

DREF operation update

Republic of Congo: Cholera outbreak

DREF operation n° MDRCG009
GLIDE n° EP-2011-000165-COG
Update n° 01 – 1 February, 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: 25 October 2011
to 14 January 2012.

Summary: CHF 188,083 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 25 October 2011 to support the Congolese Red Cross National Society in delivering assistance to some 750,000 beneficiaries.

This DREF operation was initially planned for 6 of the country's 12 divisions, namely Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool; but considering the high probability and fear that the epidemic would spread, activities of the DREF were extended to Pointe Noire, a border and port city with poor sanitation facilities. Therefore, this DREF operation update highlights the achievements in the 7 divisions.



During cholera sensitization in Brazzaville in December 2011, Red Cross volunteers showed the populations how to wash hands properly to avoid cholera. / IFRC

The first cases of cholera appeared in the Republic of Congo, in the Likouala, Cuvette and Plateaux divisions in June 2011; but Government officials did not declare the epidemic officially until July 2011.

At the time of launching this operation, 708 cases of cholera were reported nationwide. By 27 December 2011, seven hundred and seventy five cases were registered. Thirty two deaths were also reported, representing a 4.12% lethality rate.

With the funds allocated for this operation, Congolese Red Cross volunteers working in close collaboration with local health authorities sensitized 68,492 people. They also visited 20,623 households and noticed that 2,017 of those households were actually treating water at home prior to consumption. In any case, the volunteers briefed the members of all the households visited on home-based water treatment and conservation techniques. The volunteers also organized 441 sanitation sessions with massive participation of communities. They also identified 10 suspected cases of cholera and referred them to the nearest health centre after administering them oral rehydration solutions (ORS) at home. After taking these cholera patients to the hospital, Congolese Red Cross volunteers disinfected their households and the means that were used to transport them to the hospital. Red Cross volunteers also witnessed the death of a cholera patient and chlorinated the body prior to burial.

Throughout their intervention, Red Cross volunteers reached 68,492 people directly, and an estimated 750,000 people indirectly through the dissemination of cholera sensitization messages using local radio stations and various channels.

This operation is expected to be implemented in 03 months, and completed by 24 January 2012. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 24 April 2012).

The major donors and partners of DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the U.S.A., as well as DG-ECHO, the U.K. 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, thanks all for their generous contributions. Details of contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf.

The situation

The first cases of cholera appeared in the Republic of Congo, precisely in the Likouala, Cuvette and Plateaux divisions in June 2011; but Government officials did not declare the epidemic officially until July 2011. While only the Brazzaville, Likouala, Sangha, Cuvette, Plateaux and Pool divisions, i.e. six divisions out of the 12 that make up the Republic of Congo were severely affected by cholera, the Red Cross decided to extend their response to a seventh division, namely Pointe Noire as the epidemic was likely to get there in the absence of good preventive measures taken.

At the time of launching this operation (25 October 2011), 708 cases of cholera were reported nationwide. By 27 December 2011, seven hundred and seventy five cases were registered. Thirty-two deaths were also reported, representing a 4.12% lethality rate. Government sources (Ministry of Health) present the cholera situation as of 27 December 2011 as summarized in the following table:

Localities/ Divisions	Number of suspected cases	Number of cases confirmed	Number of deaths	Lethality rate (%)	First case registered on...	Last case registered on...
Likouala	182	05	05	2.74	29 May 2011	16 December 2011
Sangha	49	05	01	2.04	02 September 2011	1 st October 2011
Cuvette	297	01	10	3.36	26 June 2011	10 October 2011
Plateaux	146	00	10	6.84	10 June 2011	05 October 2011
Pool	17	01	01	5.88	25 July 2011	09 November 2011
Brazzaville	84	11	05	5.95	1 st July 2011	26 December 2011
Total	775	23	32	4.12		

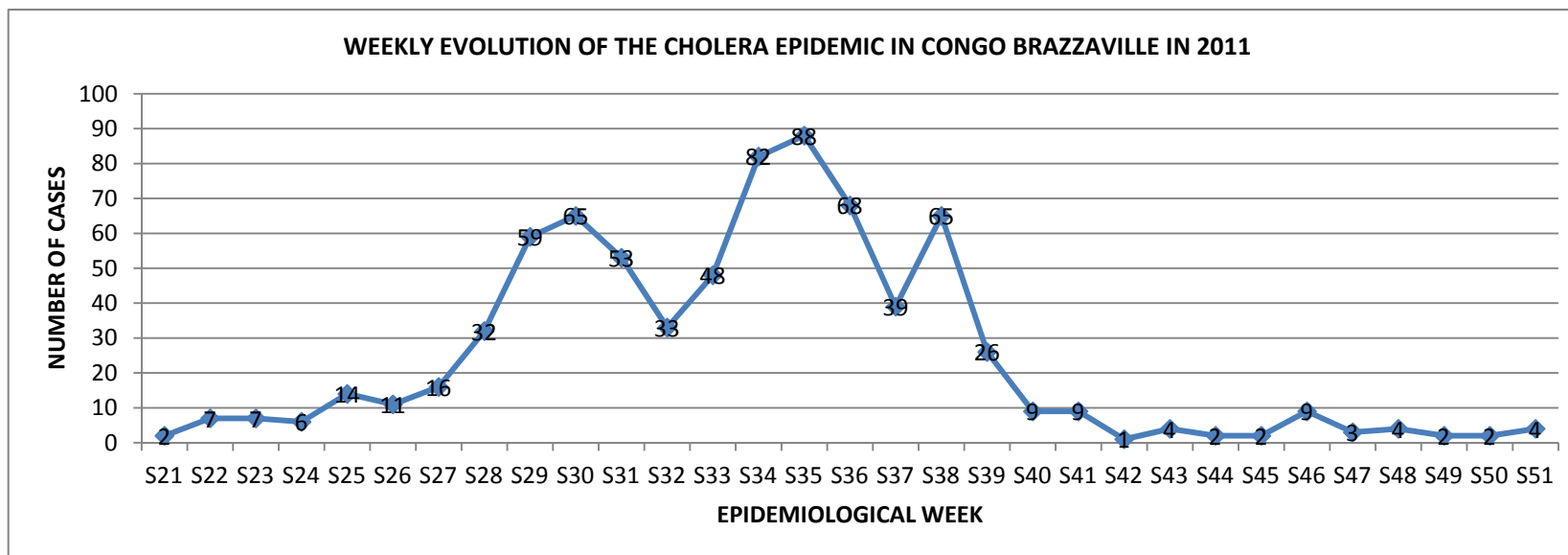
It stands out of this table that while the epidemic has been put under control in Sangha, Cuvette, Plateaux and Pool divisions, it is still affecting people in the Likouala and Brazzaville divisions, precisely in Liranga (Likouala), Talangaï, and Couloir (Brazzaville) respectively where sporadic cases were registered until late December 2011.

Since the outbreak of cholera epidemic in June 2011, the situation evolved as indicated in the following table published by the Ministry of Health in late December 2011:

Divisions	Epidemiological weeks																									Cumulated number of cases						
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45		46	47	48	49	50	51
Likouala	2	7	4	3	5	2	1	8	9	16	4	5	8	9	16	17	12	13	6	8	8	1	2	0	1	3	4	4	2	2	0	182
Sangha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	19	6	12	7	0	0	0	0	0	0	0	0	0	0	0	49	
Cuvette	0	0	0	1	4	4	12	11	20	34	34	17	18	50	53	29	5	4	0	0	1	0	0	0	0	0	0	0	0	297		
Plateaux	0	0	3	2	5	4	1	3	21	11	10	8	15	9	5	1	10	24	13	1	0	0	0	0	0	0	0	0	0	146		
Brazzaville	0	0	0	0	0	1	2	10	9	3	5	3	7	14	9	2	6	1	0	0	0	0	0	0	5	3	0	0	0	84		
Pool	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	11	0	0	0	0	2	2	1	0	0	0	0	0	17		
Total	2	7	7	6	14	11	16	32	59	65	53	33	48	82	88	68	39	65	26	9	9	1	4	2	2	9	3	4	2	2	4	775

Source: Ministry of Health

Brazzaville and Likouala are the only two divisions that continued to register new cases after the 47th epidemiological week of 2011. The following diagram portrays the evolution of cholera from epidemiological week 21 to 51 of 2011 as published by Government sources:



Coordination and partnerships

As indicated in a report of the World Health Organization (WHO), a joint Government-WHO-UNICEF-Congolese Red Cross supervision and evaluation mission was conducted in the focuses of cholera epidemic from seven to 11 September 2011.

During the response operation, the Congolese Red Cross worked hand-in-hand with the health structures of affected localities. The Regional resource person deployed by IFRC's Central Africa Regional Representation (CARREP) to Congo Brazzaville to support the national society (NS) with the implementation of this DREF met with the Inspector general of the Ministry of Health and seized the opportunity to explain Red Cross contribution within the framework of the fight against cholera in Congo.

The regional resource person also had discussions with the mayors of Talangaï and Djamballa, encouraging them to help equip their communities with the sanitation materials needed to keep their environment clean. Moreover, all divisional health directors of the Ministry of Health were briefed on Red Cross actions against cholera. Red Cross volunteers were also put at the disposal of heads of health districts to help them throughout the cholera response operation. During the period covered by this report (25 October 2011 to 23 January 2012), the Red Cross participated in 26 cholera coordination meetings in the seven divisions targeted by cholera response and prevention activities.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency health

<p>Outcome: Contribute to interrupting the cholera transmission chain at community level through the dissemination of messages, hygiene promotion, improved access to water and clean toilets for the benefit of 750,000 people exposed to cholera in Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool for 3 months.</p>	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> The populations of Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool 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 (Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool). 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"> Retrain 300 volunteers in targeted localities (Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool). Make copies of the epidemic management manual and distribute them to trained Red Cross volunteers. Develop and produce 3,000 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

	<p>their transport to health centres.</p> <ul style="list-style-type: none"> • Disseminate cholera prevention messages over local radio stations. • Ensure permanent hygiene and sanitation promotion in targeted localities, with focus on water points. • Train the populations on how to disinfect water at home • 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 and treat them with insecticide. • 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. • Participate in the meetings of the crisis committee. • 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.
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Progress:



Training of Congolese red Cross volunteers on cholera management in Brazzaville / CRC

With the inclusion of Pointe Noire in the number of localities targeted by this operation, the number of volunteers to be trained increased from 300 to 360. Thus, after the development of a DREF operation monitoring plan, the operational team proceeded with the training of 360 Congolese Red Cross volunteers in each of the targeted divisions. They also trained 18 supervisors, 7 divisional coordinators and a national coordinator. The modules presented during the training included the definition of cholera and the modes of transmission and prevention, as well as how to detect cases earlier. The trainees were also briefed on what to do whenever there are in the presence of a suspected case of

cholera. Other training modules included the importance and preparation of oral rehydration solutions (ORS), home-based water treatment techniques, disinfection of latrines, environmental hygiene, and the role of a Red Cross volunteers within the community in the behaviour change communication (BCC) process. At the end of the training, each trainee was given a copy of the epidemic control manual for volunteers (ECV).

In order to facilitate the work of volunteers in the field, materials such as leaflets, posters, megaphones, and protection as well as sanitation materials were distributed after the training. Equipped with these materials, Red Cross volunteers working three days per week sensitized 68,492 people on the presence of cholera in their respective communities. They also told the populations how cholera is transmitted and how to avoid the disease. The volunteers visited 20,623 households and noticed that 2,017 of these were actually treating their water prior to consumption. In any case, all the households visited were briefed on how to treat and conserve water for consumption at home.

The volunteers also organized 441 sanitation sessions with massive participation of communities. They also identified 10 suspected cases of cholera and referred them to the nearest health centre after administering them oral rehydration solutions (ORS) at home. After taking these cholera patients to the hospital, Congolese Red Cross volunteers disinfected their households and the means that were used to transport them to the hospital. Red Cross volunteers also witnessed the death of a cholera patient and chlorinated the body prior to burial.

Red Cross messages on cholera prevention and response were broadcasted in nine radio programmes of five different radio stations, including the Congolese National Radio Station and four local radio stations.

The 18 supervisors trained for this operation toured the seven divisions targeted to assess the progress made by Red Cross volunteers. Equipped with a questionnaire designed for evaluation purpose, the supervisors surveyed 270 households. An analysis of the data collected using the Epi Info software gave the following results:

- 87% of the households surveyed know the signs and symptoms of cholera;
- Out of the 2,017 households having the habit of treating their water before consumption, 64% use the boiling method (boil water to disinfect it); 30% chlorinate their water; and 6% use filters;
- 188 households surveyed (69.7% of the total number of households surveyed) declared that they can easily identify a cholera case;
- Only 11.6% of households surveyed declared that they give ORS to their patients before taking them to the hospital;
- While 63.8% of the households surveyed take their patients directly to the hospital, 15.4% say they will normally call a health personnel; and 9.2% say they did not know exactly what to do after identifying a suspected case of cholera;
- 41% of the households surveyed have had at least a case of cholera; and 77% of cases were taken to the hospital within less than 24 hours after the appearance of the first signs

IFRC's Central Africa Regional Representation (CARREP) deployed an RDRT member to Congo Brazzaville to facilitate the implementation of this operation for two months. With the coaching of this Regional Resource person, Congolese Red Cross authorities met with 18 administrative and community leaders in the seven divisions targeted. These authorities included, the Inspector General of the Ministry of Health, the Secretary General of the Sangha division, the Mayo of Djamballa (Plateaux division), the Mayor of Talangai (Brazzaville division), the Chief of Sector No 1 of big endemics, and the Divisional Director of Health in each division targeted. During those meetings, Red Cross officials advocated with the various authorities for the inclusion of activities against cholera in their respective plans of action. All of these authorities praised Red Cross action and contributed to facilitate the work of Red Cross volunteers in the field. The various mayors encountered made available additional sanitation materials to facilitate the work of the Red Cross.



Posters like this were developed and printed to facilitate cholera sensitization in Republic of Congo in 2011. / CRC

Throughout their intervention, Red Cross volunteers reached 50,000 people directly, and 750,000 people living in risk areas indirectly through the dissemination of cholera sensitization messages using local radio stations and various channels.

The main lesson learned so far is that the development of a logical framework and a monitoring plan before the start of the operation facilitated the implementation of activities in the field.

Challenges:

The major challenge was to extend the operation to Pointe Noire, which was not taken into consideration at the time of planning this operation. In any case, the national society and CARREP succeeded in rearranging the budget to make intervention possible in that division without recurring to a budget revision.

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DREF history:

- This DREF was initially allocated on 25 October 2011 for CHF 188,083 for 3 months to assist 750,000 beneficiaries.
 - 1 DREF operation update (current) 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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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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