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DREF Preliminary Final Report

Central African Republic: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCF018	Date of Issue: 27 March 2015
Operation start date: 29 August 2014	Operation end date: 29 December 2014
Host National Society(ies): Central African Republic Red Cross Society	Operation budget: CHF 48,697
Number of people affected: NA	Number of people assisted: 137,586 people
N° of National Societies involved in the operation: Central African Red Cross (300 volunteers), 42 staff at the headquarters, 16 branches and 117 community-based committees	
N° of other partner organizations involved in the operation: Ministry of Health, United Nations Children's Fund and World Health Organization	

This is a preliminary final report. All activities under this operation have been completed and the final report will be issued in one months' time when the final financial report is available.

A. Situation analysis

Description of the disaster

February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone causing untold hardship and hundreds of deaths in these countries. As of 6 March 2015, a total of 24,282 cases, and 9,976 deaths, which were attributed to the EVD, had been recorded across the most affected countries of Guinea, Liberia and Sierra Leone. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which has affected West Africa.

In the Central African Republic (CAR), there have been no confirmed cases of the virus, though some cases have been tested negative. However, since confirmed cases were reported in countries that share boundaries with CAR, including the Democratic Republic of Congo (DRC) and Nigeria, the country's authorities became afraid of an importation of the virus from neighbouring

countries because of extensive trade between them. Moreover, the Bangui - Douala air space is also the only opening between CAR and other African countries. In CAR, an EVD epidemic would have been disastrous given the continuing humanitarian crisis in the country, where almost all health facilities are non-functional and inaccessible.



Sensitization of communities by CAR RC volunteers using flip charts. © CAR RC

Following the worsening situation in West Africa, the government of CAR, through its Ministry of Health initiated measures to prevent and prepare for an occurrence of the virus, which included the identification and surveillance in at-risk localities, such as those bordering the DRC where cases had been confirmed, the Bangui M'poko International

Airport, and other points of entry to the country. International and national media also provided the population with information on the virus.

Summary of response

Overview of Host National Society

Since the confirmation of the EVD in Guinea, the International Federation of Red Cross and Red Crescent Societies (IFRC) with the National Societies have developed response strategies, which include supporting the National Societies of the affected countries, countries with a physical border to the affected countries and those who are at risk. On 29 August 2014, the IFRC released CHF 48,697 from the Disaster Relief and Emergency Fund (DREF) to support the Central African Republic Red Cross (CAR RC) with EVD preparedness activities for a period of three months specifically in the city of Bangui, Lobaye, Membere Kadei and Nanamembere prefectures. On 27 November 2015, an Operations Update was issued to extend the DREF operation by one month (until 29 December 2015) following issues related to the delivery of personal protective equipment (PPE) and to re-orientate activities to the Bangui, Basse Kotto, Lobaye, Ombella Mpoko and Ouaka prefectures. It also requested that the DREF operation budget line for “International Staff”, which is related to the recruitment of Regional Disaster Response Team (RDRT) member be reallocated to the “Communication and Public Relations” line, to enable the strengthening of social mobilization/awareness raising activities. As such, the DREF reallocation successfully enabled interventions to be extended with more effective implementation. Please note that this Preliminary Report is issued in advance of the Final Report that is expected to be published in April 2015 and which will be accompanied by a Financial Report.

This DREF has been partially replenished by the Netherlands Red Cross/Silent Emergencies Fund. Major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, 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) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the Central African Red Cross would like to extend many thanks to all partners for their generous contributions.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provided support through its’ CAR country representation in Bangui, with support from the Central African regional representation in Yaoundé, Cameroon, and Zone office in Nairobi, Kenya. The IFRC CAR country representation is comprised of a country representative, an operations manager and a communication delegate, with support from seven other delegates that are working under the IFRC/Global Fund malaria, TB and HIV programmes. Other Red Cross Red Crescent partners in country include: the French Red Cross, International Committee of Red Cross (ICRC) and Qatari Red Crescent. Monthly coordination meetings were carried out to share information, discuss opportunities and challenges.

A Memorandum of Understanding was signed by the IFRC and CAR RC, which outlined the parties responsibilities to implement the activities planned within the DREF operation. The IFRC CAR country representation provided technical support to the CAR RC in the absence of an RDRT member, which was planned by not deployed, as well as issue washing equipment (buckets, water of disinfection, antibacterial and antiseptic disinfectant, as well as soap).

Overview of non-RCRC actors in country

All EVD related preparedness and response activities were designed and planned by the health cluster, which included the MoH, United Nations (UN) agencies as well as national and international NGOs working in the health sector in the continuing humanitarian crisis in the country. The MoH put in place a national committee in charge of the preparedness and response strategy to any potential EVD case in the country with four sub-committees set up, of which both the CAR RC and the IFRC as members. These committees included:

- An epidemiological surveillance and laboratory sub-committee with the NS and IFRC as members;
- A treatment of confirmed cases sub-committee with the NS, IFRC and ICRC as members;
- A social mobilization and communication sub-committee with IFRC and the NS as members;

- A logistics and security sub-committee.

The MoH in partnership with the UN agencies including the World Health Organization (WHO) established epidemiological surveillance teams at eight ports of entry bordering the DRC, airports, sea ports and land borders. Throughout the implementation of the DREF operation, the CAR RC and the IFRC continued to regularly attend weekly meetings in collaboration with the MoH, United Nations Children's Fund (UNICEF) and WHO. The UNICEF and WHO were key partners in the EVD preparedness and response strategy in the country. The group continuously worked with the media and local NGOs.

Needs analysis and scenario planning

Needs Analysis

In the CAR, there have been no cases of the virus; however confirmed cases were reported in neighbouring DRC and also Nigeria. By the end of August 2015, 16 cases and five deaths were reported in Lagos, Nigeria; and 63 cases and 13 deaths in Boende, all of which attributed to EVD. Due to the extensive trade and mobility of population between these countries; combined with the population's limited understanding of the virus, and continuing humanitarian crisis, which has impacted on health services – CAR was identified as being especially at risk of an outbreak of the virus.

High risk identified localities in the city Bangui, Basse Kotto, Lobaye, Ouaka and Ombella Mpoko prefectures were targeted through this DREF operation. The CAR RC was the only humanitarian organization that provided EVD preparedness activities in the localities identified by the MoH as being most at-risk of transmission. .

Risk Analysis

Though the MoH response plan has provisions for the management of confirmed cases, it does not make provisions for the protection of health workers and/or volunteers. As such, the CAR RC has ensured that the protection of volunteers, which would be expected to be involved in the management of patient isolation units, was prioritized; and thus personal protective equipment (PPE) was procured through this DREF operation. Please note that security issues and the poor condition of roads across the country made access to some targeted localities a challenge.

B. Operational strategy and plan

Overall Objective

The overall objective was to prepare the CAR RC staff and volunteers through training and awareness raising, social mobilisation activities alongside the MoH and ensure prepositioning of PPE when possible, in coordination with other actors. The social mobilisation activities were intended to increase knowledge of risk and promote prevention behaviour

As noted, the DREF operation was intended to support preparedness activities in Bangui, Lobaye, Ombella M'Poko, Membere Kadei and Nana Membere, which were identified as most at risk of EVD transmission. However, following an outbreak of the EVD in the DRC, the location of interventions was reoriented to localities along the River Ubangi, because of its proximity with the DRC (Base Kotto, Ombella M'Poko and Ouaka prefectures); and Membere Kadei and Nanamembere were removed.

Proposed strategy

The proposed strategy was in accordance with the IFRC's response and preparedness strategy for countries in the region, and specifically those that bordered those countries where cases had been reported. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioural change;
- Supporting Ministries of Health (and other actors) in prevention activities and social mobilization;
- Pre-positioning personal protective equipment and related training;
- Adaption and dissemination of information, education and communication material linked with community social mobilization activities.

Please note that due to the continuing humanitarian crisis, which has impacted on health services (health personnel have evacuated from some localities), CAR RC volunteers had to be involved in all levels of the response – therefore strengthening their capacity, and minimizing their risk of exposure was essential through this DREF operation.

Operational support services

Human resources (HR)

Through this DREF operation, 300 volunteers were mobilized from across the five locations (Bangui, Lobaye, Ombella M'Poko, Mobaye, and Ouaka prefectures), which in collaboration with the CAR RC head of the health unit carried out the activities planned. A CAR RC EVD focal point was designated to support the implementation of the DREF operation.

Logistics and supply chain

One hundred (100) PPE were purchased in Geneva, in compliance with IFRC logistics procedures and despatched to the IFRC CAR country delegation in Bangui, to be handed over to the CAR RC. The handover ceremony took place in the presence of the MoH in Bangui. As of this report, the CAR RC is the only humanitarian organization that has PPE in the country and is capable of acting effectively and efficiently in the event of any EVD case. As the delivery of the PPE was delayed, this contributed to the need to extend the DREF operation by one month, as per the Operations Update, issued on 27 November 2014.

Communications

Information, education and communication (IEC) materials were produced (50 flip charts, 2,000 leaflets, 1,500 posters) in collaboration with the MoH, and distributed in the target localities. The IEC materials were produced in both French and Sango, the local dialect, for better understanding by the population. Moreover, as a member of the social and mobilisation sub-committees, the responsibility of disseminating SMS text messages through mobile telephone networks was given to the Red Cross (CAR RC and IFRC). Visibility of the work of the CAR RC volunteers was ensured throughout the operation with local media and visibility material.

Security

Currently, the security situation in the country remains tense with little indication of improvement in the foreseeable future; and this presented challenges in the implementation of operations, including the DREF. Movement partners in CAR have developed a Security Framework. All CAR RC volunteers, national and international staff carry visible Red Cross emblems and valid Red Cross identification cards for security and identification purposes at all times. IFRC staff movement is currently limited to Bangui. For activities outside of Bangui, the IFRC CAR country representation's emphasis has been on strengthening the CAR RC capacity to enable them carry out the implementation of the activities planned. During the implementation of the DREF operation, CAR RC volunteers continued to risk their lives. In Kouango, after the NS had finished with the training of volunteers, on their way back to Bangui, they came across clashes between armed militia. They assisted in providing first aid to the wounded and carrying others to the hospital.

Planning, monitoring, evaluation, & reporting (PMER)

Data collection tools were produced at the National Society headquarters in Bangui, and shared with the sensitization supervisors in all the localities of intervention. Due to insecurity, monitoring and evaluation in the prefectures was conducted by the staff from health centres. The IFRC and CAR RC staff based in Bangui could not travel to the prefectures because of insecurity. Regular weekly updates on the implementation of the DREF operation were issued to the IFRC CAR country representation. Proper documentation and reporting to allow for lessons learnt was also ensured.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Early Warning & emergency response preparedness
Outcome 1 : The immediate risks to the health of population in the targeted areas is reduced
Output 1.1: The capacity of the Central African Red Cross to prepare for potential Ebola response is strengthened
Activities planned
1.1.1 Train 200 volunteers and supervisors in epidemic control for volunteers
1.1.2 Procure personal protective equipment and train volunteers on their use.
1.1.3 Monitor and report on activities carried out
Achievements

- 1.1.1 In total, 300 volunteers receiving training on the use of the Epidemic Control for Volunteers (ECV) manual, this equates to 150 per cent of the intended target (200). The ECV training enabled the CAR RC volunteers to acquire relevant information on EVD symptoms and control measures; and was carried out in Bangui (60), Basse Kotto (50), Lobaye (70), Ouaka (50) and Ombella M'Poko (70) prefectures. Please refer to "Table 1: ECV volunteer training by prefecture"

Table 1: ECV volunteer training by prefecture

Prefecture	Area	Volunteers
Bangui	-	60
Basse Kotto	Mobaye	50
Lobaye	Batalimo	10
	Ikoumba	5
	Mbaiki	20
	Mongo	5
	Moungouma	20
	Zinga	10
Ombella M'Poko	Oumba	70
Ouaka	Kouango	50
TOTAL		300

The CAR RC volunteers were recruited from the local committees and are members of the communities; and as such are best placed to pass on the knowledge they received through the ECV training. The training localities were selected as identified to be high risk by the MoH; and ports of entry from the DRC.

- 1.1.2 In total, 100 PPE were purchased were purchased and stored at the CAR RC headquarters in Bangui. The handing over ceremony took place in the presence of the MoH in Bangui. As noted, the CAR RC is the only humanitarian organization that has PPE in country and is capable of acting effectively and efficiently in the event of any EVD case. Please note that the PPE did not arrive until 3 November 2015; and as such

the DREF operation was extended by one month to enable training of volunteers on its use to be carried out. In total, 20 CAR RC volunteers received training on the use of PPE.

1.1.3 Please refer to the “PMER” section.

Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)

Activities planned

1.2.1 Distribution of information, education and communication materials in at-risk communities

1.2.2 Organize community discussions

1.2.3 Radio broadcasting

1.2.4 Social mobilization with dissemination of key messages on Ebola virus disease prevention

Achievements

1.2.1 Following the ECV training, the CAR RC volunteers conducted five sensitization campaigns in each of the target localities, mainly in churches, mosques, schools and markets, to educate their communities on the disease, its symptoms and the control measures. The CAR RC, in collaboration with the MoH, packaged posters, leaflets with key messages and flip charts on the EVD. In total, 50 flip charts, 2,000 leaflets and 1,500 posters were produced with keys messages on the knowledge of the EVD for use in sensitization campaigns in the target localities.

1.2.2 The CAR RC volunteers carried out community discussions in at-risk communities through focus group discussions with community and religious leaders, traditional birth attendants, teachers, women and youth groups, among others. The CAR RC volunteers also used the National Society theatre group to disseminate EVD related awareness messages.

1.2.3 As a member of the social mobilization and communication sub-committee established by the MoH, the CAR RC was assigned to package messages and disseminate them in the form of SMS to all mobile phone subscribers. Each Monday, the CAR RC communication department also hosted on a 30-minute broadcast on Radio Centrafrique; the CAR RC volunteers also used that airtime provided to them to broadcast messages on knowledge of the EVD and control measures.

1.2.4 In total, 137,586 people were reached through social mobilization with dissemination of key messages on EVD prevention. The CAR RC volunteers carried out social mobilization activities along the border with the DRC, specifically in the localities of the Bangui, Basse Kotto, Lobaye, Ouaka and Ombella M’Poko prefectures. The social mobilization campaigns mainly focused on educating the population on the knowledge of the EVD, mode of transmission, control measures and alertness of communities for an appropriate response. They targeted key stakeholder groups, and opinion leaders, including taxi drivers, religious leaders, traditional birth attendants, community leaders and teachers.

Output 1.3: Community epidemiological surveillance is set-up/enhanced

Activities planned

1.3.1 Participate in information and coordination meeting with authorities

1.3.2 Set up/enhance community monitoring committees for disease surveillance

1.3.3 Epidemiological control and monitoring through community disease surveillance

Achievements

1.3.1 The CAR RC and IFRC regularly attended coordination meetings on EVD, in partnership with the media, telephone providers, MoH, UNICEF and WHO.

1.3.2 The MoH established 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-committees, with both the CAR RC and the IFRC regularly attending the first three, of which they are members.

1.3.3 In all the target localities where CAR RC volunteers carried out social mobilization activities, five of them were identified in each area as community epidemiological control and monitoring agents. At the end of October 2014, CAR RC volunteers in the Lobaye prefecture identified a suspected case and reported this to the Mbaïki Central Hospital, which also informed the MoH in Bangui. The MoH sent a medical team to take the person to the Pasteur Institute for screening; with the outcome of the test being negative. The last suspected case of EVD was identified by a trained CAR RC volunteer in the Lobaye prefecture; the person was taken to the Pasteur institute in Bangui for laboratory test and fortunately tested negative. Following the completion of the DREF operation, the CAR RC volunteers are acting as epidemiological focal points in their respective communities.

Challenges

Key operational challenges included:

- Logistics and supply chain: At the onset of the DREF operation, the scheduled end date was expected to be 29 November 2014, however a one month extension was requested in order to complete activities planned in the Emergency Plan of Action (EPoA), which were delayed, (following the late arrival of personal protective equipment PPE) on 3 November 2014; and also re-orientate the activities planned into new localities, which had since been identified as high risk. Moreover, the poor condition of roads across the country made access to some localities targeted challenging.
- Communications: Media announcements on the reduction of EVD cases in West Africa may push the population to neglect the epidemiological surveillance and thus cause an outbreak of the virus – as such it is recommended that the CAR RC volunteers remain vigilant in their respective communities.
- Security: The security situation in the country, which is volatile and unpredictable presented challenges, specifically related to access and movement of staff from Bangui to the area of implementation.
- Early warning and emergency response preparedness: In the Lobaye prefecture, the population believed that origin of the EVD was due to witchcraft, which presented CAR RC volunteers with challenges when carrying out social mobilization campaigns.

Lessons Learned

Lessons learned included:

- Communications: Following the interview conducted by a journalist of a local community radio to beneficiaries of the awareness sessions in Bangui, *Radio Centrafrique*, it was discovered that *“the local population understood what the volunteers set out to achieve. They are aware of the symptoms of the disease and have acquired the control measures. They are well prepared to handle an Ebola cases in their communities”*, reported the journalist.
- Early warning and emergency response preparedness: The DREF operation has positioned and the strengthened the capacity of the CAR RC to respond if a potential EVD case is identified in the target localities, following the provision of ECV training for volunteers, and procurement/pre-positioning of the PPE. Moreover, the CAR RC volunteers will be able to disseminate EVD prevention and control messages in their communities, even after the end of the DREF operation.

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How we work

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

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



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