

DREF final report

Republic of Congo: Cholera outbreak

DREF operation n° MDRCG009 GLIDE n° EP-2011-000165-COG 30 April, 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 188,083 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 25 October, 2011 to support the national society in delivering assistance to some 750,000 beneficiaries.

This DREF operation was initially planned for six divisions, namely Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool; but considering the high probability and fear that the epidemic would expand to Pointe Noire, the activities of the DREF were extended to Pointe Noire, a border and port city with poor sanitation facilities. DREF operation update No 1 highlighted the achievements in the first six divisions initially targeted and in Pointe Noire.



Training of Congolese Red Cross volunteers on cholera management / IFRC

As the National Society (NS) was preparing to complete the activities of this DREF, new cases of cholera were declared in Northern Congo, in Betou where refugees from the neighbouring Democratic Republic of the Congo (DRC) have been living since 2009. The project to assist DRC refugees is funded by UNHCR annually and the new cholera outbreak occurred at a time when the agreement for 2012 was yet to be signed between IFRC and UNHCR. Thus, DREF funds were requested to help the NS provide rapid response to cholera in Betou for the benefit of both DRC refugees and the host populations. Considering that the timeframe for this operation had already elapsed, a new DREF operation was launched in February 2012 to respond to cholera outbreak in Betou. On 04 March 2012, an explosion occurred in the arms depot of the Congolese National Army in Brazzaville killing more than 250 people and leaving another 13,800 people homeless as their houses were destroyed by the explosion. These populations were accommodated in a temporary site where cases of cholera were declared in late March 2012 and early April 2012. Those cases were managed within the framework of the emergency operation on the Brazzaville explosion ([MDRCG011](#)). Presently, there are no reported cholera cases in Brazzaville.

The major donors and partners of DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the U.S.A., as well as DG-ECHO, the U.K. Department for International Development (DFID), the Medtronic and Z Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the National Society, thanks all for their generous contributions. Details of contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf.

[<click here for final financial report \(CHF 95 balance returned to DREF\), or here for contact details>](#)

The situation

This DREF operation was initially planned for six divisions, namely Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool; but considering the high probability and fear that the epidemic would expand to Pointe Noire, the activities of the DREF were extended to Pointe Noire, a border and port city with poor sanitation facilities. DREF operation update No 1 highlighted the achievements obtained not only in the first six divisions initially targeted, but also in Pointe Noire.

As the National Society (NS) was preparing to complete the activities of this DREF, new cases of cholera were declared in Northern Congo, precisely in Betou where refugees from the neighbouring Democratic Republic of the Congo (DRC) have been living since 2009. The project to assist DRC refugees is funded by UNHCR annually and the new cholera outbreak occurred at a time when the agreement for 2012 was yet to be signed between IFRC and UNHCR. Thus, DREF funds were requested to help the NS provide rapid response to cholera in Betou for the benefit of both DRC refugees and the host populations. Considering that the timeframe for this operation was already elapsed, a new DREF operation was launched in February 2012 to respond to cholera outbreak in Betou. On 04 March 2012, an explosion occurred in the arms depot of the Congolese National Army in Brazzaville killing more than 250 people and leaving another 13,800 people homeless as their houses were destroyed by the explosion. These populations were accommodated in a temporary site where cases of cholera were declared in late March 2012 and early April 2012. Those cases were managed within the framework of the emergency operation on explosion. Presently, no cholera case is reported in Brazzaville.

Red Cross and Red Crescent action

Achievements against outcomes

Emergency health

Outcome: Contribute to interrupting the cholera transmission chain at community level through the dissemination of messages, hygiene promotion, improved access to water and clean toilets for the benefit of 750,000 people exposed to cholera in Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool for 03 months.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> The populations of Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool practice basic hygiene rules and adhere to the community-based prevention actions initiated by Congolese RC volunteers with the view to preventing the spread of cholera. 	<ul style="list-style-type: none"> Retrain 300 volunteers in targeted localities (Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool). Make copies of the epidemic management manual and distribute them to trained Red Cross volunteers. Develop and produce 3,000 leaflets with cholera messages. 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

<ul style="list-style-type: none"> • Messages on cholera prevention are disseminated in targeted localities (Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool). • Congolese 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 affected localities. 	<p>interviews, educative talk groups, and mass sensitization, particularly in public places.</p> <ul style="list-style-type: none"> • 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:

With the inclusion of Pointe Noire in the number of localities targeted by this operation, the number of volunteers to be trained increased from 300 to 360. Thus, after the development of a DREF operation monitoring plan, the operational team proceeded with the training of 360 Congolese Red Cross volunteers in each of the targeted divisions. They also trained 18 supervisors, 7 divisional coordinators and a national coordinator. The modules presented during the training included the definition of cholera and the modes of transmission and prevention, as well as how to detect cases earlier. The trainees were also briefed on what to do whenever they are in the presence of a suspected case of cholera. Other training modules included the importance and preparation of oral rehydration solutions (ORS), home-based water treatment techniques, disinfection of latrines, environmental hygiene, and the role of a Red Cross volunteers within the community in the behaviour change communication (BCC) process. At the end of the training, each trainee was given a copy of the epidemic control manual for volunteers (ECV).

In order to facilitate the work of volunteers in the field, materials such as leaflets, posters, megaphones, and protection as well as sanitation materials were distributed after the training. Equipped with these materials, Red Cross volunteers working three days per week sensitized 68,492 people on the presence of cholera in their respective communities. They also told the populations how cholera is transmitted and how to avoid the disease. The volunteers visited 20,623 households and noticed that 2,017 of these were actually treating their water prior to consumption. In any case, all the households visited were briefed on how to treat and conserve water for consumption at home.

The volunteers also organized 441 sanitation sessions with massive participation of communities. In addition, they identified 10 suspected cases of cholera and referred them to the nearest health centre after administering them oral rehydration solutions (ORS) at home. After taking these cholera patients to the hospital, Congolese Red Cross volunteers disinfected their households and the means that were used to transport them to the hospital. Red Cross volunteers also witnessed the death of a cholera patient and chlorinated the body prior to burial.



Clean up campaign in Brazzaville to help prevent the spread of cholera. / CRC

Red Cross messages on cholera prevention and response were broadcasted in nine radio programmes of five different radio stations, including the Congolese National Radio Station and four local radio stations.

The 18 supervisors trained for this operation toured the seven divisions targeted to assess the progress made by Red Cross volunteers. Equipped with a questionnaire designed for evaluation purpose, the supervisors surveyed 270 households. An analysis of the data collected using the Epi Info software gave the following results:

- 87% of the households surveyed know the signs and symptoms of cholera;
- Out of the 2,017 households having the habit of treating their water before consumption, 64% use the boiling method (boil water to disinfect it); 30% chlorinate their water; and 6% use filters;
- 188 households surveyed (69.7% of the total number of households surveyed) declared that they can easily identify a cholera case;
- Only 11.6% of households surveyed declared that they give ORS to their patients before taking them to the hospital;
- While 63.8% of the households surveyed take their patients directly to the hospital, 15.4% say they will normally call a health personnel; and 9.2% say they did not know exactly what to do after identifying a suspected case of cholera;
- 41% of the households surveyed have had at least a case of cholera; and 77% of cases were taken to the hospital within less than 24 hours after the appearance of the first signs

IFRC's Central Africa Regional Representation (CARREP) deployed an RDRT member to Congo Brazzaville to facilitate the implementation of this operation for two months. With the coaching of this Regional Resource person, Congolese Red Cross authorities met with 18 administrative and community leaders in the seven divisions targeted. These authorities included, the Inspector General of the Ministry of Health, the Secretary General of the Sangha division, the Mayor of Djamballa (Plateaux division), the Mayor of Talangai (Brazzaville division), the Chief of Sector No 1 of big endemics, and the Divisional Director of Health in each division targeted. During those meetings, Red Cross officials advocated with the various authorities for the inclusion of activities against cholera in their respective plans of action. All of these authorities praised Red Cross action and contributed to facilitate the work of Red Cross volunteers in the field. The various mayors encountered made available additional sanitation materials to facilitate the work of the Red Cross.

Throughout their intervention, Red Cross volunteers reached 50,000 people directly, and 750,000 people living in risk areas indirectly through the dissemination of cholera sensitization messages using local radio stations and various channels.

The main lesson learned so far is that the development of a logical framework and a monitoring plan before the start of the operation facilitated the implementation of activities in the field.

Challenges:

The major challenge was to extend the operation to Pointe Noire, which was not taken into consideration at the time of planning this operation. In any case, the national society and CARREP succeeded in rearranging the budget to make intervention possible in that division without recurring to a budget revision.

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: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyaara@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)

- **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 25 October, 2011 for CHF 188,083 for 03 months to assist 750,000 beneficiaries.
- 01 DREF operation update issued.

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.



Selected Parameters	
Reporting Timeframe	2011/10-2012/3
Budget Timeframe	2011/10-2012/1
Appeal	MDRCG009
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	188,082					188,082
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	<i>188,083</i>					<i>188,083</i>
C4. Other Income	188,083					188,083
C. Total Income = SUM(C1..C4)	188,083					188,083
D. Total Funding = B + C	188,083					188,083
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	188,083					188,083
E. Expenditure	-187,988					-187,988
F. Closing Balance = (B + C + E)	95					95

International Federation of Red Cross and Red Crescent Societies

MDRCG009 - Republic of Congo - Cholera

Appeal Launch Date: 24 oct 11

Appeal Timeframe: 24 oct 11 to 24 jan 12

Final Report

Selected Parameters	
Reporting Timeframe	2011/10-2012/3
Budget Timeframe	2011/10-2012/1
Appeal	MDRCG009
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)		188,082					188,082	
Relief items, Construction, Supplies								
Clothing & Textiles	8,911						8,911	
Water, Sanitation & Hygiene	12,891	25,999				25,999	-13,108	
Medical & First Aid	891	2,863				2,863	-1,972	
Teaching Materials	14,554	3,545				3,545	11,009	
Utensils & Tools	5,436						5,436	
Other Supplies & Services	2,376						2,376	
Total Relief items, Construction, Supplies	45,059	32,408				32,408	12,651	
Logistics, Transport & Storage								
Distribution & Monitoring	3,564						3,564	
Transport & Vehicles Costs	6,000	5,588				5,588	412	
Total Logistics, Transport & Storage	9,564	5,588				5,588	3,976	
Personnel								
International Staff	9,505	26,773				26,773	-17,268	
National Staff		3,471				3,471	-3,471	
National Society Staff	9,520	16,104				16,104	-6,584	
Volunteers	74,139	63,425				63,425	10,714	
Total Personnel	93,164	109,772				109,772	-16,608	
Consultants & Professional Fees								
Consultants		157				157	-157	
Total Consultants & Professional Fees		157				157	-157	
Workshops & Training								
Workshops & Training	2,277	3,348				3,348	-1,071	
Total Workshops & Training	2,277	3,348				3,348	-1,071	
General Expenditure								
Travel	13,015	3,489				3,489	9,526	
Information & Public Relations	2,772	12,369				12,369	-9,597	
Office Costs	6,534	2,167				2,167	4,367	
Communications	3,861	2,209				2,209	1,652	
Financial Charges	357	590				590	-233	
Other General Expenses		4,418				4,418	-4,418	
Total General Expenditure	26,539	25,242				25,242	1,297	
Indirect Costs								
Programme & Services Support Recov	11,479	11,473				11,473	6	
Total Indirect Costs	11,479	11,473				11,473	6	
TOTAL EXPENDITURE (D)	188,082	187,988				187,988	94	
VARIANCE (C - D)		94				94		