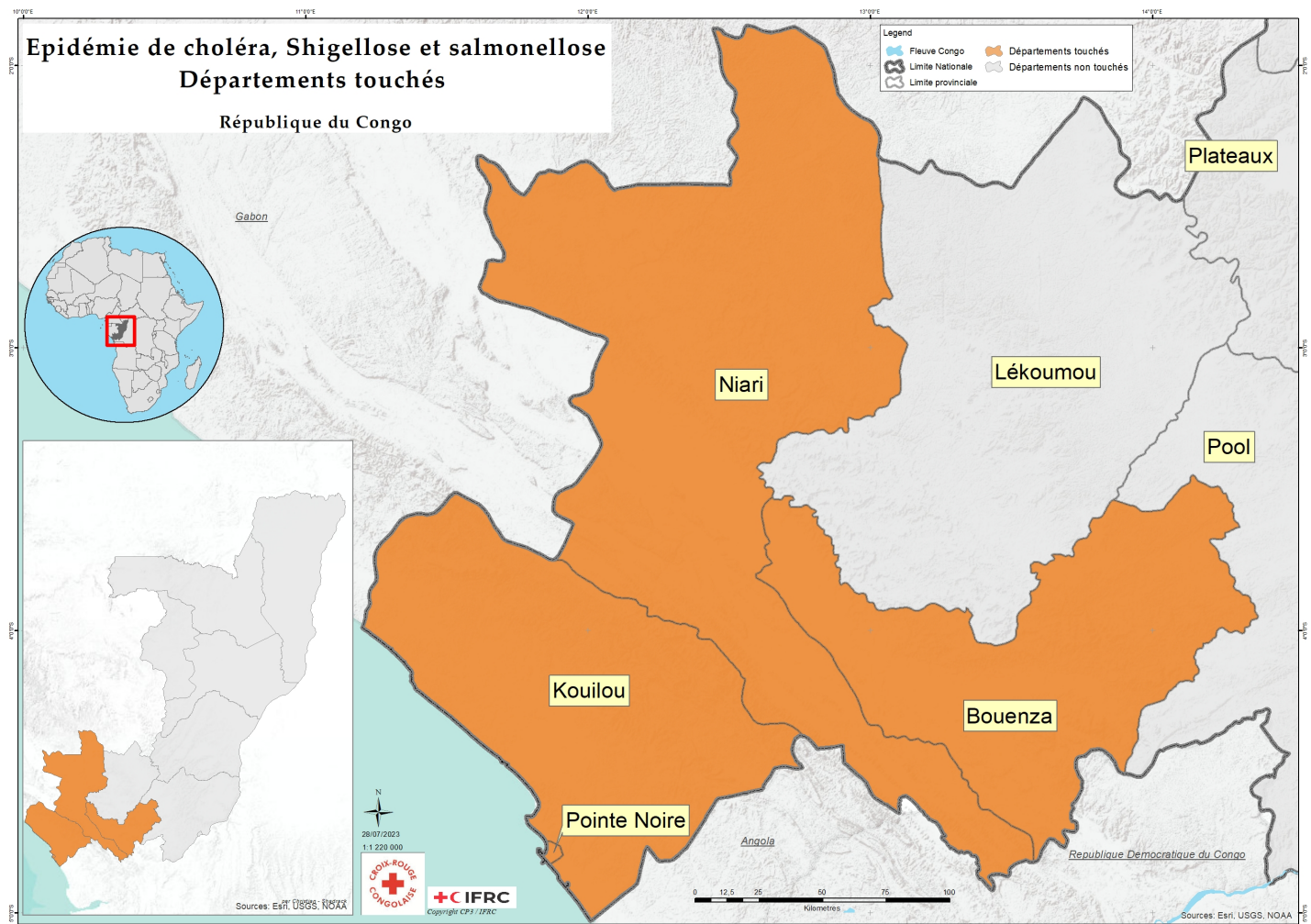




visite des malades par le ministre

Appeal: <b>MDRCG021</b>	Country: <b>Congo</b>	Hazard: <b>Epidemic</b>	Type of DREF Response
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 260,809</b>	
Glide Number: <b>EP-2023-000127-COG</b>	People Affected: <b>84,240 people</b>	People Targeted: <b>84,240 people</b>	
Operation Start Date: <b>2023-07-29</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>2023-11-30</b>	DREF Published: <b>2023-07-31</b>
Targeted Areas:	<b>Bouenza, Kouilou, Niari, Pointe-Noire</b>		

# Description of the Event



Targeted areas by Congo RC

## What happened, where and when?

On July 17, 2023, the Republic of Congo declared an epidemic of cholera, shigellosis and salmonellosis in the city of Dolisie. The declaration of the above outbreaks were still unclear with no official data shared to evaluate the situation and on which NS could rely for any intervention.

On 22 July, the MoH bulletin shared shows that the declaration followed cumulative sample testing after rising of death and increased alerts on suspected deaths and cases since the first case in Dolisie. According to the local authorities, the history of the first case dates back to June 30 in Dolisie, in the department of Niari, when a patient presented the following symptoms fever, diarrheas' and vomiting at Dolisie general referral hospital. No data was shared on the itinerary and exact residency of this first suspected case and no sample were done to confirm the case. Local authorities raised an alert for communities and health service vigilance.

Since then, similar cases broke out in Dolisie and later in Pointe-Noire, Kouilou and Bouenza. As of 22 July, 30 confirmed cases of cholera and 63 suspected cases were reported of which 95% were in Dolisie and newly reported cases in Pointe Noire. However, since 1st July, there has been a clear rising of cases, spreading to other areas. On the samples analyzed, in addition to the cholera there were also reported cases of shegolosis (14 cases in Dolisie) and others like Salmonesis diseases. Both reported from Dolisie, Buenza, pointe Noire and Kioulou.

Cholera and shigellosis epidemics are not endemic in the region and that the most affected age group is 5 to 14 years

from the last bulletins received. The Government has stated the situation as a "health emergency" and request for immediate actions from different partners.

Tableau 1 : Répartition des cas suspects par localité du 28 juin au 18 juillet 2023

Département/ District	Cumul de cas présumés	Nombre de décès
Niari	1 704	17
➤ Dolisie	1 701	17
➤ Kimongo	3	0
Pointe- Noire	31	5
Bouenza	11	2
➤ Mouyondzi	3	1
➤ Madingou	1	1
➤ Loudima	7	0
Brazzaville	1	1
Kouilou	5	1
➤ Mvouti- Kakamoeka	5	1
Total	1 752	26



distribution of cases by locality

WHO hands over care inputs to Niari departmental director

### Scope and Scale

Dolisie, especially Niari department is experiencing an epidemic of cholera when the department and the country is not endemic to the disease. In addition to the already high concerns of cholera, there have been reported cases of other water borne diseases that have also made several deaths: shigellosis, salmonellosis, Typhoid.

The current known situation is summarized below:

- First case 28 June 2023 (SITREP as of 22 July)
- Data reported on 15 July, analysis were carried out on 78 samples at the National Public Health Laboratory and the results revealed. 03 types of bacteria, characteristic of the following diseases:
  - Cholera, with 15 positive samples;
  - Shigellosis, with 14 positive samples;
  - Other positive case for food poisoning and typhoid fever confirmed as well.
- 22 July, latest bulletin showed that 50% of cholera cases increased since 15 July. 30 confirmed cases of cholera (26 in Dolisie and 4 in Pointe-Noire) and 1,431 suspected cases.
- Additional 12 samples came back positive the same time for cholera and shigellosis (11 in Dolisie and 1 in Pointe-Noire).
- The epicenter of cholera and the other diseases is in general the city of Dolisie of which 95% of cases, all reported water-borne diseases being present especially in the department of Niari. Dolisie count was around 203,587 population (in 2021).

There is also an increase of the others waterborne related diseases mentioned above, increasing the concern and confirming the water related and WASH as the main factors driving the ongoing outbreak.

The gaps in the testing and the unreported alert linked to reluctance of communities could hide more figures of this outbreaks. As of 22 July, in several town of the Niari departments, there have been more than 1,400 suspected cases reported with similar symptoms of diarrhea, chronic vomit and fever.

- CFR is unknown but reported death for all the ongoing outbreaks in alarming is 34 deaths from a total of 122 confirmed cases. 34 deaths (25 in Dolisie, 5 in Pointe-Noire, 2 in Bouenza, 1 in Kouilou and 1 in Brazzaville).

Aside from not being endemic, there is a high concern on several factors that could quickly worsen the situation and a significant risk of not getting updated data of the above outbreaks to properly assess the scale and geographical extend of the disease.

The published statement of July 15, the government described the situation as a "health emergency". In view of this





critical situation, the government has identified a number of major challenges that require external support. These challenges include:

- Support for health personnel involved in the response.
- Weak local diagnostic capabilities.
- no treatment centers for cholera cases set up in.
- Mobilization of funds to support the response.
- Capacity building in case management, surveillance, infection prevention and control, risk communication and community involvement.
- Supply of drinking water.

Thus, taking into account all the challenges mentioned above and to deal with the emergency, the Ministry of Health and Population, in collaboration with the other ministerial sectors, are developing a response plan and counting on the support of technical and financial partners from the Red Cross in order to respond effectively to this epidemic.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>No</b>
Did it affect the same population groups?	<b>No</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>No</b>
If yes, please specify which operations	-

### Lessons learned

The dissemination of the DREF plan to the local branches and sub-branches of the NS facilitates proper preparation to the response.

Delays in transferring funds lead to delays in implementing activities.

Good collaboration with local health authorities contributes to the success of our actions.

In remote areas, volunteers' rotation is sometimes challenging. This was reported in previous epidemic preparedness as well. It was identified as being very important to train slightly more volunteers to have back-up for rotations.

All the above challenges are anticipated, and NS as in previous operations will ensure proactive decision making on addressing them in collaboration with the IFRC delegation. The branches focal points also trained on DREF will be involved to strengthen the coordination mechanism in place in the targeted cities.

## Current National Society Actions

<b>Assessment</b>	The local Red Cross took part in the initial assessment of the situation organized by the Niari departmental health directorate. The volunteers were mobilized to support MoH evaluation.
<b>Other</b>	Active case-finding in collaboration with the departmental epidemiological Surveillance Department (Niari operational sector).



<b>Community Engagement And Accountability</b>	The aim is to reduce the immediate risk of cholera transmission in affected communities by adopting a community-based approach to cholera prevention and control activities. Red cross volunteers in affected departments raise awareness of hygiene rules.
<b>Coordination</b>	The Congolese Red Cross is a member of the Public Health Emergency Operations Coordination Committee and participates in meetings organized by the MoH and its partners.

## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	The Congolese Red Cross benefits from the technical support of the Representation of the IFRC cluster based in the DRC for the planning and implementation work of activities.
<b>ICRC</b>	There are no actions for now and ICRC office is based in DRC.
<b>Participating National Societies</b>	There is no PNS is involved in the response at the moment.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The Ministry has activated an incident management system with the appointment of an incident manager who has undertaken the following:</p> <ul style="list-style-type: none"> <li>- Ministry of Health and Population visited Dolisie on July 18, 2023.</li> <li>- Meeting of the Minister with local was to raise awareness, followed by discussions on epidemics.</li> <li>- Minister visited patients hospitalized in Dolisie's 3 hospitals.</li> <li>- Epidemic management unit has been set up at national and departmental level.</li> <li>- Deployment to Dolisie of a central-level team comprising the Director of Epidemiology and Disease Control, 3 epidemiologists, SURGE experts, 2 biologists, 1 communicator and 1 surgeon has been done where 31 suspected cases were notified in Pointe-Noire, including 2 - 5 deaths; 11 suspected cases notified in the Bouenza department (7 samples taken and sent to the national public health laboratory), including 2 deaths.</li> </ul> <p>The ministry has also deployed community relays in the field to raise awareness and actively search for cases in households.</p>
<b>UN or other actors</b>	<p>WHO is supporting the government's response to epidemics through care, setting up of rapid response teams and follow-up of contacts.</p> <p>Daily coordination meetings are held under the leadership of the Ministry of Health with the participation of the WHO but also of the Red Cross in order to better direct the actions of the response. (Two meetings per day).</p>



### **Are there major coordination mechanisms in place?**

A coordination mechanism exists at all levels and in collaboration with the United Nations system. Daily coordination meetings (two meetings a day) are organized at departmental level, in which the Red Cross participates.



# Needs (Gaps) Identified



## Community Engagement And Accountability

Departments faced a reluctance to decontaminate households during the fight against COVID-19 in 2020.

In this context, it is also necessary to intensify community commitment and participation around the essential components to prevent and control the epidemic through:

- Household decontamination.
- Early identification of possible cholera cases, identification and follow-up of all cases.
- The understanding and cooperation of the community in sounding the alarm in the event of a suspected case is commendable.
- The government could organize a vaccination campaign for people at high risk, although to date there are still no vaccines available for the campaign and communities should be prepared to adhere to vaccination when they become available.
- The transfer of people showing possible symptoms of cholera and other epidemics to a specialized treatment center.

At this early stage, the aim is to ensure that communities know the signs and symptoms of cholera, have the necessary information to refer suspected cases to CTC, take preventive measures to protect themselves and stop the spread of the disease including contributing to share alerts of suspicious deaths in the community. To ensure easy access to lifesaving information on cholera and existing responses services, a range of trusted interpersonal communication channels and mass media will be used to strengthen knowledge on the disease, provide updates on the response while supporting community advocacy / using established platforms to influence decision-making at strategic and operational level. Red Cross

leadership and volunteers from the affected geographical areas will equally benefit from trainings on RCCE approaches for effective and efficient SBC outreach activities.



## Protection, Gender And Inclusion

Emergencies can also aggravate existing inequalities. This translates into increased cases of sexual gender-based violence (SGBV), violence against children during and after emergencies.

Therefore, in order to stay true to the principles of the movement we need to make sure that we reach all people in an effective and efficient way.



## Water, Sanitation And Hygiene

There are acute needs in terms of hygiene and sanitation. The populations have limited access to drinking water, hence there is an obvious risk of water-borne diseases and feco-buccal. The Congolese people's daily experience of drinking water supply is, to say the least, a sorry sight.

These clues reveal, without a doubt, the existence of shortage of water and lack of water points in some parts of Dolisie, forcing residents to resort to river water, which is one of the main sources of water-borne and fecal-buccal diseases.

The rainy season being on the horizon, there is therefore a risk of contamination of water sources (wells and rivers in most localities) and of massive displacement of populations in the event of flooding which can also give



rise to a significant outbreak of cases of waterborne diseases.

The transmission to the other cities is also important to address. The main communication road between Dolisie and the department should be screened and hand facilities set-up, especially considering that the check-points are also the occasion of food and drinking selling for different flux of population in and out of Dolisie.



#### 1) Caseload and health risk

The first concerned to address is the cholera outbreak. The country is not endemic to the disease and the spread of cases in Dolisie and in the surrounding town is significant in the short period reported by the local authorities.

- 30 cases of cholera are confirmed as of 22 July and additional 1,431 suspected cases reported with cholera similar symptoms of diarrhea, chronic vomit and fever.
- Dolisie reported 63 suspected case of cholera, 919 suspected case of shigellosis and 449 suspected cases of typhoid fever
- Bouenza 22 suspected cases of typhoid fever and 2 of shigellosis.
- Kouilou 14 (shigellosis)- confirmation of cases remains weak due to lack of reagents and the level of vulnerability is under-revealed.
- Total death per diseases is still unknown. However, from SITREP of 22 July, there is 122 confirmed cases of all the diseases, include cholera and shigellosis and 34 deaths recorded for all the reported outbreaks.

At least 13 districts of 4 departments are hotspots areas. Among the critical factors that increase the probability to see the situation getting out of hand that the NS can highlight are:

- The capacity of health services in the department and surrounding departments: There are fewer health facilities able to handle the cases including blood and reagents are in short supply. There is also a shortage of logistic and human resource in the health sector, especially considering the high population density. The few existing health facilities are overwhelmed because there are many cases in the affected areas and the few facilities are full of patients related or not to these diseases. It is necessary to organize demonstration sessions on how to prepare homemade ORS in the communities and direct them to the structures that can provide them. This would enable them to manage urgent cases of dehydration while waiting to be treated by health facilities.
- The area is flooding prone and rainy season is in the horizon.
- There is lack of capacity (logistic and existing structure) for care and epidemiological surveillance at health facilities.
- Reluctance to go to health centers- These suspected cases remain in their homes, unconcerned, and move freely from one place to another, creating a high risk of the disease spreading within the community, and to neighboring towns. This explains the fast spread out of Dolisie and this will continue.

#### 2) Transmission route and linkage with others water borne diseases

The cholera bacterium is responsible of the cholera disease. It is usually found in water or in foods that have been contaminated by feces (poop) from a person infected with cholera bacteria. Cholera is most likely to occur and spread in places with inadequate water treatment, poor sanitation, inadequate hygiene as well as environment in brackish rivers and coastal waters and the context is the same in Niari.

The other diseases identified from testing of samples, include shigellosis, Salmonellosis which are also sharing the same route of transmission that need to be considered in the need analysis. With the testing and data reporting not being systematic from all the cities, and with suspected cases, the risk of having a more significant cases of cholera are high, mainly in Dolisie city which is the first epicenter for both cholera and Shigellosis. However, the risk is also there for Pointe Noire (which also reported both confirmed cases). Kouilou and Bouenza had suspected cases which have been reported for shigellosis.

Typhoid fever is caused by a bacteria called Salmonella Typhi and can be very serious for a percentage of those with the disease if untreated. Incubation being from 2 to 6 weeks. On the other hand, Salmonellosis is a disease caused by the bacteria Salmonella; symptoms are relatively mild, and patients will make a recovery without specific treatment in most cases. Incubation being faster from 12 to 72 hours. The thyroid and Salmonella have significant cases showing a high prevalence of these two salmonella bacteria in the communities.





With the health facilities not able to deploy for extended action on interruption of transmission and population being reluctant to go to the health centers, there is an increased need for community-based surveillance (CBS), especially in the epicenter of epidemics.

Niari department sharing borders with other countries, notably DRC, it is also important to set up surveillance at border entry points with other countries.

3) NS prevention and response capacity present some gaps to be able to affectively deliver on this intervention. Among the needs identified, there are key health trainings for Epidemic response which include:

- Training on the Epidemics control for volunteers and IPC
- CBS at the community level.

### **Any identified gaps/limitations in the assessment**

The initial assessment as well as the SITREP shared as of 22 July does not cover all the information needed. Some gaps such as the details caseload in Pointe Noire, the CFR per outbreaks and current detailed WASH situation still need to be assessed to have a better mapping of the outbreak and guide NS response.

The Congolese Red Cross still the declaration of the outbreak was unable to carry this detailed assessment that will complement the information shared by MoH following the initial joint evaluation and the reporting made with WHO. A detailed needs assessment will be carried out at the start of the operation that will provide primary data on WASH, community initial feedback and understanding and health services mapping.

## **Operational Strategy**

### **Overall objective of the operation**

The overall objective is to contribute to the cholera response outbreak reported by MoH on 22 July in main hotspots of Dolisie, Pointe Noire, Bouenza and Kouilou (being at least 13 districts affected) for the next 4 months, by providing key health, WASH and RCCE interventions that will reduce the spread of the disease and improve the case management.

In Parallele, the actions engaged will also support addressing the shigellosis and salmonellosis outbreaks reported by MoH in the Republic of Congo through the same intervention pillars but adapting the messages.

### **Operation strategy rationale**

The NS strategy is to address principally the cholera outbreak with consideration that, the other outbreak escalation, as they are sharing the similar transmission route that will be reduced through the actions to be engaged by CRC and partners.

NS response capacity through this DREF will be deployed to support in reducing cholera transmission.” Reinforce hygiene promotion and to teach community members to prepare homemade ORS as the main support to the case management at community level. The intervention will be conducted as per below strategy:

1) A capacity strengthening of volunteers is essential to build a workforce for surveillance and case detection, epidemic control and hygiene promotion which are essential in the response but also in the preparedness. 150 volunteers will be trained and deployed for 4 months, working 3 days a week. Volunteers and branch will also be briefed on personal protection measures. To this end, the provision of personal protective equipment and training in its use is very important. The volunteers who will be mobilized will participate.

2) Reduce the risk of transmission

- Strengthen surveillance in health facilities and communities, with their full involvement (alerts, contact follow-up, CBS). The CBS system in place if led by WHO and MoH and NS will contribute to enhance the system at community



level. The WHO lists the contacts and on the basis of these lists the volunteers will monitor these contacts. On the basis of the community definition of cases, the volunteers will also notify the alerts and take part in the instigation of cases in collaboration with the health authorities.

70 volunteers will be trained for 3 days for the CBS at the rate of 1 volunteer per 50HHs and will be supervised by two CBS focal points.

- Conduct awareness in the communities through door to door.

The Volunteers have already been deployed to start the sensitization messages aligned with MoH messages.

Volunteers will continue to work in collaboration with community relay (MoH team) to provide the prevention messages.

- Infection prevention and control (institutional IPC in healthcare and community settings).

- RCCE using different channels. Volunteers, Audio-visual support (radio, IEC materials) and a strong feedback system to address the misinformation or information gaps, rumors and any questions from the communities.

Some WASH interventions will also contribute on interrupting the transmission of the water borne diseases of cholera and shigellosis. This will include:

- Support distribution of detergent/ households' disinfectant to communities with reported suspected and affected cases.

- Improve WASH conditions by setting up and monitoring of hand washing facilities in public spaces and health centers.

- Provide drinking water to households by distributing aqua tabs and treatment containers (jerricans).

- NS will organize teaching sessions for households on the use of the different materials distributed, water treatment teaching sessions with aqua tabs but also how to use disinfectants in an appropriate way.

- Human resources deployed to ensure systematic control with hand-washing facilities at all entry points to affected towns/localities to raise awareness and mobilize communities on the importance of WASH practice as hand washing, food hygiene, personal and environmental hygiene.

- Systematic control with hand-washing facilities will be closely monitored at all entry points to affected towns/localities to raise awareness and mobilize communities.

3) Case management at community level will be supported through

- Stocks of ORS will be purchased and made available at the handwashing points, provided when needed and managed by the volunteers in coordination with MoH that will be dedicated to community health workers to assist.

- Volunteers will be trained on Oral rehydration treatment and homemade ORS solutions for cascade at community level.

- NS will cover teaching sessions for households on the use of ORS, using part of the stocks purchased. Orientation will be provided on where to get ORS at different pharmacies and NS washing points. Effort will also be made to engage the communities during the door to door to the families, group discussions with women and young on homemade rehydration solution, conservation and administration.

- PSS will be provided to the affected communities/patients.

4) Coordination

As the affected Health Districts are in response mode, activation of the incident management system (IMS) with a local operations center, with sub-coordination, with the functional thematic commissions in the affected Health Districts will support the local committee. NS will act in a strong coordination with WHO and Local authorities.

## Targeting Strategy

### Who will be targeted through this operation?

The target area will be Dolisie, especially Niari department which is the epicenter of the disease, as well as other surrounding departments that have reported cases (Pointe Noire, Bouenza and Kouilou). A total target of will be 84,240 people (16,848 Households) of which 10% will receive relief items support to improve their WASH conditions and support to hygiene facilities. This represent 8,424 people (1685 HH).

The target priority will look into the following criteria during the selection of direct target to receive support for Hygiene, water access relief items:



- Communities where there have been notification of cases (confirmed and suspected) based on the list available with WHO and MoH.
- Houses with children under 14 age reporting the 17% of the cholera cases, 33% of typhoid and 43% of Shigellosis.
- Group of population living with socio and medical vulnerability like disabilities, chronic diseases.
- Pregnant and lactating women.
- People in beyond 60 years.
- Fishing and households leaving around the rivers.
- The Red Cross frontline volunteers who are at risk of being contaminated.

The CRC's action consists of creating a mechanism to contain the epidemic and limits its impact around Niari, Bouenza and Kouiliu, with the mobilization of the majority of resources and activities in the epicenter, Niari.

As we have not carried out an in-depth assessment, our estimate is based on the Ministry's SITREP, which has shown that the regular and continuous flow of population movements on the different axes and through the different entry points of national road N°1 linking the city of Pointe noire, the Niari department (Dolisie), and the Bouenza department (Madingou) constitute the different points of spread of the epidemic in Congo.

### Explain the selection criteria for the targeted population

The choice of sites and targets was guided by the evolution of the epidemic and the various epidemiological bulletins. As such, NS is given first priority of cholera affected areas being Dolisie and Pointe Noire but the targeting has also taken into consideration the several ongoing waterborne diseases in these same cities, Buenza and Kioulou.

Hence, where cholera cases are reported in addition to the other outbreaks (Dolisie and pointe noire) NS plans to reach at least 5% of the population and 1% where there is no cholera, but other waterborne diseases outbreaks that are ongoing (Buenza, Kioulou).

## Total Targeted Population

Women:	45,189	Rural %	Urban %
Girls (under 18):	4,219	18.30 %	13.70 %
Men:	29,623	People with disabilities (estimated %)	
Boys (under 18):	5,209	32.00 %	
Total targeted population:	84,240		

## Risk and security considerations

### Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Floods season	NS will intensify the actions to avoid worsening of the situation ahead of the floods and also access challenges that are usually experienced.
The epidemic is spreading throughout the departments of the affected towns, as well as to other surrounding towns.	CRC will update the emergency action plan to expand the area of implementation through a second DREF allocation or emergency call.
The health system is overwhelmed as cases increase, and is struggling to bring the epidemic under control over the next three months.	The NS will continue to monitor the situation, ready to scale up the response with the support of IFRC staff.



The situation is causing the health system to be overwhelmed, with an increase in cases and deaths - the epidemic is becoming difficult for the health system to control.

Poor collaboration between communities and personnel involved in the response at community and health center level.


**Please indicate any security and safety concerns for this operation**

The security risks in the affected departments are moderate, however certain measures will be taken to reduce the risk of violence or road hazards.

To reduce the risk of RCRC personnel falling victim to crime, violence or road hazards active risk mitigation measures must be adopted. Security orientation and briefing for all teams prior to deployment will be undertaken to help ensure safety and security of response teams. Standard security protocols about general norms, cultural sensitivity and an overall code of conduct will be put in place. Minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations must successfully complete prior to deployment of the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security and Level 3 Security for Managers). IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.



# Planned Intervention

	Water, Sanitation And Hygiene	Budget	CHF 90,789
		Targeted Persons	84240
Indicators		Target	
Number of sanitation campaigns organized		2	
Number of volunteers trained in hygiene promotion;		80	
Number Of Households Receiving water treatment relief items		1685	
Number of people reached with hygiene prevention		84240	
Priority Actions:		<ul style="list-style-type: none"><li>• Training volunteers on IPC and DHS.</li><li>• Training of health volunteers; - Distribution of sanitary equipment in affected communities.</li><li>• Distribution of hand-washing equipment in entry road of Dolisie, market and most important public places, health center entry, communities with reported cases, schools. Priority in Dolisie and the 3 others cities.</li><li>• Organization of sanitation campaigns, encouraging environmental cleaning in affected communities.</li><li>• Support community hygiene and disinfection with distribution of bottle of disinfectants to 1685 HH.</li><li>• Hygiene promotion campaign focusing on hand washing in markets, schools and other public places. This include promotion of hand-washing and environmental hygiene, safe water treatment demonstrations and demonstration of use of disinfectants.</li><li>• Procurement and distribution of water treatment items to 1685 HH (aquatab for 3 months and jerricans)</li></ul>	


	Community Engagement And Accountability	Budget	CHF 34,133
		Targeted Persons	8424
Indicators		Target	
#OF VOLUNTEERS involved on RCCE activities		40	




number of community meetings held	16
number of campaigns in public spaces	2
Number of programs broadcast	8
Number of sanitation campaigns organized d'assainissement organisés	2
% of operational budget allocated to community engagement and accountability	5
Information about the operation is shared with communities regularly, including aims, timelines, activity details, distributions, delays, changes and closing	100
# of operational decisions made jointly with the community	
# of community committees / community action plans supported	4
% of operation complaints and feedback received and responded to by the National Society	70
# and type of methods established to respond to community about their feedback	4
% of programme staff and volunteers trained on the community feedback mechanism	100
# of people reached through risk communication and community engagement activities (in support of health and hygiene promotion)	84240
% of staff and volunteers trained on risk communication and community engagement approaches	100
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>- Training of 40 volunteers on RCCE as part of the EPiC training</li> <li>- Health promotion campaigns around cholera and other infectious diseases under control in affected areas, waterborne diseases, hygiene promotion, using a range of trusted communication channels (interpersonal through household visits, mass media through local community radio stations, outreach campaigns in public places, worships, markets, schools).</li> <li>• Train 40 volunteers on community feedback/adapting existing feedback tools to the operation's context / consulting communities prior to establishing the feedback system.</li> </ul>





	<ul style="list-style-type: none"> <li>- Reproduction of image boxes (40, 10 per department).</li> <li>- Weekly consultation meetings with existing community platforms to share updates on the operations / discuss and address concerns.</li> <li>- Three- days CEA training for project staff and leadership for all affected divisions as part of institutionalizing the approach within local Red Cross branch offices.</li> </ul>
--	---

	Secretariat Services	Budget	CHF 50,327
		Targeted Persons	160
Indicators		Target	
Number of monitoring report from IFRC		7	
Number of volunteers insured		200	
Number of Surge deployed		1	
Priority Actions:		<ul style="list-style-type: none"><li>• Surge deployment.</li><li>• Volunteers insurance.</li><li>• IFRC will support technical guidance in all sectors.</li><li>• Coordination and monitoring remotely and in implementation areas. Main support will come from Health surge but also IFRC delegation key profile as operations manager to conduct at least 3, support services finance and logistic as well as CEA and PMER.</li></ul>	

	National Society Strengthening	Budget	CHF 41,095
		Targeted Persons	160
Indicators		Target	
Priority Actions:		Organize kick-off meeting for planning of operations with branch managers and national staff.	
		Deployment of 5 part-time CRC regional staff to support activities in the field with volunteers. Ensure proper monitoring and supervisions of activities.	
		Purchase and distribute protective equipment for volunteers and supervisors including COVID 19, waistcoats and bibs for all 150 volunteers to be involved.	
		Headquarter operation manager and technical team to monitor the activities with support services will also be involved to ensure set-up of procurement and all distributions are aligned with minimum requirement in terms of procedures, engagement and site identification.	
		Logistics support transport of items and handling/storage will be managed by the HQ.	

Part-time deployment (Motivation) Project manager.  
Full-time deployment (Motivation) Assistant project manager.

	Protection, Gender And Inclusion	Budget	CHF 1,206
		Targeted Persons	8424
Indicators		Target	
# of volunteers trained on PGI activities		150	
#volunteers involved on PGI activities		150	
Priority Actions:		<ul style="list-style-type: none"><li>• Under the EPiC training, the NS will receive a module of PGI minimum standards in emergency response.</li><li>• Protection messages will be included and oriented on reducing any possible stigmatisation and exclusion of patient or communities affected.</li><li>• Inclusion of diversity and representation of different group will be ensure under the community engagement activities. The volunteers will first be selected to represent the different community gender and areas that will promote the inclusion and representation of targeted groups. In the focus group, special attention will be put to include all representative of ages, gender, areas, religious and socio-economical characteristics.</li></ul>	

	Health	Budget	CHF 43,259
		Targeted Persons	84240
Indicators		Target	
#of people reached with health awarness and activities		84240	
Number of volunteersr trained on EPic package		150	
Number of volunteers mobilised for the epidemic response		150	
number of oral rehydration solution distributed		1300	
Number of volunteers trained in ODK		70	
ORS teaching session		1685	
		200	

<p>ORS pack procured and used for teaching session</p>	
<p><b>Priority Actions:</b></p>	<p>Detailed needs assessment in the districts/villages affected by the epidemic will be conducted prior the intervention and will cover all the sectors, including health. 40 CRC volunteers will be trained and mobilized for that. To facilitate evaluation data analysis, this will be conducted through ODK similar to Kobo Collect.</p> <ul style="list-style-type: none"> <li>• Training volunteers in epidemic response ( EpiC)</li> <li>• Training a group of volunteers in the ODK approach as the data will be collected using the survey application to map cholera hotspots in communities using phones. The training will be combined with the KAP evaluation training.</li> <li>• Training of volunteers in community case management (preparation and administration of ORS, assessment of level of dehydration and appropriate referral of cases).</li> <li>• Support of ORS distribution and educative session on ORS in affected communities only in Dolisie- epicenter.</li> <li>• Conduct active case finding at household and community level.</li> <li>• Follow up on contacts of household and community cases, detection and appropriate referral of cases to health facilities that are closest.</li> <li>• Surveillance at entry points in main entry point of Dolisie areas- volunteers will be deployed at check points with government personnel to support entry point to do the temperature screening and setting hand-washing facilities.</li> <li>• Support the distribution of ORS at the different hand washing points with MoH agreement.</li> <li>• Conduct teaching sessions for households on the use of ORS, using part of the stocks purchased. Orientation will be provided on where to get ORS at different pharmacies and NS washing points. Effort will also be made to engage the communities during the door to door to the families, group discussions with women and young on homemade rehydration solution, conservation and administration.</li> <li>• Training of Volunteers in psycho-social care.</li> <li>• Training volunteers on community feedback / adapting existing feedback tools to the operation's context.</li> <li>• Using a range of trusted communication channels for health education awareness around cholera / waterborne diseases and other topics emerging from the feedback mechanism and of interest to communities.</li> </ul>

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

150 volunteers will be deployed on this operation, including 10 supervisors (3 for Dolisie, 2 for Pointe-Noire, 3 for Bouenza).

A project coordinator and his deputy will support with coordination and branches staff with closed supervision and reporting.



**Will surge personnel be deployed? Please provide the role profile needed.**

Public Health surge will be deployed for 4 Months to support all the interventions.

**If there is procurement, will it be done by National Society or IFRC?**

the National Society will be able to make purchases with the technical support of the federation.

**How will this operation be monitored?**

The IFRC cluster PMER team in collaboration with the National Society PMER will provide support for monitor this operation. On a weekly basis, the monitoring and evaluation department will present a update on the progress of activities in the field and possibly mention any difficulties with a view to find possible solutions. Joint IFRC SN monitoring missions will be organized regularly

**Please briefly explain the National Societies communication strategy for this operation.**

The Red Cross will regularly participate in coordination meetings with all partners and parties stakeholders. during which the actions of the cross wheel are presented and which will also avoid duplicates in the implementation. A mid-term press release will be prepared and made available to partners and line ministries..





# Budget Overview



## DREF OPERATION

### MDRCG021 - CONGOLESE RED CROSS CHOLERA OUTBREAK

#### Operating Budget

Planned Operations	169,387
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	43,259
Water, Sanitation & Hygiene	90,789
Protection, Gender and Inclusion	1,206
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	34,133
Environmental Sustainability	0
Enabling Approaches	91,422
Coordination and Partnerships	0
Secretariat Services	50,327
National Society Strengthening	41,095
TOTAL BUDGET	260,809

all amounts in Swiss Francs (CHF)



# Contact Information

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

- **National Society contact:**

Bell Armand GAMPOUROU, General secretary, gampouroubell.armandd@gmail.com, +242 : 06 626 53 99

- **IFRC Appeal Manager:** Mercy Laker, Head of delegation cluster DRC, mercy.laker@ifrc.org

- **IFRC Project Manager:**

Mumonayi DJAMBA Irène, Health and care Officer, delegation IFRC, mumonayi.irene@ifrc.org, +243819838346

- **IFRC focal point for the emergency:**

- **Media Contact:** Gracia Dunia, Communication officer, gracia.dunia@ifrc.org, +243813274794

[Click here for the reference](#)

