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## DREF final report Central African Republic: Measles outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCF015**  
**GLIDE n° EP-2013-000059-CAF**  
**Final Report**  
**3 December 2013**

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 Red Crescent response to emergencies. 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.

**Summary: CHF 126,352 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 124,176 direct beneficiaries and 884,000 indirect beneficiaries. Unearmarked funds to repay DREF are encouraged.**

Following the outbreak of a politico-military crisis in the Central African Republic (CAR) in December 2012, almost all health and social services stopped functioning, and all services that ought to be provided to the population came to a standstill. This situation, soon led to the development of pockets of measles outbreak in several regions of the country including the towns of Ngaoundaye, Abba and Carnot, Begoua and Mbaiki, a suburb of the capital, Bangui. From January to April 2013, 63 cases of measles were reported in the capital, Bangui, including 11 cases in April. Added to this, was the massive displacement of people fleeing fighting in epidemic-affected areas to the capital. In order to help control the spread of the epidemic, a response campaign was organized in the № 7 Health Region, and this saw the active participation of the CAR Red Cross, with support from IFRC. This campaign ran from 22 to 26 May, 2013, and led to the vaccination of 123,122 children aged 6 to 59 months, making a total coverage rate of 99%. Volunteers also visited 119,889 households and resolved 48 cases of resistance to vaccination.



Population mobilization by CRC volunteers.  
Photo : Fernand Etienne GBAGBA/CRC

All activities planned under this DREF operation were implemented and this narrative is final in terms of activities carried out, with a final financial report attached. A balance of CHF 8,671 will be returned to DREF.

The Canadian Red Cross and government as well as the Netherlands Red Cross and government contributed to the 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, European Commission Humanitarian Aid and Civil Protection (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. Details of DREF contributions are found on: <http://www.ifrc.org/docs/appeals/Active/MDR00001.pdf>

IFRC, on behalf of the CAR Red Cross, would like to extend its thanks to all partners for their generous contributions.

[<click here for final financial report, or here for contact details>](#)

## The situation

Since the outbreak of the politico-military crisis in the country in December 2012, almost all basic social and health services stopped functioning due to insecurity engendered by the gradual occupation of towns. During this period, the Central African Republic recorded pockets of measles outbreak in several regions, especially in the towns of Ngaoundaye (No. 3 health region), Abba and Carnot (No. 2 health region), Begoua and Mbaiki (No. 1 health region and suburb of the capital city, Bangui). Furthermore, between January and April 2013, 63 cases were reported in the capital, Bangui, including 6 in April. There was also the massive movement of people fleeing hostilities in areas hit by the epidemic, to the capital, Bangui, thus raising fears of a large-scale epidemic. Thus, health authorities, in collaboration with partners, organized a follow-up campaign targeting persons aged 6 to 59 months in the No. 7 health region. This campaign that ran from 23 to 27 May 2013 was conducted simultaneously with the administration of vitamin A and systematic deworming with Mebendazole. Through this campaign, 123,122 children aged 6 to 59 months were vaccinated, making a total coverage rate of 99%. Volunteers also visited 119,889 households and resolved 48 cases of resistance to vaccination.

**Table 1: Reported cases of measles from January to March 2013**

Subdivision	Health facility	January	February	March	April	TOTAL
1 <sup>st</sup> Subdivision	Emergency health centre	2	7	11	1	21
	Office centrafricain de sécurité sociale health centre	2	3	1	1	7
2 <sup>nd</sup> Subdivision						0
	Lakouanga health centre	0	0	2	0	2
	Yapele health centre	0	0	1	0	1
3 <sup>rd</sup> Subdivision						0
	Notre Dame de Fatima health centre	0	0	3	1	4
	Castor health centre	0	0	0	1	1
	Mamadou Mbaiki health centre	0	0	3	2	5
5 <sup>th</sup> Subdivision						0
	Malimaka health centre	0	3	1	2	6
8 <sup>th</sup> Subdivision	Bede Combatant	0	7	6	3	16
<b>TOTAL</b>		<b>4</b>	<b>20</b>	<b>28</b>	<b>11</b>	<b>63</b>

*Source: Report of the Ministry of Health-Epidemiological Surveillance Service-April 2013*

## Red Cross and Red Crescent action

After taking part in the information exchange meeting of the Technical Support Committee of the Expanded Programme on Immunisation (CTAPEV), the CAR Red Cross also organized a one-day briefing on epidemics common in the CAR. This briefing targeted local Red Cross committee focal points of the ten (10) subdivisions of Bangui and its suburb communes of Bimbo and Begoua. During this briefing, emphasis was laid on epidemiological surveillance, at a time when most urban health facilities were not functional (health facilities had been looted during the occupation of Bangui in March, difficulties for health professionals resuming work due to insecurity, etc.).

The Ministry of Public Health and Population, therefore, appealed for the support of the CAR Red Cross in carrying out social mobilization activities as it began its vaccination campaign to try and control the outbreak of measles in the affected areas.

With support from IFRC, a DREF was granted, and enabled the Red Cross to mobilize 300 volunteers who were briefed on this vaccination campaign. They were given social mobilization (posters, awareness messages and leaflets) and visibility (aprons, T-shirts and caps) materials.

**Table 2: The table below shows the number of volunteers mobilized in each health region and the quantity of materials distributed.**

Health district	Number of volunteers	Numbers posters	Number de T-shirts	Number leaflets	Number of aprons
1 <sup>st</sup> Subdivision	30	50	35	200	35
2 <sup>nd</sup> Subdivision	30	50	35	200	35
3 <sup>rd</sup> Subdivision	30	50	35	200	35
4 <sup>th</sup> Subdivision	30	50	35	200	35
5 <sup>th</sup> Subdivision	30	50	35	200	35
6 <sup>th</sup> Subdivision	30	50	35	200	35
7 <sup>th</sup> Subdivision	30	50	35	200	35
8 <sup>th</sup> Subdivision	30	50	35	200	35
Bimbo Commune	30	50	35	200	35
Bégoua Commune	30	50	35	200	35
<b>TOTAL</b>	<b>300</b>	<b>500</b>	<b>350</b>	<b>2000</b>	<b>350</b>

Volunteers were trained at the national headquarters of the CAR Red Cross. This training was conducted by officials of the Directorate of Communication of the Ministry of Health as well as the monitoring/evaluation officer of the No. 7 Health Region. Topics treated included the definition of measles, clinical manifestations, prevention counselling, management of post-vaccination reactions and practical information on the campaign. At the end of the series of trainings, the volunteers were sent to health districts to be distributed in various groups and neighbourhoods. Movement plans for each group of volunteers were prepared and posted in health districts. This made it easy for supervisors from the Ministry of Health and the CAR Red Cross to monitor the work of volunteers in the field. Proximity awareness-raising activities began on 19 May 2013 (three days before the start of the campaign) and continued until 29 May 2013. The EPI Support Committee decided to extend the campaign by one day; bringing the number of affective vaccination days to six days instead of five, due to the poor performance recorded on the fourth day of the campaign in some Subdivisions. The extra day was an opportunity for the CAR Red Cross to reach a maximum number of households by assigning more volunteers in subdivisions that recorded poor performances (see table below).

**Table 3 : The performance of volunteers on the field**

Health district	Number of neighbourhoods	Number of households sensitized	Number of children from 6 to 59 months reached	Number of cases of resistance resolved
1 <sup>st</sup> Subdivision	16	2816	1625	0
2 <sup>nd</sup> Subdivision	26	10 740	11 246	0
3 <sup>rd</sup> Subdivision	23	17 078	23 594	23**
4 <sup>th</sup> Subdivision	28	9 378	16 772	8
5 <sup>th</sup> Subdivision	27	10 888	18 146	1
6 <sup>th</sup> Subdivision	22	19 600	23 322	11
7 <sup>th</sup> Subdivision	38	5 653	5025	0
8 <sup>th</sup> Subdivision	18	8 645	13 002	0
Bimbo Commune	35	18 771	25 602	2
Bégoua Commune	30	16 320	20 334	3
<b>TOTAL</b>	<b>263</b>	<b>119 889</b>	<b>158 668</b>	<b>48</b>

\*\* On the second day of awareness-raising, most households of this Subdivision refused to receive CAR Red Cross volunteers as they were predominantly Muslim, and had been influenced by elements of the Seleka coalition. Through a multiparty meeting between the CAR Red Cross, the Ministry of Health, neighbourhood leaders, the Imam and a Seleka colonel most households were thus convinced to participate in the campaign.

Volunteer equipment budgeted under volunteers was booked under staff benefits and NS staff, and similarly, team supervisors budgeted under volunteers were also booked under NS staff. The large overspend on other staff benefits actually refers to the cost of protection kits which the National Society bought for the volunteers, IFRC used the dedicated nominal account for these type of expenses but the report is showing it under other budget group, in the meantime that also explain the under spending on the line volunteers.

Volunteer insurance budgeted under volunteers was mistakenly booked under international staff. Meanwhile, Information/ PR and office costs were under-budgeted for the planned activities, resulting in the overspend on both lines.

## Achievements against outcomes

Emergency health	
<b>Outcome: Contribute to reducing measles-related morbidity and mortality among 124,176 children aged 6 to 59 months in the town of Bangui in 10 locations; direct beneficiaries and the entire population of these towns, estimated at 884,000 inhabitants; indirect beneficiaries.</b>	
Outputs (expected results):	Activities planned
<ul style="list-style-type: none"> <li>Contribute to the Immunisation of at least 95% of children aged 6 to 59 months against measles in the towns of Bangui;</li> <li>Contribute to administering vitamin A capsules to at least 95% of children aged 9 to 59 months;</li> <li>Contribute to deworming treatment for children aged 9 to 59 months;</li> <li>Put in place a system to strengthen routine EPI based on epidemiological surveillance, the active search for missing cases, early diagnosis, monitoring signs of malnutrition and referring cases.</li> </ul>	<ul style="list-style-type: none"> <li>Recruit 300 volunteers; 30 per health district of Bangui and in suburb communes of the town, 10 immediate supervisors and 10 central supervisors;</li> <li>Organize a 3-day training for volunteers and supervisors on measles, malnutrition, the immunisation campaign and social mobilization techniques (at the rate of 100 volunteers per day);</li> <li>Produce communication tools (500 posters, 2000 leaflets) and Red Cross visibility materials , radio broadcast and TV;</li> <li>Organize proximity awareness sessions (door-to-door) during the 7 days of the campaign (2 days before and five days during the campaign);</li> <li>Actively search for vaccine adverse events and refer them to health centres during the 3 days following the campaign;</li> <li>Strengthen routine immunization through awareness-raising and active search for missing cases;</li> <li>Promote balanced feeding, in line with the local context through posters, leaflets, TV and radio broadcast;</li> <li>Ensure coordinating and monitoring/evaluation of all activities.</li> </ul>

The table below shows campaign results in terms of vaccination coverage in eight Subdivisions of Bangui (CAR)

**Table 4: Administrative data of the campaign**

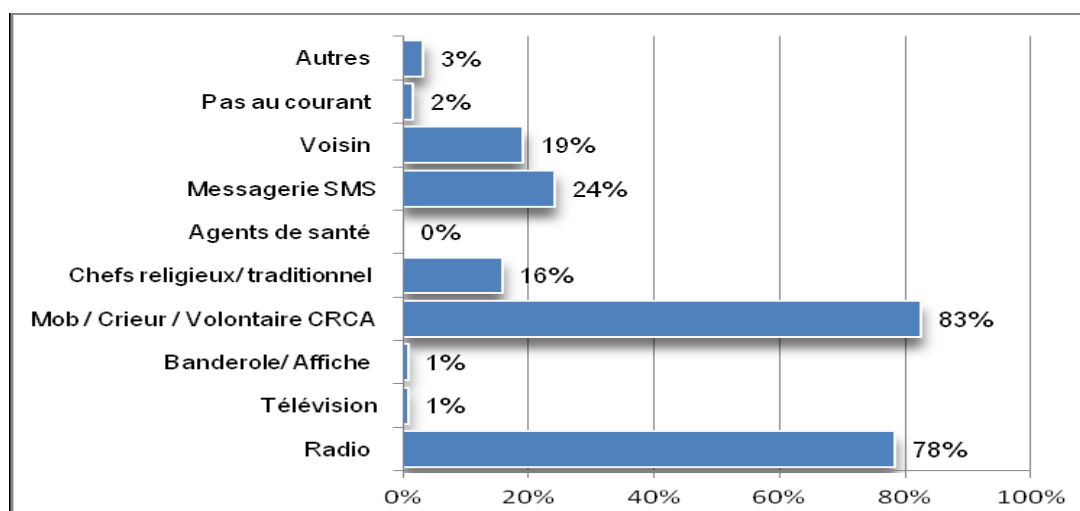
Health constituency	Total pop 2013	VAR			Vitamine A			Albendazole		
		VAR target	Total DA 6-59 months	VC (%)	Vit A target	Children that received supplements	VC (%)	Albend Target	Dewormed 12-59 months	VC (%)
1 <sup>st</sup> Subdivision	15081	2338	2001	86	2338	2007	86	2081	1656	80
2 <sup>nd</sup> Subdivision	82692	12817	13221	103	12817	12549	98	11412	12054	106
3 <sup>rd</sup> Subdivision	126283	19574	20115	103	19574	18946	97	17427	18835	108
4 <sup>th</sup> Subdivision	126647	19630	19571	100	19630	19553	100	17477	17227	99
5 <sup>th</sup> Subdivision	171827	26633	27457	103	26633	27386	103	23712	24660	104
6 <sup>th</sup> Subdivision	109597	16988	16137	95	16988	15080	89	15124	13155	87
7 <sup>th</sup> Subdivision	59029	9150	8041	88	9150	8008	88	8146	7051	87
8 <sup>th</sup> Subdivision	107414	16649	16579	100	16649	16784	101	14823	14362	97
<b>HR7</b>	<b>798571</b>	<b>123779</b>	<b>123122</b>	<b>99</b>	<b>123779</b>	<b>120313</b>	<b>97</b>	<b>110203</b>	<b>109030</b>	<b>99</b>

Source: National EPI Directorate - Ministry of Health - restitution meeting/June 2013

NB: This is data for health region No. 7 and its 8 Subdivisions; data for Bimbo and Begoua communes were recorded under health region No. 1

### Impact:

During the debriefing meeting held at the EPI Directorate, all partners (UNICEF, WHO and the Ministry of Public Health) were unanimous on the quality of social mobilization strategies put in place by the CAR Red Cross, which helped to achieve vaccination coverage rates that had never achieved in previous campaigns; that is 99% for the VAR (anti-measles vaccine), 97% for Vitamin A and 99% for the administration of Mebendazole. A rapid communication survey conducted by WHO independent consultants from the 3rd and 4th day of vaccination revealed that the main source of information about the campaign was CAR Red Cross volunteers (83% ), followed by the radio (78%), as shown in the following table below.



Source: WHO – Bangui: campaign results restitution meeting/June 2013

Following the results recorded, UNICEF initiated advocacy with health authorities so that during upcoming immunization campaigns, social mobilization activities should be assigned to the CAR Red Cross. This advocacy resulted in the signing of a small-scale grant agreement between the CAR Red Cross and UNICEF for the implementation of social mobilization activities during the measles and poliomyelitis vaccination campaigns in the No. 1 health region, from 17 to 22 July 2013. Similar negotiations are underway for other health regions of the country to be covered. This budding partnership between UNICEF, the Ministry of Health and the CAR Red Cross is an added value to the support of the Federation which has spared no effort in supporting the CAR Red Cross in the implementation of its programmes.

Through support activities carried out by CAR Red Cross volunteers in EPI centres, all health facilities in the No. 7 health region were encouraged to re-open services that were closed down due to the crisis. Staff resumed duty and UNICEF provided inputs (vaccines, fuel for the cold chain) in a bid to make routine EPI vaccination centres operational. The table below shows the situation of children who used EPI services in the No. 7 health region during the execution of the DREF operation (June-July 2013).

Health district		1 <sup>st</sup> Sub-division	2 <sup>nd</sup> Sub-division	3 <sup>rd</sup> Sub-division	4 <sup>th</sup> Sub-division	5 <sup>th</sup> Sub-division	6 <sup>th</sup> Sub-division	7 <sup>th</sup> Sub-division	8 <sup>th</sup> Sub-division
Antigens	Dose	0-11 months	0-11 months	0-11 months	0-11 months	0-11 months	0-11 months	0-11 months	0-11 months
BCG		27	179	248	198	216	132	99	114
OPV	0 dose	27	179	248	198	216	132	99	114
	Dose 1	35	201	296	213	233	145	112	132
	Dose 2	37	223	288	165	178	164	123	147
	Dose 3	18	96	102	122	101	118	99	111
DTP + HepB + Hib	Dose 1	98	114	196	102	122	121	78	104
	Dose 2	76	102	101	95	100	109	66	87
	Dose 3	23	67	79	77	99	95	31	45
Pneumococcal vaccine	Dose 1	40	160	216	143	118	105	89	119
	Dose 2	42	164	203	148	109	105	78	122
	Dose 3	23	92	100	97	102	96	66	70
Anti-Measles vaccine		36	122	210	200	245	178	127	96
Vitamin A		36	122	210	200	245	178	127	96
Anti-Tetanus Vaccine	Dose 1	32	56	76	33	55	65	36	25
	Dose 2	17	45	52	28	46	40	30	22
Anti-Tetanus vaccine	Dose 3	9	12	19	12	5	17	19	18
	Dose 4								
	Dose 5								

Source: EPI activity report – No 7 health region - June-July 2013

By comparing data from this table with that prior to the crisis (according to information collected from EPI officials), we come to realize that the implementation of these DREF activities to support immunization activities has not only made EPI centres functional in the No. 7 health region (closed during the crisis), but have also increased the use of these centres. The work of the volunteers was highly appreciated by health facility officials and several partners like UNICEF that intends to capitalize on the experience of the CAR Red Cross for a possible long-term partnership contract.

## Lessons learned

- Federation support enabled the CAR Red Cross to contribute effectively to the success of the mass vaccination campaign;
- The actions of CAR Red Cross volunteers facilitated the reopening and improvement in the use of EPI centres in the № 7 health region;
- The social mobilization strategy implemented by the CAR Red Cross enabled vaccinators to reach a good number of targeted persons;
- Effectiveness in the implementation of activities would generate partnerships with other partners like UNICEF.

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## Contact information

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

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## DREF history:

- This DREF was initially allocated on 16 May 2013 for CHF 126,352 for 03 months to assist 124,176 direct beneficiaries and 884,000 indirect beneficiaries.



[Click here](#)

1. Final financial report [below](#)
2. Click [here](#) to return to the title page

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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.
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**Disaster Response Financial Report**

MDRCF015 - Central African Rep - Measles

Timeframe: 15 May 13 to 15 Aug 13

Appeal Launch Date: 15 May 13

Final Report

**Selected Parameters**

Reporting Timeframe	2013/5-10	Programme	MDRCF015
Budget Timeframe	2013/5-8	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		126,352				126,352	
<b>B. Opening Balance</b>		0				0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		126,352				126,352	
<b>C4. Other Income</b>		126,352				126,352	
<b>C. Total Income = SUM(C1..C4)</b>		126,352				126,352	
<b>D. Total Funding = B + C</b>		126,352				126,352	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>		0				0	
<b>C. Income</b>		126,352				126,352	
<b>E. Expenditure</b>		-117,681				-117,681	
<b>F. Closing Balance = (B + C + E)</b>		8,671				8,671	

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### III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>126,352</b>			<b>126,352</b>		
<b>Relief items, Construction, Supplies</b>								
Teaching Materials	10,500		9,410			9,410	1,090	
<b>Total Relief items, Construction, Sup</b>	<b>10,500</b>		<b>9,410</b>			<b>9,410</b>	<b>1,090</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	8,250		8,567			8,567	-317	
<b>Total Logistics, Transport &amp; Storage</b>	<b>8,250</b>		<b>8,567</b>			<b>8,567</b>	<b>-317</b>	
<b>Personnel</b>								
International Staff			300			300	-300	
National Society Staff	7,000		14,622			14,622	-7,622	
Volunteers	67,900		42,544			42,544	25,356	
Other Staff Benefits			16,484			16,484	-16,484	
<b>Total Personnel</b>	<b>74,900</b>		<b>73,951</b>			<b>73,951</b>	<b>949</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees			519			519	-519	
<b>Total Consultants &amp; Professional Fes</b>			<b>519</b>			<b>519</b>	<b>-519</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	3,850		3,057			3,057	793	
<b>Total Workshops &amp; Training</b>	<b>3,850</b>		<b>3,057</b>			<b>3,057</b>	<b>793</b>	
<b>General Expenditure</b>								
Travel	6,000		65			65	5,935	
Information & Public Relations	8,750		9,555			9,555	-805	
Office Costs	3,000		4,450			4,450	-1,450	
Communications	2,400		808			808	1,592	
Financial Charges	990		117			117	873	
<b>Total General Expenditure</b>	<b>21,140</b>		<b>14,995</b>			<b>14,995</b>	<b>6,146</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	7,712		7,182			7,182	529	
<b>Total Indirect Costs</b>	<b>7,712</b>		<b>7,182</b>			<b>7,182</b>	<b>529</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>126,352</b>		<b>117,681</b>			<b>117,681</b>	<b>8,671</b>	
<b>VARIANCE (C - D)</b>			<b>8,671</b>			<b>8,671</b>		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	126,352	0	126,352	126,352	117,681	8,671	
Subtotal BL2	126,352	0	126,352	126,352	117,681	8,671	
<b>GRAND TOTAL</b>	<b>126,352</b>	<b>0</b>	<b>126,352</b>	<b>126,352</b>	<b>117,681</b>	<b>8,671</b>	