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Disaster relief emergency fund (DREF) Republic of Congo: Epidemic

 International Federation
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCG014
GLIDE n° EP-2013-000040-COG
12 April 2013**

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.

Summary: CHF 119,241 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 128,200 direct beneficiaries and up to 1.1 million indirect beneficiaries. Unearmarked funds to repay DREF are encouraged.

Since the end of November 2012, the town of Pointe Noire experienced heavy rains that left most of the town inundated. A DREF operation (Floods, MDRCG012) was launched in response to these floods, with a focus on emergency shelter, provision of basic household items, and access to safe water and sanitation.



Pointe Noire Red Cross volunteers during and awareness session Source: Congolese Red Cross

In the ensuing weeks, the first cases of cholera emerged. The floods operation was revised in January to allow for more detailed support in emergency shelter, water, sanitation and hygiene as well as disease prevention activities for up to 42,200 persons. For over a month now, Congolese Red Cross (CRC) volunteers have been carrying out activities related to the flooding, and have also seized the opportunity to raise awareness and carry out sanitation activities in order to break the cholera transmission chain. The flood operation has since concluded, with a total of 41,398 people sensitized and 3,968 plots disinfected among others. However, the ever increasing number of new cases has led to a review of the strategy and the request for a separate DREF allocation; it presently calls for a considerable increase in the number of volunteers to reach more people, together with proper equipment and a comprehensive assessment of the situation and a review of the last round of interventions. With the support of this DREF allocation, intensive social mobilization scheduled at three sessions per week will be carried out. The result of the assessment/ evaluation which will be conducted concurrently will help in reorienting planned activities as needed.

This operation is expected to be implemented over two months, and will therefore be completed by 11

June, 2013; a Final Report will be made available three months after the end of the operation (by 11 September 2013).

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

The situation

Pointe-Noire is a town in the Republic of Congo, located in the Central Africa region, on the Atlantic coast. The town is the natural preponderant communication outlet for the Central Africa region, and is the economic powerhouse of the Republic of Congo, because of its flourishing petroleum industry and its deep seaport. It has over 1.1 million inhabitants, and is the former capital of Kouilou region, now separated from the latter.

The heavy downpour of 17 and 18 November 2012 that caused extensive damage in the city also caused the displacement of many families. This prompted the administrative authorities of the department of Pointe Noire to open two sites (Sapeurs Pompier and the trade fair grounds sites) for the relocation of the victims.

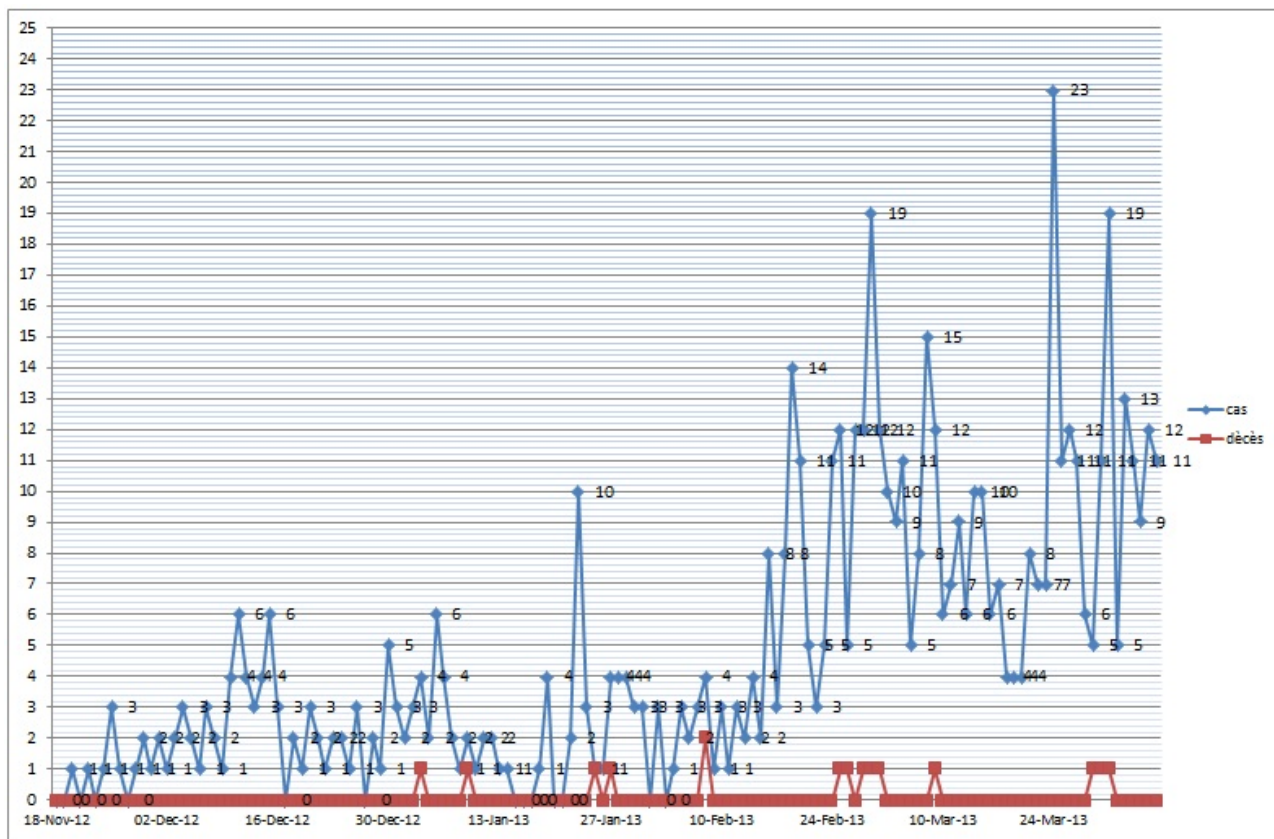
A few days later, cases of cholera-induced diarrhoea were reported in these sites and later confirmed as a cholera epidemic by the Ministry of Health, after an analysis of samples.

CHOLERA EPIDEMIC BULLETIN POINTE – NOIRE DEPARTMENT IN THE CONGO, AS OF 6 APRIL 2013

HOPITAUX DE POINTE – NOIRE	No. of cases	No. of deaths
Hôpital Général de loandjili		
New cases	11	0
Existing cases	603	0
Total	614	0
Hospitalizations per day	25	0
Deaths	0	0
Released from hospital	589	12
Hôpital Général Adolphe Sicé		
New cases	0	0
Existing cases	42	0
Total	42	0
Hospitalizations per day	0	0
Deaths	0	0
Released from hospital	42	03
HOPITAL DE BASE DE TIE-TIE		
New cases	0	0
Existing cases	0	0
Total	0	0
Hospitalizations per day	0	0
Deaths	0	0
Released from hospital	0	0
OVERALL TOTAL		
New cases	11	0
Existing cases	645	0
Total	656	0
Hospitalizations per day	25	0
Deaths	0	0
Released from hospital	631	0
TOTAL	656	15

As of 6 April 2013, according to the table above, there were 656 cases with 15 fatalities, resulting in a mortality rate of 2.28%, a figure higher than WHO guidelines which normally stand at less than 1%. The actual figure is probably higher because community cases are not documented, and if so, this situation brings patients into phase C¹.

The chart below illustrates the evolution and spread of the outbreak between November 2012 – March 2013:



As a result of the increasing number of new cases, a review of the strategy and the request for a separate DREF allocation was put forward; it presently calls for a considerable increase in the number of volunteers to reach more people, together with proper equipment and a comprehensive assessment of the situation and a review of the last round of interventions. With the support of this DREF allocation, intensive social mobilization scheduled at three sessions per week will be carried out. The result of the assessment/evaluation which will be conducted concurrently will help in reorienting planned activities.

Coordination and partnerships

A crisis committee made up of the Departmental Directorate of health, teams from the Pointe-Noire social and health districts, hygiene service, the business sector, the Congolese Red Cross and the Pointe-Noire Council was put in place to respond to the epidemic. The committee prepared a response plan which included advocacy with political and administrative authorities and communications; case management as well as epidemiological surveillance. Due to funding constraints, activities have been limited to communications as well as case management at time of reporting.

The hospital response plan includes the following:

- Set up an epidemic coordination unit;
- Extend the Loandjili site;
- Provide free treatment of cholera in integrated health centres (IHC) and other health facilities (train IHC staff);
- Provide free nutritional support to cholera cases;

¹ Cholera outbreaks are classified in three phases, from A to C, with Phase A being mild dehydration and Phase C being the most extreme, with severe diarrhea and dehydration whereby without immediate interventions, could result in death.

- Disinfect IHCs.

Several government authorities as well as non-governmental actors including WHO, UNICEF, UNFPA and MSF are also in the field. Information remains limited at time of writing.

The Congolese Red Cross receives regular technical support from the IFRC Central Africa Regional Representation based in Yaoundé, which is involved in the planning, monitoring and evaluation of the DREF operation.

Red Cross and Red Crescent action

Since the beginning of the epidemic, the Congolese Red Cross has conducted several activities such as:

- Participation in coordination meetings;
- Participation in the assessment mission conducted by the Ministry of Health and Population;
- Hygiene promotion;
- Chlorination of water in households;
- Sanitation activities in areas affected by the epidemic;
- Contribution to the management of cases in the CTC (cholera treatment centre) of the Loandjili hospital.

A total of 45 volunteers were mobilized to strengthen the health centre teams. They carry out campaigns for an average duration of one week, under the auspices of health centre supervisors. They have sensitized the population on the cholera epidemic and on drinking water chlorination techniques. The OCH and KM4 neighbourhoods were disinfected during this campaign.

Summary table of activities carried out

Activities	Subdivision 1: Lumumba	Subdivision 2: Mvoumvou	Subdivision 3: TiéTié	Subdivision 4: Loandjili	Total
Number of plots visited	1,263	1,818	1,248	761	5,090
Number of households visited	2,772	5,515	3,750	2,384	14,421
Number of plots disinfected	881	495	1,208	404	3,988
Number of plots with no latrines	490	371	77	168	1,106
Number of plots with a water well	322	211	154	183	870
Number of plots with functional standpipes	533	831	612	289	2,265
Persons sensitized	4,018	20,886	8,461	8,033	41,398

The needs

This operation specifically targets up to 128,200 people who live along the river Tchinouka in Lumumba, Mvoutou, Tie-tie, Loandjili and Tchamba-Nzassi as direct beneficiaries. Through the public communications exercise, the operation also aims to indirectly sensitize and disseminate cholera prevention messages to up to 1.1 million people in Pointe Noire at risk. Considering the ever increasing number of cases, the number of volunteers assigned to carry out social mobilization activities from the previous operation will increase from 45 to 100, and they will be placed under the supervision of a dozen coaches. This social mobilization will be intensified at the rate of 3 field trips per week, instead of impromptu campaigns. Adequate and enough equipment will be provided to volunteers and placed under the coordination of the Red Cross headquarters. 15 more megaphones and consumables like chlorine, cresyl, aquatabs, and soap will be available for volunteers. Sprayers will be used for disinfection. To reduce mortality rate, volunteers will give ORS to any suspected cases while conducting them to the nearest health centre. CARREP will provide multifaceted technical, material and logistical support during the implementation phase.

Since the current situation is not clear, and given the limited success registered in activities carried out to date to stop this epidemic, an in-depth assessment of the situation will be carried out with clear guidelines. The following activities will help minimize the effects of the epidemic, but will be reviewed after the results of the in-depth assessment and evaluation to be organized concurrently with this ongoing operation.

Personal protection equipment will also be procured and distributed to all volunteers involved in the operation to help ensure their safety.

The proposed operation

Emergency health	
Outcome: Decrease the morbidity and mortality of cholera in Pointe Noire through public awareness raising on cholera prevention, detection and referral and community-based health interventions.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The population of Pointe Noire receive key messages on cholera prevention, detection and referral of cholera cases • Oral rehydration points are established in high risk communities in Pointe Noire. • 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 is intensified in the affected localities. 	<ul style="list-style-type: none"> • Train 100 volunteers in targeted localities of Pointe Noire • Develop and produce 1000 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 1 month. 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 refer them to nearest health centres. Suspected cases of cholera will receive the ORS from RC Volunteers during their transport to health centres. • Broadcast cholera prevention messages over local radio stations. • Participate in periodic cholera response coordination meetings. • Participate in meetings organized that focus on cholera. • Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective action plans. • Carry out regular monitoring of the operation.

Water, Sanitation and Hygiene Promotion

Outcome: Improved health and dignity through provision of adequate safe water, sanitation, hygiene promotion interventions to 128,200 people (25,640 households) in high risk communities of Pointe Noire for two months.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Increased number of hand washing stations and improved household environmental sanitation (drainage and solid waste). • Improved household water quality in 25,640 households. • Basic sanitation activities are initiated in high-risk communities. 	<ul style="list-style-type: none"> • Select and review target communities in Pointe noire based on reported cholera caseload. • Distribution of household water treatment chemicals. • Train the populations on how to disinfect water at home. • Testing household chlorine levels and follow up promotion of use of chlorine. • Improve and disinfect family and public latrines. • Carry out door-to-door sensitization while demonstrating how to wash hands with soap and encouraging construction hand washing facilities at household level. • Participate in the collection and destruction of solid waste and improved household drainage. • Carry out regular monitoring of the operation.

Monitoring and evaluation

Outcome: Carry out an evaluation of already ongoing activities and assessment of cholera-related vulnerabilities and capacities in the field for 1 month

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Assessment results are integrated into the revision of this operation's plan of action as needed • A clear understanding of the National Society's and IFRC's operational capacities and lessons learnt from the floods operation (MDRCG012) is available through the evaluation report. • Recommendations and lessons learnt from the last operation and this one contribute towards the National Society's contingency planning and future health in emergencies/DRR activities 	<ul style="list-style-type: none"> • Prepare terms of reference for the evaluation team • Deploy evaluation team to review the previous DREF operation (MDRCG012) • Determine if the operation has achieved its outcome, with a focus on the health interventions on cholera • Meet with ministry of health, MSF, WHO and other actors on ground who are responding to the outbreak of cholera • Monitor and assess data on ongoing response • Support Congolese Red Cross to revise and strengthen the response outlined in this DREF to the cholera outbreak as needed • Develop recommendations and a contingency plan to help prevent future cholera outbreaks

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 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.



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

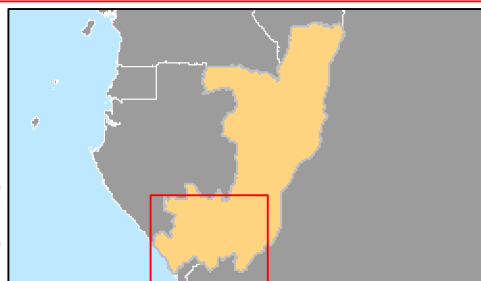
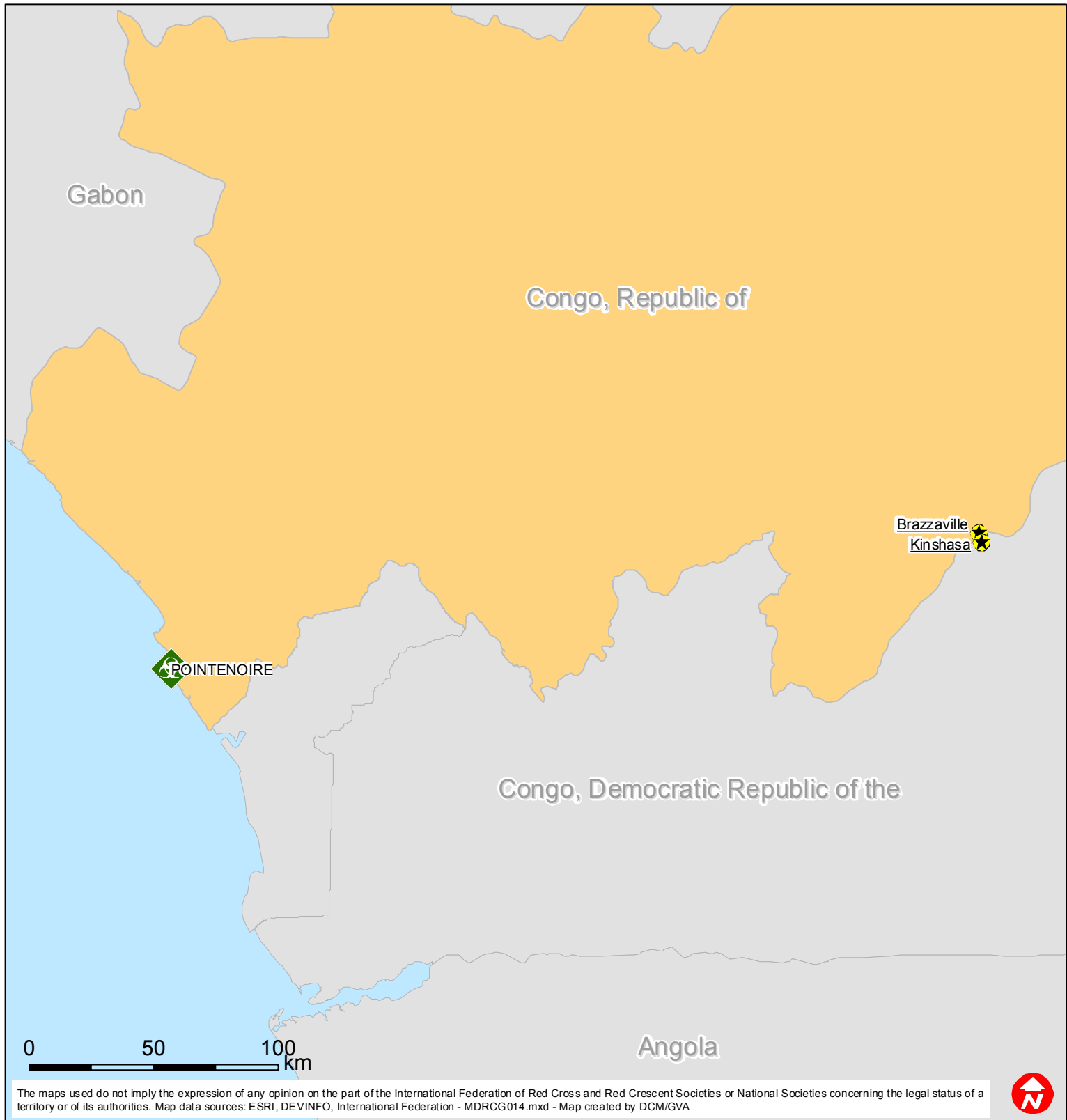
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Republic of Congo : Epidemic MDRCG014

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	0
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	44,098
Medical & First Aid	1,000
Teaching Materials	4,500
Utensils & Tools	1,050
Other Supplies & Services	0
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	50,648
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	2,125
Distribution & Monitoring	0
Transport & Vehicle Costs	6,500
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	8,625
International Staff	5,000
National Staff	0
National Society Staff	5,000
Volunteers	17,800
Total PERSONNEL	27,800
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	7,000
Total WORKSHOP & TRAINING	7,000
Travel	10,000
Information & Public Relations	2,500
Office Costs	2,000
Communications	2,400
Financial Charges	990
Other General Expenses	0
Shared Support Services	
Total GENERAL EXPENDITURES	17,890
Programme and Supplementary Services Recovery	7,278
Total INDIRECT COSTS	7,278
TOTAL BUDGET	119,241



Republic of Congo: Epidemic



Cholera cases