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# Emergency Action Plan Final Report

## Central African Republic: EVD Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation No. MDRCF026</b>
<b>Date of issue: 09 July 2021</b>	<b>Glide Number: Not applicable</b>
<b>Disaster date: Not applicable</b>	
<b>Operation start date: 30 June 2020</b>	<b>Operation end date: 31 December 2020</b>
<b>Host National Society: Central African Red Cross</b>	<b>Operation Budget: CHF 133,694</b>
<b>Number of people at risk: 745,350</b>	<b>Number of people reached: 504,940</b>
<b>Number of National Societies involved in operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Netherlands Red Cross, French Red Cross</b>	
<b>Number of partner organisations involved in operation: Ministry of Health, World Health Organisation (WHO), UNICEF</b>	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. DG ECHO contributed to replenishing the DREF for this operation. On behalf of the Central African Republic Red Cross Society (CARC), the IFRC extends gratitude to all for their generous contributions.

<Click [here](#) for final financial report and [here](#) for contacts>

## A. SITUATION ANALYSIS

### Description of Disaster

This [DREF operation](#) was launched on 30 June 2020, to support Central African Red Cross (CARC) to implement preparedness actions to prevent an Ebola Virus Disease (EVD) outbreak in country, as well as prepare the National Society to respond in the unfortunate event that an outbreak was declared.

Indeed, on 30 May 2020, the Provincial Director of Health of Equateur Province informed of four suspected EVD deaths in the Air Congo district of the Mbandaka health zone in the Democratic Republic of Congo (DRC).

This suspicion was confirmed on 01 June 2020, and the Ministry of Public Health of the Democratic Republic of Congo (DRC) declared the 11<sup>th</sup> outbreak of Ebola Virus Disease (EVD) in the Equateur province. Due to their geographical proximity, CAR and DRC share significant trade and social links over approximately 1,300 Km on either side of the Oubangui River. These exchanges, take place through river navigation, United Nations Humanitarians Air Services (UNHAS) between Bangui, capital of the CAR-Bandaka -Kinshaha in DRC, and are part of the secular and ancestral links between these countries.

Though the operation was initially launched for a three months timeframe, an [Operation Update](#) was published on 21 September 2020, extending the operation by three additional months. This was because of delays registered in implementation due to COVID-19 lockdowns imposed by the Government as a containment measure for the pandemic.

### Summary of Response

#### Overview of the Operating National Society Response

At national level, 18 entry points remained operational along the Ubangui River, that is 10 in Bangui and 8 in the Mougoumba area, within Mbaïki health district. The 8 surveillance sites at these entry points were built by CRCA/IFRC while the 10 at Bangui were merely reinforced with surveillance equipment (non-contact frontal thermometers, handwashing devices, passenger check-in registers).

Soon after the outbreak was declared in the DRC, the national headquarters of the Central African Red Cross alerted local committees in the health districts close to the border with affected areas to ensure that they were aware and could reactivate volunteers who were trained in 2018. This response was initially slow due to the constraints imposed by the COVID-19 pandemic, which required physical distancing to be observed everywhere and restricted movement of people.

As a result, the following measures were taken:

Regarding **public health**, an emergency health mission was carried out in the localities of central Mougoumba, Koumba, Gouga, Sabourou, Embouchure, Zinga, Mongo and Sedale, which were the main entry points for people coming from the epidemic zone in the DRC to the CAR. The objective of this mission was to explore the Ebola Virus Disease screening system at the above-mentioned entry points in the Mbaïki health district, which is considered a priority zone No 1 by the CAR Health Authorities. This enabled the Central African Red Cross to:

- Collect updated information on the Ebola Virus Disease surveillance system adopted in 2018;
- Assess the needs of the entry points in terms of infrastructure and equipment required to re-operate the entry points;
- Update the list of volunteers who should participate in follow-up activities in collaboration with the local committee of the Central African Red Cross in Mougoumba,
- Present the project to local authorities and discuss implementation modalities.

To carry out surveillance activities at the entry points, 320 volunteers were trained, that is, 80 in the Mougoumba health district and 240 in Bangui, Bimbo and Bégoua. Twelve (12) community supervisors were also trained to supervise these volunteers.

At the end of the operation, a total of 15 entry points were operational, 10 in Bangui and 5 in the Mbaïki health district. For Zila and Cedalé, the range of activities carried out in each of these localities and around these entry points are summarized as follows:

- Training of 80 CARC volunteers in Community Engagement and Accountability (CEA), Community Based Surveillance (CBS), Safe and Dignified Burials (SDB), Protection, Gender and Inclusion (PGI), that is, 60 in Bangui and 20 in the district of Mbaïki
- Case management at and around entry points for early detection and notification of alerted cases;
- Assistance to Ministry of Health investigation teams by CARC volunteers;
- Support for the referral of suspected cases to care facilities;
- Passenger awareness at entry points and in communities.

For adequate monitoring of activities, tools were developed to facilitate data collection and analysis. These were:

- Passenger registers with information on the identity of the passenger, the place of origin, the temperature and the clinical signs if any;
- The daily summary sheet of passenger movements, which summarizes information on the number of passengers by age group;
- The daily summary sheet of the temperature readings (using non-contact frontal thermometers);
- The entry point information collection form;
- Case alert notification form.

**Logistics:** The procurement process was immediately launched for the purchase of all equipment needed for response (SDB kits, hand washing kits, cleaning equipment etc.).

Regarding **strengthening of the National Society's operational capacities**, 320 volunteers and 8 supervisors were identified from the local committees of the CARC concerned. The training modules were updated and the trainings were organized with the facilitation of the Ministry of Health.

In terms of **coordination**, the Central African Red Cross and IFRC participated in all meetings organized by Public Health Emergency Operations Centre (COUSP) that brought together all stakeholders involved in the preparation. IFRC/CARC were represented in the Communication and Social Mobilization, Infection Prevention and Control (IPC), Prevention and Surveillance and Contact Follow-up Commissions.

At the **operational level**, the IFRC/CARC worked with the Ebola Focal Point appointed by the Ministry of Health and the Chief Medical Officers of the Bangui 2 and Mbaiki Health Districts.

## Overview of Red Cross and Red Crescent Movement in-country

The IFRC delegation in CAR worked closely with the Central African Red Cross to coordinate all activities, field monitoring and reporting under a signed project framework agreement (PFA). During the operation, 15 joint CARC, IFRC and MoHP missions were organized in Bangui and Mbaïki district. These missions assessed the initial status of the 2018 entry points, located former volunteers still in the area, identified new volunteers and trained them. Activities carried out were presented and discussed at all meetings of the Movement.

## Overview of other actors actions in country

As soon as the eleventh Ebola outbreak was officially declared in neighbouring DRC, the CAR Ministry of Health and Population (MoHP) set up a national committee for Ebola preparedness and prevention. This Committee was coordinated by the Director of Epidemiological Surveillance and Public Health Emergency Management and brought together all partners involved in the preparation (WHO, UNICEF, MSF, OCHA, MINUSCA, OXFAM, Médecin du Monde etc.). It should be noted that the response to COVID-19 remained the priority in CAR as in other countries, so despite this other emergency, this committee endeavoured to meet and organize effectively to ensure that entry points and border transit posts with DRC were fully covered, both in Bangui and in the health district of Mbaïki (priority zone No. 1 in relation to the Equateur epidemic).

## Needs Analysis and Scenario Planning

To assess the existing official entry points and their operational capacities, a first joint MSP/IFRC/CARC mission was carried out in August 2020 in Bangui and in the health district of Mbaïki. In Bangui, nine entry points/border crossings were identified, notably Port Beach, Seoul, Port Etat, Mandza Otto, Marché Kolongo, Sega, Port Sao, Ngaraba, Poko Bac.

Following the meeting with the Director of Epidemiological Surveillance and Emergency Management, it was agreed that the infrastructure of these entry points was adequate but needed to be rehabilitated and equipped with the appropriate equipment and supplies (registers, checklists, non-contact frontal thermometers, personal protective equipment, sprayers, inputs and information resources). Assistance was to be provided to the staff who work there. This analysis did not take into account unofficial crossing points and there are several such points in the Mbaïki health district, located in the Mougoumba zone, along the Oubangui River, (identified as priority zone 1 by the health authorities and most affected). Six entry points were identified, notably Gouga, Ikoumba, Embouchure, Zinga, Mongo and Sedale. In most of these localities, facilities at the entry points had been built but were later vandalized, damaged and needed to be rehabilitated and equipped. In Mougoumba-Centre, there are three official entry points that are in the same condition as the other entry points.

In addition, this assessment revealed the need for a facility at or adjacent to these entry points to accommodate passengers who may exhibit symptoms such as fever for a period of observation pending the arrival of investigative teams and possible referral.

Three scenarios were delineated: early detection of possible cases (scenario 1) and reduction of morbidity and mortality (scenarios 2 and 3) resulting from a possible Ebola epidemic, as part of the preparedness plan of the Ministry of Health of the Central African Republic

## Risk Analysis

CAR remains the second priority country for Ebola importation from the DRC. Although there are official and well-established entry points/border crossings between these two countries, the high degree of porosity of these borders means that many crossing points remain clandestine and beyond the control of Ministry of Health teams.

Risk factors for the importation of EVD into CAR included trade between at-risk districts and areas affected by the Ebola outbreak in the DRC, large cross-border movements of people to and from Equateur Province for family and health reasons, the existence of UN (MINUSCA) humanitarian flights between Bangui-Mbandaka-Kinshasa-Bangui, as well as inadequate checkpoints and porous borders.

Some areas that are inaccessible for security and geographical reasons are completely outside the control of the authorities.

## B. OPERATIONAL STRATEGY

### Proposed Strategy

The objective of the operation was to contribute to the prevention and early detection of suspected cases to reduce morbidity and mortality due to a possible Ebola epidemic, as part of the preparedness plan of the Ministry of Health and Population of the Central African Republic.


The implementation of activities was delayed by the COVID-19 pandemic. The President of the National Society requested for and received a " laissez-passer " from the Ministry of Health to allow the implementation of all field activities to carry on.

During the joint MoHP/CARC/IFRC mission mentioned above, the needs expressed were discussed and approved by local authorities and leaders grouped within the local coordination of the response chaired by the Sub-Divisional Officer of Mongoumba.

### Support Services

All support services for the operation were maintained until the end of the operation. These included the Logistics, Finance, Human Resources, PMER support, Communication and Security teams.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Health</b>  <b>People reached: 504,940 people</b>            Male: 240,340            Female: 264,600            Children: 182,000 (36% of population reached)</p>		
<b>Outcome 1 : Early detection of the first suspected cases of EVD in the 04 at-risk health districts selected.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of suspected cases detected	N/A	2
<b>Output 1.1: Passengers at the 8 checkpoints (entry and transit points) benefit from adequate temperature control and preventive measures for the early detection of suspected cases of EVD and the prevention of Ebola transmission.</b>		
Number of equipped and operational entry points	8	15
Total number of passengers registered	N/A	5,600 passengers
Proportion of passengers whose temperature was recorded	100%	80% or 4,480 passengers
Proportion of passengers whose temperature was above 37.5 degrees	N/A	80 people (1.42%)
<b>Output 1.2: Suspected Cases Detected Early in At-Risk Communities in At-Risk Districts</b>		
Number of community volunteers trained and deployed for early detection of suspected cases in the community	80	80
Number of supervisors trained and deployed	8	8
Number of joint supervisions conducted	3	3
Percentage of early alerts	N/A	2
Proportion of communities in which action was taken on an alert per month (as compared to communities around the 15 points of entry)	100 %	100 %
<b>Output 1.3: Improving people's knowledge of EVD and strengthening community ownership and support for preparedness</b>		
Number of community relays trained in community and mass awareness	80	80
Number of volunteers trained in media communications	24	20

Number of home visits	8,100	6,300
Number of community meetings held	16	8
<b>Output 1.4: Reducing the risk of human-to-human transmission of EVD in at-risk health districts</b>		
Number of handwashing devices installed at access points/entry points	16	16
<b>Output 1.5: Building the country's capacity to holistically manage EVD cases and carry out dignified and secured burials</b>		
Number of volunteers trained in SDB	80	80
Number of personal protection kits prepositioned for safe and dignified burials (SDB) teams	4	4
Number of radio spots aired	60	40
<b>Narrative description of achievements</b>		
<p>Fifteen (15) entry points were set up, 10 in Bangui and 6 in Mongoumba. An average of 50 people were registered per point each time they entered the country, for an average total of 750 people per day and a total of 54,000 people during the 3 months of activity. The deployment of volunteers was only effective for 3 months due to the rehabilitation of the entry points which were sold. Teams of 4-6 volunteers assisted health staff at the entry points. Some volunteers took temperatures as the boats docked, and others did outreach.</p> <p>The actual deployment of the volunteers took place over the last 3 months of the operation as the first months were used to reactivate the entire system which had been destroyed. In addition, the teams were not able to carry out all the visits as planned because of the restrictions imposed by the COVID-19 pandemic. A total of 44,600 people were reached during 6,300 home visits instead of the planned 8,100 visits.</p> <p>Another 80 volunteers were trained and deployed for early case detection in the community: 20 in Mongoumba and 60 in Bangui (6 per entry point). Volunteers from Bangui were deployed at the 10 entry points along the Oubangui River.</p> <p>The joint missions were conducted with the CAR Red Cross and the Ministry of Health. Difficulties in planning these missions were related to agenda issues, especially among Ministry of Health officials.</p> <p>Communications with the media was carried out by 20 CARC volunteers who had received training in this domain. Broadcasts on Radio Ndéké Luka and Radio RJDH were developed by mutual agreement with the Ministry of Health. CARC volunteers took the opportunity of the home visits to conduct door-to-door outreach with 216,000 people reached during the 3 months in the area of operation.</p> <p>Community meetings were held in Mougoumba with women's groups and community leaders (village chiefs). Handwashing kits were placed at entry points in Bangui and in the Mougoumba area.</p> <p>Some 80 volunteers were trained in SDB, i.e. 60 in Bangui, 10 in Mongoumba and 10 in Batalimon (village 25 km from Mougoumba).</p> <p>A total of 504,940 people (264,600 women, 240,340 men including 182,000 children) were reached in Bangui and Mbaiki health district, especially during home visits (44,100, awareness-raising at entry points (193,170), neighbourhood level in public places (266,700) and during community meetings (1,000).</p>		
<b>Challenges</b>		
<p>The main challenge during implementation was related to the COVID-19 pandemic. The authorities of the Central African Republic closed land and air borders as well as banned any gathering of more than 50 people. This delayed the kick-off of the operation and hindered the full deployment of volunteers for outreach activities.</p> <p>The other challenge was the unstable cell phone network at the crossing points in Mongoumba, which made it very difficult to transmit alerts in time.</p>		
<b>Lessons learned</b>		
<p>The main lessons learned during the implementation of this DREF were:</p> <ol style="list-style-type: none"> <li>1) CARC's preparedness to respond to a potential Ebola outbreak achieved with the <a href="#">2018 MDRCF024 EVD Preparedness</a> DREF operation was an asset in the implementation of the Ministry of Health's preparedness plan. Indeed, to date, CARC has remained the only operational organization present in the field.</li> <li>2) Joint planning with the Ministry of Health and Population (Directorate of Epidemiological Surveillance and Public Health Emergency Management) made it possible to agree on and carry out activities at the crossing points in a harmonious and complementary manner;</li> </ol>		

- 3) Decentralizing the coordination of the response to the local level made it easier to obtain the support of local authorities and leaders;
- 4) Full availability of branch volunteers already trained in 2018 as part of response preparedness.



### Protection, Gender and Inclusion

**People reached: 504,940**

Male: 240,340

Female: 264,600

Children: 182,000 (36% of the target population)

**Outcome 1: Communities supported by the Central African Red Cross identify the needs of the most vulnerable and particularly disadvantaged and marginalized redheads, due to inequality, discrimination and non-compliance with their basic rights and meet their specific needs.**

Indicators:	Target	Actual
Proportion of men and women aware of gender, diversity and inclusion issues	60%	100%
<b>Output 1.1: The current operation improves equitable access to basic services, taking into account different gender-based needs and other diversity factors</b>		
Number of female volunteers involved in activities.	50 %	53%
Proportion of women who benefited from services through volunteer action	52 %	80%
<b>Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children</b>		
Number of volunteers and staff who had signed the Code of Conduct	320	240

#### Narrative description of achievements

About 68% of women participated in the trainings in Bangui. In Mongoumba, of the 20 volunteers trained, 6 were women. Of the two SDB trainers, one was a woman.

Gender, diversity and inclusion issues were systematically addressed during activities (mass awareness, home visits, training).

#### Challenges

The main challenge was low enrolment of women in rural areas.

#### Lessons learned

Mixed male/female pairs were more effective in disseminating awareness messages and even in other activities at the entry points.

### Capacity building of National Societies

**Outcome SI.1: The capacities of the Central African Red Cross capabilities strengthened and the volunteers involved in the operation are supervised and motivated.**

**Output S1.1.1: The CRCA has volunteers engaged and motivated for the operation**

Indicators:	Target	Actual
Total number of volunteers deployed	320	240
Number of volunteers insured	320	320
Number of volunteers trained in each sector	80	240 (80 CEA, 80 CBS and 80 SDB)
<b>SI.1.2: The capabilities of the local branches of the CARC are improved as a result of this operation</b>		
Number of local committee supervisors trained	4	8

#### Achievements

Three training sessions with 80 volunteers per session were conducted in three areas of the operation: community-based surveillance, community engagement and accountability, and safe and dignified burial.

Issues of protection, gender and inclusion were addressed in a cross-cutting approach during these training sessions.

These training sessions suffered somewhat from the conflicting agendas of Ministry of Health officials who were simultaneously managing the COVID-19 pandemic.

A total of 8 supervisors of the local CARC committees in the operation area were trained to supervise the activities carried out by the volunteers.

### Challenges

The lack of adequate infrastructure at the level of local CARC committees in the area where the activities were implemented did not allow for proper logistical support for the operation. Storing sensitization and personal protective equipment was a big challenge. Thanks to advocacy, a room was obtained at the Mongoumba secondary hospital to store the equipment before it was deployed.

Restricting the number of participants in the training sessions to a maximum of 15 people due to COVID-19 lengthened the duration of the planned trainings.

### Lessons learned

CARC has volunteers ready to respond to any potential Ebola pandemic

## Influencing others as a leading strategic partner

### Outcome SI 2.1: Effective coordination is provided during the operation

Indicators:	Target	Actual
Proportion of coordination meetings attended by the CARC/IFRC	100 %	100%
Output SI 2.1.1: Activities of the operation and well-coordinated at all levels		
Number of coordination meetings organized by IFRC/CARC	12	12
Number of joint supervision	9	9

### Achievements

A coordination committee was set up in Bangui by the Ministry of Health and its partners. The Central African Red Cross with the support of the International Federation took part in all the meetings of this committee. These meetings also involved officials from all the health districts affected.

Alongside these meetings, the IFRC and the National Society held periodic technical meetings to agree on joint actions. Other meetings and working sessions were organized on several occasions for emergency needs related to this operation.

Five (5) joint field missions with the Ministry of Health and partners (7-9 June, 7 August, 6 and 22 October and 5 to 6 November) took place to prepare the installation of volunteers at the entry points and to consult with members of the local coordination. Four (4) missions to monitor activities were carried out in the field.

### Challenges

The real challenge was the multitude of meetings that were frequently organized within the framework of several ongoing operations in the country and in which both the Central African Red Cross and the International Federation were involved. Also, with the COVID-19 situation, many face-to-face meetings have been replaced by virtual meetings.

### Lessons learned

The virtual meetings on MS team due to the COVID-19 pandemic were quite educative. In future, similar operations will be prioritized if the COVID-19 pandemic persists or if any other pandemic prevents physical contact.

## D. FINANCIAL REPORT

The overall allocation made for implementation of this operation was CHF 133,694, out of which CHF 89,978 (67%) were expensed. The balance of CHF 43,716 will be returned to the DREF pot.

### Explanation of variances:

Description	Budget (CHF)	Expenditure (CHF)	Variance (CHF)	Variance Explanation
Construction materials	2,560	0	2,560	The entry point shelters built by the Ministry of Health in Mbaiki district and were operational during the planning of this DREF operation were almost all destroyed by disgruntled health workers following the non-payment of their



				bonuses. It was necessary to rehabilitate/construct and equip them so that activities could be carried out.
Water, Sanitation and Hygiene	5,120	30,224	-25,104	This includes the purchase of materials and equipment essential for volunteer activities, particularly at the entry points. These materials were available during the planning phase but, they were all sold and taken away by the Ministry's agents because of the non-payment of their bonuses. In addition, other materials were imposed by the COVID-19 pandemic.
Teaching Materials	384	0	384	No costs incurred here because training materials were made available by the Ministry and other partners
National Staff	1,231	1,669	-438	This difference is due to the missions of the finance officers to the field for different payments. During the planning stage, it was expected that these payments would be made by MOBILE MONEY, however, no money transfer operator is operational in the implementation area. As such, finance officers had to be deployed to make the payments.
Professional Fees	0	257	-257	This expense was not budgeted but the service was necessary for the translation of the DREF documents.
Information and Public Relations	0	8,484	-8,484	These are visibility materials (CARC logos) that were necessary for the activities given the particular context in which they were to be carried out (security situation in the country, electoral period, increase in security incidents). In addition, there was a need for more information materials (image boxes) for risk communication and monitoring. These expenses were not foreseen in the budget because these materials existed at the Ministry's entry points during the planning process: they were sold by the health workers following the non-payment of salary arrears by the Ministry.
Other General Expenses	48	3,941	-3,893	This expense is included in the validated budget.

## Contact

Reference documents



Click here to view:

- [Operation Update](#)
- [Emergency Action Plans \(EPoA\)](#)

**For more information on this particular operation, contact:**

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### For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

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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 Humanitarian 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. The general purpose of the International Federation is to inspire, encourage, facilitate and advance at all times and in all forms the humanitarian work of National Societies, with a view to preventing and alleviating human suffering and thus to contribute to the maintenance and promotion of human dignity and peace in the world.

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The International Federation's work is guided by Strategy 2020, which outlines three strategic objectives:

1. Save lives, protect livelihoods and strengthen recovery from disasters and crises.
2. Promote healthy and safe lifestyles.
3. Promote social integration and a culture of non-violence and peace

# DREF Operation

Selected Parameters			
Reporting Timeframe	2020/06-2021/05	Operation	MDRCF026
Budget Timeframe	2020/06-2020/12	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 08/Jul/2021

All figures are in Swiss Francs (CHF)

### MDRCF026 - Central African Rep - EVD Preparedness

Operating Timeframe: 29 Jun 2020 to 31 Dec 2020

#### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>133,694</b>
DREF Allocations	133,694
<b>Expenditure</b>	<b>-89,978</b>
<b>Closing Balance</b>	<b>43,716</b>

#### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter		123	-123
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	82,274	74,889	7,385
AOF5 - Water, sanitation and hygiene		4	-4
AOF6 - Protection, Gender & Inclusion	5,453		5,453
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>87,727</b>	<b>75,016</b>	<b>12,711</b>
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management	21,160	719	20,442
SFI3 - Influence others as leading strategic partners	19,338	14,243	5,094
SFI4 - Ensure a strong IFRC	5,469		5,469
<b>Strategy for implementation Total</b>	<b>45,967</b>	<b>14,962</b>	<b>31,005</b>
<b>Grand Total</b>	<b>133,694</b>	<b>89,978</b>	<b>43,716</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2020/06-2021/05	Operation	MDRCF026
Budget Timeframe	2020/06-2020/12	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 08/Jul/2021

All figures are in Swiss Francs (CHF)

### MDRCF026 - Central African Rep - EVD Preparedness

Operating Timeframe: 29 Jun 2020 to 31 Dec 2020

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>34,944</b>	<b>36,837</b>	<b>-1,893</b>
Construction Materials	2,560		2,560
Water, Sanitation & Hygiene	5,120	30,224	-25,104
Medical & First Aid	26,880	6,614	20,266
Teaching Materials	384		384
<b>Logistics, Transport &amp; Storage</b>	<b>8,763</b>	<b>2,221</b>	<b>6,542</b>
Transport & Vehicles Costs	8,763	2,221	6,542
<b>Personnel</b>	<b>38,973</b>	<b>17,142</b>	<b>21,830</b>
National Staff	1,231	1,669	-438
National Society Staff	7,917	1,323	6,595
Volunteers	29,824	14,150	15,674
<b>Consultants &amp; Professional Fees</b>		<b>257</b>	<b>-257</b>
Professional Fees		257	-257
<b>Workshops &amp; Training</b>	<b>36,854</b>	<b>13,976</b>	<b>22,878</b>
Workshops & Training	36,854	13,976	22,878
<b>General Expenditure</b>	<b>6,000</b>	<b>14,053</b>	<b>-8,053</b>
Travel	1,920	545	1,375
Information & Public Relations		8,484	-8,484
Office Costs	960	156	804
Communications	1,568	624	944
Financial Charges	1,504	303	1,201
Other General Expenses	48	3,941	-3,893
<b>Indirect Costs</b>	<b>8,160</b>	<b>5,492</b>	<b>2,668</b>
Programme & Services Support Recover	8,160	5,492	2,668
<b>Grand Total</b>	<b>133,694</b>	<b>89,978</b>	<b>43,716</b>