

## DREF operation update

### Republic of Congo: Chikungunya outbreak in Brazzaville, Pointe Noire and Pool

**DREF operation n° MDRCG007**  
**GLIDE n° EP-2011-000074-COG**  
**Update n°01 – 28 November, 2011**

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:** 1<sup>st</sup> July to 30 September, 2011.

**Summary:** CHF 292,511 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 29 June, 2011 to support the Congolese Red Cross National Society in delivering assistance to some 1,500,000 beneficiaries, comprising 700,000 beneficiaries in Brazzaville, 500,000 in Pointe Noire and 300,000 in Pool.



In early May 2011, the Republic of Congo (RoC) experienced its first chikungunya epidemic, affecting people mostly in Brazzaville and Pool. The disease attacked both children and adults. By 31<sup>st</sup> July 2011, 9,424 cases of chikungunya had been registered in RoC. The Congolese Government appealed to the international community to help tackle the epidemic. In reaction to that appeal, the IFRC allocated DREF funding to help the Congolese Red Cross National Society (NS) play its role as auxiliary to Government. With these funds, the NS has so far trained 235 Red Cross volunteers on how to manage the chikungunya epidemic. The trained volunteers have sensitized the population on chikungunya prevention. Thanks to the efforts made by Government, the Red Cross and other partners, the number of cases has dropped, but there is still much to do. Twenty-one additional cases of chikungunya were registered during the week from 22 to 31<sup>st</sup> July 2011. Moreover, much remains to be done in the area of communication for the change of behaviour, and environmental hygiene.

This operation was planned to be implemented for a duration of 03 months, for completion by 30 September, 2011. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 31<sup>st</sup> December, 2011).

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#### The situation

In early May 2011, the Republic of Congo (RoC) experienced its first chikungunya epidemic that affected people mostly in Brazzaville and Pool. The disease attacked both children and adults. Since then, Government and its partners, including the Red Cross have carried out activities that have contributed to slowing down the spread of the disease. All the activities planned have started. Although the official figures for the Pool Prefectures were not available at the time of drafting this reports, the trends received so far show clearly that the number of cases is dropping. The following table summarizes the situation of chikungunya in Brazzaville from June 2011 to 31<sup>st</sup> July 2011:

Week	1-10	11-17	18-24	25-30/06	1 <sup>er</sup> -7/07	8-14	15-21	22-31
<b>CSS</b>								
MKL	2262	1620	1243	828	201	50	65	14
BACG	175	320	149	119	52	23	12	0
POTO	00	44	19	13	20	11	6	0
MOUNGALI	00	67	79	134	2	3	7	2
OUENZE	00	21	27	37	20	13	2	1
TALANG	00	10	24	28	16	7	1	00
MFILOU	215	401	328	216	116	49	13	4
<b>Total BZV (new cases per week)</b>	<b>2652</b>	<b>2483</b>	<b>1879</b>	<b>1078</b>	<b>288</b>	<b>156</b>	<b>106</b>	<b>21</b>

## Coordination and partnerships

Government assigned its Directorate General for Public Health with the mission to coordinate chikungunya activities nationwide. The Directorate for Public Hygiene and Health Promotion has been coordinating the fumigation and treatment of houses with insecticide.

The World Health Organization (WHO) has been taking care of epidemiological surveillance, ensuring the availability of sampling materials and transporting samples to the laboratory for testing, developing weekly situation reports, providing vector control materials and data collection sheets.

The United Nations Children Fund (UNICEF) has been handling the communication aspect of the response and has been feeding communicators with communication tools.

## Red Cross and Red Crescent action

### Progress towards outcomes

Emergency health	
<b>Outcome: Contribute to improving the health of the most vulnerable 1,500,000 people that are exposed to chikungunya in Brazzaville, Pointe Noire and Pool for three months.</b>	
Outputs:	Activities planned
<ol style="list-style-type: none"> <li>The volunteers of the Congolese Red Cross society have become liaison officers between their communities, the NS and authorities through the management of a chikungunya early alert system.</li> <li>The epidemic management capacities of the Congolese Red Cross society are strengthened.</li> </ol>	<ul style="list-style-type: none"> <li>Recruit 300 volunteers and train them on the techniques of communication for the change of behaviour (CCB) and on chikungunya management.</li> <li>Set up a chikungunya early alert system and run it.</li> </ul>
<ol style="list-style-type: none"> <li>At least 1,500,000 people targeted in Brazzaville, Pointe Noire and Pool know the signs and symptoms of chikungunya and rush to the nearest health centre upon noticing the first alert.</li> </ol>	<ul style="list-style-type: none"> <li>Purchase working materials and tools.</li> <li>Carry out door-to-door sensitization on chikungunya using leaflets and posters.</li> <li>Identify suspected cases of chikungunya and refer them to the nearest health centre.</li> </ul>
<ol style="list-style-type: none"> <li>At least 1,500,000 people targeted in Brazzaville, Pointe Noire and Pool practice simple individual and environmental hygiene rules, and know how to destroy mosquito breeding places.</li> </ol>	<ul style="list-style-type: none"> <li>Establish, train and deploy 20 teams fresheners to help the community in the fight against the vector.</li> <li>Promote individual and environmental hygiene by sensitizing the populations, destroying mosquito breeding places, evacuating stagnant water, collecting and disposing of garbage,</li> </ul>

	evacuating waste water, cleaning gutters, spraying houses and the surroundings, weeding around houses, and popularizing simple messages on cleanliness.
5. 15,000 persons identified as the most vulnerable have received LLITN in Brazzaville, Pointe Noire and Pool, and have started using them to prevent the spread of chikungunya.	<ul style="list-style-type: none"> <li>• Identify the people to benefit from the distribution of LLITN (persons with specific needs: elderly, bedridden patients, children under 5 and others with limited mobility).</li> <li>• Distribute mosquito nets to targeted people.</li> <li>• Show the populations how to install and use the LLITN.</li> <li>• Sensitize the populations to the need of sleeping under LLITN.</li> <li>• Carry out home visits to ensure that the people who received the LLITN are actually using them properly.</li> <li>• Distribute mosquito repellent and other items to people with special needs.</li> </ul>
6. The operation is closely monitored and evaluated to draw lessons learned.	<ul style="list-style-type: none"> <li>• The RDRT member deployed to Brazzaville ensures the day-to-day monitoring of the operation.</li> <li>• An evaluation is carried out at the end of the operation.</li> </ul>

#### **Progress:**

Two hundred and thirty five Red Cross volunteers have been recruited and trained on the community-based health and first aid (CBHFA) approach and the management of epidemics, with focus on chikungunya. This is a community-based approach aimed at helping Red Cross volunteers work within their own communities in the areas of health, first aid, and disaster preparedness and response. The trained volunteers were recruited in Brazzaville (150), Pool (50), Pointe Noire (25) and Kouilou (10).

An early alert system has been put in place in all the Red Cross local committees targeted by the operation and is operational. In fact, early alert agents have been designated in each neighbourhood and assigned with the task to report any abnormality to the Health Department of the Congolese Red Cross, which in turn informs Government's Directorate for Public Health. In the course of their duties, these volunteers have identified 50 suspected cases of chikungunya and referred them to the Makélékélé health centre in Brazzaville, and another 15 cases to the Kinkala basic hospital in Pool.

Working materials and tools have been purchased and put at the disposal of trained Red Cross volunteers to facilitate the implementation of the operation. Such materials include 60 megaphones, 400 aprons, 600 t-shirts, 400 posters, 4,000 leaflets, 3 banners, a radio and television spot, 30 polo shirts, 220 exercise books, 200 pens, 180 pencils, 10 pencil sharpeners, 1 stapler, 1 staple box, 30 reams of A4-sized duplicating papers, 2 ink cartridges for both the printer and the photocopy machine. These materials have been distributed in Brazzaville and Pool, and Pointe Noire and Kouilou are still expecting their full share as they have so far received only a few leaflets and posters during training. Moreover, the purchase of protection and sanitation materials, as well as inputs is still pending. A limited tendering has been launched to that effect.

Immediately after the training, Red Cross volunteers were deployed in the most affected localities and neighbourhoods, especially in Brazzaville and Pool. The deployment has remained timid in Pointe Noire because of the lack of materials. The 200 volunteers that were deployed in Brazzaville and Pool each conducted 6 sensitization sessions per week during 6 weeks, amounting to a total of 7,200 sensitization sessions. The method used was door-to-door sensitization, and this enabled the Congolese Red Cross to reach 144,000 households with chikungunya prevention messages as each volunteer reached 20 households during a sensitization session. Considering that the average number of members of each family reached was 5, the volunteers sensitized about 720,000 people in 6 weeks of the operation. During the sensitization, Red Cross volunteers disseminated messages on individual and collective hygiene and on the proper use of insecticide-treated mosquito nets to prevent chikungunya. In the course of their work within their respective communities, trained Red Cross volunteers identified 212 suspected cases of chikungunya

and referred them to nearest health centres. Another 17 cases identified were reluctant and refused to go to the hospital.

The 20 teams of sanitation agents targeted were recruited, trained and deployed on the field by Government, but only for 15 days during which they cleaned up the environment and advised the populations on how to prevent chikungunya. These sanitation agents destroyed 7,286 mosquito breeding places in the 7 subdivisions of Brazzaville, sprayed 16,935 houses, sensitized 84,675 people on chikungunya using leaflets and posters. Presently, they are no longer operational because of lack of inputs and materials.

The 6,500 people to benefit from the distribution of mosquito nets were identified during sensitization sessions in Brazzaville and Pool. The first batch of mosquito nets (1,600) was actually distributed in Kinkala and its surroundings (Pool Division). The second batch of mosquito nets (8,500) is still awaited from Dubai and will be forwarded to Brazzaville immediately as it arrives in Cameroon.

Trained Red Cross volunteers conducted 6,322 visits in Brazzaville and Pool divisions, and seized the opportunity to demonstrate the proper installation and use of mosquito nets. They also sensitized the populations to the need of sleeping under insecticide treated mosquito nets as a way of preventing chikungunya.

The volunteers visited 453 households that had earlier received mosquito nets in Kinkala and found out that they were actually sleeping under insecticide treated nets.

At the beginning of the operation, a regional resource person (RDRT member) was deployed to Brazzaville to monitor the operation on a day-to-day basis for one month. The RDRT member was a medical doctor from the Red Cross of the Democratic Republic of the Congo (DRC). During his stay in Congo Brazzaville, he assisted with the coordination of the operation with the Ministry of Health, the planning of activities, the training of volunteers and the monitoring of activities.

IFRC Regional Planning, Monitoring, Evaluation and Reporting Officer and Regional Programmes Coordinator conducted two monitoring missions to Congo Brazzaville to ensure that the operation is going on smoothly.

#### **Challenges:**

Some activities such as the distribution of mosquito nets are still pending because it has been very difficult to get them from Dubai to Cameroon. When they get to Cameroon, another challenge would be to transport them to Congo Brazzaville.

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### DREF history:

- This DREF was initially allocated on 29 June 2011 for CHF 292,511 for 03 months to assist 1,500,000 beneficiaries.
- One DREF operation update issued.



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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 (NGO's) 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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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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