broadcast messages will target all groups in the community and take into account the various vulnerabilities.

- At the community level, local governance (local authorities and community leaders) will be strengthened in the fight against EVD through active advocacy for them through awareness and involvement at all stages of the implementation of the community mobilization programme around preparation activities. Once it has joined and takes ownership of the fight, it will provide supervision to community volunteers in their surveillance activities and will be the guarantee for sustainability of the action.

- Neighbourhood/village leaders and other community leaders will also be supported with communication airtime, to facilitate rapid connecting to RC branches. The awareness messages will focus on Ebola virus disease (contamination pathways, modes of transmission, clinical signs, treatment, preventive measures), the importance of safe and dignified burials, the importance of transfer to ECT and early treatment, the importance of community membership in the fight.

- Conduct CEA activities (mobilizing, educating and gathering input from at-risk communities, implementing mass awareness activities, including mobile cinema, interactive radio programs and others). Meetings with community leaders (district and cell leaders, religious leaders, etc.), influencers (young leaders, women, artists, etc.) to plan and organize joint activities within the community. Home visits and focus groups will be organized to disseminate awareness, prevention and public health messages.

Protection, Gender and Inclusion (PGI):

- Conduct a detailed needs assessment with the participation of the beneficiaries during the preparation activities. Surveys and mini-surveys, as well as focus groups with different social groups in the community, including women, girls, men, boys and people with disabilities, will be carried out to verify the information already available and provide more up-to-date information on the actions of other stakeholders, gaps in current preparation and the capacities and needs of the local population, taking into account the specific needs and risks associated with different ages, genders and disabilities. With the support of anthropologists, studies of the behaviours, customs and traditions of communities in relation to the EVD will be carried out and will allow the preparation to be adapted in relation to the evidence of the so-called studies. It will be necessary to use the age and diversity analysis tool that will provide a greater contribution to the specific needs and risks associated with different ages, gender and disability. Arrangements will be made for compliance with physical distancing and gathering measure for COVID-19.

Operational Support Services

Human resources: Some 320 CARC volunteers in Priority Zone 1 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 in the operation. In addition, NS staff will actively support the preparedness activities in Priority Zone 1, namely the Head of the Health Department and the Assistant of the Head of Health Department, the Communications Manager, drivers, amongst others.

Planning, monitoring, evaluation and reporting (PMER) will be ensured by CARC 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. Update on the implementation of the activities will be done on a weekly basis with all operational teams. At the national level, the results will be shared at the coordination meetings. Monthly supervisory missions will be carried out by the IFRC team in conjunction with the National Society.

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 CARC 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 at the end of the operation, to ensure that volunteer feedback is obtained, and any strengths highlighted, or weaknesses identified, to address these and inform future planning.

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. Local procurement will be the preferred option but depending on market availability international procurement could be considered. If necessary, items could be taken from the warehouse of the Central Africa Cluster in Yaoundé and be replenished through this DREF operation budget.

Finance: IFRC in-country finance team will provide financial management of this operation as required to ensure proper management of the different budget lines, financial monitoring and reporting of the operation. Monitoring will be done bi-monthly. Additional technical support is available from the Regional Finance Unit (RFU) of the Africa Regional Office.

Communication: The SN will also benefit from the support of the IFRC's communication department in the production of media content on the operation (spots, program production guides, question-and-answer sheets on community feedback, information on RC services and activities). This support is available at the Yaoundé CCST and at RFU, for in-country office to use.

Security: The security situation has continued to worsen outside the capital, Bangui, due to the presence of large numbers of fighters in the countryside. The country's eastern sector is most affected by new surges of violence. Those, mainly resulting from activities of the self-defence groups. The triangle Bria, Bambari, Bangassou and Zemio remains the most significant area for security concerns. As for the centre of the country, Alindao remains volatile and outbreaks of intense violence can now be considered as a routine. Inter- and intra-ethnic violence is common and often driven by resource competition. In Bangui City, it is commonly assessed, that all armed groups active across CAR, have elements, at the very least, operating in low profiles, within the capital. The city remains a sensitive area that is well known for its spikes of intercommunity /ethnics or socio-political tensions. Armed groups are likely to detain/kidnap humanitarian actors, especially in the eastern part of the country. Incidents of theft and robbery occur regularly, and armed gangs are known to operate in the outlying areas of Bangui. Roads are in extremely poor condition throughout CAR. Health facilities are very limited. Due to the coronavirus outbreak, the government has put in place measures that may be amended at short notice. Red Cross and Red Crescent personnel should comply with the measures put in place in country to limit the spread of coronavirus (COVID-19).

The IFRC in CAR is currently operating in Orange phase in the capital Bangui. All the rest of the country is currently in phase Red. To reduce the risk, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

C. Detailed Operational Plan

Health and care
People targeted: 745,350
Male: 357,800
Female: 387,550
Children: 417,216 (56% of targeted population)
Requirements (CHF): 82,274

Need analysis: The current epidemic in the DRC continues to evolve and this situation increases the risk of passage to countries neighbouring the epidemic. The CAR is all the more exposed given the proximity of the affected areas currently affected and the cross-border movements between the two countries and the porosity of these borders. Health needs arise in terms of the population's understanding of the level of risk (danger) caused by the epidemic in the DRC, surveillance at entry points and in communities, compliance with IPC measures (including secure management of bodies) and especially in terms of preparedness for the response if the disease occurs in CAR territory.

Target population: The population of the 04 health districts considered at risk and estimated at 1,405,000 people (source: estimates from the 2003 GPH with an annual growth rate at the national level of 2.5%) will be the direct beneficiaries. This population will benefit from the preventive measures that will be put in place and all the awareness on EVD that will be carried out throughout this intervention area.

Program Standards and Benchmarks: The sector's activities will follow the Ebola prevention and control programme as part of the preparedness strategy, as well as global regulations and standards for preventing and controlling the spread of Ebola.

P&B Output Code																	
	Health Outcome 1 : Early detection of the first suspected cases of EVD in the 04 at-risk health districts selected.																***Number of detected suspected cases (Target: N/A)***
	Health output 1.1: Passengers at the 8 checkpoints (entry and transit points) benefit from adequate temperature control and preventive measures for the early detection of suspected cases of EVD and the prevention of Ebola transmission.																• ***Number of operational and equipped ports of entry (Target: 8)*** • ***Total number of passengers registered (Target: N/A)*** • ***Proportion of passengers with temperature taken (Target: 100%)*** • ***Proportion of people with high temperatures: above 37.5 degrees (Target: N/A)***
	Planned activities Weeks	1	2	3	4	5	6	7	8	9	10	11	12	*13*	*14*	*15*	*16*
AP021	Conduct, in collaboration with the Coordination (MoH), update the shelter model that will be used for ports of entry and crossing points, identify material requirements for this work, identify existing capacities and gaps for this work																
AP021	Identify, in collaboration with the MoH and other partners, the location of the place to house the teams at each entry or crossing point at the DRC-CAR border																
AP021	Identification of all materials and inputs needed for the activities of the entry or passage points that will be installed																

AP021	Install and equip the 8 entry and crossing points in the 04 target districts																	
AP021	Adopt the package of activities that are essential for the smooth operation of the entry and crossing points (in collaboration with the Coordination Committee – MoH)																	
AP021	Recruit, train/recycle and deploy 80 volunteers involved in the management of entry or crossing points at a rate of 6 volunteers per entry point/passage																	
AP021	Manage the 8 entry and crossing points in the 4 targeted health districts																	
AP021	Carry out 3 joint supervisions with the coordination of the Ministry of Health and the partners (1 supervisor per month).																	
AP021	Collect data and transmit it through the system in place.																	
P&B Output Code	**Health Output 1.2: Suspected Cases Detected Early in At-Risk Communities in At-Risk Districts**																	
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	*13*	*14*	*15*	*16*	
AP021	Harmonizing training modules on community-based epidemiological surveillance and contact tracing																	
AP021	Recruit and train/recycle 160 community relays, including CRCA volunteers on surveillance of diseases with epidemic potential and other events in the community (community deaths, people from epidemic areas, etc.) and contact tracing																	
AP021	Train 8 local supervisors in each health area to supervise community relays																	
AP021	Set up a system for collecting and transmitting information/watching very of information.																	
AP021	Deploy 160 community volunteers trained/recycled to organize home visits to detect suspected disease cases through the use of community case definitions																	

- ***Number of community volunteers recruited, trained/recycled and deployed (Target: 80)***
- ***Number of trained and deployed supervisors (Target: 8)***
- ***Number of joint supervisions carried out (3)***
- ***% of suspected or confirmed cases in target areas referred and captured through CBS alerts (Target: N/A)***
- ***% of CBS alerts responded to within 24 hours (Target: N/A)***
- ***Proportion of communities in which action was taken following an alert (per month)***

AP021	Provide 03 joint supervisions of CBS's activities (1 supervision per month).																
P&B Output Code	**Health Output 1.3: Improving people's knowledge of EVD and strengthening community ownership and support for preparedness**								• ***Number of community relays trained on community and mass awareness (Target: 80)*** • ***Number of volunteers trained on media communication (Target: 24)*** • ***Number of trained and deployed supervisors (Target: 8)*** • ***Number of home visits made (Target: 8100)*** • ***Number of community meetings held (Target: 16)***								
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	*13*	*14*	*15*	*16*
AP021	Organize 02 community meetings in each of the areas of intervention with local authorities, other community leaders, religious leaders, traditional practitioners to gain their membership and accountability in activities																
AP021	Support the MoH in organizing a workshop to update and harmonize communication media on the EVD.																
AP021	Train 80 community relays, including Central African Red Cross volunteers and other community leaders on communication techniques in response areas																
AP021	Train 8 local supervisors in each health area selected to closely supervise community relays.																
AP021	Organize education activities through the dissemination of previously harmonized messages translated into local language during interpersonal interviews during home visits (8 pairs x 3 days x 4 weeks x 3 months)																
AP021	Collect feedback from at-risk communities during home visits and micro-trottoirs for message review																
AP021	Organize awareness sessions and other... (2 sessions X 4 weeksX3 months x 4 districts)																
AP021	Hold regular meetings (see focus groups) with community leaders (local authority, religious leaders, influencers such as young leaders, women, artists, etc.) to plan, organize, evaluate and reschedule activities jointly. (02 meetings X 2 months x 8 sites)																
P&B Output Code	**Health Output 1.4: Reducing the risk of human-to-human transmission of EVD in at-risk health districts**								***Number of hand-washing kits with inputs installed at entry/passage points (Target: 16)***								
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	*13*	*14*	*15*	*16*
AP021	Pre-position WASH kits at crossing points and health centres																

AP021	Set up 2 hand-washing devices at each of the 8 entry/passage points																
AP021	Train 80 health checkpoint officers																
P&B Output Code	**Health Output 1.5: Building the country's capacity to holistically manage EVD cases and carry out dignified and secured burials**								• ***Number of trained volunteers (Target: 80)*** • ***Number of personal protective equipment kits pre-positioned for SDB teams (Target: 4)*** • ***Number of prepositioned basic decontamination construction kits (Target: 4)***								
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	*13*	*14*	*15*	*16*
AP021	Train 80 volunteers (2 teams of 10 people by district) on dignified and secure burial																
AP021	Preposition protective equipment for trained SDB teams and construction of 04 bases for decontamination of equipment used by SDB teams (01 in each of the 04 selected health districts).).																
AP021	Organize SDB simulation exercises (1 exercise per month per site) at the 8 SDB installation sites																

Protection, Gender and Inclusion
Targeted people: 745,350
Men: 357,800
Women: 387,550
Children: 417,216 (56% of targeted population)
Requirements (CHF): 5,453

Needs analysis: This preparation takes place in a country where the rate of gender and gender discrimination is extremely high. The same goes for violence, the marginalization of several populations and the presence of extremely vulnerable groups. The major need will be to ensure that all populations, including the most vulnerable, benefit from Ebola preparedness and prevention. There will be a need to train CARC volunteers and IFRC staff on key areas, including child protection, prevention and response to sexual and gender-based violence, as well as prevention of sexual exploitation and abuse.

Targeted People: The population of the 04 health districts considered at risk and estimated at 1,405,000 people.

Program Standards and Benchmarks: Red Cross volunteers will carry out all activities in accordance with international standards (WHO) and in accordance with their mandate and seek to meet the Minimum Standards for Protection, Gender and Inclusion in emergencies.

Main activities planned: The following activities will be carried out: - Conduct an assessment of the specific needs and risks of people of different genders, ages and disabilities; - Collect and analyse gender-disaggregated data to inform the sector's activities; - Organize an information session for the sector team on minimum gender-diversity-inclusion

standards, including measures to address vulnerabilities, needs and capabilities specific to gender, disability and diversity factors, and to establish socialization and referral pathways to protection services for at-risk groups.

P&B Output Code																		
	PGI Outcome 2: Communities supported by the Central **African** Red Cross identify **the needs of the most vulnerable and particularly disadvantaged and marginalized redheads, due to inequality, discrimination and non-compliance with their basic rights and meet their specific needs.**																	***Percentage of men and women who have learned about gender, diversity and inclusion (Target: 60%)***
	PGI 1.1output: The current operation improves equitable access to basic services, taking into account different gender-based needs and other diversity factors																	• ***Proportion of female volunteers involved in activities (Target: 50%)*** • ***Proportion of women who have benefited from services through volunteer actions (Target: 52%)***
	Planned activities Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP031	To carry out an assessment of the specific needs and risks of people of different genders, ages and disabilities in all health districts at risk																	
AP031	Collect and analyse gender, age and disability -disaggregated data to inform operations at all intervention sites.																	
AP031	Organize an information session for teams on minimum standards for protection, gender and inclusion in emergencies including measures to address vulnerabilities, gender, diversity and disability-specific capabilities (for district supervisors).																	
AP033	Set up a socialization and referral circuit to protection services for at-risk groups at each of the operation's sites.																	
P&B Output Code	**PGI Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.**																	• ***Number of volunteers and staff briefed and signed the code of conduct (Target: 320)*** • ***Proportion of referred BVS victims (Target: 80)***
	Planned activities Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP033	Establish a system to ensure IFRC, NS staff and volunteers are briefed and sign Code of conduct, briefed on prevention of sexual exploitation and abuse, child protection and safeguarding.																	
AP033	Work with other agencies to map and make accessible information on local referral systems for SGBV and child protection, PSS																	

Strategies for Implementation
Requirements (CHF): 45,967

P&B Output Code																		
	Outcome SI.1: The capacities of the Central African Red Cross capabilities strengthened and the volunteers involved in the operation are supervised and motivated.																	• *Total number of volunteers deployed (Target: 320)* • *Number of volunteers insured (Target: 320)* • *Number of trained volunteers in each sector (Target: CEA-80, SBC-80, SDB-80, IPC-80)*
	Output S1.1.1: The CRCA has volunteers engaged and motivated for the operation																	
	Planned activities Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP040	Take out insurance for all 320 volunteers involved in the operation																	
AP040	Provide adequate training for 320 volunteers on managing the operation's activities at all response sites																	
AP040	Train volunteers on specific aspects of the operation (CBS-80, CEA-80,80-IPC/PoE-800,SDB-80, etc.).																	
AP040	Provide incentives to volunteers involved in the operation																	
P&B Output Code	**SI.1.2: The capabilities of the local branches of the CARC are improved as a result of this operation**																	• *Number of volunteers trained in each branch (Target: 320)* • *Number of local committee leaders setup (Target: 4)*
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP042	Train 320 CARC volunteers involved in the operation on the knowledge of the Movement, the dissemination of humanitarian principles and values.																	
AP042	Train 4 leaders of the CARC's local committees on good governance and management (2 people per committee).																	
AP042	Improving the infrastructure of the 4 local committees involved in the operation																	
P&B Output Code	**Outcome SI 2.1: Effective coordination is provided during the operation**																	***Proportion of coordination meetings in which the CARC/IFRC participated (Target: 100%)***
	Output SI 2.1.1: Activities of the operation and well-coordinated at all levels																	***Number of coordination meetings organized by IFRC/CARC (Target: 12)***
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP046	Contribute to strengthening the coordination platform with local authorities, Ministry of Health officials and other																	

	stakeholders involved in the preparedness in selected health districts.																	
AP046	Participate in all coordination meetings organized at all levels (national, regional, district and local) by the Ministry of Health in collaboration with other partners																	
AP046	Participate in cluster coordination meetings to share feedback from the community																	
P&B Output Code	**<u>Output SI 2.1.2:</u> The activities of CARC volunteers are well monitored, evaluated and taken into account at different levels**	• ***Number of joint supervisions organized (Target: 9)*** • ***Number of financial and narrative reports submitted on time (Target: 6)***																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP084	Put in place an appropriate feedback mechanism to capture information, particularly at the community level																	
AP084	Train volunteers on collecting, summary treatment, transmitting and using community feedback																	
AP063	Continuous monitoring by NS teams																	
AP063	Organize joint field visits to all activity sites																	
AP063	Organize monthly reviews of the operation																	
AP063	lessons learned workshop																	
AP063	Conduct a final evaluation of the operation (internal and external)																	
AP063	Develop the final report of the operation																	

Funding Requirements

The overall amount allocated for this is CHF 133,694 as detailed in budget below.

Reference documents

Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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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.

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRCF026 - CENTRAL AFRICAN REPUBLIC - CAR EVD PREPAREDNESS

29/06/2020

Budget by Resource

Budget Group	Budget
Construction Materials	2,560
Water, Sanitation & Hygiene	5,120
Medical & First Aid	26,880
Teaching Materials	384
Relief items, Construction, Supplies	**34,944**
Transport & Vehicles Costs	8,763
Logistics, Transport & Storage	**8,763**
National Staff	1,231
National Society Staff	7,917
Volunteers	29,824
Personnel	**38,973**
Workshops & Training	36,854
Workshops & Training	**36,854**
Travel	1,920
Office Costs	960
Communications	1,568
Financial Charges	1,504
Other General Expenses	48
General Expenditure	**6,000**
DIRECT COSTS	125,534
INDIRECT COSTS	8,160
TOTAL BUDGET	**133,694**

Budget by Area of Intervention

AOF4	Health	82,274
AOF6	Protection, Gender and Inclusion	5,453
SFI2	Effective International Disaster Management	21,160
SFI3	Influence others as leading strategic partners	19,338
SFI4	Ensure a strong IFRC	5,469
	TOTAL	**133,694**