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DREF operations update

CAR: Ebola virus disease

Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRCF018	GLIDE n° xyz
Operations update n° 1: Requests a one-month timeframe extension	Timeframe covered by this update: 29 August to 3 November 2014
Operation start date: 29 August 2014	Timeframe: Five months (New end date: 29 December 2014)
Operation budget: CHF 48,697	Total estimated Red Cross and Red Crescent response to date: CHF 48,697
Disaster Relief Emergency Fund (DREF) allocated: CHF 48,697	
N° of people being assisted: 50,000 people in five targeted areas (city of Bangui, Basse Kotto, Lobaye, Mobaye and Ombella Mpoko prefectures).	
Host National Society (ies) presence (n° of volunteers, staff, branches): Central African Red Cross (200 volunteers), 42 staff at the headquarters, 16 branches and 117 community-based committees.	
Red Cross Red Crescent Movement partners actively involved in the operation:	
Other partner organizations actively involved in the operation: Ministry of Health, United Nations Children's Fund and World Health Organization	

Summary:

A fast-spreading outbreak of the Ebola virus disease (EVD) is affecting several countries in West Africa. In February 2014, there was an outbreak of the virus in Guinea, which has since spread to Liberia and Sierra Leone, causing untold hardship and hundreds of deaths in these countries. As of 22 October 2014, a total of 9,895 cases, and 4,871 deaths had been recorded, which were attributed to the EVD. The virus has spread across borders in West Africa: there has been one case reported in Senegal and 21 cases with eight deaths in Nigeria. Efforts to stop the ongoing spread and bring the epidemic to an end are gaining in commitment and capacity; however the risk of further spread, both within the affected countries and more widely is also a real possibility and needs to be planned for appropriately.



Ebola: Training session for CAR RC volunteers in prelude to awareness-raising. Photo: IFRC

Furthermore, since 24 August 2014, the city of Boende, located about 300km East of Mbandaka (capital of Equateur) in Democratic Republic of Congo (DRC) has been facing an outbreak of gastroenteritis and haemorrhagic fever. Since the first cases reported, the epidemic has spread to the neighbouring areas and to date, 63 cases have been recorded and 42 deaths registered, in an area which is 60km from Boende.

In Central African Republic (CAR), no case of the EVD has been reported; however its borders with neighbouring countries where cases have been confirmed (including DRC and Nigeria), the extensive trade with them, as well as Bangui M'poko International Airports links to other African countries has led to fears of the importation of the virus. An outbreak of an EVD epidemic would be fatal for CAR given the continuing humanitarian crisis in the country, where almost all health facilities are non-functional and inaccessible. Furthermore, though the population has learned about the virus from the national and international media, campaigns to raise awareness have not been carried out.

On 1 September 2014, as the situation in West Africa worsened, the Government convened a meeting led by the Prime Minister and attended by diplomats, government authorities and representatives of international NGOs. At this meeting, preparedness and response strategic plans to the EVD in the country were discussed. The Ministry

of Health (MoH) then identified to all the more at risk areas in the country which should be monitored carefully. The areas include borders with the DRC where EVD cases have been confirmed, the Bangui M'poko International Airport, and all the others entry points of the country especially along River Ubangi

On 29 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) disbursed CHF 48,697 from the Disaster Relief and Emergency Fund (DREF) to support the Central African Red Cross (CARC) to support EVD preparedness activities in three regions – the city of Bangui, Lobaye prefecture, which borders the DRC; and Membere Kadei and Nanamembere prefectures, which border Cameroon, over a period of three months. Please note that though at the onset of the DREF operation, interventions were planned in the DREF activities were planned these localities; following the outbreak of EVD in the DRC, the MoH declared that the areas at most risk of transmission were located along the river Ubangi where the countries share. On the advice of the MoH (and following discussion with the IFRC regional representations health coordinator), the location of the DREF operation was as such re-orientated to areas along the river Ubangi, with the addition of the Ombella Mpoko prefecture; and removal of Membere Kadei and Nanamembere prefectures.

As of 3 November 2014, over 60 per cent of the activities planned had been implemented. Through the DREF operation, CARC has made progress in the following areas:

- In total, 200 volunteers have been trained in epidemic control for volunteers, specifically related to EVD symptoms and control measures (Bangui, Lobaye and Ombella Mpoko prefectures).
- Information, education communication (IEC) materials have been produced (50 image boxes, 1,500 leaflets and 1,000 posters) for volunteer training and sensitization of the population.
- Social mobilization and dissemination of key messages on EVD prevention have begun in at risk areas (Bangui, Lobaye and Ombella Mpoko prefectures).

This Operations Update is requesting a timeframe extension of one month in order to enable the completion of the activities included in the Emergency Plan of Action (EPoA), which have been delayed following the late arrival of personal protective equipment (PPE) (on 3 November 2014). Please note the late arrival of this equipment has meant that volunteers have not been trained in the use of equipment (as per the EPoA – Output 1.1 / Activity 1.1.3) and in dead body management. It is also requested the DREF operation budget line for “International Staff” (CHF 6,000), related to the deployment of a Regional Disaster Response Team (RDRT) be reallocated to Output 1.1 and Output 1.2 to enable activities (epidemic control training for volunteers; and social mobilization activities) and to be extended into Kouango in the Ouaka prefecture, and Mobaye in the Basse Kotto prefecture. The CARC is the only organisation providing EVD preparedness activities in the areas identified by the MoH as being at most at risk of transmission; it is covering 150km of 200km (75 per cent) of these locations. As such, the DREF budget reallocation will enable activities to be extended (into Basse Kotto and Mobaye prefectures), and increase the number of people to be assisted to 50,000 in five areas. In total, an additional 100 volunteers (50 per prefecture) will also be trained in epidemic control for volunteers. The IFRC CAR country representation is providing support to the CARC in the absence of the RDRT member. The DREF operation will therefore end on 29 December 2014, and a final report will be made available on 29 March 2014 (Three months after the end of the operation).

The Netherlands Red Cross contributed to the partial replenishment of the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the Central Africa Red Cross Society, would like to extend thanks to all for their generous contributions.

Coordination and partnerships

At the Government level, the MoH has put in place a National Committee in charge of preparedness and Response strategy to a potential EVD case in the country with four sub-committees created; these committees include: an Epidemiological surveillance and Laboratory sub-committee; a treatment of confirmed cases sub-committee; a Social Mobilization and Communication sub-committee; and a Logistic and Security sub-committee. The CAR RC, IFRC and ICRC are members of these commissions.

All EVD epidemic preparedness and response activities are designed and planned by the health cluster, which includes the MoH, all the UN agency systems as well as national and international NGOs working in the health sector in the current CAR crisis. The United Nations Children's Fund (UNICEF) and World Health Organization (WHO) are involved in the EVD preparedness and response strategy in the country. The group is also working with the media.

The IFRC CAR country representation has provided the CAR RC with washing equipment (buckets, water for disinfection, antibacterial and antiseptic disinfectant, as well as soap) for the staff and volunteers. All the staff are advised to wash their hands regularly. The hand washing equipment are installed at the entrance of each of the offices. The IFRC country representation comprises a country representative, an operations manager and a communication delegate with support from seven other delegates that are currently working under the IFRC/Global Fund grants on Malaria, TB and HIV. The Red Cross Movement partners hold coordination meetings on a monthly basis, where the ICRC, IFRC, CAR RC, French Red Cross and Qatari Red Crescent share information and discuss opportunities and challenges for the movement. The CAR RC and the IFRC continue to regularly attend the weekly meetings in collaboration with the MoH. At the CAR RC level, the activities are being coordinated by the head of health department.

Operational implementation

Overview

The overall objective is to prepare the Central African Red Cross Society staff and volunteers through training and awareness raising, social mobilisation activities alongside the Ministry of Health and ensure prepositioning of Personal Protective Equipment (PPE) when possible, in coordination with other actors.

As noted, the DREF operation was intended to support preparedness activities in three regions, specifically: Bangui, Lobaye, and Membre Kadei and Nanamembre, which have been identified as being especially at risk of EVD transmission; however following an outbreak of EVD in the DRC the location of interventions was reoriented to areas along the river Ubangi, specifically: Bangui, Lobaye and Ombella Mpoko prefectures.

Early warning and emergency response preparedness

Outcome 1: The immediate risk to the health of affected populations is reduced	
Output 1.1: The capacity of Central African Red Cross to prepare for potential Ebola response is strengthened	
Activities Planned	Implementation (60%)
1.1.1 Train 200 volunteers and supervisors in epidemic control for volunteers.	<p>200 volunteers have been trained in epidemic control for volunteers, specifically related to EVD symptoms and control measures. This equates to 100 per cent of the intended target and as such the level of implementation is 100 per cent.</p> <p>The ECV training of volunteers took place in Bangui (60 volunteers), Moundoumba area of Lobaye prefecture (70 volunteers), and Oumba in the Damara area of Ombella-M'Poko prefecture (70 volunteers). For the training in Bangui, the volunteers came from the eight districts of Bangui, the district of Begoua and the district of Bimbo. For the training in Moundoumba (Lobaye), 20 volunteers came from Mbaïki, 20 from Moundoumba itself, 10 from Batalimo, 10 from Zinga, five from Mongo and the last five from Ikoumba. For the training that took place at Oumba (Ombella-M'Poko), 35 volunteers came from the various villages located along the CAR/DRC border and 35 from the Damara main town.</p> <p>As noted this Operations Update, a budget line reallocation is requested to enable epidemic control for volunteers training for an additional 100 volunteers in Basse Kotto and Ouaka prefectures (50 per prefecture).</p>
1.1.2 Procure personal protective equipment and train volunteers on their use.	PPE was procured through Geneva but was not received until 3 November 2014, which meant it has not been possible to carry out the training of volunteers on their use and dead body management. As noted, this Operations Update requests a timeframe extension of one month to enable the completion of the activities.

1.1.3	Monitor and report on activities on activities carried out.	The CARC, with support from the IFRC, continues to provide regular weekly updates on the operation. Visibility of the work of the CARC volunteers has been ensured through the operation with local media and visibility material as stated above. A proper documentation and reporting to allow for lessons learnt will be ensured as well.
Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) in 3 regions		
Activities Planned		Implementation (60%)
1.2.1	Distribution of information, education and communication in at risk communities.	The CARC in partnership with the MoH have developed posters, leaflets with key messages and show cards on the EVD have been packaged. As of 3 November 2014, 50 show cards, 1,500 leaflets and 1,000 posters have been produced for training of volunteers and to be used in sensitization of the population in the target areas. The CARC volunteers have received training on the use of the IEC materials and been issued with the same for distribution in the affected communities during sensitization in at-risk communities.
1.2.2	Organise community discussions.	As of 3 November 2014, the CARC volunteers are carrying out community discussions in at-risk communities through focus group discussions with community and religious leaders, traditional birth attendants, teachers and youth groups. The CARC volunteers are also using the National Society's theatre troop to disseminate EVD related awareness messages.
1.2.3	Radio broadcasting.	As a member of the social mobilization and communication subcommittee put in place by the MoH, the CARC was assigned to package messages and disseminate them as SMS to all mobile phone subscribers. Each Monday, the CARC communications department also hosts a 30-minute program on Radio Centrafrique and the CARC volunteers use that airtime to broadcast messages on knowledge of the EVD and control measures.
1.2.4	Social mobilization with dissemination of key messages on Ebola virus disease prevention.	CAR RC volunteers have commenced social mobilization with dissemination of key messages on EVD prevention in at-risk areas, specifically in Bangui, Lobaye and Ombella Mpoko prefectures. These areas were targeted because of their proximity to the DRC. The social mobilization campaigns are mainly focusing on educating the population on the knowledge of the EVD, transmission methods, control measures and alertness of communities for an appropriate response. They are targeting key stakeholder groups and opinion leaders including taxi drivers, religious leaders, traditional birth attendants, community leaders and teachers. As noted this Operations Update, a budget line reallocation is requested to enable these activities to be extended into Basse Kotto and Ouaka prefectures.
Output 1.3: Community epidemiological surveillance is set up/enhanced		
Activities Planned		Implementation (60%)
1.3.1	Participate in information and coordination meetings with authorities.	Coordination meetings on EVD are ongoing in partnership with the media, telephone providers, MoH, UNICEF and WHO.
1.3.2	Set up/enhance community monitoring committees for disease surveillance.	The MoH has put in place four different coordination sub-committees including the epidemiological surveillance and laboratory, the social mobilization and communication, the treatment of confirmed cases and the logistic and security sub-committee, with both the CARC and the IFRC regularly attending the first three, where they are members.
1.3.3	Epidemiological control and monitoring through community disease surveillance	In all the areas where CARC volunteers are carrying out social mobilization activities, five have been identified in each area as community epidemiological control and monitoring agents. At the end of October 2014, CARC volunteers in Lobaye identified a suspected case and reported this to the Mbaiki Central Hospital which also informed the MoH in Bangui. The MoH sent a medical team to take the person to the <i>Institut Pasteur</i> in Bangui for screening; with the outcome of the test being negative.

Contact information

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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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.

DREF OPERATION

27.11.2014

MDRCF018 Ebola Virus Disease Preparedness

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	5,000
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	5,000
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	8,000
Transport & Vehicle Costs	5,500
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	13,500
International Staff	0
National Staff	0
National Society Staff	2,000
Volunteers	225
Total PERSONNEL	2,225
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	7,433
Total WORKSHOP & TRAINING	7,433
Travel	5,500
Information & Public Relations	9,567
Office Costs	0
Communications	1,500
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	17,567
Programme and Supplementary Services Recovery	2,972
Total INDIRECT COSTS	2,972
TOTAL BUDGET	48,697