

www.ifrc.org
Saving lives,
changing minds.

DREF final report

Central African Republic: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCF009
GLIDE n° EP-2011-000153-CAF
25 June 2012

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 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), 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. New cases of cholera continued to be registered until the 42nd week of 2011 when the cumulated number of cases stood at 172 and the number of deaths was 16. A few cases proceeding from neighbouring DRC were registered in Mongoumba and the surrounding localities on week 44.

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 44 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. They disinfected and improved 127 water wells, disinfected 220 latrines and organized 8 garbage collection sessions in Mongoumba and the surrounding localities.

For reasons internal to CAR Red Cross, the operation timeframe was extended from January to February 2012 as highlighted in DREF operation update number one. The remaining activity was the training of an additional 50 Red Cross volunteers on the epidemic control manual for volunteers (ECMV) in Mongoumba, a neighbouring locality with DRC that was also seriously hit by cholera epidemic at the same time. Although this activity was not planned in the DREF operation, the national society deemed it necessary and urgent considering that many cases registered in Mongoumba and the surrounding localities were coming from neighbouring DRC. Thus, the Red Cross needed increased preparedness to face the situation. The 50 volunteers were trained in Mongoumba during the extension period using the community-based health and first-aid approach (CBHFA). Community-based sanitation activities and role-plays on the



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

cholera sheet were also performed to enable the newly trained volunteers to strengthen their cholera management skills.

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. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>. The IFRC, on behalf of the National Society, thanks all for their generous contributions.

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

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 42nd week of 2011 when the cumulated number of cases stood at 172 and the number of deaths was 16. Some few cases were registered in Mongoumba and the surrounding localities on week 44 of 2011, but were said to have migrated from neighbouring DRC that was severely hit by cholera at the same period. This prompted the change of objectives in the locality. In fact, CAR Red Cross authorities decided to intensify epidemic and cholera preparedness in the locality by training an additional 50 Red Cross volunteers. This added activity caused the extension of the operation's timeframe from January to February 2012. 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 44 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 nd Subdivision	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
	3 rd Subdivision	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
	4 th Subdivision	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
	6 th Subdivision	0	1	5	0	0	0	0	0	0	0	0	0	0	0	6	
	7 th Subdivision	0	0	1	0	0										1	
	8 th Subdivision	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
Total	16	50	93	12	1	0	172	16									

Red Cross and Red Crescent action

Achievements against outcomes

Emergency health and care	
<p>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>	
<p>Outputs (expected results):</p> <ul style="list-style-type: none"> 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. 	<p>Activities planned:</p> <ul style="list-style-type: none"> Recruit and train/retrain 500 Red Cross volunteers in targeted localities (Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale). Make copies of the epidemic management manual and distribute them to trained Red Cross volunteers. Develop and produce 5,000 leaflets with cholera messages.

<ul style="list-style-type: none"> • Messages on cholera prevention are disseminated in targeted localities (Bangui, Sékia Moté, Bokélo, Mondoli, Monza, Bokassi, Nzinga and Sedale). • CAR RC volunteers have participated in the early identification of cases of diarrhoea and have referred them to health centres. • Epidemiological surveillance with focus on cholera surveillance is intensified in the riparian villages of Bimbo and Mongoumba sub prefectures. 	<ul style="list-style-type: none"> • Develop and produce posters with cholera messages (how to prevent cholera). • Set up sensitization teams. • 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. • 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. • Disseminate cholera prevention messages over local radio stations. • Ensure permanent hygiene and sanitation promotion in targeted localities, with focus on water points. • Train the populations on how to disinfect water at home • Improve and disinfect family and public latrines • Carry out door-to-door sensitization while demonstrating how to wash hands with soap. • Participate in the collection and destruction of solid and liquid wastes. • Disseminate drinking water conservation and treatment techniques. • Disinfect isolation sites in targeted localities and treat them with insecticide. • Participate in periodic cholera response coordination meetings. • Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities for 2 months. • Participate in the meetings of the crisis committee. • Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective plans of action. • Carry out regular monitoring of the operation.
--	--

Impact: Immediately after the appearance of the cholera epidemic, the volunteers of the Umbella M'poko local committee of the Red Cross launched a behaviour change communication campaign in the villages bordering the Ubangi River. They were also involved in epidemiological surveillance after a one-day briefing by health officials.

With DREF funds, CAR RC recruited and trained 500 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. 500 Red Cross tee-shirts were also purchased to ensure the visibility of Red Cross action in the field. Equipped with these materials, CAR Red Cross volunteers sensitized 151,958 families in all targeted four localities.

The national society also purchased sanitation materials such as wheelbarrows, shovels racks, boots, gloves, mufflers and sprayers. With these materials, Red Cross volunteers organized community-based sanitation activities with the participation of local authorities, youth groups and the populations in markets, public places, hospitals and prisons. They also disinfected and improved 127 water wells, disinfected 220 latrines and organized 8 garbage collection sessions in Mongoumba and the surrounding localities.

In addition to the 500 volunteers already trained on cholera management, CAR Red Cross trained an additional 50 volunteers on the epidemic control manual for volunteers (ECMV) in Mongoumba, a

neighbouring locality with DRC that was also seriously hit by cholera epidemic at the same time. Although this activity was not planned in the DREF operation, the national society deemed it necessary and urgent considering that many cases registered in Mongoumba and the surrounding localities were coming from neighbouring DRC. Thus, the Red Cross needed increased preparedness to face the situation. The 50 volunteers were trained during the extension period using the community-based health and first-aid approach (CBHFA). Community-based sanitation activities and role-plays on the cholera sheet were also performed to enable the newly trained volunteers to strengthen their cholera management skills. The following table summarizes the achievements of this operation by 29 February 2012:

Localities	Number of volunteers trained	Number of T-shirts distributed	Number of leaflets distributed	Number of posters distributed	Number of households sensitized
Bangui (8 subdivisions + Bimbo and Begoua local councils)	300	300	1,500	2,000	145,100
Batalimo	50	50	1,500	1,500	1,801
Mongoumba	150	100	1,500	1,500	4,122
Zinga	50	50	500	550	935
Total	550	500	5,000	5,550	151,958

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 44 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 Ubangi 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 intended to meet with their Red Cross counterparts in Libengue to exchange on cross border social mobilization strategies, but could not do so before the end of this operation. They will probably need support to that effect in future.

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.

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis DUFFAUT, IFRC Central Africa Regional Representative; Office phone: +237 22 21 74 37; Mobile phone: +237 77 11 77 97; email: denis.duffaut@ifrc.org
- **IFRC Zone:** Daniel BOLANOS, Disaster Management Coordinator, Africa; phone: +27 (0)11 303 9735, mobile: +27 (0)835566911; email: daniel.bolanos@ifrc.org
- **Geneva:** Pablo Medina, Senior Officer, Operations Quality Assurance; phone: +41 22 730 4381; email: pablo.medina@ifrc.org
- **Regional Logistics Unit (RLU):** Kai Kettunen, Regional Logistics Delegate, phone +971 4457 2993, email: kai.kettunen@ifrc.org

For Resource Mobilization and Pledges:

- **West and Central Africa hub:** Elisabeth SECK, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- **In IFRC Zone:** Robert ONDRUSEK, PMER/QA Delegate, Africa; Phone: +254 731 067277; email: robert.ondrusek@ifrc.org

DREF history:

- This DREF was initially allocated on 13 October 2011 for CHF 238,333 for 3 months to assist 300,000 families, i.e. about 1,500,000 beneficiaries.
- 01 DREF operation update issued.
- Operation update No 1 extended the timeframe of this DREF operation from January to February 2012.

æ

[Click here](#)

1. Revised Emergency Appeal budget **(if needed) below**
2. Click [here](#) to return to the title page

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.

www.ifrc.org
Saving lives, changing minds.



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.
-