

FINAL REPORT



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

26 March, 2003

Appeal No. 04/02 Launched on 1 February, 2002 for CHF 248,922 for 3 months.

DREF Allocated: 50,000

Beneficiaries: 60,000

“At a Glance”

Appeal coverage: 86%

Summary: This appeal was well covered with partners providing timely and adequate support. In addition to delivering assistance in line with the appeal objectives, effort also focused on strengthening and building the capacities of the national societies to respond to the risks of further Ebola outbreaks in the future. The remaining balance of CHF 7,408 will be used in this regard.

This Final Report is considerably delayed due to constraints encountered related to the financial systems.

The disaster

On 30 November 2001, the Government of Gabon reported the first cases of Ebola haemorrhagic fever at Mékambo, in the district of Zadié in the province of Ogooué-ivindo. The affected zone is inaccessible, a 46,000 square kilometre jungle along the Congo Brazzaville border where the population lives scattered in villages several kilometres apart from each other. This region has already been affected three times by an Ebola epidemic between 1994 and 1997. The WHO reported a total of 109 cases, some confirmed by the laboratory, with 75 deaths. Of these, 65 cases, with 52 deaths, were reported on the other side of the border in Congo Brazzaville.

The Gabonese Red Cross local committee was very active in registering the initial cases. The government set up a task force comprising representatives from the different ministries, UN Agencies, the Red Cross/Federation, NGO's, the International Medical Research Centre at Franceville, French Cooperation, the Pasteur Institute in Paris, and the National Society to monitor the epidemic daily. Responding to the spread of the virus to the Republic of Congo, the Government immediately set up a coordination committee comprising the different ministries, MSF, WHO and the Congolese Red Cross. The zone where the epidemic broke out is very difficult to reach; MSF and the National Society were therefore asked to play the key role. An action plan to contain the epidemic was organized in both countries. It was decided to focus on early diagnosis of cases, care for sick persons, managing persons who had come in contact with the disease, management/disposal of the dead, destruction of objects sick persons had touched, and the treatment/reinsertion of persons cured. This action concerned the 66,000 inhabitants in the province of Ogooué-ivindo in Gabon and 10,000 in the province of Cuvette in Congo.

Red Cross / Red Crescent Action

The Federation launched an appeal seeking CHF 248,922 to support work in communities and to help the reinsertion of persons cured. It helped work out the action plan and strengthen the capacities of the Red Cross Societies of Gabon and Congo Brazzaville. The Gabonese Red Cross local network carried out excellent awareness work among the population, limiting the number of victims. Following an incident between the population and the international scientific team. The Society's volunteers from the local community negotiated the return of the international team and the government team at Mékambo. This directly addressed the ARCHI 2010 strategy of using volunteers in their own community is indeed appropriate. In Congo Brazzaville, the volunteers from the local committees in Kélé and Mbomo worked with the services of the Ministry of Health and MSF to confine the epidemic. The operation was carried out as outlined below, together with a summary of the activities carried out by volunteers against the planned appeal objectives.

Objectives, Activities undertaken, and results

Objective 1: To raise the awareness of the communities affected by the epidemic about prevention methods.

Gabon

A total 120 volunteers were trained with 60 in the affected provinces of Ogooué-ivindo (37), Haut-Ogooué (8), Woleu-Ntem (15), and 26 in Libreville, 24 in Booué, and five in each of the two other provinces not affected by the epidemic. Their activities directly assisted over 23,500 persons. In the absence of roads, they went by foot or by dugout from hamlet to hamlet, respecting very strict hygiene measures and never touching affected persons. They went from house to house using the Federation's leaflet to explain how the disease is caught. They also looked for persons presenting symptoms of the disease and referred them to hospitals. Awareness was raised using the local languages (Fang or Obamba). Once sick persons were hospitalised, relatives could no longer visit them, and volunteers thus needed to use a great deal of tact to convince them that suspected cases should be evacuated to the hospital. The Gabonese Red Cross volunteers diagnosed 15 sick persons in this way. Thanks to the work of volunteers from the community, awareness was increased, the government quarantine measures were accepted and dead persons were buried by others than their relatives. The volunteers sanitized the homes and burned belongings the sick persons had been in contact with. They were the link with the health services for the supervision of the 456 contacts. Everyone who had been in contact with a sick person was followed daily for 21 days, the incubation period for the disease.

In Makoukou, 25 volunteers were trained on 19 December 2001 by the coordination team to raise awareness throughout the department of Ivindo on the risks of handling animals or sick or dead people and on the routes of infection of the Ebola virus. This training was undertaken using the volunteer booklet designed by DRAC and the Federation document drawn up following the Ebola epidemic in Uganda and at Kikwit in the DRC. This awareness-raising operation, which employed leaflets, posters, megaphones and protective equipment provided by DRAC, reached close on 18,000 of the 23,000 inhabitants of the Department.

In Mékambo, 30 volunteers were trained and systematically occupied the area throughout the awareness campaign, even after the departure of the international assistance team composed of experts from WHO, UNICEF, MSF and CDC Atlanta. The awareness-raising campaign undertaken by CRG volunteers with the support of the IEC (Information, Education, Communication) team from the Ministry of Public Health was carried out in all the villages of the department and reached a target population of 8,000 people.

In Booué in the department of Lopé, 25 volunteers were trained to raise awareness in the villages and certain critical areas (train station, the large forest logging sites and the market place at Booué.). Close to 10,000 people were reached, out of a population of 12,200 inhabitants.

Pockets of resistance were observed in the village of Ntolo, Iahounéné and Medemba, where following rumours denying the existence of the disease the people had erected barricades to prevent action to curb the spread of the epidemic, motivated by their religious convictions regarding the burial of corpses. The Red Cross volunteers from the community needed to act as mediators to convince the people that the disease really existed and alert them to the risks they were running.

Congo Brazzaville

Following training, 62 volunteers carried out awareness activities in the 38 villages of the three districts (Mbomo, Kéllé and Etoumbi). They had ten bicycles to go to the most remote villages. They trained 692 opinion leaders on epidemic management, and were directly in contact with 6,765 persons. A HF radio station was set up at Mbomo to help epidemiological surveillance. On 30 September 2002 supervision of the last contacts came to an end.

Awareness-raising activities

A public awareness-raising meeting held in each of the 6 districts of central Kéllé and a nearby village was attended by 297 people, 101 of whom were women. The heads of the 12 villages affected by the epidemic were given information on the risks of infection by a joint local team composed of Red Cross volunteers and administrative Health Ministry and social services staff, so that they could then pass on this knowledge to their villages.

Objective 2: To provide psychosocial support after recovery from the disease and for the families of victims.

As all objects that had come into contact with sick persons were systematically burned, the National Societies prepared kits with a mattress, mosquito net, blanket, soap, 5 kg of rice, cooking utensils and clothing, which were given to persons who had recovered and to the relatives of those who had died. Persons benefiting from this aid were identified by the epidemic response coordination committee. The volunteers increased the awareness of the rest of the population of reinsertion of persons who had recovered in their community.

Gabon

100 kits were distributed as follows: Makokou: 30 for 310 inhabitants; Mékambo: 70 kits for 168 beneficiaries. The volunteers helped rehabilitate nine persons who had recovered in their communities.

- **Identification of families affected:** Volunteers from the Gabonese Red Cross went out to the communities to identify people with clinical signs of the disease and families smitten by the loss of one or more of their members. All suspect cases were immediately transferred to hospital for care. In all, about a hundred people were identified.
- **Material assistance to patients and victims' families as required:** Gabonese Red Cross volunteers undertook distribution of kits of food and non-food items: rice, oil, sardines, salt, milk powder, sugar and mattresses. Financial support was given to six student nurses of ENASS considered as having come in contact with the disease following the death of one of their colleagues. They were kept under observation for 21 days.

Congo

Five volunteers were entrusted with providing psychosocial support to relatives of victims. They contributed to the reinsertion of seven persons who had recovered. In terms of increasing the awareness of other Gabonese Red Cross local branches, since it is easy to travel from one city to another in Gabon, and this could facilitate the spread of Ebola from Ogooué-ivindo province to other parts of the country. Awareness had therefore to be enhanced and other populations alerted. Three to

five volunteers in each province were given training in Ebola, organized by the national coordinator for the operation. He went to the chief town in seven provinces from 15 to 28 March where 25 persons were trained as trainers. They in turn each trained ten volunteers who are continuing to pursue this awareness training. Their work will be ongoing as an epidemic can break out any time.

Follow-up and evaluation, and lessons learned.

The following points were addressed during the preliminary evaluation:

- This operation was successful and enhanced the Society's image among the population.
- The strategy of using the volunteers in their community is appropriate and helps control rumours.
- The volunteers were effective using the ARCHI 2010 approach.
- Technical support from the regional bureau and the Federation in such important operations strengthens the Society's image with WHO and other United Nations agencies.
- The presence of volunteers trained in the community enables the National Society to respond quickly to epidemics.

Operational issues and conclusions were addressed more fully by:

- a regional meeting of health directors on 28-29 January 2002: the Regional Delegation organized a meeting of the health directors of six National Societies of the region with a view to evaluating the operation, exchanging information about the disease and their experience, and drawing lessons for the future. At the meeting, the consulting physician facilitated the transfer of information on the Ebola virus to the regional human resources with a view to strengthening their capacity.
- a Joint mission by a Federation doctor and the ARCHI delegate in Gabon and the Congo: This joint mission made it possible to re-establish the Red Cross's contacts with the Ministry of Health and the various partners; check the accounts of the operation and prepare closure of the financial aspect of the first phase; plan the second phase of the operation in consultation with the Ministry of Health and WHO.

Strengthening National Society capacities

The GRCS was able to make the local committees in the nine provinces operational. Each province has Ebola trainers who are going to coach volunteers in epidemiological surveillance. The two National Society doctors are better skilled and now able to manage an Ebola epidemic. In Congo Brazzaville, in the region of Cuvette, the local committees have become active, with 62 volunteers trained in the community. The bicycles will be used for the epidemiological surveillance of other diseases. A radio has been installed at Kéllé and helps bring the local committee closer to headquarters.

Coordination

The Ministry of Health ensured good coordination of activities, thus avoiding overlapping among the different partners. The different partners kept abreast of what was happening in the field at the daily meetings. There was good collaboration between WHO, the health services and the National Society, facilitating awareness work in the field.

Gabon

The government sent a team of military health doctors, research workers from the CIRMF (International Medical Research Centre of Franceville), and put the affected zone in quarantine as soon as the epidemic was declared. The coordination unit presided over by the Director General of Health brought together all the partners involved in the operation with a view to setting up an action plan. The Defence Minister's office contacted the Regional Delegation for support in controlling the epidemic. An operational team composed of the Vice-President of the Gabonese Red Cross (as a physician, she co-ordinated the operation for the CRG), the national relief director on behalf of the CRG, two first-aid instructors (CRG trainers), a consultant from the Federation and the information officer at DRAC provided technical support to the local committees for the mobilization of volunteers

for community awareness-raising activities. An initial plan of action was drawn up by DRAC for the period 17 December to 11 February 2002, at which point the second phase was begun.

Congo

From 8 to 17 February 2002, a joint mission (Congolese Government, WHO, Red Cross, MSF) visited the District of Kéllé to collect, analyze and interpret information about the disease. The Red Cross was represented by the Head of the CRC Health Unit. So as to concentrate the efforts to control the epidemic, which had spread to other areas, the CRC was called upon to work in collaboration with MSF under the coordination of the Ministry of Health to optimize follow-up of persons who had come in contact with sick persons and patients in isolation and to reinforce awareness-raising efforts in the community.

In Gabon, the second phase of the operation with the support of regional human resources effectively began on 2 March 2002 in Ogoové Ivindo, the zone most severely hit by the epidemic. **In the Congo**, following a technical consultation meeting between the Ministry of Health and a number of partners, the CRC was asked to support the MSF team in the medical care and follow-up of patients and contacts, in addition to the two other aspects of its work: community awareness and psychosocial support.

For further details please contact: Terry Carney, Phone 41 22 73044298; Fax 41 22 733 0395; email terry.carney@ifrc.org

All International Federation 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.

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's website.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Director
External Relations

Bekele Geleta
Head
Africa Department

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Appeal No & title: 04/2002 Gabon - Ebola outbreak
Period: Dec 2001 up to 25/3/2003 provis.
Project(s): P62411
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget less Cash brought forward	248,922				
TOTAL ASSISTANCE SOUGHT	248,922				
<i>Contributions from Donors</i>					
DFID - British Government (DFID)	116,741				116,741
Donor - Disaster Relief Emergency Fu (DREF)	50,000				50,000
Donor - Disaster Relief Emergency Fu (DREF)	-50,000				-50,000
Finnish Red Cross (DNFI)	44,370				44,370
Japanese Red Cross (DNJP)	8,200				8,200
Libyan Red Crescent (DNLY)	5,000				5,000
Monaco Red Cross (DNMC)	7,319				7,319
Norwegian Red Cross (DNNO)	28,544				28,544
United Arab Emirates Red Crescent (DNAE)	2,232				2,232
TOTAL	212,405				212,405

II - Balance of funds

OPENING	
CASH INCOME Rcv'd	212,405
CASH EXPENDITURE	-204,998

CASH BALANCE	7,408

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III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction						
Clothing & Textiles	60,000	9,960			9,960	50,040
Food & Seeds		2,179			2,179	-2,179
Water & sanitation		23			23	-23
Medical & First Aid	25,880	2,656			2,656	23,224
Teaching materials		36			36	-36
Utensils & Tools	18,000	371			371	17,629
Other relief supplies	2,625	1,147			1,147	1,478
Sub-Total	106,505	16,373			16,373	90,132
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles		2,279			2,279	-2,279
Computers & Telecom equip.						
Medical equipment						
Other capital expenditures						
Sub-Total		2,279			2,279	-2,279
<u>TRANSPORT & STORAGE</u>	8,674	4,713			4,713	3,961
Sub-Total	8,674	4,713			4,713	3,961
<u>PERSONNEL</u>						
Personnel (delegates)	65,408	35,756			35,756	29,652
Personnel (national staff)		58,404			58,404	-58,404
Sub-Total	65,408	94,160			94,160	-28,753
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts		17,768			17,768	-17,768
Travel & related expenses	13,635	24,459			24,459	-10,824
Information expenses	5,500	4,272			4,272	1,228
Admin./general expenses	20,200	18,941			18,941	1,259
External workshops & Seminars	1,000	4,524			4,524	-3,524
Sub-Total	40,335	69,965			69,965	-29,630
<u>PROGRAMME SUPPORT</u>						
Programme management	17,000	10,810			10,810	6,190
Technical services	5,000	3,175			3,175	1,825
Professional services	6,000	3,522			3,522	2,478
Sub-Total	28,000	17,508			17,508	10,492
Operational provisions						
Transfers to National Societies						
TOTAL BUDGET	248,922	204,998			204,998	43,924