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Emergency appeal Republic of Congo: Explosion

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCG011
GLIDE n° [AC-2012-000035-COG](#)
26 March 2012

This Emergency Appeal seeks CHF 1,238,920 in cash, kind, or services to support the Congolese Red Cross to assist 13,800 beneficiaries (2,760 families) for 8 months, and will be completed by the end of November 2012. A Final Report will be available by February 2013 (three months after the end of the operation).

CHF 95,607 was allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Un-earmarked funds to replenish DREF are encouraged.

[<click here to view the Emergency Appeal Budget;](#)
[here to view the map; or here to view contact details>](#)



March 4, 2012: Houses and other property destroyed by the explosion of the arsenal in Brazzaville. Photo: Congolese Red Cross

Summary: On 4 March 2012 a fire caused a series of explosions in the arms depot of the Congolese National Army in Brazzaville resulting in the devastation of the surrounding neighbourhoods and 246 deaths, up to 2,200 people injured, and the displacement of an estimated 13,800 people. Reports indicated that hospitals in Brazzaville are overcrowded with the injured and do not have sufficient capacity to manage the increased caseload. The most affected localities are 55 and 59. Other affected areas include districts 51, 53 and 56 in borough 5 of Ouenzé, as well as districts 61, 62, 64, 65, 63 and 66 in borough 6 of Talangai.

Volunteers from the Congolese Red Cross helped to transport the wounded to hospitals in the immediate aftermath of the disaster with the support of Red Cross Red Crescent Movement partners including IFRC. Funds were released from IFRC's DREF to support the National Society in conducting an assessment to evaluate further appropriate response as well as the rapid distribution of non-food relief items.

The emergency appeal will enable an expanded response by providing needed emergency shelter, emergency health and care, water and sanitation and hygiene, as well as early recovery and disaster risk reduction. This operation will be implemented over a period of 8 months and will be completed in November, 2012. A final report will be made available three months after the end of the operation, by February, 2013.

The situation

Five powerful explosions occurred in Brazzaville, the political capital of the Republic of Congo, on 4 March 2012 at around 9 am, precisely at the main arsenal of the Congolese National Army, near the chapel Catholic St. Louis, located between the districts 5 and 6. Caused by a fire of unknown origin, the explosions caused enormous loss of lives and property. Hundreds of injured people from the blocks of Talangai, Ouenzé, and parts of Moundali Mfilou were admitted to the city's health structures. The risk of further explosions from

displaced munitions remains, provoking further fear in the general population. Latest official figures¹ indicate 226 deaths, over 2,200 injured and 13,800 homeless.

To further exacerbate the situation, the affected population is living in temporary resettlement sites with very limited sanitation. The population in the affected districts during the last census of 2002 was estimated at 215,288 inhabitants. The affected area is currently covered only by the base hospital, as the hospital of Talangai was destroyed by the blast. The figures below shows the distribution of cases in hospitals in the city of Brazzaville as of 5 March 2012.

| Hospitals/ sorts of patients ² | CHUB | HCA | HBM | HBT | HBB | HML | Total |
|---|------|-----|-----|-----|-----|-----|-------|
| Total of patients | 325 | 550 | 236 | 14 | 107 | 108 | 1340 |
| Total dead received | 17 | 20 | 4 | 7 | 2 | 1 | 51 |
| Total surgical patients (visceral surgery, orthopaedic surgery, others including amputations) | 30 | 52 | 6 | - | 3 | - | 91 |
| Number of patients already out | 196 | ? | 111 | 7 | 71 | 34 | 419 |
| Number of patients in the hospital and/or waiting for surgery | 82 | 68 | 107 | | 32 | 26 | 315 |
| Transfers | - | - | 7 | - | 2 | 47 | 56 |

Other health structures:

| Health Structures | Clinique Net care | Clinique COGEMEO | Clinique SECUREX | CSI Marien Ngouabi | CSI Maman Mboualé | CSI Kintélé |
|-------------------|-------------------|------------------|------------------|--------------------|-------------------|-------------|
| Number of wounded | 30 | 70 | 42 | 50 | 15 | 12 |

The Director General of Health has requested that health centres around the hospitals coordinate their involvement in the monitoring and management of patients after their hospital discharge.

Coordination and partnerships

In the immediate aftermath of the incident, the government responded to the disaster by arranging for the necessary logistics to extinguish the fire and provide immediate aid to the affected communities. The government then called for an emergency meeting of all partners including the Congolese Red Cross. In coordination with the Department for Humanitarian Action, food and non-food items were distributed and sectoral coordination meetings (including the ministries of health and social and humanitarian action) were organized. Temporary sites were set up by the government with the assistance of various partners.

These sites are:

| Sites | No. of people | Observations |
|--------------------------------|---------------|--|
| Cathedrale | 4,588 | - 2 block of 3 latrines each - Only one water point - One waste pit full - Few latrines in building process - Problem with the first aid post - Army gave few tents |
| Kombo (Market) | 7,309 | - Bad sanitation - No water point - No waste management - Latrines out of order |
| Kimbanguiste Church (Talangai) | 500 | - Lack of waste management - Lack of Shelter - 2 showers, 1 WC - Problem with the first aid post |
| Kimbanguiste Church | 329 | - Lack of waste management |

¹ Report by the Council of Ministers, 8 March 2012

² CHUB: Centre Hospitalier et Universitaire de Brazzaville; HCA: Hopital Central des Armées; HBM: Hopital de Base de Makelekele; HBT: Hopital de Base de Talangai; HBB: Hopital de Base de Bacongo; HML: Hopital Municipal Leyono.

| | | |
|---|-----|---|
| (Armée du Salut) | | - Tents from Army and Tarpaulins from UNHCR |
| Notre Dame du Rosaire (Church) | 892 | - 2 blocs of latrines and 1 shower - Lack of waste management - Tents from Army |
| Eglise Kimbanguiste (Plateaux des 15 ans) | 450 | - Lack of waste management. - Tents from Army and Tarpaulins from UNHCR. |

Other partners providing support in coordination with the government include the World Food Programme (WFP) with food distributions, UNHCR³ with non-food items, World Health Organization (WHO) with technical support and medicines as well as Doctors of Africa (MDA) with a health post in the site of the Cathedral. Assistance was also provided by other governments in the form of a field hospital with eight tonnes of medicine and specializing in trauma from Morocco, while the Democratic Republic of Congo made available 35 professionals and three ambulances to the Mpissa and Makelele base hospitals. Meanwhile, Sao Tome and Principe provided seven nurses and a doctor while the government of France brought in emergency physicians, anaesthetists, pharmacists and 2.5 tonnes of medical equipment, in addition to the 12 tonnes of medicines donated by the Embassy of France in Brazzaville. Plans are underway for Médecins Sans Frontières (MSF) France to install a bladder and build latrines in the site of the Cathedral, while Eni Congo and TOTAL EP provided teams of surgeons, plastic surgeons and medicines from Italy.

Red Cross and Red Crescent action

The Congolese Red Cross, supported by IFRC and the International Committee of the Red Cross (ICRC), responded in the early hours of the disaster through transportation of the injured to available health facilities, psychosocial support to affected families and distribution of food and non-food items such as blankets, mats and drinking water. To date, the National Society continues to deploy volunteers in all sites to support ongoing relief activities and also participates regularly in national coordination meetings. Red Cross Red Crescent Movement coordination meetings are also organized to share further the information received.

IFRC continues to support the Congolese Red Cross in assessing the situation and coordinating assistance. A total of 300 family kits (non-food items) were already distributed, with other relief items expected to arrive in Brazzaville in the coming days. The French Red Cross participates in all coordination meetings of the Movement, and plans to support the National Society with water and sanitation interventions.

The needs

Beneficiary selection: The operation aims to support up to 13,800 people who are currently installed in the resettlement sites. They will be assisted in order to improve their living conditions through distribution of non-food items, construction of temporary shelters, improved access to water and basic sanitation, the promotion of hygiene, psychosocial support and a support for their rehabilitation. The final number of beneficiaries may change based on ongoing assessments.

Immediate needs: Immediate needs start with temporary shelter, non-food items, access to water and basic sanitation and psychosocial support. In terms of health, it is imperative to create in each site a health post. In the site of Nkombo, a water and sanitation emergency response is necessary as there is no water supply in the site and in the neighbourhood. Modern latrines are available but the water points are no longer working, resulting in the affected population having to defecate in the open air. Considering the upcoming raining season and the hygiene situation, this may result in negative health repercussions to the affected communities and the surrounding population. Activities such as health promotion (hygiene, fight against malaria, fight against HIV, access to clean water, vaccination) and training of volunteers in PSSBC and ECMV, with an emphasis on psychosocial support, should be conducted in all sites.

Longer-term needs: The needs in short and long terms is a rehabilitation process through the pursuit of an adequate psychosocial support, capacity building to improve the resilience of the population and supporting the most affected on the reconstruction of their homes.

The proposed operation

The operation is designed to support the Congolese Red Cross in providing relief to 2,760 families (approximately 13,800 persons). The security situation in the site of the disaster is a concern, and IFRC is taking to the necessary steps to minimize the security exposure of CRC volunteers.

³ United Nations Refugee Agency

Emergency shelter and non-food items

| Outcome The immediate sheltering needs of the affected people of the blast in Brazzaville are met. | |
|---|---|
| Outputs (expected results) | Activities planned |
| <p>Appropriate shelter assistance is provided to 2,760 families during the emergency phase of the operation.</p> <p>The basic needs in non-food items are covered through the provision of non-food items to 2,760 families in accordance with international standards.</p> | <ul style="list-style-type: none"> - Conduct assessments to identify beneficiary needs. - Develop beneficiary targeting strategy and registration system to deliver intended assistance. - Coordinate with other humanitarian assistance. - Supply from international and local markets, transport and store non-food items. - Recruit and train volunteers in distributing and non-food assistance and other aspects. - Assist victims in the construction of temporary shelters. - Distribute shelter and households items according to Sphere standards. - Promoting awareness through the necessity of safe and adequate shelter. - Monitor and evaluate the relief activities and provide reporting on relief distributions. - Develop an exit strategy. |

Emergency health and care

| Outcome: The health risks of the emergency on the affected population is reduced through the provision of preventive, community-level and curative services to 2,760 families (13,800 beneficiaries) in 7 sites for 8 months. | |
|--|--|
| Outputs (expected results) | Activities planned |
| The health risks of the affected population are evaluated | <ul style="list-style-type: none"> - Evaluate the basic mortality and morbidity of the population due to the emergency. - - Assess risks to the health of the population in terms of health services, prevention, health needs and risk of communicable diseases. |
| Mortality and morbidity of IDPs are reduced through a better access to primary health care. | <ul style="list-style-type: none"> - Distribute impregnated mosquitoes nets - Train volunteers on communicable disease surveillance in coordination with the Ministry of Health and district health offices. - - Support mass vaccination campaign through 50 volunteers through social mobilization and coordination with the Ministry of Health / WHO / UNICEF with independent monitoring. |
| Health structures are supported by providing health services resulting from the emergency to primary and secondary levels in seven sites. | <ul style="list-style-type: none"> - Identify gaps in the health services in terms of availability of structures, personnel, drugs and equipment and access of the population. - Identify the need for health clinic services and filling gaps. |
| The resilience of the community is improved through better health education, increased knowledge on key public health issues and behavioural change result. | <ul style="list-style-type: none"> - Train volunteers on community-based primary health care. - - Campaigning for health promotion within 7 installation sites of the displaced. |
| The psychosocial support is provided to 2,000 families displaced, by volunteers from the Congolese Red Cross | <ul style="list-style-type: none"> - Psychological support for 200 volunteers involved in the operations. - Train 20 volunteers from the Congolese Red Cross on psychosocial programmes. - Psycho-Social Support to 2000 families affected by the disaster. |

Water, sanitation, and hygiene promotion

| |
|---|
| Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to 2,760 families in 7 sites for 8 months. |
|---|

| Outputs (expected results) | Activities planned |
|--|--|
| Potable water is provided to 2,000 families of seven host sites. | <ul style="list-style-type: none"> - Assess the need for water and wastewater systems in the installation sites of the displaced. - Train volunteers from the Congolese Red Cross on water, sanitation and hygiene promotion. - Install a system of supply, treatment and water distribution in the hosting sites of disaster. - Treat water before distribution to beneficiaries. - Distribute jerry cans required for transportation and water conservation. - Establish water committees at the water points. |
| The affected population installed in the host sites have good access to basic sanitation. | <ul style="list-style-type: none"> - To construct, maintain and keep the community showers and washing areas. - Install bins / waste pits. - Maintain sewage water management. - Organize the vector control at the sites hosting the disaster. - Distribute hygiene and sanitation equipment. |
| The health of the population is improved through activities of hygiene promotion and behaviour change. | <ul style="list-style-type: none"> - Train volunteers on PHAST and on the total sanitation community self management. - Organize campaigns to promote hygiene among the population in general and the population installed in the hosting sites. - Create and facilitate mothers' clubs for hygiene promotion. - Produce and distribute training booklets and posters to support campaigns to promote hygiene. |

Early recovery

Early recovery is a priority for the Federation, but it is still premature to evaluate and specify in detail the needs of the population in terms of rehabilitation and activities to be implemented. Although the government did pledge for construction of houses for all those immediately affected by this disaster, assessments currently underway will further identify opportunities for early intervention and rehabilitation, for the restoration of livelihoods, for the acquisition of permanent and transitional housing and for psychosocial support. The unconditional funding for small grants and "food for work" are some of the activities and approaches that are considered possible to implement.

| Outcome: Based on planned assessments, those affected receive an effective rehabilitation with restored coping mechanisms for their basic needs after 8 months. | |
|--|---|
| Outputs (expected results) | Activities planned |
| 100% of the victims are supported in their efforts for permanent resettlement. | <ul style="list-style-type: none"> - Identify families who lived in private houses. - Support families in the process of acquiring permanent housing. - Supporting families in acquiring temporary housing pending the construction by the government of permanent housing. - Assist families in their installation in permanent housing. - Support reconstruction activities through food for work. |

| Disaster preparedness and risk reduction | |
|--|--|
| Outcome: Improve the level of preparedness and risk reduction in urban areas of Brazzaville for future disasters. | |
| Outputs (expected results) | Activities planned |
| Resource mapping of vulnerabilities, capacities and risks related to urban hazards is conducted | <ul style="list-style-type: none"> - Emergency needs assessments conducted. - Assessments and plans for short – medium term imminent urban risks are conducted. - Training of volunteers in vulnerability and capacity assessment in urban areas. |
| Urban contingency plans are developed | <ul style="list-style-type: none"> - Target vulnerable communities in urban areas with a contingency plan which include measures for households and schools. - Support the development of early warning systems for urban disasters. |

Logistics

The IFRC's logistics delegate in the regional representation for Central Africa office supports the logistics unit of the Congolese Red Cross to:

- Evaluate the logistical infrastructure to identify the best supply chain to support the operation.
- Proceed to the receipt of the goods sent back by air, sea and road and arranging transportation to distribution points.
- Liaise and coordinate with other key stakeholders to ensure optimum use of all information.

Outcome: Relief materials are acquired and sent under the best conditions and within the required time limits.

| Outputs (expected results) | Activities planned |
|--|--|
| The coordinated mobilization of relief goods (reception of all goods coordinated incoming, storage efficient, centralized provision of standard vehicles, coordinated and efficient dispatch of goods to final delivery points) is ensured | <ul style="list-style-type: none"> - Conduct rapid assessments of needs and logistic capacities of the operation. - Develop a strategy and a system of registration and transportation to deliver aid provided. - Distribute Items relief and control the movement of shipping point to the end user. - Monitor and evaluate relief activities and provide reports on the distribution of relief materials. - Develop an exit strategy. |

Communications – Advocacy and Public information

The aim will be to maintain a regular flow of reliable information, between the field and other key stakeholders. This will be vital for fundraising, awareness of the work of the Red Cross and to maintain a strong profile of emergency operations. During an operation, communication between affected populations and structures of the Red Cross, media and donors is an essential mechanism to ensure greater quality operation, accountability and transparency. Communications activities described here are intended to support the national society to improve their communication skills and develop appropriate communication tools. These activities are conducted in close coordination with the IFRC's Communication Unit in Dakar. Activities include:

- Written updates to the IFRC communications team, for further dissemination to media and through IFRC channels such as the website
- Regular photographs to illustrate the continuing work of the Red Cross – sent to the IFRC communications team
- Regular liaison with local and national media in Brazzaville to maintain communications about the work of the Red Cross
- Production of short film footage (to be edited if necessary in Geneva) to illustrate the work of the Red Cross

Capacity of the National Society

The Congolese Red Cross (CRC) is present throughout the territory with its 11 departmental committees. Today, the number of volunteers is estimated at 13,000, of which up to 6,000 are trained first aiders, an asset with great efficiency. The CRC regularly holds its Ordinary General Assembly every four years, with the last held in September 2007 and the next planned for April 2012.

At the national headquarters there is an operational management structure with five technical departments headed by competent directors.

CRC has a recently formed a national disaster response team (NDRT) and five members of the regional disaster response team (RDRT) were already deployed for this operation.

Capacity of the IFRC

IFRC's regional representation for Central Africa (CARREP), in coordination with the Africa Zone office based in Nairobi, Kenya, provides technical and material support to the National Society with the supply of relief materials, development of action plans, logistics and human resources as needed. The regional representation includes a regional programme coordinator, a regional health coordinator and regional disaster

management coordinator, a regional officer for HIV, and a team providing support services. Additional technical support is available from the Africa zone office in disaster management, health and care, organizational development, planning, monitoring, evaluation and reporting (PMER), finance and administration, and mobilization of human resources as needed.

Budget summary

See attached budget (Annex 1) for details.

Matthias Schmale
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Contact information

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Click here

1. Emergency Appeal budget and map [below](#)
2. Click [here](#) to return to the title page

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.

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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.

EMERGENCY APPEAL

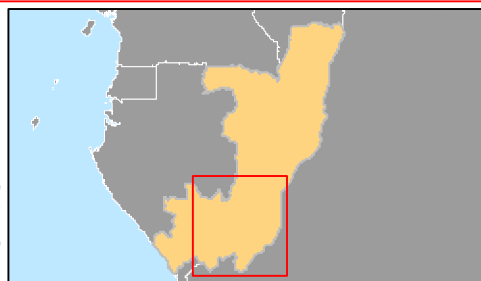
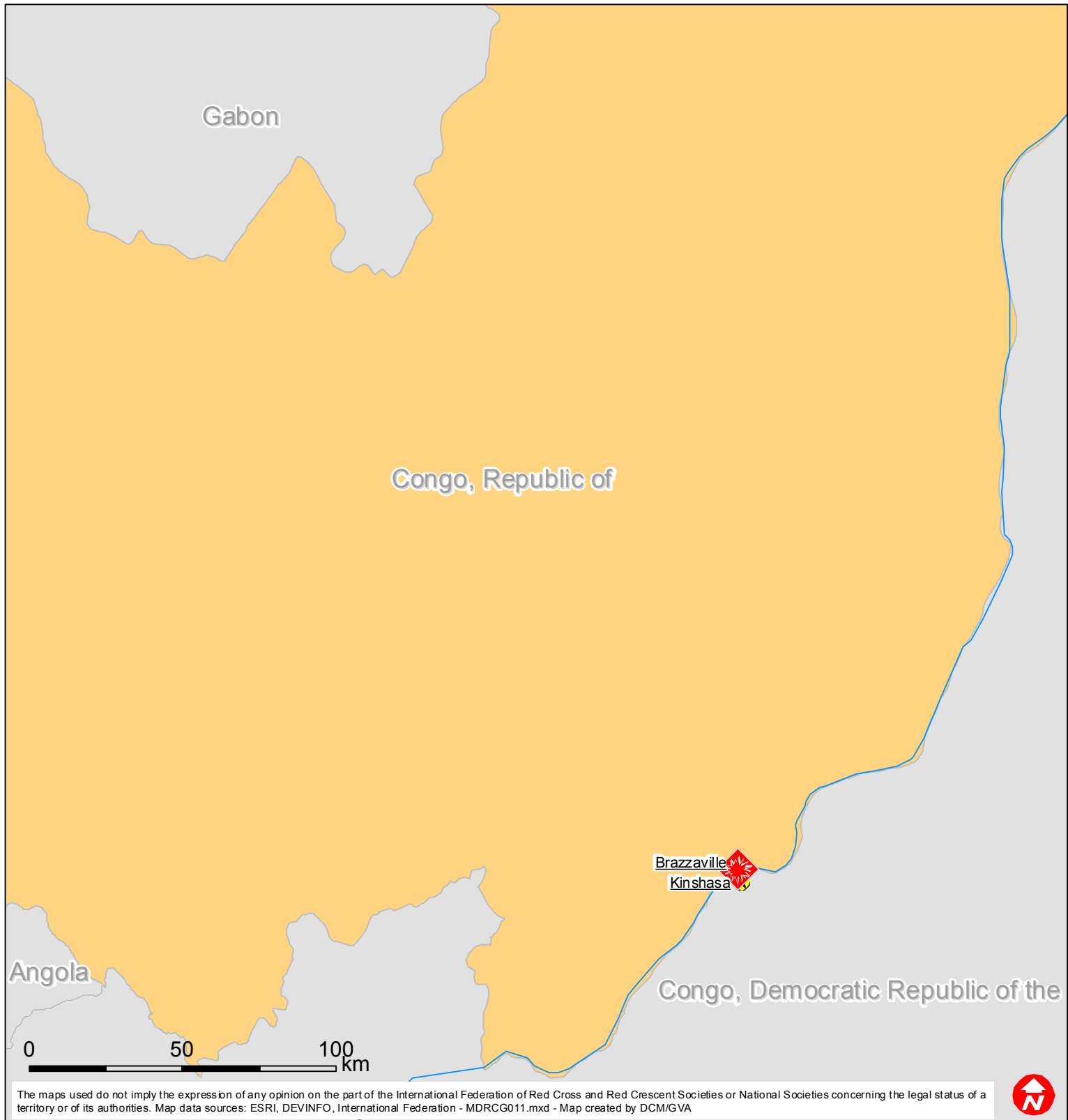
26-03-12

Republic of Congo: Explosion (MDRCG011)

| Budget Group | Multilateral Response | Inter-Agency Shelter Coord. | Bilateral Response | Appeal Budget CHF |
|--|-----------------------|-----------------------------|--------------------|-------------------|
| Shelter - Relief | 129,048 | | | 129,048 |
| Shelter - Transitional | | | | 0 |
| Construction - Housing | | | | 0 |
| Construction - Facilities | | | | 0 |
| Construction - Materials | | | | 0 |
| Clothing & Textiles | 68,346 | | | 68,346 |
| Food | | | | 0 |
| Seeds & Plants | | | | 0 |
| Water, Sanitation & Hygiene | 391,272 | | | 391,272 |
| Medical & First Aid | 71,115 | | | 71,115 |
| Teaching Materials | | | | 0 |
| Utensils & Tools | 127,501 | | | 127,501 |
| Other Supplies & Services | 0 | | | 0 |
| Emergency Response Units | | | | 0 |
| Cash Disbursements | | | | 0 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 787,283 | 0 | 0 | 787,283 |
| Land & Buildings | | | | 0 |
| Vehicles Purchase | 9,452 | | | 9,452 |
| Computer & Telecom Equipment | 945 | | | 945 |
| Office/Household Furniture & Equipment | | | | 0 |
| Medical Equipment | | | | 0 |
| Other Machinery & Equipment | | | | 0 |
| Total LAND, VEHICLES AND EQUIPMENT | 10,397 | 0 | 0 | 10,397 |
| Storage, Warehousing | 8,318 | | | 8,318 |
| Distribution & Monitoring | 5,671 | | | 5,671 |
| Transport & Vehicle Costs | 26,843 | | | 26,843 |
| Logistics Services | | | | 0 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 40,832 | 0 | 0 | 40,832 |
| International Staff | 66,163 | | | 66,163 |
| National Staff | 13,233 | | | 13,233 |
| National Society Staff | 18,904 | | | 18,904 |
| Volunteers | 145,380 | | | 145,380 |
| Total PERSONNEL | 243,678 | 0 | 0 | 243,678 |
| Consultants | | | | 0 |
| Professional Fees | | | | 0 |
| Total CONSULTANTS & PROFESSIONAL FEES | 0 | 0 | 0 | 0 |
| Workshops & Training | 50,095 | | | 50,095 |
| Total WORKSHOP & TRAINING | 50,095 | 0 | 0 | 50,095 |
| Travel | 5,671 | | | 5,671 |
| Information & Public Relations | 17,410 | | | 17,410 |
| Office Costs | 3,025 | | | 3,025 |
| Communications | 3,781 | | | 3,781 |
| Financial Charges | 1,134 | | | 1,134 |
| Other General Expenses | | | | 0 |
| Shared Support Services | 0 | | | 0 |
| Total GENERAL EXPENDITURES | 31,021 | 0 | 0 | 31,021 |
| Partner National Societies | | | | 0 |
| Other Partners (NGOs, UN, other) | | | | 0 |
| Total TRANSFER TO PARTNERS | 0 | 0 | 0 | 0 |
| Programme and Supplementary Services Recovery | 75,615 | 0 | | 75,615 |
| Total INDIRECT COSTS | 75,615 | 0 | 0 | 75,615 |
| TOTAL BUDGET | 1,238,920 | 0 | 0 | 1,238,920 |
| Available Resources | | | | |
| Multilateral Contributions | | | | 0 |
| Bilateral Contributions | | | | 0 |
| TOTAL AVAILABLE RESOURCES | 0 | 0 | 0 | 0 |
| NET EMERGENCY APPEAL NEEDS | 1,238,920 | 0 | 0 | 1,238,920 |



Republic of Congo: Explosion



Explosion