

## DREF operation update

### Republic of Congo: Cholera outbreak in Congo

#### DREF operation n° MDRCG010 GLIDE n° EP-2012-000023-COG Update n°01 – 15 May, 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.

**Period covered by this update:** 17 February to April, 2012.

**Summary:** CHF 60,045 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 17 February, 2012 to support the Congolese Red Cross (CRC) National Society in delivering assistance to some 99,120 beneficiaries.

A cholera outbreak occurred in Betou, Northern Congo Brazzaville, a locality where about 59,000 DRC refugees are being assisted by Congolese Red Cross and IFRC since 2009. A DREF allocation was then made to help the National Society (NS) respond to the situation as the perennial agreement with the UNHCR for 2012 had yet to be signed. With this allocation, the Congolese Red Cross team in Betou has already trained 60 Red Cross volunteers as planned on cholera management, with technical support from the regional resource person (RDRT) deployed by IFRC to Betou. So far, these trained volunteers have sensitized 45,131 people on how to prevent cholera, treat water at home and keep their environment clean. The activities of this operation are ongoing and reports from Betou say the number of cases is now decreasing after reaching its peak at more than 300 cases in Likouala Division at the beginning of March 2012. Presently, only 22 cases are reported in Betou and are being managed at the Betou health centre. This operation is expected to be implemented in 03 months, and completed by May 2012. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 17 August 2012).



**Training of Red Cross volunteers on how to prepare spraying solutions, IFRC/RDRT in Betou. Photo CRC**

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## The situation

New cases of cholera started appearing in Betou and the surrounding villages in January 2012. By the time the operation started, the total number of cases registered in Betou was 57 with 5 deaths. The number of cases increased rapidly in early March 2012, reaching an unprecedented figure of more than 300 cases. Thanks to the intervention by various partners, with the Red Cross leading the response, this number of cases is now following the decreasing trend. In fact, the number of cases is reported to have dropped from about 336 at the beginning of March 2012 to 22 at the end of the same month. The following table indicates the situation of cholera in Betou and the surrounding villages by 20 March 2012:

Betou	Localities	Number of cases	Number of deaths
	Liboko	07	0
	Eboko	02	0
	Gnamoba	01	0
	Gaga	01	0
	Loumbe	01	0
	Betou Centre	10	
<b>Total</b>	<b>22</b>	<b>00</b>	

## Coordination and partnerships

Several actors were present in the field at the start of the operation. UNHCR has been playing a coordination role by organizing weekly meetings on cholera, with the participation of all actors intervening in this cholera operation in Betou. The actors include the Congolese Red Cross supported by IFRC's Central Africa Regional Representation (CARREP), Médecins d'Afrique (MDA), Médecins Sans Frontières (MSF) France, Agende d'Assistance pour le Rapatriement des Réfugiés au Congo (AARREC), and UNICEF. While the Red Cross has been carrying out community-based activities such as sensitization, hygiene promotion, water testing and sanitation work, MDA and MSF have been providing curative care. AARREC has been disinfecting the water wells tested by the Red Cross. UNICEF has also been doing sensitization and disinfection. However UNICEF's sensitization and disinfection agents were trained by Red Cross staff in Betou.

## Red Cross and Red Crescent action

### Progress towards outcomes

#### 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"> <li>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;</li> <li>Messages on cholera prevention are disseminated in targeted localities of Likouala division (Betou and the surrounding villages);</li> <li>Congolese RC volunteers have participated in the early identification of cases of diarrhoea and have referred them to health centres;</li> <li>Epidemiological surveillance with focus on cholera surveillance is intensified in the affected localities.</li> </ul>	<ul style="list-style-type: none"> <li>Train 60 volunteers in targeted localities of Likouala division (Betou and the surrounding villages);</li> <li>Make copies of the epidemic control tool kits and distribute them to trained Red Cross volunteers;</li> <li>Develop and produce 1,000 leaflets with cholera messages;</li> <li>Develop and produce posters with cholera messages (how to prevent cholera);</li> <li>Set up sensitization teams;</li> <li>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;</li> </ul>

	<ul style="list-style-type: none"> <li>• 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;</li> <li>• Disseminate cholera prevention messages over local radio stations;</li> <li>• Participate in the meetings organized around cholera;</li> <li>• Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective plans of action;</li> <li>• Carry out regular monitoring of the operation.</li> </ul>
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**Progress:**

Sixty Red Cross volunteers have been trained on cholera management and sensitization messages to be delivered to the populations, the treatment of water at home and for disinfection, the use of sprayers, how to wash hands, and the disinfection of corpses. The 60 volunteers were trained in Betou, Boyele Centre and Ikpengbele, on the basis of 30 volunteers in Betou, 15 in Boyele Centre and 15 in Ikpengbele. Ten hygiene mothers<sup>1</sup> have also benefited from the same training. In addition, the Red Cross trained 35 UNICEF community relays on how to use sprayers and prepare chlorinated solutions for disinfection.

These trained volunteers have so far sensitized 45,139 people in 13 localities, on the basis of 2,570 people in Boyele Port; 4,396 people in Boyele Centre; 570 people in “Afrique du Sud<sup>2</sup>”; 991 people in Gnamoba, 348 people in Mombaza; 2,848 in Ikpengbele; 317 people in Mongbala; 2,464 in Malebo; 933 people in Gaga; 25,730 people in Betou Centre; 1,248 people in the “Site du 15 avril<sup>3</sup>”; 2,464 people in Eboko, and 260 people in Kelle. The team in Betou intends to reach the entire population (refugees and host population) by the end of the operation. All planned sensitization aids have been produced and made available to Red Cross volunteers.

In addition to this sensitization, Red Cross teams in Betou have succeeded in involving some local authorities in the fight against cholera. This is the case with the Secretary General of the Betou local council, and the Director of Cabinet of the Betou Sub divisional Officer. Their contributions are instrumental as they have been facilitating Red Cross volunteers’ access in communities, helping with the mobilization of communities. The Mayor of Betou provided batteries for the megaphones used by Red Cross volunteers during sensitization. The chairpersons of village committees also facilitated the operation in Ikpengbele, Boyele Port and Boyele Centre, and “Afrique du Sud” by making available classrooms for the training of volunteers, and encouraging the populations to join efforts with the Red Cross to fight against cholera. The team in Betou has participated in all the meetings organized by UNHCR on cholera in Betou.

**Challenges:**

<b>Water and Sanitation</b>	
<b>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.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure hygiene and sanitation promotion in targeted localities, with focus on water points.</li> <li>• Train the populations on household water treatment techniques.</li> <li>• Improve and disinfect family and public latrines</li> <li>• Carry out door-to-door sensitization while</li> </ul>

<sup>1</sup> These are women refugees who have organized themselves in groups to promote hygiene and encourage sanitation.

<sup>2</sup> A small village around Betou

<sup>3</sup> The only organized refugee camp in Betou. Other refugees are scattered in the whole of Betou and surrounding villages.

	<p>demonstrating how to wash hands with soap.</p> <ul style="list-style-type: none"> <li>• Participate in the collection and destruction of solid and liquid wastes.</li> <li>• Disseminate drinking water conservation and treatment techniques.</li> <li>• Disinfect isolation sites in targeted localities.</li> <li>• Participate in periodic cholera response coordination meetings.</li> <li>• Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities for 2 months.</li> </ul>
<ul style="list-style-type: none"> <li>• The corpses of the people who died from cholera are treated and buried in accordance with laid-down hygiene rules.</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase the materials required for proper treatment and burial of corpses of the people who died from cholera</li> <li>• Treat the corpses of the people who died from cholera and bury them in close collaboration with competent government services.</li> <li>• Disinfect the places where every corpse of a person who died from cholera has passed.</li> <li>• Carry out regular monitoring of the operation.</li> </ul>

**Progress:**

For coordination purposes among all the actors in the field, it was agreed that the Red Cross will be doing the water testing while AARREC is taking care of water wells treatment. Thus, Red Cross teams in Betou controlled and tested 287 water wells and recommended that they be treated; which AAREEC has been doing.

During sensitization sessions (431 sessions already organized), Congolese Red Cross volunteers trained 9,262 families on how to treat water at home prior to consumption. In addition, they have disinfected 1,434 family and public latrines, as well as 940 showers in Betou and surrounding villages. Red Cross volunteers have also conducted sanitation activities such as the cleaning of gutters in Yendé, “ça mètre<sup>4</sup>”, Moundzombo and “Site du 15 avril”. They also collected household refuse and cleaned 12 dustbins at the “Site du 15 avril”.

To avoid the spread of cholera, Red Cross volunteers disinfected three isolation sites, one at Boyele Port, one at Liboko, and the other at Betou (the health centre managed by MDA).

All the materials planned for the operation have been purchased and distributed to Red Cross volunteers and community members. These materials include 60 pairs of gloves, 60 pairs of boots, 12 wheelbarrows, 20 buckets of 15 litres each, 24 shovels, 24 racks, 05 megaphones, 100 posters, 30 image boxes of 07 images each, and 03 image boxes of 20 images each, 05 sprayers, 10 buckets of chlorine of 45 kg each, 225 jerry cans of 10 litres each, 150 pieces of mufflers, 12 raincoats, 75 cartons of soap of 40 pieces each, 1,000 sachets of ORS, 30,000 packets of aqua tab tablets for water purification, 12 packets of 12 batteries each, and 80 T-shirts.

**Challenges:**

The major challenge here is the strong attachment of the Betou populations and DRC refugees to their cultural beliefs. These are people who have always drank water from the Congo river surrounding them, and who are not ready to stop drinking it, even when they have been told that the river may be the source of cholera. Red Cross volunteers have been trying their best, getting to convince some, but a lot of work remains to be done in that area.

<sup>4</sup> This is the name of a neighbourhood in Betou

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## Contact information

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## DREF history:

- This DREF was initially allocated on 17 February 2012 for CHF 60,045 for 03 months to assist 99,120 beneficiaries.
- 01 DREF operation update issued (this update).

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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 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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2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.