

## DREF operation update

# Central African Republic: Cholera outbreak

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### DREF operation n° MDRCF009 GLIDE n° EP-2011-000153-CAF Update n° 01 – 29 February 2012 Operation timeframe extension

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

**Period covered by this update:** 13 October 2011 to 31<sup>st</sup> December 2011.

**Summary:** CHF 238,333 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 13 October 2011 to support the Central African Republic (CAR) Red Cross National Society in delivering assistance to some 300,000 families, i.e. about 1,500,000 beneficiaries.

The first cases of cholera appeared in the Central African Republic (CAR), in the Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale villages beginning week 37 of 2011. Government officially declared the epidemic on 30 September 2011, confirming that 51 cases and 11 deaths were already registered. New cases of cholera continued to be registered until the 42<sup>nd</sup> week of 2011 when the cumulated number of cases stood at 172 and the number of deaths at 16. Thanks to the joint efforts by Government and its partners including the Red Cross, no new cholera case or death has been registered in CAR since week 42 of 2011. With this DREF allocation, the Congolese Red Cross trained 500 volunteers in the affected localities and equipped them with sensitization and sanitation materials. These volunteers reached 151,958 families, i.e. about 759,790 people with cholera prevention and treatment messages, and carried out sanitation activities in targeted neighbourhoods to help prevent the spread of cholera.



**CAR Red Cross volunteers organized general sanitation campaign with the participation of communities to help prevent the spread of cholera. / CAR RC**

This operation was expected to be implemented over a period of 3 months, and completed by 13 January 2012. However, the CAR Red Cross NS has indicated that for internal reasons (since resolved) they have not been able to complete the activities of this operation in January 2012 as initially planned. They have therefore requested extension of the operational timeframe from January to end February 2012, by which time they will have completed all remaining activities. In line with Federation reporting standards, the Final Report (narrative and financial) will be due 90 days after the end of the operation, by 30 May 2012.

The Netherlands Red Cross/Government contributed CHF 37,147, and ECHO contributed CHF 198,287 to the DREF in replenishment of the allocation made for this operation. Details of all donors can be found

at: [www.ifrc.org/docs/appeals/Active/MAA00010\\_2011.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf). The IFRC, on behalf of the National Society, thanks all for their generous contributions.

## The situation

The first cases of cholera appeared in the Central African Republic (CAR), precisely in the Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale villages as from week 37 of 2011. Government declared the epidemic officially on 30 September 2011 affirming that 51 cases and 11 deaths were already registered. Since then, new cases were registered progressively until the 42<sup>nd</sup> week of 2011 when the cumulated number of cases stood at 172 and the number of deaths was 16. Thanks to the joint efforts by Government and its partners including the Red Cross, no new cholera case or death has been registered in CAR since week 42 of 2011. The following table jointly published by the World Health Organization (WHO) in CAR and CAR Government's Epidemiological Surveillance Standing Committee (Comité Permanent de Surveillance Epidémiologique) indicate the situation of cholera within the country as of last week of 2011:

Health Prefectures	Epidemiological week															Cumulated number of cases	Cumulated number of deaths
	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52		
Lobaye	0	33	82	12	0	0	0	0	0	0	0	0	0	0	0	127	8
Ombella M'poko	16	12	5	0	0	0	0	0	0	0	0	0	0	0	0	33	8
Bangui	2 <sup>nd</sup> Subdivision	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
	3rd Subdivision	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
	4th Subdivision	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
	6th Subdivision	0	1	5	0	0	0	0	0	0	0	0	0	0	0	6	
	7th Subdivision	0	0	1	0	0										1	
	8th Subdivision	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
<b>Total</b>	<b>16</b>	<b>50</b>	<b>93</b>	<b>12</b>	<b>1</b>											<b>172</b>	<b>16</b>

## Coordination and partnerships

The Ministry of Public Health and Population installed four cholera treatment centres (CTC) at the Bangui Community Hospital, Bimbo Hospital, Ndimba Health Centre (the focus of the epidemic), and the Zinga Health Post with support from Médecins Sans Frontières (MSF) France. The 500 Red Cross volunteers trained for this operation have been put at the disposal of the four CTCs to facilitate epidemiological surveillance and refer cases of diarrhoea to CTCs.

The NGO Cooperazione Internazionale (COOPI), which is currently implementing a UNHCR-funded project in Mongoumba Council to assist refugees from the Democratic Republic of the Congo (DRC), distributed buckets in the secondary schools of Mongoumba. CAR Red Cross volunteers supported that initiative by showing schoolchildren how to wash hands with soap.

## Red Cross and Red Crescent action

### Progress towards outcomes

#### Emergency health and care

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

<p><b>Outputs (expected results):</b></p> <ul style="list-style-type: none"> <li>• The populations of Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale practice basic hygiene rules and adhere to the community-based prevention actions initiated by CAR RC volunteers with the view of preventing the spread of cholera.</li> <li>• Messages on cholera prevention are disseminated in targeted localities (Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale).</li> <li>• CAR RC volunteers have participated in the early identification of cases of diarrhoea and have referred them to health centres.</li> <li>• Epidemiological surveillance with focus on cholera surveillance is intensified in the riparian villages of Bimbo and Mongoumba sub prefectures.</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Recruit and train/retrain 500 Red Cross volunteers in targeted localities (Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale).</li> <li>• Make copies of the epidemic management manual and distribute them to trained Red Cross volunteers.</li> <li>• Develop and produce 5,000 leaflets with cholera messages.</li> <li>• Develop and produce posters with cholera messages (how to prevent cholera).</li> <li>• Set up sensitization teams.</li> <li>• Sensitize the populations, with an average of three sensitization sessions per week for 2 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places.</li> <li>• Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive the ORS by RC Volunteers during their transport to health centres.</li> <li>• Disseminate cholera prevention messages over local radio stations.</li> <li>• Ensure permanent hygiene and sanitation promotion in targeted localities, with focus on water points.</li> <li>• Train the populations on how to disinfect water at home</li> <li>• Improve and disinfect family and public latrines</li> <li>• Carry out door-to-door sensitization while demonstrating how to wash hands with soap.</li> <li>• Participate in the collection and destruction of solid and liquid wastes.</li> <li>• Disseminate drinking water conservation and treatment techniques.</li> <li>• Disinfect isolation sites in targeted localities and treat them with insecticide.</li> <li>• Participate in periodic cholera response coordination meetings.</li> <li>• Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities for 2 months.</li> <li>• Participate in the meetings of the crisis committee.</li> <li>• Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective plans of action.</li> <li>• Carry out regular monitoring of the operation.</li> </ul>
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**Progress:**

CAR RC recruited and trained five hundred Red Cross volunteers on cholera management with focus on the development and dissemination of cholera prevention messages in Bangui (300 volunteers), Batalimo (50 volunteers), Mongoumba (100 volunteers) and Zinga (50 volunteers). Sensitization materials such as T-shirts (500), leaflets (5,000) and posters (5,550) were purchased and distributed to Red Cross volunteers to facilitate sensitization work. Equipped with these materials, CAR Red Cross volunteers have already sensitized 151,958 families in all targeted four localities. The national society is planning to train an additional 50 Red Cross volunteers on the epidemic control manual for volunteers (ECV) with focus on cholera in Mongoumba where the effects of cholera are more perceptible. The following table summarizes the achievements of this operation during this reporting period (13 October to 31<sup>st</sup> December 2011):

Localities	Number of volunteers trained	Number of T-shirts distributed	Number of leaflets distributed	Number of posters distributed	Number of households sensitized
<b>Bangui (8 subdivisions + Bimbo and Begoua local councils)</b>	300	300	1,500	2,000	145,100
<b>Batalimo</b>	50	50	1,500	1,500	1,801
<b>Mongoumba</b>	100	100	1,500	1,500	4,122
<b>Zinga</b>	50	50	500	550	935
<b>Total</b>	<b>500</b>	<b>500</b>	<b>5,000</b>	<b>5,550</b>	<b>151,958</b>

The national society also purchased sanitation materials such as wheelbarrows, shovels racks, boots, gloves, mufflers and sprayers. With these materials, Red Cross volunteers have been organizing community-based sanitation activities with the participation of local authorities, youth groups and the populations in markets, public places, hospitals and prisons.

Following the sensitization work carried out by Red Cross volunteers, an increased interest in cholera prevention is perceptible in all targeted localities. In fact, community members met in various markets declared that the prices of some materials that are used for cholera prevention have risen in the market as most people are now buying them. Such materials include buckets and kettles, the prices of which have risen from CFA F 1,300 to CFA F 1,700 and from CFA F 1,000 to CFA F 1,500 respectively. This renewed interest implies a general change of behaviour in the populations as a result of cholera sensitization. An increased number of people are seen washing their hands with soap regularly to avoid cholera. Since week 42 of 2011, no new case of cholera has been registered in CAR. The four cases treated in Zinga CTC on week 46 were reported to have migrated from neighbouring Democratic Republic of the Congo (DRC), precisely from the Libengue town located opposite the Oubangui River. Those patients declared that they crossed the river into CAR because cholera treatment in CAR is efficient and free of charge. CAR Red Cross officials are planning to meet with their Red Cross counterparts in Libengue to exchange on cross border social mobilization strategies.

**Challenges:**

In the short term, the major challenge is to strengthen preventive measures and intensify community-based epidemiological surveillance. This can be done by continuing to disseminate prevention messages, coaching and supporting communities in sanitation activities and early detection of cases of cholera. In the long term, there is the need to improve the access of the most exposed populations to potable water and clean toilets. This will be done by intensifying hygiene promotion activities targeting mostly schoolchildren, and constructing water and sanitation facilities.

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### **DREF history:**

- This DREF was initially allocated on 13 October 2011 for CHF 238,333 for 3 months to assist 1,500,000 beneficiaries.
- One DREF operation update issued (current).

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### **How we work**

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

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

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.