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Disaster relief emergency fund (DREF)

Republic of Congo: Cholera outbreak in Betou

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCG010
GLIDE n° EP-2012-000023-COG
17 February, 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 and Red Crescent emergency response. 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.

CHF 60,045 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Congolese Red Cross National Society (NS) in delivering immediate assistance to some 59,120 refugees from the Democratic Republic of the Congo (DRC) and about 40,000 host populations, i.e. an estimated 99,120 beneficiaries. Un-earmarked funds to repay DREF are encouraged.

Summary: In July 2011, a cholera outbreak occurred in the Republic of Congo (RoC) affecting Brazzaville, Likouala, Sangha, Cuvette, Plateaux and Pool divisions. DREF funds were then allocated to enable the Congolese Red Cross (CRC) to respond to the epidemics. As the National Society was preparing to round up that operation, a new cholera outbreak occurred in Betou and the surrounding villages. From 12 January to date, 57 new cholera cases, including 5 deaths have been registered in Betou. The number of cases is on the rise and there are fears that if rapid action is not taken in Betou, cholera will take a heavier toll on both DRC refugees and the host populations.



Congolese Red Cross volunteers have intensified cholera sensitization to help break the transmission chain. / IFRC

Betou is the locality where DRC populations fleeing from interethnic clashes in their country have found refuge since 2009. A project to assist DRC refugees is funded by UNHCR annually and this outbreak is occurring at a time when the agreement for 2012 has not yet been signed between IFRC and UNHCR. Thus, DREF funds are requested to help the National Society provide rapid response to cholera in Betou district for the benefit of both DRC refugees and the host populations. The response will also extend to surrounding villages such as Boyélé, and Enyéélé, which are located some 120 km and 80 km respectively from Betou. At least one case has already been registered in each of these localities since January 2012. Planned activities will be carried out in the area of emergency health and will mainly include training of Red Cross volunteers, sensitization/prevention, identification and referral of cases to health centres, and spraying.

This operation is expected to be implemented over 03 months, and will therefore be completed by May 2012. A Final Report will be made available three months after the end of the operation (by August 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)

The situation

In July 2011, a cholera outbreak occurred in the Republic of Congo (RoC) affecting Brazzaville, Likouala, Sangha, Cuvette, Plateaux and Pool divisions. DREF funds were then allocated to enable the Congolese Red Cross (CRC) to respond to the epidemics. With these funds, Congolese Red Cross volunteers working in close collaboration with local health authorities sensitized 68,492 people. They also visited 20,623 households and noticed that 2,017 of those households were actually treating water at home prior to consumption. Volunteers briefed the members of all the households visited on home-based water treatment and conservation techniques. The volunteers also organized 441 sanitation sessions with extensive participation of communities. They also 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. Throughout their intervention, Red Cross volunteers reached 68,492 people directly, and an estimated 750,000 people indirectly through the dissemination of cholera sensitization messages using local radio stations and various channels.

As the National Society was preparing to round up that operation in January 2012, new cases of cholera started appearing in Betou and the surrounding villages. From 12 January to date, 57 new cases and 5 deaths have been registered in Betou. The following table indicates the situation of cholera in Likouala division as of 6 February 2012:

Likouala Division	Localities	Number of cases	Number of deaths
	Liranga (Impfondo)	4	0
	Betou district, including surrounding villages	53	5
	Dzondo	0	
	Bouanela	0	
	Etima	0	
	Congo Malembe	0	
	Boboukou	0	
	Mombenzele	0	
	Impfondo		
Total	57	05	

The number of cases is on the rise and there are fears that if rapid action is not taken in Betou, cholera will take a heavier toll on both DRC refugees and the host populations. A total of 59,120 DRC refugees fled from interethnic clashes in DRC into neighbouring Republic of Congo (Betou) in 2009. Since then, they have been enjoying Red Cross assistance with financial support from the UNHCR. The assistance project is funded by UNHCR annually and this outbreak is occurring at a time when the agreement for 2012 has not yet been signed between IFRC and UNHCR. Thus, DREF funds are requested to help the NS provide rapid response to cholera in Betou for the benefit of both DRC refugees and the host populations. The response planned also extends to surrounding Boyélé and Enyéélé, which are located some 120 km and 80 km respectively from Betou.

Coordination and partnerships

The UNHCR, Médecins Sans Frontières (MSF), and the Red Cross are preparing strategies to respond to the epidemic. An interagency meeting on cholera outbreak was organized in Betou on 30 January 2012 and was presided over by the UNHCR. Government held a technical meeting in Brazzaville on 7 February 2012 on the epidemic situation in the country and is planning to intensify response in Betou.

Red Cross and Red Crescent action

Since the appearance of the first cases of cholera in Betou and the surrounding villages, IFRC's Regional Resource Person was deployed to Betou for the DRC refugees operation. Sixty Red Cross volunteers were immediately mobilized to start sensitization populations in Betou, Boyele and Enyele.

The needs

Selection of people to be reached: The direct beneficiaries of this operation are the 59,120 DRC refugees in Betou and 40,000 host populations. They are all exposed to cholera and will be targeted for all the activities planned. In order to reach nearly 100,000 people, the Congolese Red Cross intends to mobilize and train 60 Red Cross volunteers. These volunteers will need protection materials and sensitization materials such as leaflets, posters and image boxes, sanitation and water purification materials.

At the community level, the needs are for raising awareness on preventive measures, increasing knowledge of the disease by heads of households and especially school children, materials and equipment for water treatment, latrine maintenance and supervision during the burial of corpses. In the field, volunteers will need bags of oral rehydration salts (ORS) for rehydration of patients when transferred to the centres of care.

IFRC's Ceentral Africa Representation (CARREP) already has an RDRT (regional resource person) deployed to Betou for the DRC refugees operation. This Regional Resource Person will coordinate the implementation of this operation in Betou.

The proposed operation

Emergency health

Outcome: To reduce the further spread of cholera at community level through the dissemination of messages, hygiene promotion, improved access to water and clean toilets for the benefit of 59,120 DRC refugees and about 40,000 host populations, i.e. 99,120 people exposed to cholera in Likouala division (Betou and the surrounding villages) for 03 months.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> The populations of Likouala division (Betou and the surrounding villages) 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. Messages on cholera prevention are disseminated in targeted localities of Likouala division (Betou and the surrounding villages) 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. 	<ul style="list-style-type: none"> Train 60 volunteers in targeted localities of Likouala division (Betou and the surrounding villages) Make copies of the epidemic control tool kits and distribute them to trained Red Cross volunteers. Develop and produce 1,000 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 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

	<p>local radio stations.</p> <ul style="list-style-type: none"> • Participate in the meetings organized around cholera. • 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.
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Water and Sanitation

<p>Outcome: To reduce waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion to 59,120 DRC refugees and about 40,000 host populations, i.e. 99,120 people exposed to cholera in Likouala division (Betou and the surrounding villages) for 03 months.</p>	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Water, sanitation and hygiene promotion activities are carried out routinely in Likouala division (Betou and the surrounding villages) to help prevent water borne diseases, with focus on cholera. 	<ul style="list-style-type: none"> • Ensure hygiene and sanitation promotion in targeted localities, with focus on water points. • Train the populations on household water treatment techniques. • 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 • 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.
<ul style="list-style-type: none"> • The corpses of the people who died from cholera are treated and buried in accordance with laid-down hygiene rules. 	<ul style="list-style-type: none"> • Purchase the materials required for proper treatment and burial of corpses of the people who died from cholera • Treat the corpses of the people who died from cholera and bury them in close collaboration with competent government services. • Disinfect the places where every corpse of a person who died from cholera has passed. • Carry out regular monitoring of the operation.

Contact information

For further information specifically related to this operation please contact:

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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.

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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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DREF OPERATION

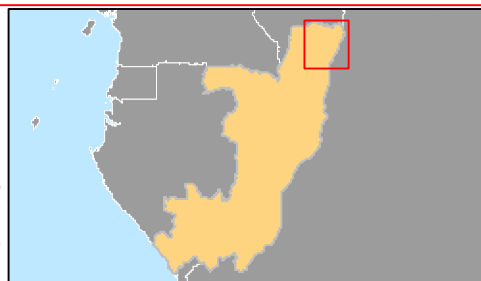
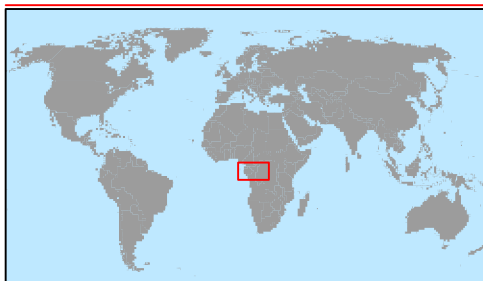
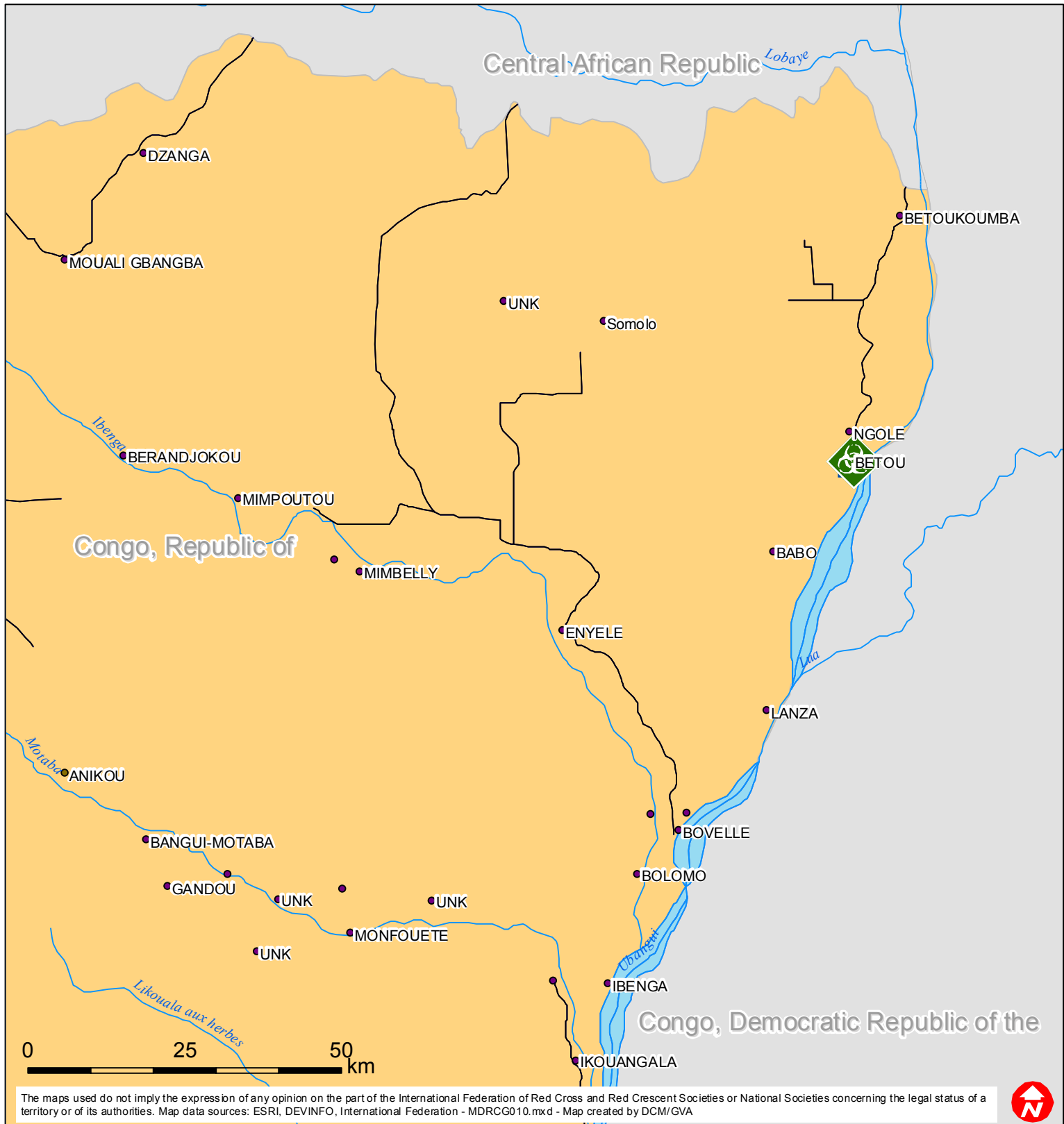
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MDRCG010

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	8,752
Medical & First Aid	0
Teaching Materials	396
Utensils & Tools	1,550
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPP	10,699
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	990
Transport & Vehicle Costs	5,978
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	6,968
International Staff	4,950
National Staff	1,782
National Society Staff	3,149
Volunteers	9,565
Total PERSONNEL	19,446
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	1,218
Total WORKSHOP & TRAINING	1,218
Travel	7,921
Information & Public Relations	5,178
Office Costs	1,782
Communications	2,772
Financial Charges	396
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	18,050
Programme and Supplementary Services Recovery	3,665
Total INDIRECT COSTS	3,665
TOTAL BUDGET	60,045



Republic of Congo: Epidemic



Cholera outbreak