

# EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## ***GABON: EBOLA OUTBREAK***

**Appeal no: 04/2002**  
**1 February, 2002**

***THIS APPEAL SEEKS CHF 248,922  
IN CASH, KIND AND SERVICES  
TO ASSIST 60,000 BENEFICIARIES FOR THREE MONTHS***

### ***The Situation***

The Government of Gabon first reported a suspected outbreak of Ebola hemorrhagic fever on 30 November, 2001, in Mekambo, Zadie district, in the Ogooue-Ivindo Province, a 46,000 square-kilometer equatorial jungle area on the border between Gabon and the Republic of Congo (Brazzaville). This area is difficult to access, with populations scattered in small settlements located several miles apart from each other. The same region has been affected by three similar epidemics between 1994 and 1997: in 1994-95 in Minkouka and Makokou (44 cases and 28 deaths), in 1996 in Mayibout (37 cases and 21 deaths), and in 1996-97 in Booue (60 cases and 45 deaths).

As of 22 January 2002, a total of 42 confirmed cases and 34 deaths had been reported to WHO (26 confirmed cases and 23 deaths in Gabon; 16 cases and 11 deaths in the Republic of Congo, in villages close to the border). A team including medical doctors from the Regional Delegation and the Gabon Red Cross and an epidemiologist from the Federation Secretariat visited the area from 22 to 26 January, including the Mekambo area, to re-evaluate the current situation. Despite the combined efforts of the Ministry of Health and its partners to control the epidemic, the situation is still alarming as new cases and deaths continue to occur.

The situation has been aggravated by population movements, local traditions which require that corpses be washed before burial thus increasing person-to-person transmission, the reluctance of populations to consult medical teams or to accept isolation procedures, and a reliance on traditional healers for treatment.

This appeal has been in formulation for a particularly long period of time for the following reasons: the cyclical nature of the Ebola virus itself, with a pattern of spikes or peaks; the fact that information related to the Ebola outbreak in the Republic of Congo was pending but a decision was eventually taken by the Government not to be included in this appeal; access to the affected areas continued to cause constraints for the international health teams assessing the outbreak, and resulted in changing baseline data and statistics; lastly, the Red Cross has special credibility with the public in Gabon, an important element given the strength of local traditions or customs, the nature of the Ebola virus itself, and the inherent suspicions of authority (for example, in the Mekambo area Red Cross volunteers are the only ones currently carrying out community awareness and case detection and referral activities).

## ***Action by the Government and other NGOs***

With the first indications of the outbreak, the Government set up a task force at the central level comprised of the Ministry of Health, the Military Health Service and the International Centre for Medical Research at Franceville (CIRMF), assisted by an international team including, among others, specialists from WHO, MSF, French Cooperation, CDC Atlanta, Institut Pasteur and the Gabonese Red Cross (GRC). The technical team was sent to the outlying areas and visited field locations, collecting serologic and body samples which confirmed the presence of the Ebola viral haemorrhagic fever.

## ***Red Cross and Red Crescent Action***

The GRC is a young national society which is building up its network of volunteers. Some fifty volunteers with experience from previous Ebola outbreaks were deployed in the field to respond to the crisis. These volunteers already had valuable experience in setting up health and sanitation units, disinfecting contaminated areas, assisting to bury the dead, providing psycho-social support to the families of the deceased, and facilitating the reintegration of the survivors and their families in the community. In Libreville, other volunteers actively involved in the work of the outpatient treatment centre for persons living with HIV/AIDS were mobilized, supported by the French Red Cross. These capacities need to be reinforced and the Federation has been requested to provide appropriate support.

CHF 50,000 was released in December from the Federation's Disaster Response Emergency Fund (DREF). A doctor and an information officer from the Democratic Republic of Congo Red Cross with Ebola experience were dispatched from the Federation's Central Africa Regional Delegation in early December to evaluate the situation and to help the Gabonese Red Cross. The Federation sent an Ebola specialist, with expertise since the 1994 outbreak in Kikwit, and who brought with him to Gabon equipment consisting of boots, gowns, masks, gloves and goggles for the protection of the volunteers. Furthermore, an epidemiologist from the Secretariat has recently been sent to review the situation.

In co-operation with local health authorities the Federation team provided technical coaching for the local Red Cross branches in the affected area and trained 120 volunteers for immediate deployment in raising awareness and to support the community.

The volunteers can identify the first symptoms of Ebola and report new cases and contact the health authorities and the international team of experts. They raise public awareness and make communities more familiar with the disease to avoid contamination and distribute kits containing food and non-food items to the families of the Ebola victims and to patients under medical observation.

## ***The Needs***

### **Immediate Needs**

The Red Cross of Gabon needs to make the awareness programmes more effective for the population to break the chain of transmission of the disease by:

- ensuring better information sharing concerning the outcome of the epidemic and by IEC;
- gaining continuous access to Federation health specialist;
- facilitating transportation by providing fuel;
- providing adequate protective equipment for volunteers as well as disinfecting products;
- producing educational material to help the population avoid contamination (leaflets and posters);
- continuing training Gabonese Red Cross "help the helpers" psychological support team;
- providing basic relief items (mattresses, blankets, kitchen sets, soap) and psychological assistance to Ebola survivors and affected families, and encouraging their re-integration into the community.

## ***The Proposed Operation***

The centres of infection and the number of persons who have come in contact with the disease have grown. These persons have been travelling during the end-of-year festivities and will continue to do so in the socio-political context in the country with legislative elections. To help the GRC strengthen its awareness, social mobilization and psycho-social assistance activities for the victims while protecting its volunteers and to help the GRC mobilize volunteers for prevention activities among the affected populations, DRAC plans to back a strategy to retain the mobilized volunteers within the affected communities as well as to develop a network of volunteers to prevent future epidemics in the region, in line with the African Red Cross and Red Crescent (ARCHI) 2010 approach.

A workshop has been organized for 28 and 29 January in Yaoundé to share knowledge on this recent Ebola outbreak, lessons learned, actions taken and future response. The health directors of the national societies which comprise the Central African region have participated and among the expected outcomes of the workshop is the establishment of Disaster Preparedness plans to combat future Ebola outbreaks.

## ***Objectives and Activities planned***

**Objective 1** Increase the awareness of the communities and the authorities.

The activities to reach this objective will focus on strengthening the capacities of the volunteers and awareness activities in the community, with the support of a Federation consultant. In light of how the epidemic is currently evolving, the volunteers will be trained in increasing awareness campaign, screening persons who have come in contact and, subsequently ensuring ongoing epidemic surveillance. A network of volunteers will be organized so as to be regularly involved in health education activities and prevention of epidemics and other diseases, when the epidemic is stabilized. The regional doctor provided by the DRAC, who continues to communicate with the Federation Ebola expert consultant, will help the national society pursue this operation and ensure better response and preparedness for epidemics.

A total of 120 volunteers are mobilized in Gabon for awareness. Each week the volunteers will thus increase the awareness of the targeted 60,000 persons, the population in need identified in the area and follow them throughout the operation. Among the targets are traditional healers, pharmacists, shops, hospitals, markets, churches and families. They will use posters and leaflets and will go to distant villages. Representatives of different communities accompany them to translate the messages in the local languages. This work is being carried out in the affected areas and we estimate at this stage that these activities will run for a total of four months.

**Objective 2** Provide cured patients and families of victims with psycho-social support.

The activities to reach this objective include the identification of stricken families, a one-off material assistance and social rehabilitation. The Red Cross volunteers will visit hamlets of the different zones. Suspected cases will be reported to the closest health centre which will take over. Should a person die in a hamlet, the volunteers will report the conditions of death and will communicate the information to the health service. They will explain to the persons who have been in contact with the deceased what preliminary measures should be taken awaiting the arrival of the competent health services. Cured patients or families of victims will be referred by Red Cross volunteers to the commission responsible for psycho-social support.

Given the risk of contamination, the personal belongings including mattresses of the person infected with the virus and the cooking utensils must be systematically destroyed. That is in fact creating a problem as these items are often the only items in possession of these very vulnerable persons. There is a need therefore to help in replace these basic items with new mats, pots, buckets, and kitchen utensils, as well as kits consisting of second-hand clothing, cooking utensils, soap, blanket, sheets.

The volunteers will also receive protective equipment consisting of goggles, gloves, boots, gowns, disinfectant, soap, blankets and wherewithal to bury the victims. The Red Cross volunteers will organize an information campaign in the community for the social rehabilitation of the patients and the families of persons who have been in contact with the patient. In instances involving a person cured of Ebola, the volunteers will explain and prove to

the populations that the cured persons can no longer contaminate community members after being cured. The local health centre will give the volunteers technical support. All the national society volunteers and staff taking part in the operation will undergo medical observation for three weeks following the operation.

### ***Capacity of the Gabonese Red Cross***

While the Gabonese Red Cross is a relatively young and fragile national society, it benefits from the confidence of public authorities for its prompt disaster response. It has dedicated, available volunteers. It has already made a name for itself in the context of the Ebola epidemic, assisting Congolese refugees, and carrying out polio vaccination. At the end of the last epidemic in the Ogooué-Ivindo Province, the ten trained volunteers continued epidemiological surveillance. Thanks to them, this epidemic was detected very early.

### ***Capacity of the Regional Delegation in Yaounde***

Although the Regional Delegation is strongly involved in the process of strengthening the capacity of the Gabonese Red Cross, needs in the field are immense, in particular in terms of helping in transportation costs and with communication to better coordinate the operation between the local branches and the national headquarters and between the national society and DRAC. The DRAC has been putting in place a regional team with various skills so as to provide the national societies with effective regional technical support.

### ***Coordination***

The operation will continue to be managed and coordinated by the Director General from the Ministry of Health who chairs the interagency technical committee. A consulting doctor has been recruited and seconded to the national society to help it implement the plan of action and to assist it in its relations with the Ministry of Health and WHO. The doctor will establish the training curriculum, assist the national society for one month, and ensure the heads of health service are trained so that they are able to take over the programme. At national headquarters, a five-person coordination team, headed by a doctor (GRC vice-president) ensures the rotation in the local branches to support the action of the volunteers. The doctor will participate in the technical meetings of the Ministry of Health. In the field, the district doctor coordinates the activities in collaboration with the members of the Red Cross local branch and the administrative authorities. The health centres, supported by the WHO and UNICEF medical teams and other partners, care for and treat patients and people with whom they have been in contact; the Red Cross is responsible for raising awareness, social mobilization and psycho-social support for victims and their families. Thanks to its network of volunteers present in the communities, the Red Cross helps the MoH screen suspected cases and to follow person who have been in contact with them.

### ***Monitoring and Evaluation***

The Federation Secretariat and Regional Delegation will monitor the operation with regular support from the epidemiologist and from the consultant doctor. The Regional Delegation's info-reporting service will establish daily contact with Libreville, and issue a regular situation report. The regional ARCHI 2010/disaster preparedness delegate, together with the organizational development delegate, will help the national society set up a volunteer management policy in the local branches and a community-based disaster preparedness plan.

In January 2002 the Regional Delegation organized an information sharing meeting with the health officers of the eight national societies in the region. To develop regional disaster response capacity, DRAC is working towards the development of a regional disaster preparedness and response team in its appeal 2002. This team would have the special technical skills needed to support the national societies in early warning and planning rapid emergency response. In June 2002 a meeting to study practical cases of Ebola will be held. This case study will be used as a final evaluation of the operation. The lessons drawn from the present epidemic will serve as a basis for the regional team specialized in health issues to suggest a regional rapid-response epidemic prevention/prediction strategy, as required. This proposal will be part of the mechanisms for the regional disaster response team to be set up in the region in 2002.

## **Budget summary**

See Annex 1 for details.

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*All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.*

*This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website. For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>*

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		ANNEX 1
<b><u>BUDGET SUMMARY</u></b>		APPEAL No. 04/2002
TYPE	VALUE	
<b>RELIEF NEEDS</b>		<b>IN CHF</b>
Shelter & constructions	0	
Clothing & textiles	60'000	
Food & seeds	0	
Water and sanitation	0	
Medical & first aid	25'880	
Teaching materials	0	
Utensils & tools	18'000	
Other relief supplies	2'625	
<b>TOTAL RELIEF NEEDS</b>		<b>106'505</b>
<b><u>CAPITAL EQUIPMENT</u></b>		
Vehicles		
Computers		
Telecom. equipment		
Office furniture & equipment		
Household furniture & equipment		
Generators & lighting		
Medical equipment		
Other equipment		
<b><u>PROGRAMME SUPPORT</u></b>		
Programme management	17'000	
Technical support	5'000	
Professional services	6'000	
<b><u>TRANSPORT STORAGE &amp; VEHICLE COSTS</u></b>	<b>8'674</b>	
<b><u>PERSONNEL</u></b>	<b>65'408</b>	
<b><u>ADMINISTRATIVE &amp; GENERAL SERVICES</u></b>		
Travel & related expenses	13'635	
Information expenses	5'500	
Administrative & general expenses	20'200	
External workshops & seminars	1'000	
<b>TOTAL OPERATIONAL NEEDS</b>		<b>142'417</b>
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>		<b>248'922</b>
<b>LESS AVAILABLE RESOURCES (-)</b>		
<b>NET REQUEST</b>		<b>248'922</b>