

DREF final report

Republic of Congo: Chikungunya outbreak

DREF operation n° MDRCG007 GLIDE n° [EP-2011-000074-COG](#) 28 March 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 292,511 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 29 June 2011 to support the Congolese Red Cross in delivering assistance to some 1.5 million people, on the basis of 700,000 beneficiaries in Brazzaville, 500,000 in Pointe Noire and 300,000 in Pool.

A chikungunya outbreak hit the cities of Brazzaville, Pointe Noire and Pool in the Republic of Congo in May 2011, with up to 900 cases reported in Brazzaville alone. IFRC facilitated the allocation of DREF funds to support the Congolese Red Cross in responding to the situation. Through this allocation, the National Society trained and equipped 300 volunteers on epidemic and chikungunya management, who then proceeded to conduct sensitization activities to the targeted communities in the affected areas.



In July 2011, trained Congolese Red Cross volunteers sensitized targeted communities on how to prevent chikungunya in Pool. Photo: IFRC

All the activities planned for this operation have been carried out, and this contributed to stopping the spread of chikungunya, as well as strengthening the operational capacities of the Congolese Red Cross.

All activities were implemented accordingly, and a total of CHF 253,659 was utilized in this operation. A balance of CHF 38,852 will be returned to DREF.

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, the European Commission Humanitarian Aid and Civil Protection (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.

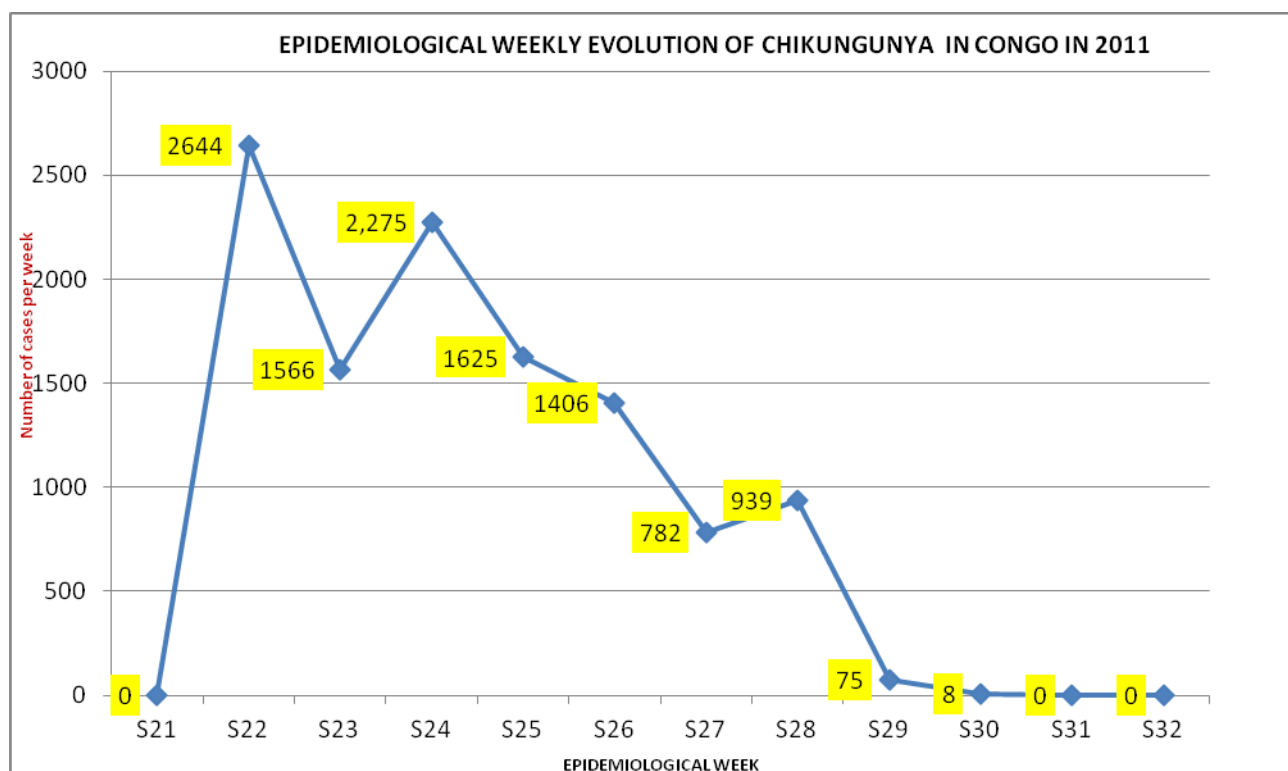
IFRC, on behalf of the Congolese Red Cross, would like to thank all donors for their generous contributions.

Details of all contributions to the DREF for 2011 can be found on:
http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

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

The situation

A chikungunya outbreak affected the cities of Brazzaville, Pointe Noire and Pool in the Republic of Congo in June 2011, affecting about 11,000 people. No deaths were registered throughout the response operation. This outbreak came in addition to polio epidemic that hit the country since late 2010. As the National Society responded to the chikungunya epidemic with support from DREF, other emergencies such as cholera and measles outbreaks occurred simultaneously in the country. The appearance of all of these emergencies at the same time influenced the implementation of activities as planned. In support of the National Society, IFRC deployed a regional disaster response team (RDRT) member to Congo to help them manage the multiple operations. Some difficulties emerged as the National Society was insufficiently prepared to respond to multiple disasters at the same time. However, all the activities planned were carried out, contributing to the stop the spread of chikungunya. The following diagram indicates the evolution of chikungunya cases from the onset of the epidemic (week 21 of 2011) until the end of the response operation (week 32 of 2011) in the Republic of Congo. Joint efforts by the government, the Red Cross and other partners have contributed to fighting effectively against this epidemic, as no new case was declared since week 32 of 2011.



Red Cross and Red Crescent action

Achievements against outcomes

Emergency health

Outcome: Contribute to improving the health of the most vulnerable 1.5 million people that are exposed to Chikungunya in Brazzaville, Pointe Noire and Pool for three months.

Outputs:

The volunteers of the Congolese Red Cross society have become liaison officers between their communities, the National Society and authorities through the management of a chikungunya early alert system. The epidemic management capacities of the Congolese Red Cross Society are strengthened.

Activities planned

- Recruit 300 volunteers and train them on the techniques of communication for the change of behaviour (CCB) and on chikungunya management.
- Set up a chikungunya early alert system and run it.

At least 1.5 million people targeted in Brazzaville, Pointe Noire and Pool know the signs and symptoms of chikungunya and rush to the nearest health centre upon noticing the first alert.	<ul style="list-style-type: none"> • Purchase working materials and tools. • Carry out door-to-door sensitization on chikungunya using leaflets and posters. • Identify suspected cases of chikungunya and refer them to the nearest health centre.
At least 1.5 million people targeted in Brazzaville, Pointe Noire and Pool practice simple individual and environmental hygiene rules; and know how to destroy mosquito-breeding places.	<ul style="list-style-type: none"> • Establish, train and deploy 20 teams fresheners to help the community in the fight against the vector. • Promote individual and environmental hygiene by sensitizing the populations, destroying mosquito breeding places, evacuating stagnant water, collecting and disposing of garbage, evacuating waste water, cleaning gutters, spraying houses and the surroundings, weeding around houses, and popularizing simple messages on cleanliness.
15,000 persons identified as the most vulnerable have received LLITN in Brazzaville, Pointe Noire and Pool, and have started using them to prevent the spread of chikungunya.	<ul style="list-style-type: none"> • Identify the people to benefit from the distribution of LLITN (persons with specific needs: elderly, bedridden patients, children under 5 and others with limited mobility). • Distribute mosquito nets to targeted people. • Show the populations how to install and use the LLITN. • Sensitize the populations to the need of sleeping under LLITN. • Carry out home visits to ensure that the people who received the LLITN are actually using them properly. • Distribute mosquito repellent and other items to people with special needs.
The operation is closely monitored and evaluated to draw lessons learned.	<ul style="list-style-type: none"> • The RDRT member deployed to Brazzaville ensures the day-to-day monitoring of the operation. • An evaluation is carried out at the end of the operation.

Impact:

A total of 300 Congolese Red Cross volunteers were successfully trained on the techniques of communication for the change of behaviour (CCB), chikungunya management, and the community-based health and first aid (CBHFA) approach. Of the 300, 150 volunteers were trained in Brazzaville, 70 were trained in Pool, 10 were trained in Kouilou and 70 were trained in Pointe Noire.

Chikungunya early alert systems were put in place in each local committee affected by the epidemic and are all functioning well. Meanwhile, all the materials and tools including a computer for the Pointe Noire branch and a computer for Pointe Noire, IEC and sanitation materials) planned for the operation have been purchased.

The 300 trained volunteers conducted up to 14,400 sensitization sessions in eight weeks, on the basis of six sensitization sessions per volunteer per week. Each volunteer reached 20 households per sensitization session, making 288,000 households reached in 8 weeks. The average number of people in each household reached was five, making 1,440,000 people reached in Brazzaville, Pointe Noire and Pool. However, it should be noted that some households had more than five members, which would result in an increase in the actual total number of people reached. Red Cross volunteers used the leaflets and posters put at their disposal to explain to the populations the signs and symptoms of chikungunya, how to avoid the epidemic, and the need to rush to the nearest health centre on the first alert. These volunteers also referred 212 suspected cases of chikungunya to health centres.

In addition, 20 teams of sanitation agents were trained with support from the government. These trainees then conducted sanitation activities in Brazzaville, contributing to keeping the environment clean as a means of preventing the spread of chikungunya. They destroyed 7,286 mosquito breeding places in the 7

subdivisions of Brazzaville, sprayed 16,935 houses and sensitized 84,675 people on chikungunya using leaflets and posters over the course of two weeks.

All of the 15,000 people targeted for the distribution of long-lasting insecticides-treated mosquito net (LLITN) received the mosquito nets. People reached through this activity included pregnant and breastfeeding women, the elderly and people with disabilities who were identified as the most vulnerable among affected people. In addition to the distribution, Red Cross volunteers also demonstrated the installation and use of the mosquito nets, and explained the importance of sleeping under the mosquito nets. Red Cross volunteers later conducted monitoring visits to the people who received the mosquito nets and noted that they were using them as instructed. Mosquito repellent were also purchased and distributed to people with special needs such as old people, pregnant and breastfeeding women, and other people with disabilities.

An RDRT member was deployed to Congo at the beginning of the operation to monitor the operation. IFRC's Central Africa regional representation also conducted two missions to Congo within the framework of this operation, one to monitor the progress, and the other to assess the achievements of the operation (final evaluation). The finding of the first mission facilitated the production of [DREF operations update no. 1](#), and the findings of the second mission are used to produce this final report.

Since the beginning of the response, the number of cases started dropping and no case is declared presently. It is believed that the activities carried out within the framework of this operation contributed to stopping the progress of chikungunya in the country.

The lesson learned from this operation highlights and reinforces the message that sanitation activities carried out regularly, and the populations are sleeping under insecticide-treated mosquito nets, will go a long way to preventing another outbreak of chikungunya in the country. There is the need to carry out a survey to know the number of people living in Congo without mosquito nets, to possibly inform a risk reduction activity in the future.

Contact information

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

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DREF history:

- This DREF was initially allocated on 29 June 2011 for CHF 292,511 for 03 months to assist 1.5 million beneficiaries.
- [DREF operation update no. 1](#) was issued on 27 November 2011

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 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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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.
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Selected Parameters	
Reporting Timeframe	2011/1-2012/2
Budget Timeframe	2011/1-2012/2
Appeal	MDRCG007
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	292,511					292,511
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	292,511					292,511
C4. Other Income	292,511					292,511
C. Total Income = SUM(C1..C4)	292,511					292,511
D. Total Funding = B + C	292,511					292,511
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	292,511					292,511
E. Expenditure	-253,659					-253,659
F. Closing Balance = (B + C + E)	38,852					38,852

International Federation of Red Cross and Red Crescent Societies
MDRCG007 - Rep. of Congo - Chikungunya and Dengue Outbreak

Appeal Launch Date: 24 jun 11

Appeal Timeframe: 24 jun 11 to 24 oct 11

Final Report

Selected Parameters	
Reporting Timeframe	2011/1-2012/2
Budget Timeframe	2011/1-2012/2
Appeal	MDRCG007
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	292,511						292,511	
Relief items, Construction, Supplies								
Clothing & Textiles	96,600	36,814				36,814	59,786	
Water, Sanitation & Hygiene	33,498	28,337				28,337	5,161	
Medical & First Aid	3,960	4,329				4,329	-369	
Teaching Materials	15,278						15,278	
Total Relief items, Construction, Supplies	149,336	69,479				69,479	79,856	
Land, vehicles & equipment								
Vehicles	2,673						2,673	
Computers & Telecom	2,376	1,348				1,348	1,028	
Total Land, vehicles & equipment	5,050	1,348				1,348	3,702	
Logistics, Transport & Storage								
Storage	2,871	1,903				1,903	968	
Distribution & Monitoring	990	2,833				2,833	-1,843	
Transport & Vehicles Costs	17,833	19,530				19,530	-1,698	
Logistics Services		1,737				1,737	-1,737	
Total Logistics, Transport & Storage	21,694	26,003				26,003	-4,309	
Personnel								
International Staff	4,752	8,432				8,432	-3,679	
National Staff	35,293	25,388				25,388	9,905	
National Society Staff	8,911	7,242				7,242	1,669	
Volunteers		35,829				35,829	-35,829	
Total Personnel	48,957	76,890				76,890	-27,934	
Consultants & Professional Fees								
Consultants		69				69	-69	
Professional Fees		1,946				1,946	-1,946	
Total Consultants & Professional Fees		2,015				2,015	-2,015	
Workshops & Training								
Workshops & Training	22,920	38,258				38,258	-15,337	
Total Workshops & Training	22,920	38,258				38,258	-15,337	
General Expenditure								
Travel	12,248	11,242				11,242	1,007	
Information & Public Relations	6,237	1,437				1,437	4,801	
Office Costs	891	1,166				1,166	-275	
Communications	2,376	1,071				1,071	1,305	
Financial Charges	2,970	6,606				6,606	-3,636	
Other General Expenses	1,980	2,663				2,663	-683	
Total General Expenditure	26,702	24,183				24,183	2,519	
Indirect Costs								
Programme & Services Support Recov	17,853	15,482				15,482	2,371	
Total Indirect Costs	17,853	15,482				15,482	2,371	
TOTAL EXPENDITURE (D)	292,511	253,659				253,659	38,852	
VARIANCE (C - D)		38,852				38,852		