

# DREF operation final report



International Federation  
of Red Cross and Red Crescent Societies

## Republic of Congo: Cholera outbreak

DREF operation n° MDRCG004  
GLIDE n° EP-2008-000100-COG  
11 May, 2009

The International Federation's 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 69,310 (USD 58,524 or EUR 45,065) was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 9 July, 2008 to support the Congolese Red Cross (CRC) in delivering assistance to some 400,000 beneficiaries. The situation in the field deteriorated as the epidemic expanded to new localities, including Brazzaville, the capital of the country. Thus, an additional CHF 57,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 1 September 2008 to assist 460,000 beneficiaries in Brazzaville and other newly affected localities. The total amount allocated from the Federation's DREF to support this operation was therefore CHF 126,310; and the total number of beneficiaries was 860,000 persons in the localities affected by the epidemics, i.e. Loudima, Mouindi and Brazzaville.



A latrine built by the Federation RDRT-WATSAN members in Brazzaville

This DREF Operation Final Report summarizes the impact of Red Cross intervention on affected populations.

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## The situation

The health history of the Republic of Congo (RoC) over the past few years reveals that the country has experienced several epidemic outbreaks, including Trypanosomiasis, Schistosomiasis, Onchocerciasis, Buruli Ulcer and Cholera. Concerning cholera in particular, this epidemic has been hitting Congo Brazzaville on a recurrent basis since 2006 when has affected 527 people and claimed 26 deaths in several localities, namely Loutété (123 cases and nine deaths), Loudima (213 cases and nine deaths), Madingou (59 cases and two deaths), Nkayi (79 cases and three deaths), Boko-songho (48 cases and two deaths), and Bouansa (four cases), Mabombo (one case). The Ministry of Health (MoH) assured that there was no epidemiological link between the various people affected by cholera. However, a cholera outbreak occurred in early February 2008 affecting 139 people and claiming three deaths. The victims were registered in the following localities:

Localities	Number of cases	Number of deaths
Loudima	82	3
Loutété	1	
Mouindi	3	
Madingou	1	
Brazzaville	2	
Kinkassaka	22	

The epidemic intensified in Kinkassaka locality in October 2008, but was put under control. Red Cross volunteers maintained epidemiological surveillance in collaboration with the local populations. The implementation of this DREF operation was further complicated by the flooding that occurred in Brazzaville in the meantime. However, the International Federation allocated new funds from DREF to support the Congolese Red Cross in responding to floods and cholera at the same time.

## Red Cross and Red Crescent action

Within the framework of the implementation of this DREF operation and with the support of the International Federation, the Congolese Red Cross Society (CRCS) carried out emergency health activities. Red Cross volunteers have been trained on cholera management using the PHAST process. These volunteer were then deployed to the field to sensitize populations, promote hygiene rules through Information, Education and Communication (IEC), conduct sanitation campaigns, including building latrines and digging holes for garbage disposal, and contribute to cholera vector control by disinfecting existing latrines.

## Progress towards objectives

### Emergency Health

**Objective: To improve the health condition of the populations affected by cholera.**

**Activities planned:**

#### In Loudima and Mouindi

- Train 70 volunteers on IEC techniques to enable them maintaining a permanent sensitization campaign in their respective communities;
- Mobilize the 70 trained volunteers in sensitizing the population and carrying out sanitation activities three times a week for two months;
- Promote individual and body sanitation;
- Advocate before administrative authorities and partners for support.

#### In Brazzaville

- Train 50 Congolese Red Cross volunteers on the Participatory Hygiene and Sanitation Transformation (PHAST) process;
- Encourage the concerned communities to get themselves involved in ongoing sanitation activities in their respective localities;
- Organize campaigns to clean gutters and other waste water pipes;
- Build 50 Sanplat latrines in areas that are most exposed to faecal-borne diseases;
- Clean water points;
- Advocate before Government for the collection and disposal of garbage in areas that are most exposed to cholera.

### Progress and Impact

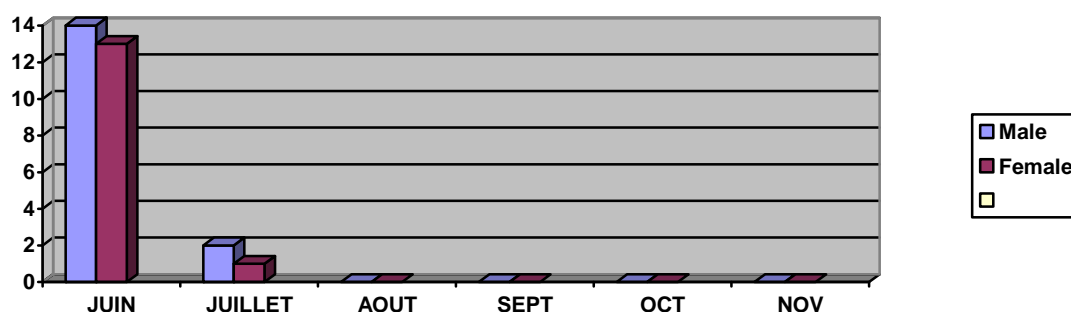
All the activities that were planned were carried out, and this contributed to stopping the cholera propagation chain in the affected localities. The epidemic was eradicated in all targeted localities; garbage is now properly managed, thereby preventing new contaminations. Mindful of the commendable achievements by the Red Cross within the framework of the fight against cholera, the Congolese Government donated two offices that would henceforth host the services of the Loudima and Mouindi local branches of the Congolese Red Cross (CRC). Populations acknowledged the relevance of Red Cross volunteers in the fight against cholera as they were insisting that these volunteers should continue sensitizing them and other people in

neighboring villages on how to avoid cholera in the future. Moreover, the beneficiaries understood better how to manage a cholera outbreak as they were involved in every step of Red Cross intervention. The reasons why the outbreak occurred in the first place were clearly explained to both government and the populations who promised to work towards avoiding any new outbreak in the country. The following table and figures summarize the changes obtained throughout this operation:

### 1. Facilities and sensitization

	Before Red Cross action		After Red Cross action	
	Loudima (13000 inhabitants)	Mouindi (3000 inhabitants)	Loudima	Mouindi
<b>latrines</b>	458	87	<b>486</b>	<b>33</b>
<b>Garbage disposal holes</b>	3	0	<b>492</b>	<b>59</b>
<b>Participation of communities</b>	0	0	<b>93%</b>	<b>78%</b>
<b>Heb sensitization sessions (PHAST)</b>	0	0	<b>13</b>	<b>9</b>
<b>Number of persons sensitized</b>			<b>12,127</b>	<b>2,340</b>

### 2. Cholera management diagram



### Challenges

One of the major constraints was to succeed in getting government and other partners in the area of water and sanitation to work in synergy to supply potable water within the country. Increased efforts needed also to be made by the government to establish garbage disposal and waste water drainage system, especially in Brazzaville. Besides, it was not easy to maintain permanent hygiene and sanitation promotion activities in the targeted localities, and replicate them in all other local branches of the Congolese Red Cross. Maintaining permanent epidemiological surveillance, with focus on diarrheal diseases was as well challenging.

### Conclusion

#### Lessons learned

Although cholera is a recurrent reality in the Republic of Congo, it can be permanently put under control if appropriate preventive measures are taken. Cholera alert activities should be carried out all over the country each time the rainy season is approaching. The Congolese Red Cross volunteers and first-aid workers, and trained opinion leaders should be retrained on a regular basis on PHAST process. Latrines should be multiplied within the country to help prevent new outbreaks. A garbage disposal programme should be developed and implemented nationwide and potable water should be supplied nationwide.

## How we work

*All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

### For further information specifically related to this operation please contact:

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[<Final financial report below; click here to return to the title page>](#)

**International Federation of Red Cross and Red Crescent Societies**

MDRCG004 - Republic Congo - Cholera

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/7-2009/4
Budget Timeframe	2008/7-2008/12
Appeal	MDRCG004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	126,310					126,310
<b>B. Opening Balance</b>	0					0
<b>Income</b>						
<u>Other Income</u>						
<i>Voluntary Income</i>	126,119					126,119
<b>C5. Other Income</b>	126,119					126,119
<b>C. Total Income = SUM(C1..C5)</b>	126,119					126,119
<b>D. Total Funding = B + C</b>	126,119					126,119
<b>Appeal Coverage</b>	100%					100%

**II. Balance of Funds**

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					0
<b>C. Income</b>	126,119					126,119
<b>E. Expenditure</b>	-126,119					-126,119
<b>F. Closing Balance = (B + C + E)</b>	0					0

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### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>126,310</b>					<b>126,310</b>	
<b>Supplies</b>								
Construction Materials		114				114	-114	
Water & Sanitation	17,500	6,512				6,512	10,988	
Medical & First Aid		1,205				1,205	-1,205	
Teaching Materials		1,484				1,484	-1,484	
Utensils & Tools		2,927				2,927	-2,927	
Other Supplies & Services		4,994				4,994	-4,994	
<b>Total Supplies</b>	<b>17,500</b>	<b>17,235</b>				<b>17,235</b>	<b>265</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	5,332						5,332	
Vehicles		3,000				3,000	-3,000	
Computers & Telecom		2,246				2,246	-2,246	
<b>Total Land, vehicles &amp; equipment</b>	<b>5,332</b>	<b>5,246</b>				<b>5,246</b>	<b>86</b>	
<b>Transport &amp; Storage</b>								
Storage	11,798	144				144	11,654	
Transport & Vehicle Costs		11,655				11,655	-11,655	
<b>Total Transport &amp; Storage</b>	<b>11,798</b>	<b>11,798</b>				<b>11,798</b>	<b>-0</b>	
<b>Personnel</b>								
Regionally Deployed Staff		21,166				21,166	-21,166	
National Staff	63,665	1,864				1,864	61,801	
National Society Staff		40,636				40,636	-40,636	
<b>Total Personnel</b>	<b>63,665</b>	<b>63,665</b>				<b>63,665</b>	<b>-0</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	1,149	1,149				1,149	-0	
<b>Total Workshops &amp; Training</b>	<b>1,149</b>	<b>1,149</b>				<b>1,149</b>	<b>-0</b>	
<b>General Expenditure</b>								
Travel	18,656	5,381				5,381	13,275	
Information & Public Relation		4,880				4,880	-4,880	
Office Costs		6,090				6,090	-6,090	
Communications		1,982				1,982	-1,982	
Financial Charges		493				493	-493	
<b>Total General Expenditure</b>	<b>18,656</b>	<b>18,826</b>				<b>18,826</b>	<b>-170</b>	
<b>Programme Support</b>								
Program Support	8,210	8,198				8,198	12	
<b>Total Programme Support</b>	<b>8,210</b>	<b>8,198</b>				<b>8,198</b>	<b>12</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>126,310</b>	<b>126,119</b>				<b>126,119</b>	<b>192</b>	
<b>VARIANCE (C - D)</b>		<b>192</b>				<b>192</b>		