

www.ifrc.org
Saving lives,
changing minds.

DREF final report

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
30 September 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 60,045 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 17 February, 2012 to support the Congolese Red Cross National Society in delivering assistance to some 59,120 refugees from Democratic Republic of Congo (DRC) and about 40,000 host populations i.e. an estimated 99,120 beneficiaries.

As the National Society was preparing to round up response to a previous cholera outbreak affecting Brazzaville, Likouala, Sangha, Cuvette, Plateaux and Pool divisions in Republic of Congo (RoC), a new cholera outbreak occurred in Betou, a locality where about 59,000 DRC refugees are being assisted by Congolese Red Cross and IFRC since 2009. A total of 355 cases of cholera infection were recorded and 5 persons succumbed to the disease. To respond to the epidemic, the Congolese Red Cross (CRC) launched a DREF operation with support from the IFRC's Central Africa Regional Representation (CARREP).



Red Cross volunteer facilitates a cholera sensitization session in Betou using leaflets and posters produced. Photo IFRC

With the DREF funds allocated, the National Society trained 60 volunteers and 10 'hygiene mothers.' By end of operation the trained volunteers sensitized 45,131 people on how to prevent cholera, treat water at home and keep the household environment clean. In addition, 1,584 affected persons received bars of soap for personal hygiene and 6,000 litres of chlorine solution were distributed for purposes of disinfection and disposal of corpses.

The DREF operation was part of a larger coordinated effort involving other actors. Médecins d'Afrique (MDA) and Médecins Sans Frontières (MSF) France provided curative care, while Agence d'Assistance pour le Rapatriement des Réfugiés au Congo (AARREC) disinfected 287 water wells tested and recommended for disinfection by the Red Cross. UNICEF also carried out sensitization and disinfection activities using agents that were trained by Red Cross staff in Betou.

Reports from the operation indicated that the number of cases were at their highest at the beginning of March 2012 when more than 300 cases were reported in Likouala Division. A decrease was recorded by the end of the month with only 22 cases registered in Betou and managed at the Betou health centre.

Significant progress was recorded by the end of the operation in May through to June 2012 when no new cases were registered. This was attributed to the continuous and sustained hygiene awareness and sensitization sessions by the trained Red Cross volunteers and related interventions by collaborating partners. Since June 2012, Red Cross volunteers and other partners in Betou continue to conduct epidemiological surveillance and cholera prevention sensitizations.

A small unspent balance of CHF 61 will be returned to the 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. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of DREF contributions can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

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

The situation

As the Congolese Red Cross (CRC) National Society was preparing to round up a cholera operation that had been launched in July 2011 following a cholera outbreak in the Republic of Congo (RoC) affecting Brazzaville, Likouala, Sangha, Cuvette, Plateaux and Pool divisions a new cholera outbreak occurred in Betou. This is in a locality where about 59,000 DRC refugees are being assisted by Congolese Red Cross and IFRC since 2009. A total of 355 cases of cholera infection were recorded and 5 persons succumbed to the disease. In response to this new epidemic, the Congolese Red Cross (CRC) launched a DREF operation with support from the IFRC's Central Africa Regional Representation (CARREP) in order to curb the spread of the disease and assist those already infected.

With the DREF funds allocated, the National Society trained 60 volunteers and 10 hygiene mothers (organized in groups to promote hygiene and encourage sanitation in their surroundings) in cholera management with technical support from the regional resource person (RDRT) deployed by IFRC to Betou. By end of operation the trained volunteers sensitized 45,131 people on how to prevent cholera, treat water at home and keep their environment clean. In addition 1,584 affected persons received bars of soap for personal hygiene and 6,000 litres of chlorine solution distributed to disinfect patients' belongings and households as well as used by the Red Cross volunteers to disinfect corpses before disposal.

Reports from the operation indicated that the number of cases were at their highest at the beginning of March 2012 when more than 300 cases were reported in Likouala Division. A decrease was recorded by the end of the month with only 22 cases registered in Betou and managed at the Betou health centre. Significant progress was recorded by the end of the operation in May through to June 2012 when no new cases were registered. This was attributed to the continuous and sustained hygiene awareness and sensitization sessions by the trained Red Cross volunteers and related interventions by collaborating partners. Since June 2012, Red Cross volunteers and other partners in Betou continue to conduct epidemiological surveillance and cholera prevention sensitizations.

Red Cross and Red Crescent action

The National Society trained 60 volunteers and 10 hygiene mothers (organized in groups to promote hygiene and encourage sanitation in their surroundings) in cholera management with technical support from the regional resource person (RDRT) deployed by IFRC to Betou. By end of operation the trained volunteers sensitized 45,131 people on how to prevent cholera, treat water at home and keep their environment clean. In addition 1,584 affected persons received bars of soap for personal hygiene and 6,000 litres of chlorine solution distributed to disinfect patients' belongings and households as well as used by the Red Cross volunteers to disinfect corpses before disposal.

A major challenge encountered during the operation was the strong attachment of the Betou populations and DRC refugees to their cultural beliefs. These are people who had always drunk water from the Congo river surrounding them, and as such were not ready to stop drinking it, even when they have been told that the

river may be the source of cholera. To counter this trained Red Cross volunteers ensured a sustained and continuous dissemination campaign on cholera prevention, water treatment for home use as well as maintaining environment cleanliness. Related interventions from other collaborating partners too contributed to this change of behaviour and cultural practices.

Achievements against outcomes

Emergency health	
<p>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.</p>	
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 local radio stations. 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.

Impact:

During the operation period, a total of 60 Red Cross volunteers drawn from Betou, Boyele Centre and Ikpengbele received trainings on cholera management, treatment of water for home use, use of sprayers for disinfection, hand washing, and the disinfection of corpses as well as formulation of sensitization messages to be delivered to the populations. Benefiting from the same training were 10 hygiene mothers¹. With technical support from the regional resource person (RDRT) deployed by IFRC to Betou the trained volunteers sensitized 45,131 people on cholera prevention, water treatment for home use as well as maintaining a clean environment.

Due to continuous sensitization activities and sustained community education, the cholera spread was checked within the first 75 days of the operation. This was attributed to change of behaviour and practices

¹ Women refugees organized in groups to promote hygiene and encourage sanitation.

amongst persons living in the main towns such as Betou, Boyele and Ikpengbele. There was a refrain from the use of water from Ubangi River for drinking, bathing or washing utensils. Cases of water defecation too declined during the period.

Water and Sanitation

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.

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.

Impact:

In order to reduce waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion, 1,584 affected persons received bars of soap for personal hygiene and demonstrated to how to wash hands with soap. In addition 6,000 litres of chlorine solution was distributed to disinfect patients' belongings and households as well as used by the Red Cross volunteers to disinfect corpses before disposal. Family and public latrines were also disinfected and gutters cleaned.

The attached financial report shows some small variance between budgeted and actual figures. The cost for volunteers turned out to be higher than planned, due to difficulties in accessing Betou and correspondingly higher costs. Additionally, national society staff time was substituted for budgeted international staff time as originally budgeted.

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 BOLAÑOS, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine SOUTH, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari MANTYVAARA Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@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)

- **In 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 17 February 2012 for CHF 60,045 for 03 months to assist 99,120 beneficiaries.
- 01 DREF operation update issued on 15 May 2012.

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.

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	2012/2-2012/7
Budget Timeframe	2012/2-2012/5
Appeal	MDRCG010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	60,045					60,045	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	60,045					60,045	
C4. Other Income	60,045					60,045	
C. Total Income = SUM(C1..C4)	60,045					60,045	
D. Total Funding = B +C	60,045					60,045	
Coverage = D/A	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	60,045					60,045	
E. Expenditure	-59,984					-59,984	
F. Closing Balance = (B + C + E)	61					61	

Selected Parameters	
Reporting Timeframe	2012/2-2012/7
Budget Timeframe	2012/2-2012/5
Appeal	MDRCG010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

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)		60,045					60,045	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	8,752	6,694				6,694	2,058	
Medical & First Aid		917				917	-917	
Teaching Materials	396	271				271	125	
Utensils & Tools	1,550						1,550	
Total Relief items, Construction, Supplies	10,698	7,881				7,881	2,817	
Logistics, Transport & Storage								
Distribution & Monitoring	990						990	
Transport & Vehicles Costs	5,978	5,150				5,150	828	
Total Logistics, Transport & Storage	6,968	5,150				5,150	1,818	
Personnel								
International Staff	4,950	1,048				1,048	3,902	
National Staff	1,782	245				245	1,537	
National Society Staff	3,149	6,701				6,701	-3,552	
Volunteers	9,565	24,382				24,382	-14,817	
Total Personnel	19,446	32,376				32,376	-12,930	
Consultants & Professional Fees								
Professional Fees		75				75	-75	
Total Consultants & Professional Fees		75				75	-75	
Workshops & Training								
Workshops & Training	1,218	1,661				1,661	-443	
Total Workshops & Training	1,218	1,661				1,661	-443	
General Expenditure								
Travel	7,921	3,262				3,262	4,659	
Information & Public Relations	5,178	2,977				2,977	2,201	
Office Costs	1,782	1,766				1,766	16	
Communications	2,772	481				481	2,291	
Financial Charges	397	528				528	-130	
Other General Expenses		167				167	-167	
Total General Expenditure	18,050	9,180				9,180	8,870	
Indirect Costs								
Programme & Services Support Recov	3,665	3,661				3,661	4	
Total Indirect Costs	3,665	3,661				3,661	4	
TOTAL EXPENDITURE (D)	60,045	59,984				59,984	61	
VARIANCE (C - D)		61				61		