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# Emergency appeal operation update

## Republic of Congo: Explosion

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRCG011 GLIDE n° AC-2012-0000-COG Operation update n°1 30 May, 2012

**Period covered by this Ops Update:** 26 March to 27 April, 2012.

**Appeal target (current):** CHF 1,238,922. [<click here for interim financial report>](#)

**Appeal coverage:** ~65%, not including the DREF; including recent ECHO contribution for this operation. In addition, the Congolese Red Cross has received bilateral contributions from several donors in kind and cash.

[<Click here to go directly to the updated donor response report, or here to link to contact details >](#)



Congolese Red Cross volunteers erected tents to help accommodate the vulnerable people that were left homeless after the explosion and destruction of their homes. Photo/Josuane TENE - IFRC

#### Appeal history:

- This Emergency Appeal was initially launched on 26 March, 2012 for CHF 1,238,920 for 8 months to assist 13,800 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 95,607 was initially allocated from the Federation's DREF to support the national society to respond.

**Summary:** On 4 March 2012, fire occurred in Brazzaville causing a series of explosions in the arms depot of the Congolese National Arm, resulting in the devastation of the surrounding neighbourhoods. The disaster killed 286 people, left another 3,277 people injured, and caused the displacement of close to 10,000 people following the destruction of their houses. Hospitals in Brazzaville were overcrowded with the injured people in the early hours of the disaster and did not have sufficient capacity to manage the ever-increasing caseload. The situation was such that there was the need to launch an emergency appeal to enable the Congolese Government and Congolese Red Cross society to take action. Funds were released from IFRC's DREF to support the National Society to carry out rapid distribution of non-food relief items and to conduct a thorough assessment of the situation to decide the kind of intervention to make. The present emergency appeal was launched in order to provide emergency shelter, emergency health and care, water, sanitation and hygiene promotion, as well as early recovery and disaster risk reduction.

With support from Movement partners, the Congolese Red Cross (CRC) mobilized 380 executives, first-aid workers and volunteers to assist affected people in Brazzaville. These teams contributed by transporting victims to health centres and hospitals and providing psychological support to family members. A Red Cross coordination mechanism was set up at the headquarters of CRC to facilitate the implementation of the operation by Movement partners. Red Cross volunteers also contributed by cleaning corpses prior to burial, disinfecting the places where the corpses were collected, and providing health coverage during funeral ceremonies and burials.

The Red Cross participated actively in the creation, installation and management of transit sites, and advocated for the opening of new sites in line with international standards. The CRC, supported by IFRC, also developed a plan for the installation of two sites to accommodate internally displaced persons (IDPs).

## The situation

On 4 March 2012, fire occurred in Brazzaville, causing a series of explosions in the arms depot of the Congolese National Army, resulting in the devastation of the surrounding neighbourhoods. The disaster killed 286 people, left another 3,277 injured, and caused the displacement of close to 10,000 people following the destruction of their houses. Hospitals in Brazzaville were overcrowded with the injured people in the early hours of the disaster and did not have sufficient capacity to manage the ever increasing caseload. The situation was such that there was the need to launch an emergency appeal to enable the Congolese Government and Congolese Red Cross society to take action. Funds were released from IFRC's DREF to support the National Society in carrying out rapid distribution of non-food relief items, conducting a thorough assessment of the situation and decide the kind of intervention to make. The first output of the implementation of this DREF was the launching of this emergency appeal to provide emergency shelter, emergency health and care, water, sanitation and hygiene promotion, as well as early recovery and disaster risk reduction.

The displaced persons are temporarily accommodated in 9 transit sites as summarized in the following table:

Sites	Number of IDPs
Cathédrale Sacré Coeur	3,521
Nkombo	3,119
St Grégoire de Massengo	310
Armée du Salut Plateau	249
Kimbanguiste Plateau	716
Kimbanguiste Talangaï	1,146
Notre Dame du Rosaire	586
Stade annexe	298
Stade Eboué	40
<b>Total</b>	<b>9,985</b>

In addition to the 9,985 people in the transit sites, there are many more people (more than 15,000) that have also been displaced, but either live in host families or in their partially destroyed houses under difficult conditions, where they need urgent assistance (material and psychological assistance) from Government and partners.

In order to help affected populations recover their normal life, Congolese Government decided to allocate CFA 3,000,000 to each affected family; i.e. about CHF 6,000 per family.

Despite the good will and efforts made by government and partners to improve the living conditions of displaced people in transit sites, the situation remains worrisome. There are problems of space, hygiene and sanitation in the transit sites that were chosen quickly after the disaster. These problems have resulted in the outbreak of epidemics such as measles and cholera in the sites.

Government has announced that these sites will be closed down beginning with those in churches such as Cathédrale Sacré Coeur, Notre dame du Rosaire, Armée du Salut Plateau, Kimbanguiste Plateau, Kimbanguiste Talangaï, and St Grégoire de Massengo; but no date is fixed yet.

Other problems include the management of the various sites. Government has presented their weaknesses in this area on several occasions, appealing to partners, especially the Red Cross, to assist with better management of the sites.

Government is planning to create new sites in line with international standards, but will rely on experienced partners such as the Red Cross for their management. Targeted sites include Cité des 17, which is expected to accommodate about 1,750 people, Chacona that will welcome about 705 people, and Kintélé, the capacity of which is yet to be determined. Other sites are being studied, but no decision has been made yet on them.

The explosion site proper has been undergoing cleanup since late March 2012. Government, MAG, UN Mine Action, Handicap International, the Red Cross and other partners have been busy collecting scraps of explosives and non-exploded wreckage. They are presently clearing the area.

Two epidemic outbreaks occurred in the sites; namely measles and cholera outbreaks. While the measles outbreak has been put under control after an emergency immunization campaign, the cholera outbreak is still affecting people in transit sites. The area that suffered the explosion is in the Talangaï social and health area, the base hospital of which was destroyed by the explosion. Rehabilitation work is ongoing there, but government is looking on partners such as the Red Cross to lend a helping hand for the equipment and functioning of this all important health facility.

The following tables summarize the situation in both hospitals and transit sites by 19 April 2012:

#### *Situation in hospitals:*

INDICATORS	HOSPITALS					TOTAL
	CHUB <sup>1</sup>	HCA <sup>2</sup>	HBM <sup>3</sup>	HBB <sup>4</sup>	CMAL <sup>5</sup>	
Total number of injured people registered from day one (04 March 2012) to 19 April 2012	1,082	630	325	136	1,019	3,192
Number of injured people who have left the hospital	1,054	599	308	129	951	3,041
Number of injured people hospitalized	22	16	5	5	0	47
Number of patients who have left the hospital	3	0	0	0	0	3
Number of newly injured people	116	79	12	16	14	237
Number of injured people awaiting surgery	6	-	-	-	1	7
Number of injured people referred from day one (04 March 2012) to 19 April 2012	-	Patients referred PMA Ornano	7	6	66	79
Total number of injured people who have died	6	15	5	2	2*	30

#### *Situation in integrated health centres (IHC):*

IHC	Number of patients registered	New patients	Number of births	Number of measles cases
Bissita	476	0	-	-
3 Martyrs	42	0	-	-
Sœur Martin	59	0	-	-
Plateaux de 15 ans	291	0	-	-

<sup>1</sup> Centre Hospitalier et Universitaire de Brazzaville

<sup>2</sup> Hôpital Central des Armées

<sup>3</sup> Hôpital de Base de Makelekele

<sup>4</sup> Hôpital de Base de Bacongo

<sup>5</sup> Clinique Municipale Albert Leyono

Moukondo	100	0	-	-
Jane Vialle	308	/	-	-
Intendance	96	0	-	-
Marien Ngouabi	660	8	-	-
Maman Mboulé	266	0	-	-
Lorele	215	7	-	3
EAC	355	4	-	-
Kintélé	30	0	1	-
A.Néto	268	0	-	-
Kibouéndé				
<b>TOTAL</b>	<b>3166</b>	<b>19</b>	<b>1</b>	<b>3</b>

**Situation in transit sites:**

Number	Transit sites	Number of patients registered	New patients
1	Stade annexe Massamba Débat	690	/
2	CHU PMA	3468	57
3	PMA Marocains	8263	/
4	Notre Dame du Rosaire	905	/
5	Stade Eboué	203	/
6	Cathédrale Sacré Cœur	4291	/
7	Kimbanguiste Plateaux	1234	/
8	Armée du Salut Plateaux	268	0
9	CMAL	7	/
10	Kimbanguiste Talangai	1519	287
11	Nkombo	4428	/
12	Saint Grégoire de Massengo	722	/
<b>TOTAL</b>		<b>26,042</b>	<b>344</b>

Presently, there are 9 official transit sites. The following table summarizes the situation in the official transit sites as of 19 April 2012.

**Situation in official transit sites by 19 April 2012:**

N°	Sites	Estimated number of people (source UNHCR)	Comments
1	Cathédrale	3,521	<ul style="list-style-type: none"> <li>- Promiscuity,</li> <li>- latrines constructed</li> <li>- Difficult to keep the latrines clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- latrines are collapsing</li> <li>- No first-aid posts</li> <li>- Poor management of waste waters</li> <li>- Cases of rape reported</li> </ul>
2	Nkombo (Marché)	3,119	<ul style="list-style-type: none"> <li>- Promiscuity</li> <li>- Water points and hand-washing points created</li> <li>- Poor management of garbage and waste waters</li> <li>- Latrines and showers constructed</li> <li>- Difficult to keep latrines and showers clean</li> <li>- Cases of rape reported</li> </ul>

3	Eglise Kimbanguiste (Talangai)	1,069	<ul style="list-style-type: none"> <li>- Aggravated promiscuity</li> <li>- latrines constructed</li> <li>- Difficult to keep latrines clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- latrines are collapsing</li> <li>- Poor management of garbage and waste water</li> </ul>
4	Eglise Kimbanguiste (Plateaux des 15 ans)	778	<ul style="list-style-type: none"> <li>- latrines and showers constructed, but insufficient because of lack of space</li> <li>- Difficult to keep latrines clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- latrines are collapsing</li> <li>- Poor management of garbage and waste waters</li> <li>- Poor management of water points</li> </ul>
5	Armée du Salut (Plateau des 15 ans)	516	<ul style="list-style-type: none"> <li>- latrines and showers constructed</li> <li>- Difficult to keep latrines and showers clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- Poor management of garbage and waste waters</li> </ul>
6	Notre Dame du Rosaire (Bacongo)	586	<ul style="list-style-type: none"> <li>- latrines and showers constructed</li> <li>- Difficult to keep latrines and showers clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- Poor management of garbage and waste waters</li> </ul>
7	Annexe du stade Massamba Débat	298	<ul style="list-style-type: none"> <li>- latrines and showers constructed</li> <li>- Difficult to keep latrines and showers clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- Poor management of garbage and waste waters</li> </ul>
8	Stade Marchand	51	<ul style="list-style-type: none"> <li>- latrines and showers constructed</li> <li>- Difficult to keep latrines and showers clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- Poor management of garbage and waste waters</li> </ul>
9	St Grégoire de Massengo	310	<ul style="list-style-type: none"> <li>- latrines and showers constructed</li> <li>- Difficult to keep latrines and showers clean</li> <li>- Water points and hand-washing points created</li> <li>- Garbage pits created</li> <li>- Poor management of garbage and waste waters</li> </ul>

### Coordination and partnerships

Government was first to take action during the first hours of the disaster. The Ministry of Social Affairs, Humanitarian Action and Solidarity carried out the following:

- Holding of an emergency meeting during which a national crisis committee was set up with several partners including the Congolese Red Cross
- Launching of an appeal to partners in search of logistics means to extinguish the fire and manage victims

In reaction to the difficulties and weaknesses registered during the first month of the disaster, especially in the area of the management of transit sites, the coordination role that was ensured by the Ministry of Social Affairs, Humanitarian Action and Solidarity has been shared between various ministries and partners:

- Ministry of National Defence
- Ministry of Social Affairs, Humanitarian Action and Solidarity
- Ministry of Public Security
- Partners

With support from partners such as the Congolese Red Cross, Government has been providing multi-faceted assistance to affected people. Some of the major actions taken include:

- Receipt and coordination of aids at the level of the Directorate for Humanitarian Action
- Distribution of food and non-food items
- Organization and administration of health assistance
- Management of sites
- Creation of new sites

Sectoral coordination meetings are held regularly and bring together all the stakeholders in the crisis under the supervision of the respective government ministries concerned:

- Ministry of National Defence
- Ministry of Interior and Public Security
- Ministry of Social Affairs, Humanitarian Action and Solidarity
- Ministry of Health and Population

In addition to IFRC and ICRC, several partners donated food and non-food items to assist affected people. Some of those partners included Chevron, Total, Warid Congo, DMC-Iron Congo, and La Congolaise de Banque.

#### **National Society Capacity Building:**

Within the framework of the response to this disaster, ICRC, IFRC the French Red Cross (FRC) and the Congolese Red Cross (CRC) have been meeting regularly, with the view to harmonizing their activities. A memorandum of understanding has been signed between Movement components in Brazzaville to ensure smooth distribution of responsibilities throughout the intervention.

IFRC, ICRC and FRC deployed several regional and international human resources to Brazzaville to support the CRC in responding to the explosion.

One hundred and fifty CRC volunteers have been trained on the management of sites and dispatched to the 9 official transit sites with IFRC technical and financial support. This training has enabled the CRC to organize several distributions of food and non-food items in five of the 9 sites. The items have been put at the disposal of the CRC by partners. The family kits distributed were prepositioned in Brazzaville by IFRC's Central Africa Regional Representation (CARREP).

The CRC developed plans for the installation of the sites of "Cité des 17" and "Chacona", under the coordination of the delegation of Capital Works.

Twenty CRC volunteers were trained on how to erect tents and participated in the mounting of tents in "Cité des 17" transit site. The same team of CRC volunteers will be used for the installation of tents in the "Chacona" site.

With the support of the French Red Cross, CRC constructed 48 ventilated and temporary latrines and 19 showers. They also created hand washing spaces for affected people. These activities started and are ongoing in the sites of Nkombo, Kimbanguiste Talangaï, Saint Grégoire, Stade Annexe Massamba Débat, Stade Marchand and Notre Dame de Rosaire.

ICRC supported the training of seventy CRC volunteers on how to educate people on the risks associated with explosives and unexploded bombs. After the training, the 70 volunteers were deployed in the orange zone.

Another 49 CRC volunteers were trained on hygiene promotion and sanitation, and deployed in the 9 transit sites to educate affected people on how to collaborate with the Directorate for Hygiene. These trained volunteers have so far sensitized more than 10,000 people.

## Red Cross and Red Crescent action

### Overview

During the first month of the disaster, IFRC allocated DREF funds that facilitated the launching of activities. With these funds, a thorough evaluation of the situation was conducted, and the results of that evaluation facilitated the launching of this emergency appeal.

With support from Red Cross and Red Crescent Movement partners such as ICRC, IFRC and French Red Cross (FRC), the Congolese Red Cross (CRC) mobilized 380 executives, first-aid workers and volunteers to assist affected people in Brazzaville. These teams contributed by transporting victims to health centres and hospitals and providing psychological support to family members. A Red Cross coordination mechanism was set up at the headquarters of CRC to facilitate the implementation of the operation by Movement partners. Red Cross volunteers also contributed by cleaning corpses prior to burial, disinfecting the places where the corpses were collected, and providing health coverage during funeral ceremonies and burials.

The Red Cross participated actively in the creation, installation and management of transit sites; and advocated for the opening of new sites in line with international standards. The CRC supported by IFRC also develop a plan for the installation of two sites to accommodate internally displaced persons (IDPs).

### Progress towards outcomes

#### Emergency shelter and non-food items

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

### Progress:

With technical and financial support from IFRC, 150 CRC volunteers were trained on camp management, distribution techniques, the SPHERE standards, basic notions on water, hygiene and sanitation, safer access into operations, the ethical behaviour of a Red Cross volunteer in action, and the Code of Conduct of the International Red Cross and Red Crescent Movement (the Movement). Three training sessions were organized with 50 volunteers participating in each of them. IFRC's Central Africa Regional Representation (CARREP) deployed an RDRT member (a regional resource person) to Brazzaville to facilitate the trainings and support the CRC with the implementation of this operation for 2 months. ICRC also collaborated in the three trainings.

### Emergency shelter

Immediately after the disaster occurred, affected families were quickly accommodated in transit sites with no preparation. The numerous problems that appeared rapidly urged the reflection on a safer and more appropriate solution to the accommodation of affected people. Several sites have been identified and trained Red Cross are presently busy installing them. They begun with the sites of Kintélé, Cité des 17 and Chacona; and their next target is the site of SIACIC.

CRC supported by IFRC designed the plans for the installation of the sites of Cité des 17 and Chacona. 20 CRC volunteers were trained on the installation of tents, in collaboration with IFRC and Shelter Box that is currently negotiating with CRC for the installation of the tents donated by TOTAL. So far, CRC volunteers have installed Government and TOTAL tents (104 tents) in the site of Cité des 17. Government has installed 146 tents in 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 that is managed by ENI Oil Company in collaboration with Fondation Congo Assistance is planned for 100 tents for 500 people. In the days ahead, Red Cross volunteers will put numbers on the tents they have installed. CRC/IFRC tents have also been installed in the site to serve as Red Cross offices.

It is planned that CRC volunteers supported by IFRC will install 76 tents provided by TOTAL in the site of Chacona in the days ahead. Part of that site will be installed by government. The site is planned for about 750 people, i.e. about 150 families.

#### Distribution of food and non-food items

After the training, Red Cross volunteers conducted an evaluation in the various transit sites with the view to establishing the lists of beneficiaries. With those 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. So far, trained Red Cross volunteers have organized 4 distributions in 4 sites, namely Stade annexe, Kimbanguiste Talangai, Armée du salut and Saint Grégoire de Massengo. The items distributed (food and non-food items) were made available by IFRC and other partners such as Chevron, Total, DMC-Iron Congo, and Warid Congo. During one of the sessions, food items were distributed. About 968 families were reached by the distributions. The following table summarizes the 4 distributions that were made by CRC volunteers with the coaching of the regional resource person deployed by CARREP to Brazzaville for the operation:

Sites	Items distributed	Number of families	Donors	Comments
Stade Annexe	Non-food items (NFI)	138	IFRC, TOTAL & Chevron	
Kimbanguiste Talangai	NFI	443	IFRC	
Armée du Salut	NFI and food items (FI)	247	IFRC & TOTAL	
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
<b>Total</b>		<b>968</b>		

#### Challenges:

##### Emergency shelter

The main challenge here is the quality of the soil, which is swampy. While government tents are mounted on wooden blocks, those provided by TOTAL are mounted on the soil, making them not easy to use.

##### Distribution of food and non-food items

Presently it is very difficult to know the exact number of people in each transit site, and distributions in the sites are subjected to authorization by Government. This explains why so far only 4 sites out of 9 have been covered by Red Cross distributions. Discussions are underway to obtain full authorization from government to organize distributions in all the sites in the days or weeks ahead.

#### Emergency health and care

<b>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.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The health risks of the affected population are evaluated	<ul style="list-style-type: none"> <li>Evaluate the basic mortality and morbidity of the population due to the emergency.</li> <li>Assess the risks to the health of the population in terms of health services, prevention, health needs and risk of communicable diseases.</li> </ul>



Mortality and morbidity of IDPs are reduced through a better access to primary health care	<ul style="list-style-type: none"> <li>• Distribute impregnated mosquito nets</li> <li>• Train volunteers on communicable diseases surveillance in coordination with the Ministry of Health and district health offices.</li> <li>• Support mass vaccination campaign through 50 volunteers through social mobilization and coordination with the Ministry of Health /WHO / UNICEF with independent monitoring.</li> </ul>
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"> <li>• Identify gaps in the health services in terms of availability of structures, personnel, drugs and equipment and access of the population.</li> <li>• Identify the need for health clinic services and filling gaps.</li> </ul>
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"> <li>• Train volunteers on community-based primary health care.</li> <li>• Campaign for health promotion within 7 installation sites of the displaced.</li> </ul>
The psychosocial support is provided to 2,000 families displaced, by volunteers from the Congolese Red Cross	<ul style="list-style-type: none"> <li>• Psychological support for 200 volunteers involved in the operation.</li> <li>• Train 20 Congolese Red Cross volunteers on psychosocial programmes.</li> <li>• Psycho-Social Support to 2,000 families affected by the disaster.</li> </ul>

#### Progress:

Immediately after the disaster occurred, CRC mobilized more than 200 volunteers to assist affected people. The first action of those volunteers was to transport injured people to health centres and hospitals.

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

Red Cross first-aid workers participated in the collection, cleaning and burial of corpses, as well as in the disinfection of the places where the corpses were collected. They also distributed relief assistance to participants at the funeral ceremony.

ICRC supported the assessment of health needs in the temporary sites where affected people were accommodated. This assessment resulted in the donation by ICRC of basic health kits to the health post of the sites of St Grégoire, Kimbanguiste Talangaï and Nkombo.

CRC deployed 3 nurses (Red Cross volunteers) for the monitoring of the basic health kits donated by ICRC. First-aid and dressing kits were distributed in the health posts of 10 temporary sites to facilitate the administration of first aid to injured persons. The same kits were also distributed to CRC team leaders in the field. The use of the kits distributed is closely monitored in the field.

ICRC organized several trauma counselling sessions for Red Cross volunteers and mortuary agents of CHU.

#### Challenges:

The major challenge here is the fact that responsibilities have not been shared accordingly among the various actors. Some partners made promises but they haven't been fulfilled yet.

#### Water, sanitation, and hygiene promotion

<b>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.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Potable water is provided to 2,000 families of seven host sites.	<ul style="list-style-type: none"> <li>• Assess the need for water and wastewater systems in the installation sites of the displaced.</li> <li>• Train volunteers from the Congolese Red Cross on water, sanitation and hygiene promotion.</li> <li>• Install a system of supply, treatment and water distribution in the</li> </ul>

	hosting sites of disaster. <ul style="list-style-type: none"> <li>• Treat water before distribution to beneficiaries.</li> <li>• Distribute jerry cans required for transportation and water conservation.</li> <li>• Establish water committees at the water points</li> </ul>
The affected population installed in the host sites have good access to basic sanitation.	<ul style="list-style-type: none"> <li>• To construct, maintain and keep the community showers and washing areas.</li> <li>• Install bins / waste pits.</li> <li>• Maintain sewage water management.</li> <li>• Organize the vector control at the sites hosting the disaster.</li> <li>• Distribute hygiene and sanitation equipment.</li> </ul>
The health of the population is improved through activities of hygiene promotion and behaviour change.	<ul style="list-style-type: none"> <li>• Train volunteers on PHAST and on the total sanitation community self management.</li> <li>• Organize campaigns to promote hygiene among the population in general and the population installed in the host sites.</li> <li>• Create and facilitate mothers' clubs for hygiene promotion.</li> <li>• Produce and distribute training booklets and posters to support campaigns to promote hygiene.</li> </ul>

### Progress:

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

Chevron Oil Company provided financial and material support for the design and launching of the Hygiene and Sanitation Project in the various sites.

Forty-nine (49) CRC volunteers have been trained on hygiene and sanitation and deployed in the various sites to carry out hygiene and sanitation activities, with support from the French Red Cross and the collaboration of the Directorate General for Hygiene and the World Health Organization (WHO).

Water trucking started and is ongoing in the sites of Cathédrale, Nkombo, Kimbanguiste Talangaï, Saint Grégoire, Stade Annexe Massamba Débat, Stade Marchand and Notre Dame du Rosaire.

In addition, Red Cross volunteers have been carrying out hygiene promotion activities and water chlorination in the various sites. Some latrines and showers have also been constructed during this first month of the operation. The following table summarizes the various facilities that have been constructed in the various sites:

Sites	Number of latrines constructed	Number of showers constructed	Washing areas	Washstands with chlorinated water	Bladders	Comments
Cathédrale						
Marché Nkombo	24 ventilated latrines with sanplat slabs			8		
Stade Eboué						Pending authorization
Kimbanguiste Talangaï	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)

Sites	Number of latrines constructed	Number of showers constructed	Washing areas	Washstands with chlorinated water	Bladders	Comments
<b>Total</b>	<b>48</b>	<b>19</b>	<b>1</b>	<b>12</b>	<b>5</b>	

The CRC supported by the French Red Cross will supply water in the Chacona site where some of the affected people will be relocated soon. This activity will be carried out in collaboration with the national water supply company known as SNDE.

### Challenges:

The major challenge here is the fact that government officials are often slow in granting partners access to the various sites, including the Red Cross. Moreover, some actors have failed to fulfil their commitments vis-à-vis the Red Cross. Consequently, CRC has 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 in the sites. Some sanitation activities were not carried out in the field because some actors did not keep to their promises made to the Red Cross.

### Early recovery

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

### Progress:

The non-governmental organization (NGO) Shelter Box has been authorized by Government to install some tents in selected neighbourhoods. Shelter Box has requested the support of Red Cross volunteers to implement their project and it is expected that this opportunity will be seized to conduct a thorough inquiry in affected neighbourhoods, with the view to establishing a more comprehensive list of beneficiaries. To that effect, an evaluation sheet will be developed and distributed to Red Cross volunteers prior to their deployment to the field with Shelter Box. So far, Government has not yet shared their list of beneficiaries with the Red Cross.

### Challenges:

Government established a list of families that will benefit from the allocation of CFA francs 3,000,000 (about CHF 6,000) for the rehabilitation of their houses. The problem is that some families have not found their names on that list, and this has created tension in the neighbourhoods concerned, especially in Mpila. Consequently, Red Cross authorities deemed it risky to deploy their volunteers there at this time for recovery activities. However, it is clear that when the security will be favourable, recovery activities will begin.

### Disaster Preparedness and risk reduction

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

	disasters.
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**Progress:**

In the early hours of the disaster, CARREP supported CRC with the rapid evaluation 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's staff. The volunteers involved in this operation have been trained on the specific sectors of the operation, but training on vulnerability and capacity assessment in urban areas is planned and will take place when the emergency phase of this operation will be over. The other Movement partners present in Brazzaville have promised to join efforts with IFRC for the organization of this training during which the lessons learned from this operation will be drawn. The output of that workshop will be the development of a contingency plan on urban risks. Based on such plan, the early alert system of the national society will be updated and improved with the participation of all the stakeholders. Meanwhile, CRC volunteers have been carrying out sensitization activities in the field with support from ICRC and Handicap International. These partners have been briefing the volunteers involved on the urban risks surrounding them, what to do, and the messages to give to the populations.

**Challenges:****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"> <li>• Conduct rapid assessments of needs and logistic capacities of the operation.</li> <li>• Develop a strategy and a system of registration and transportation to deliver aid provided.</li> <li>• Distribute relief items and control the movement from shipping point to the end user.</li> <li>• Monitor and evaluate relief activities and provide reports on the distribution of relief materials.</li> <li>• Develop an exit strategy.</li> </ul>

**Progress:**

When the disaster occurred, CARREP's logistics services transported the 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 a subsequent disaster within the region.

In addition to the items transported from Yaoundé, many other items were to be 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 the logistics procedures.

**Challenges:**

The major challenger is the availability of warehouses and the high cost for renting and managing them in Brazzaville. The Red Cross is looking for partners to support the renting and management of a warehouse in Brazzaville.

**Communications – Advocacy and Public Information**

The aim is 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.

**Progress:** In order to ensure smooth communication on the operation and the work being carried out by the Red Cross, the President of the Congolese Red Cross organized a press conference attended by Movement partners (ICRC, IFRC and French Red Cross), national and international media at the headquarters of the Congolese Red

Cross on 02 April, 2012. In addition, two situation reports on the operation have been issued and sent to existing and potential partners. CARREP has been maintaining permanent and close communication with existing and potential partners to keep them informed about what is going on as far as the operation is concerned.

## Contact information

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

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.

Selected Parameters	
Reporting Timeframe	2012/3-2012/4
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
<b>A. Budget</b>	<b>1,238,922</b>					<b>1,238,922</b>	
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>Income</b>							
<b>Cash contributions</b>							
<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>	23,133					23,133	
<b>C1. Cash contributions</b>	<b>82,062</b>					<b>82,062</b>	
<b>Other Income</b>							
<i>DREF Allocations</i>	95,607					95,607	
<b>C4. Other Income</b>	<b>95,607</b>					<b>95,607</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>177,669</b>					<b>177,669</b>	
<b>D. Total Funding = B + C</b>	<b>177,669</b>					<b>177,669</b>	
<b>Coverage = D/A</b>	<b>14%</b>					<b>14%</b>	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>C. Income</b>	<b>177,669</b>					<b>177,669</b>	
<b>E. Expenditure</b>	<b>-73,118</b>					<b>-73,118</b>	
<b>F. Closing Balance = (B + C + E)</b>	<b>104,551</b>					<b>104,551</b>	

Selected Parameters	
Reporting Timeframe	2012/3-2012/4
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
<b>BUDGET (C)</b>		<b>1,238,922</b>					<b>1,238,922</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	129,048						129,048	
Clothing & Textiles	68,346						68,346	
Water, Sanitation & Hygiene	391,272						391,272	
Medical & First Aid	71,115						71,115	
Utensils & Tools	127,501						127,501	
<b>Total Relief items, Construction, Su</b>	<b>787,282</b>						<b>787,282</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	9,452						9,452	
Computers & Telecom	945						945	
<b>Total Land, vehicles &amp; equipment</b>	<b>10,397</b>						<b>10,397</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	8,318						8,318	
Distribution & Monitoring	5,671						5,671	
Transport & Vehicles Costs	26,843	5,777				5,777	21,066	
<b>Total Logistics, Transport &amp; Storage</b>	<b>40,832</b>	<b>5,777</b>				<b>5,777</b>	<b>35,055</b>	
<b>Personnel</b>								
International Staff	66,163	1,250				1,250	64,913	
National Staff	13,233	480				480	12,753	
National Society Staff	18,904	527				527	18,377	
Volunteers	145,380	26,341				26,341	119,039	
<b>Total Personnel</b>	<b>243,680</b>	<b>28,598</b>				<b>28,598</b>	<b>215,082</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees		56				56	-56	
<b>Total Consultants &amp; Professional Fe</b>		<b>56</b>				<b>56</b>	<b>-56</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	50,095	5,041				5,041	45,054	
<b>Total Workshops &amp; Training</b>	<b>50,095</b>	<b>5,041</b>				<b>5,041</b>	<b>45,054</b>	
<b>General Expenditure</b>								
Travel	5,671	7,724				7,724	-2,053	
Information & Public Relations	17,410	1,830				1,830	15,580	
Office Costs	3,025	1,284				1,284	1,741	
Communications	3,781	330				330	3,451	
Financial Charges	1,134	654				654	480	
Other General Expenses		111				111	-111	
<b>Total General Expenditure</b>	<b>31,021</b>	<b>11,934</b>				<b>11,934</b>	<b>19,087</b>	
<b>Operational Provisions</b>								
Operational Provisions		17,250				17,250	-17,250	
<b>Total Operational Provisions</b>		<b>17,250</b>				<b>17,250</b>	<b>-17,250</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	75,615	4,463				4,463	71,152	
<b>Total Indirect Costs</b>	<b>75,615</b>	<b>4,463</b>				<b>4,463</b>	<b>71,152</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,238,922</b>	<b>73,118</b>				<b>73,118</b>	<b>1,165,804</b>	
<b>VARIANCE (C - D)</b>		<b>1,165,804</b>				<b>1,165,804</b>		