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Emergency appeal final report

Republic of Congo: Explosion

 International Federation
of Red Cross and Red Crescent Societies

Final report

Emergency appeal n° MDRCG011

GLIDE n° AC-2012-0000-COG

31 March, 2013

Period covered by this Final Report: 26 March 2012 to 26 February, 2013.

Appeal target (current): CHF 1,238,922.

Appeal coverage: 65%;
<click here to go directly to the final financial report, or here to view the contact details>

Appeal history:

- CHF 95,607 was initially allocated from the Federation's [Disaster Relief Emergency Fund \(DREF\)](#) to support the national society in responding by delivering assistance.
- The [Emergency Appeal](#) was launched on 26 March, 2012 for CHF 1,238,922 for 8 months to assist 13,800 beneficiaries.
- [Operations update No 1](#) was published on 30 May, 2012 to highlight the achievements of the operation then.



The Congolese Red Cross distributed basic non-food items to people affected by the explosion. Picture by the Congolese Red Cross

Summary: Since 4 March, 2012, the Congolese Red Cross (CRC), with technical and financial support from IFRC, participated in the operation to assist people affected by the Mpila explosions. With the objective of “contributing to the improvement of living conditions of affected families,” CRC intervened in areas like emergency assistance to the affected, construction/installation of emergency shelter on temporary sites, preparation of transit sites according to SPHERE standards, distribution of food and non-food items (NFIs) to the affected, water, hygiene and sanitation, health promotion, psychosocial support, early recovery of affected families, strengthening the capacity of National Society officials and volunteers in various areas of assistance (Knowledge of RC/RC Movement, site setting-up and management, community-based health and first aid, psychosocial support, logistics, management of income-generating activities, planning-monitoring-evaluation-reporting (PMER), etc.).

Specifically, CRC built/set up emergency shelters on temporary sites, brought drinking water to the affected by water trucking, organized health promotion and advocacy sessions and mobilization campaigns on diseases such as cholera and measles, hygiene and sanitation promotion campaigns. Others included the identification and training of 200 affected families, in the management of income-generating activities (IGAs) and allocation of kits to start IGAs. However, activities to rehabilitate some selected houses destroyed by the explosion were not finalized because of the reluctance of beneficiaries who were hoping that the government would build new houses for them.

At the beginning of the operation, some cases of cholera were reported in displaced persons sites, but were quickly responded to and brought under control. In general, beneficiaries have expressed satisfaction with the Red Cross intervention. Moreover, during a meeting to review Red Cross action, attended by representatives of the Congolese government and beneficiaries, the latter expressed the wish that the Congolese Red Cross should continue to cater for them, until the government built new houses for them.

Among the major challenges was the fact that government officials were regularly slow in granting partners access to various sites, including the Red Cross, while some actors failed to fulfill their commitments vis-à-vis the Red Cross. Consequently, CRC decided that henceforth, a memorandum of understanding must be signed between the national society and any given actor requiring the services of volunteers, prior to the deployment of any Red Cross volunteer to the sites.

In a bid to ensure more efficient and sustainable intervention, CRC will continue to carrying out serious advocacy on public authorities in order to seek broad based solutions, with the participation of all stakeholders. However, additional technical and financial support will be needed to carry out its activities.

Considering that lack of warehouses meeting the standards and the high cost for renting them in Brazzaville was also a major challenge, Red Cross is looking out for partners to support the renting or construction and management of a warehouse in Brazzaville.

The IFRC is thankful to the following Partner National Societies and governments for their kind support to the Appeal: European Commission-DG ECHO, Japanese Red Cross Society, Red Cross of Monaco and The Canadian Red Cross Society.

The situation

Since 4 March 2012, the Congolese Red Cross, with financial and technical support from the IFRC, alongside government and other partners, has been participating in the operation to assist people affected by the arms and ammunition deposit explosions in the Mpila military camp in Brazzaville.

Until 15 May 2012, about 10,046 affected people were spread in the following nine host sites: Cathédrale Sacré Cœur, Notre Dame du Rosaire church, Saint Grégoire de Massengo church, Kimbanguiste churches in Talangaï and Plateau des 15 ans, Armée du Salut du Plateau de 15ans church, Stade Annexe Massamba Débat, Stade Eboué, Nkombo Market and Stade Marchand (closed).

At the beginning of June, the number of people affected in the sites dropped to about 5,000; though their living conditions remained precarious. To improve the living conditions of affected people in the sites, the government decided to prepare three new sites and close seven old ones that were below international standards, namely: Cathédrale Sacré Cœur, Notre Dame du Rosaire, St. Grégoire de Massengo, Armée du Salut du Plateau de 15ans church, Kimbanguiste Plateau des 15 ans and Talangaï and Nkombo Market. The affected were then relocated to five new sites that met SPHERE standards, namely: Cité des 17 (module ENI-Congo Assistance-Caritas and module CRC-Rotary-DGTT), Stade Marchand, Stade Eboué and Kintélé.

In early January 2013, the Government decided to close the two sport facility sites, i.e. Stade Marchand and Stade Eboué. The affected from these two sites were either relocated to Cité des 17, Kintélé or to new Government-built social housing facility in Kintélé. Others, especially tenants, who had received 3 million CFAF as emergency allocation simply left the sites.

The current situation in the two remaining sites is as follows:

	Site	Number of families	Number of persons	Comments
1	Cité des 17	226	1175	<ul style="list-style-type: none"> Relocation process underway: 107 families have already been relocated to social housing facility built by the government in Kintélé. 43 families were planned a few days ago, and are waiting. Safe water shortage. Water is supplied to the site fortnightly;

				<ul style="list-style-type: none"> • Lack of latrine disinfectants; • Shortage of medications in health post; • Problem of sanitation in the site.
2	Kintélé	83	688	<ul style="list-style-type: none"> • Relocation process underway; • Safe water shortage; • Lack of latrine disinfectants; • Shortage of medications in health post; • Problem of sanitation in the site.
3	Stade Eboué	00	00	Closed
4	Stade Marchand	00	00	Closed
TOTAL		309	1863	

Since 5 January 2013, the Congolese Red Cross has withdrawn its teams of volunteers from all affected sites, following the exhaustion of funds for this operation.

Taking into account the numerous problems reported in the comments column in the table above, and the resurgence of cholera in the capital city; which is also affected by recurring floods, the CRC is soliciting financial support to continue supporting affected people who are still in these sites.

Expenditure variance

The variance on the food, computers & telecom, logistics services, travel and office costs budget lines are due to the fact that activities funded by ECHO have not been captured on the approved budget which were submitted before ECHO contributions were finalized. Unfortunately the budget was never revised accordingly.

The one on storage was caused by the delay of the distribution and other related challenges resulting in the items being stored for longer than was expected. Similarly, the variance for distribution & monitoring resulted from the ongoing renovation of the road between Yaoundé and Brazzaville, resulting in much longer trips by the transporters and consequently higher transport costs.

Red Cross and Red Crescent action

Achievements against outcomes

Overview

Emergency shelter and non-food items	
Outcome: The immediate shelter needs of the people affected by explosion 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 people affected 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.

Impact:**Emergency shelter:**

- Immediately after the disaster occurred, affected families were quickly accommodated in transit sites without minimal preparation. The numerous problems that appeared rapidly reinforced the need for safer and more appropriate solutions regarding the accommodation of affected people. Several sites were identified and a team of 20 trained Red-Cross Volunteers actively installed them. They began with the sites of Kintélé, Cité des 17 and Chacona; the project on the SIACIC site was cancelled.
- CRC supported by IFRC, designed plans for the installation of the Cité des 17, Chacona and Stade Marchand sites. A total of 20 CRC volunteers were quickly trained on the installation of tents, in collaboration with IFRC and Shelter Box that negotiated with CRC for the installation of the tents donated by Total. So far, CRC volunteers have installed both Government and Total donated tents (104 tents) in the site of Cité des 17. Government has installed 146 tents on the same site, making a total of 250 tents installed in the site of Cité des 17 that has been planned for 1,250 people. The other part of the same site, which received 100 tents for 500 people, is managed by Fondation Congo Assistance and Caritas Congo, with financial support from ENI Oil Company.
- Supported by IFRC, CRC volunteers also installed 76 tents provided by Total in the site of Chacona. Part of that site will be installed by government. The site was planned for about 750 people, i.e. about 150 families.
- Supported by IFRC, CRC volunteers also installed 41 tents provided by the Government in the site of Stade Marchand. That site received about 663 people, i.e. about 189 families.
- CRC/IFRC tents have also been installed in all the sites to serve as Red Cross offices.
- On Shelter Box request, 20 Red Cross volunteers participated in the installation of about 1,500 tents (offered by Rotary Club) in the compounds located in the affected area for some affected people who accepted to return to their partially or completely destroyed homes, and some who stayed in their homes within the affected area. This distribution was highly appreciated by affected people who needed tents, though it was impossible to meet the demand.

Distribution of food and non-food items:

After the training of 150 CRC volunteers, 30 of them conducted an evaluation in the various transit sites with the view to establishing lists of beneficiaries. Using these lists, they developed distribution tools such as standards, tickets, and vouchers. They also developed a protocol for the constitution of the kits to be distributed. Trained Red-Cross volunteers organized 12 distribution sessions, precisely 6 distributions in former transit sites, namely Stade annexe, Kimbanguiste Talangaï, Kimbanguiste Plateau de 15 ans, Armée du salut Plateau de 15 ans, Saint Grégoire de Massengo and Notre Dame du Rosaire, and 6 distributions of food and non-food items in 3 of the new transit sites. The items distributed (food and non-food items) were made available by IFRC and other partners such as Chevron, Total, DMC-Iron Congo, LCB and Warid Congo. About 1460 families were reached by the distributions in former sites, and about 512 in new sites. Many of the 1972 affected families who received food and non-food items expressed their satisfaction and appreciation to the Red Cross and partners for that very important aid that helped them meet a great deal of their basic needs.

The following tables summarizes the 12 distribution sessions that were carried out by CRC volunteers, under the supervision of the regional resource person deployed by CARREP to Brazzaville for the operation, and even with the full support of the disaster management department of the Federation; in the case of the Notre Dame du Rosaire site specifically and orphanages; specifically that of Makélékélé

Former transit sites covered						
N°	Sites	Items distributed	Number of families	Donors	Comments	
1	Stade Annexe	Non-food items (NFI)	138	IFRC, TOTAL & Chevron		
2	Kimbanguiste Talangaï	NFI	507	IFRC		
3	Armée du Salut Plateaux des 15ans	NFI and food items (FI)	255	IFRC & TOTAL		

4	Kimbanguiste Plateaux des 15 ans		208		
5	Saint Grégoire de Massengo	NFI and FI	120	TOTAL & Warid	NFI by TOTAL, and FI by Warid
		Kits for pregnant and breastfeeding women	20		Warid and TOTAL
6	Notre Dame du Rosaire	NFI	212	FICR and Total	
Total			1460		
New transit sites covered					
N°	Sites	Items distributed	Number of families	Donors	Comments
1	Cité des 17 Modules Red-Cross and Government	Food/Non Food Items *Eau de javel	238	Chevron/Government FICR	
2	Kintélé	Food et Non Food Items *Eau de javel	85	Chevron/Government FICR	
3	Stade Marchand	*Eau de javel	189	FICR	5 litres per family
Total			512		

CRC also made donations to the three (3) orphanages that received orphans and unaccompanied children (UC) from the disaster zone.

N°	Denomination	Items distributed	Number of orphans	Donors	Comments
1	Makélékélé Orphanage/children's home	Food et Non Food Items	71	FICR/CICR/Chevron/Total /LCB Alain Roux/Warid/DMC Iron	These orphanages appealed for help from the CRC, to support unaccompanied children (UCs) and in searching and reuniting these UCs with their families.
2	Fatima Orphanage in Mpila	Food et Non Food Items	54	FICR/CICR/Chevron/Total /LCB Alain Roux/Warid/DMC Iron	
3	Yamba nga Orphanage in Plateau 15ans	Food et Non Food Items	32	FICR/CICR/Chevron/Total /LCB Alain Roux/Warid/DMC Iron	
Total			157		

In orphanages, transit and resettlement sites, distributions were done according to standard rules (sphere standards), which made it possible to reach all targeted beneficiaries without discrimination, and in respect of their dignity, through a good organization of beneficiaries in pre-established distribution chains. Beneficiaries also received items that were well adapted to their new environment, and thus contributing significantly to the improvement of their living conditions.

In these orphanages, the items targeted to suit their needs and demands were a huge boost both for the staff of these centres, and also for the joy of these kids had been abandoned due to the disaster.

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 population are evaluated	<ul style="list-style-type: none"> Evaluate the basic mortality and morbidity of the population due to the emergency. Assess the 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 insecticide-treated mosquito nets • Train volunteers on communicable diseases surveillance in coordination with the Ministry of Health and district health offices. • Support mass vaccination campaign by mobilizing 50 volunteers to conduct social mobilization and independent monitoring under the coordination of the Ministry of Health /WHO / UNICEF.
Health structures are supported by providing health services resulting from the emergency at 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 fill them.
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. • Campaign 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 operation. • Train 20 Congolese Red Cross volunteers on psychosocial programmes. • Psycho-Social Support to 2,000 families affected by the disaster.

Impact: Immediately after the disaster struck, CRC mobilized more than 200 volunteers to assist affected persons. The first action of these volunteers was to transport the injured to health centres and hospitals.

Once the affected people were accommodated in temporary sites, Red Cross volunteers went there to provide psychological support. This support was extended to the national funeral ceremony that was decreed by the Head of State, where 60 CRC volunteers ensured health coverage during the national funeral ceremony.

A total of 30 Red Cross first-aiders participated in the collection, cleaning and burial of corpses, as well as in the disinfection of sites where corpses were collected. They also offered relief assistance to participants at the funeral ceremony.

ICRC supported the assessment of health needs in temporary sites where affected people were accommodated. This assessment resulted in the donation by ICRC of 10 basic health kits to the health posts of the former sites of St Grégoire, Kimbanguiste Talangai, Nkombo, and later distributed 3 others to the health posts of the new sites of Cité des 17, Stade Marchand and Kintélé. A total of 15 basic health kits were distributed to the First Aid Team Leaders. The same basic health kit was given to Brazzaville Departmental Direction of Health for future donation to any health post/centre in need.

CRC deployed 3 nurses (Red Cross volunteers) for the monitoring of the basic health kits donated by ICRC. A total of 10 First-aid and dressing kits were distributed to health posts of the 10 temporary sites. This donation facilitated the administration of first aid to injured persons. The same kits were also distributed to CRC team leaders in the field. Monitoring of the distributed kits showed that they were very helpful in the field.

ICRC organized several trauma counselling sessions for Red Cross volunteers and mortuary attendants of the university teaching hospital.

With support from IFRC, 200 CRC volunteers were trained on community-based primary health care, communicable diseases surveillance, and health promotion. A total of 60 CRC Volunteers participated in 2 social mobilization sessions under the coordination of the Ministry of Health /WHO / UNICEF, against measles and cholera. Social mobilization campaigns for vaccination against measles and good practices/hygiene behaviour against cholera considerably helped to combat measles and cholera epidemics outbreaks in the transit sites. About 2500 affected families were sensitized.

As this operation was coming to an end, the Republic of Congo was once again hit by other disasters such as the November 2012 floods in Pointe-Noire and Kouilou, followed by a persistent cholera epidemic with a total of 259 cases, including 7 deaths.

With technical and financial support from IFRC, CRC which was already assisting flood affected people was also involved in the response to the cholera epidemic since November 2012. The worsening of the epidemic however, prompted the Director General of Health to reiterate his appeal to the CRC, for a greater and widespread intervention in the town of Pointe-Noire. (See letter No. 0247/MSP/DGS.13 of 25 February 2013, of the DGS to the President of the CRC NS).

In Brazzaville, CRC effectively participated in the operation to assist people affected by November 30 2012 crash at Mfilou. Still with the technical and financial support of the IFRC, CRC has been carrying out relief operation for the benefit of the flood affected in the districts of 1 Makélékélé, 4 Mougali, 6 Talangaï and 7 Mfilou since December 9, 2012.

A total of 20 CRC volunteers were trained in psychosocial support and offered psychosocial support to 2,500 affected families in the transit sites.

For a more efficient and sustainable intervention, CRC is carrying out serious advocacy on public authorities in order to seek broad based solutions, with the participation of all stakeholders. Furthermore, it is seeking for additional technical and financial support to carry out its activities.

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 host sites. • Create and facilitate mothers' clubs for hygiene promotion. • Produce and distribute training booklets and posters to support hygiene promotion campaigns.

Impact: Once the affected populations were installed in the temporary sites, CRC deployed a team of 11 volunteers there to carry out daily disinfection of latrines and showers, with IFRC support. A total of 112 latrines and 70 showers were disinfected.

With financial and material support from Chevron Oil Company, 20 CRC volunteers carried out hygiene and sanitation activities in the 9 sites for 14 days.

One week later, forty-nine (49) CRC volunteers were trained on hygiene and sanitation and deployed to various sites to carry out hygiene and sanitation activities, with support from the French Red Cross and the collaboration of the Directorate General of Hygiene and the World Health Organization (WHO).

Also,, with support from the French Red Cross, sufficient quantity of water was provided through trucking to the sites of Cathédrale, Nkombo, Kimbanguiste Talangai, Saint Grégoire, Stade Annexe Massamba Débat, Stade Marchand and Notre Dame du Rosaire.

In addition, 90 Red Cross volunteers were trained on appropriate washing methods and have conducted hygiene promotion activities and water chlorination in the various sites. Some latrines and showers were also constructed during the first months of the operation.

The following table summarizes the various facilities that have been constructed in the various former sites and later in Chacona site:

Sites	Number of latrines constructed	Number of showers constructed	Washing areas	Washstands with chlorinated water	Bladders	Comments
Cathédrale					1	
Marché Nkombo	24 ventilated latrines with sanplat slabs			8		
Stade Eboué						Authorization not obtained until closure
Kimbanguiste Talangai	6 temporary latrines	3	1	3	1	Affected people have been mobilized for the collection of garbage
Saint Grégoire	6 latrines	8 showers				
Stade annexe	6 latrines	4 showers			1	
Notre Dame de Rosaire					3 (MSF France)	Further Red Cross activities are pending final census of affected people
Stade Marchand	6 latrines	4 showers		1		Few people in this site (unofficial site)
Total	48	19	1	12	5	

In the Chacona site CRC, and supported by the French Red Cross constructed a water supply network where some of the affected people would be relocated. This activity was carried out in collaboration with the national water supply company known as SNDE, and the Direction Generale des Grands Travaux known as DGGT.

Site	Number of latrines constructed	Number of showers constructed	Washing areas	Washstands with chlorinated water	Bladders or tank	Comments
Chacona					1	A complete safe water distribution network and a reservoir tank were installed. 4 batteries of elevated concrete latrines and a block of latrines and showers for the disabled were also

						built. This site still has to be opened.
Cité des 17					1	1 tank was provided for storing drinking water, in case of shortage in the SNDE network.
Total						

The major challenge was the fact that government officials were regularly slow in granting partners access to various sites, including the Red Cross. Moreover, some actors have failed to fulfil their commitments vis-à-vis the Red Cross. Consequently, CRC decided that henceforth, a memorandum of understanding must be signed between the national society and any given actor requiring the services of volunteers, prior to the deployment of any Red Cross volunteer to the sites. Some sanitation activities were not carried out in the field because some actors did not respect their promises made to Red Cross.

Early recovery

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 people affected 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.

Impact: After authorization by Government, the non-governmental organization (NGO) Shelter Box requested the support of Red Cross volunteers to install some tents in selected neighbourhoods. Subsequently, 20 CRC volunteers helped Shelter Box teams to install about 1,500 tents in the affected area, but the demand of tents on the field was so still high that it was not possible to meet all the needs of the affected people.

A total of 30 CRC volunteers conducted a thorough assessment of the transit sites and affected neighbourhoods, and constituted a more comprehensive list of 49 beneficiaries for partial rehabilitation of houses and 183 beneficiaries for income generating activities.

Following a call for tenders issued by CRC, building materials were purchased to prepare reconstruction kits to be distributed to 49 beneficiary identified families, but this activity was not finalized for security and strategic reasons beyond the control of the CRC. In fact, community and neighbourhood leaders of the disaster zone discouraged the implementation of these activities on the grounds that all issues related to reconstruction of destroyed houses were very sensitive and posed serious security problems in the neighbourhoods. Most affected families preferred to wait for the complete reconstruction of their houses as promised by the government.

Similarly, the Ministry of Humanitarian Action asked CRC not to take the risk of rebuilding houses in the disaster area, since the Government communicates very little about its strategies on this issue. However, government sources confirmed that a list of possible areas for reconstruction would be published shortly, and tenders issued for the reconstruction of destroyed houses. The Ministry of Humanitarian Action strongly advised CRC to renegotiate the use of materials purchased within the framework of its various assistance activities.

In addition, the government built 1000 social housing facilities in Kintélé where hundreds of affected families were resettled, pending the reconstruction of their houses by the government. The relocation process is still underway continue.

A total of 183 affected families received kits amounting to CFA F 250,000 to help start an income-generating activity. Some 40% of the families that received IGA kits left the sites and found homes in various parts of the town, where they are carrying out their small businesses.

However, hundreds of affected families did not receive emergency assistance granted by the Government, with this situation regularly breeding tensions among them.

In addition to these hundreds of families affected on 4 March 2012 that were still waiting for the CFA 3,000,000 emergency allocation promised by the government, there are also the Brazzaville flood-affected (that occurred in December 2012) families yet to receive the 300,000F CFA emergency allocation from the government.

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 to medium term 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.

Impact: In the early hours of the disaster, CARREP supported CRC with the rapid assessment of the situation, which resulted in the launching of a DREF operation and this emergency appeal. The evaluation was conducted in close collaboration with national society staff. The volunteers involved in this operation were trained on the specific sectors of the operation, but training on vulnerability and capacity assessment in urban areas was planned and will take place as soon as funds are available.

The other Movement partners present in Brazzaville joined efforts with IFRC for the organization of an assessment workshop during which lessons learned from this operation were drawn. The output of that workshop yielded the development of an exit strategy, based on which, the national society would implement some last activities with support from the government and improve the participation of all stakeholders. The Ministry of Humanitarian Affairs positively appreciated the proposal of Red Cross exit strategy, but still has no available funds to support that strategy.

Logistics

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 relief items and control the movement from shipping point to the end user. • Monitor and evaluate relief activities and provide reports on the distribution of relief materials. • Develop an exit strategy.

Impact: When the disaster occurred, CARREP's logistics services transported items that were available in the warehouse in Yaoundé to Brazzaville by road. The same items have been ordered from Dubai to replenish the stock in Yaoundé, in preparation for subsequent disasters within the region.

In addition to the items transported from Yaoundé, many other items were bought in Brazzaville. In order to ensure smooth supply of the operation, CARREP's Logistics Officer travelled to Brazzaville to support the national society with logistics procedures.

The major difficulty was the lack of warehouses meeting the standards and the high cost for renting them in Brazzaville. Cross is looking out for partners to support the renting or construction and management of a warehouse in Brazzaville.

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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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Selected Parameters	
Reporting Timeframe	2012/3-2013/2
Budget Timeframe	2012/3-2012/11
Appeal	MDRCG011
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	1,238,922					1,238,922	
B. Opening Balance	0					0	
Income							
<u>Cash contributions</u>							
<i>European Commission - DG ECHO</i>	717,899					717,899	5,029
<i>Japanese Red Cross Society</i>	40,900					40,900	
<i>Red Cross of Monaco</i>	18,029					18,029	
<i>The Canadian Red Cross Society</i>	23,068					23,068	
C1. Cash contributions	799,896					799,896	5,029
<u>Other Income</u>							
<i>DREF Allocations</i>	95,607					95,607	
C4. Other Income	95,607					95,607	
C. Total Income = SUM(C1..C4)	895,503					895,503	5,029
D. Total Funding = B + C	895,503					895,503	5,029
Coverage = DJA	72%					72%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	895,503					895,503	5,029
E. Expenditure	-886,760					-886,760	
F. Closing Balance = (B + C + E)	8,743					8,743	5,029

Selected Parameters	
Reporting Timeframe	2012/3-2013/2
Budget Timeframe	2012/3-2012/11
Appeal	MDRCG011
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	1,238,922						1,238,922	
Relief items, Construction, Supplies								
Shelter - Relief	129,048	35,590				35,590	93,458	
Clothing & Textiles	68,346	69,368				69,368	-1,022	
Food		19,334				19,334	-19,334	
Water, Sanitation & Hygiene	391,272	20,310				20,310	370,962	
Medical & First Aid	71,115						71,115	
Utensils & Tools	127,501	8,649				8,649	118,852	
Total Relief items, Construction, Supplies	787,282	153,250				153,250	634,032	
Land, vehicles & equipment								
Vehicles	9,452						9,452	
Computers & Telecom	945	2,212				2,212	-1,267	
Total Land, vehicles & equipment	10,397	2,212				2,212	8,185	
Logistics, Transport & Storage								
Storage	8,318	11,450				11,450	-3,132	
Distribution & Monitoring	5,671	11,424				11,424	-5,753	
Transport & Vehicles Costs	26,843	8,863				8,863	17,980	
Logistics Services		4,983				4,983	-4,983	
Total Logistics, Transport & Storage	40,832	36,720				36,720	4,112	
Personnel								
International Staff	66,163	70,525				70,525	-4,362	
National Staff	13,233	1,210				1,210	12,023	
National Society Staff	18,904	18,905				18,905	-1	
Volunteers	145,380	102,502				102,502	42,878	
Total Personnel	243,680	193,141				193,141	50,539	
Consultants & Professional Fees								
Professional Fees		0				0	0	
Total Consultants & Professional Fees		0				0	0	
Workshops & Training								
Workshops & Training	50,095	50,255				50,255	-160	
Total Workshops & Training	50,095	50,255				50,255	-160	
General Expenditure								
Travel	5,671	19,039				19,039	-13,368	
Information & Public Relations	17,410	4,335				4,335	13,075	
Office Costs	3,025	5,597				5,597	-2,572	
Communications	3,781	1,639				1,639	2,142	
Financial Charges	1,134	5,181				5,181	-4,047	
Other General Expenses		111				111	-111	
Shared Office and Services Costs		6,528				6,528	-6,528	
Total General Expenditure	31,021	42,429				42,429	-11,408	
Contributions & Transfers								
Cash Transfers National Societies		347,059				347,059	-347,059	
Total Contributions & Transfers		347,059				347,059	-347,059	
Indirect Costs								
Programme & Services Support Recov	75,615	53,629				53,629	21,986	
Total Indirect Costs	75,615	53,629				53,629	21,986	
Pledge Specific Costs								
Pledge Earmarking Fee		6,665				6,665	-6,665	
Pledge Reporting Fees		1,400				1,400	-1,400	

Selected Parameters	
Reporting Timeframe	2012/3-2013/2
Budget Timeframe	2012/3-2012/11
Appeal	MDRCG011
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A						B	A - B
BUDGET (C)		1,238,922					1,238,922	
Total Pledge Specific Costs			8,065				8,065	-8,065
TOTAL EXPENDITURE (D)	1,238,922	886,760				886,760	352,162	
VARIANCE (C - D)		352,162				352,162		