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Disaster relief emergency fund (DREF) Republic of Congo: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCG009
GLIDE n° EP-2011-000165-COG
25 October, 2011

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 188,083 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Congolese Red Cross National Society in delivering immediate assistance to some 750,000 beneficiaries. Un-earmarked funds to repay DREF are encouraged.

Summary: Cases of cholera have been registered in the Republic of Congo (RoC) since the beginning of July 2011, with the Mossaka and Loukolela districts identified as foci of the outbreak. These two localities border neighbouring Democratic Republic of the Congo (DRC), which is currently facing a serious cholera outbreak. Since the beginning of the epidemic, about 708 cases of cholera have been reported in RoC.

So far, the epidemic has already spread to the Brazzaville, Likouala, Sangha, Cuvette, plateaux, and Pool divisions. It should be noted that RoC experienced chikungunya and measles outbreaks in 2011. Moreover, the country is just recovering from a serious polio outbreak that affected close to 700 people and killed more than 200. The Congolese Red Cross and IFRC's Central Africa Regional Representation (CARREP) believe that there is an urgent need to launch an operation to respond to cholera in order to avoid an uncontrollable humanitarian situation in RoC. This DREF operation has therefore been requested to enable the Congolese Red Cross to carry out activities in the sector of emergency health in order to contribute to stopping the spread of cholera in affected localities of RoC.



This operation is expected to be implemented over 3 months, and will therefore be completed by 24 January, 2012; a Final Report will be made available three months after the end of the operation (by 24 April, 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)

The situation

A cholera outbreak started in neighbouring DRC in early June 2011. The first 2 cases were subsequently registered in RoC in the town of Loukolela on 9 July 2011. The cases are reported to have migrated from the Mougouma village located some 85 km distance from Loukolela, a village sharing boundaries with DRC's Liranga locality. Presently, the towns of Mossaka, Cuvette, Makotipoko, Loukolela, Likouala and Brazzaville are affected by the epidemic. The Minister of Public Health declared the epidemic on 14 July 2011.

After confirmation of the outbreak, the government has set up a crisis unit, with development of a national response against cholera supported by its traditional partners, including the Congolese Red Cross. A joint mission by WHO, UNICEF, MSF and the Congolese Red Cross has been carried out in the Department of Likouala. In addition, a cross-border technical meeting was held in Brazzaville between the Governments of DRC and Congo Brazzaville.

In operational terms, with financial support from government and other partners, volunteers from the Congolese Red Cross were immediately involved in sensitization, hygiene promotion, treatment of water, disinfection at the household level and in supporting care centres.

The epidemic which began hesitantly in riverside areas along the long border with the Democratic Republic of Congo has continued to grow. The total number of cases was 341 in late August increased to 708 October 12, 2011. The needs are increased with the spread to new areas not affected meantime. In response, the Government has requested additional support from its traditional partners, including the Congolese Red Cross. Thus, a request for DREF was written and transmitted to the regional representation to provide a much more consistent support to the Ministry of Health, particularly in the areas of prevention and epidemiological surveillance at Community level

The following table summarizes the cholera situation in RoC by 12 October 2011 (week 40) as presented by Congolese Ministry of Health and Population:

N°	Divisions	Area (Km ²)	Total Population	Number of cases	Number of deaths	Lethality rate (%)	Number of cases confirmed
1	Likouala	66 044	281 979	143	5	3,5	5
2	Sangha	55 795	92 976	49	1	2,04	5
3	Cuvette	74 850	169 129	296	10	3,38	1
4	Plateaux	38 400	189 146	146	10	6,85	0
5	Pool	33 955	256 302	2	0	0	1
6	Brazzaville	243 000	1 489 666	72	4	4,71	9
TOTAL			2 479 198	708	30	4,2	21

Source: Directorate General for Health

Coordination and partnerships

Government set up a response committee composed of actors in the area of health such as the ministry of Health and Population, the World Health Organization (WHO), the United Nations Children Fund (UNICEF), Médecins Sans Frontières (MSF), the Red Cross, etc. In addition, Government has been managing cholera cases by administering Ringers Lactate, salted solutions, ORS, ciprofloxacin and cotrimoxazol to patients free of charge.

Government has also been taking care of the following:

- Training the personnel of the integrated health centres (IHC) of Likouala Division on cholera case management;
- Daily centralization of cholera epidemiological data;
- Pre-positioning drugs;
- Strengthening the sensitization work carried out by community relays and private health centres;
- Promoting sanitation and the disinfection of water.

WHO has been providing financial and technical support. UNICEF provided an outboard boat and leaflets to facilitate the response to cholera, while MSF is constructing shelters for the isolation of cholera patients at the Makelekele Base hospital, CHU and Talangai Base Hospital in Brazzaville.

Red Cross and Red Crescent action

The Congolese Red Cross has been participating in all coordination meetings. The National Society also participated in an evaluation mission conducted by the ministry of Health and Population. Red Cross volunteers have started hygiene promotion, home-based disinfection of water and sanitation activities in affected localities, precisely in the Likouala division.

The needs

Selection of people to be reached: The direct beneficiaries of this operation are the 750,000 people who will be affected by the awareness raising, treatment of water points, maintenance of latrines, disinfection of contaminated places and burial of corpses. The patients who will be detected in the community and referred to health centres will also be part of this category of beneficiaries.

The global population of affected areas (approximately 2,479,000 people) will be affected indirectly by the messages that will be disseminated through various communication channels.

The Congolese Red Cross intends to mobilize 300 volunteers in affected localities. The National Society will then train these 300 volunteers and place them under the coordination of the head of health and social action of the National Society to provide appropriate support to the Ministry of Health and Population within the framework of the response to the epidemic. These volunteers will need protection materials and sensitization materials such as leaflets, posters and image boxes, sanitation and water purification materials.

At the community level, the needs are for raising awareness on preventive measures, increasing knowledge of the disease by heads of households and especially school children, materials and equipment for water treatment, latrine maintenance and supervision during the burial of corpses. In the field, volunteers will need bags of oral rehydration salts (ORS) needed for rehydration of patients when transferred to the centres of care.

A regional disaster response team (RDRT) member (regionally deployed staff) will be deployed to Congo to help the National Society with the implementation and monitoring of this operation for one month.

The proposed operation

Emergency health	
<p>Outcome: Interrupt the chain of transmission of cholera at the community level through the dissemination of messages, hygiene promotion, improved access to water and clean toilets for the benefit of 750,000 exposed people in Brazzaville, Sangha, Cuvette, Likouala, Plateaux and Pool for 3 months.</p>	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> The populations of Brazzaville, Sanga, Cuvette, Likouala, Plateaux and Pool practice basic hygiene rules and adhere to the community-based prevention actions initiated by Congolese RC volunteers with the view to preventing the spread of cholera. Messages on cholera prevention are disseminated in targeted localities (Brazzaville, Sanga, Cuvette, Likouala, Plateaux and Pool). Congolese RC volunteers have participated in the early identification of cases of diarrhoea and have referred them to health centres. Epidemiological surveillance with focus on cholera surveillance is intensified in the affected localities. 	<ul style="list-style-type: none"> Retrain 300 volunteers in targeted localities (Brazzaville, Sanga, Cuvette, Likouala, Plateaux and Pool). Make copies of the epidemic management manual and distribute them to trained Red Cross volunteers. Develop and produce 3,000 leaflets with cholera messages. Develop and produce posters with cholera messages (how to prevent cholera). Set up sensitization teams. Sensitize the populations, with an average of three sensitization sessions per week for 2 months. Several strategies will be used, including door-to-door, individual interviews,

	<p>educative talk groups, and mass sensitization, particularly in public places.</p> <ul style="list-style-type: none"> • Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive the ORS by RC Volunteers during their transport to health centres. • Disseminate cholera prevention messages over local radio stations. • Ensure permanent hygiene and sanitation promotion in targeted localities, with focus on water points. • Train the populations on how to disinfect water at home • Improve and disinfect family and public latrines • Carry out door-to-door sensitization while demonstrating how to wash hands with soap. • Participate in the collection and destruction of solid and liquid wastes. • Disseminate drinking water conservation and treatment techniques. • Disinfect isolation sites in targeted localities and treat them with insecticide. • Participate in periodic cholera response coordination meetings. • Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities for 2 months. • Participate in the meetings of the crisis committee. • Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective plans of action. • Carry out regular monitoring of the operation.
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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.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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DREF OPERATION

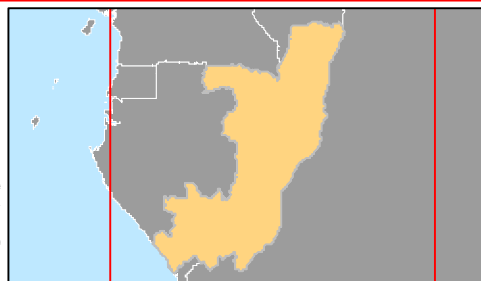
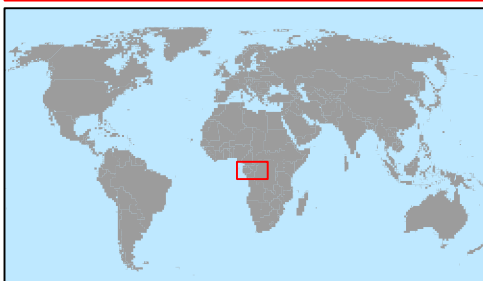
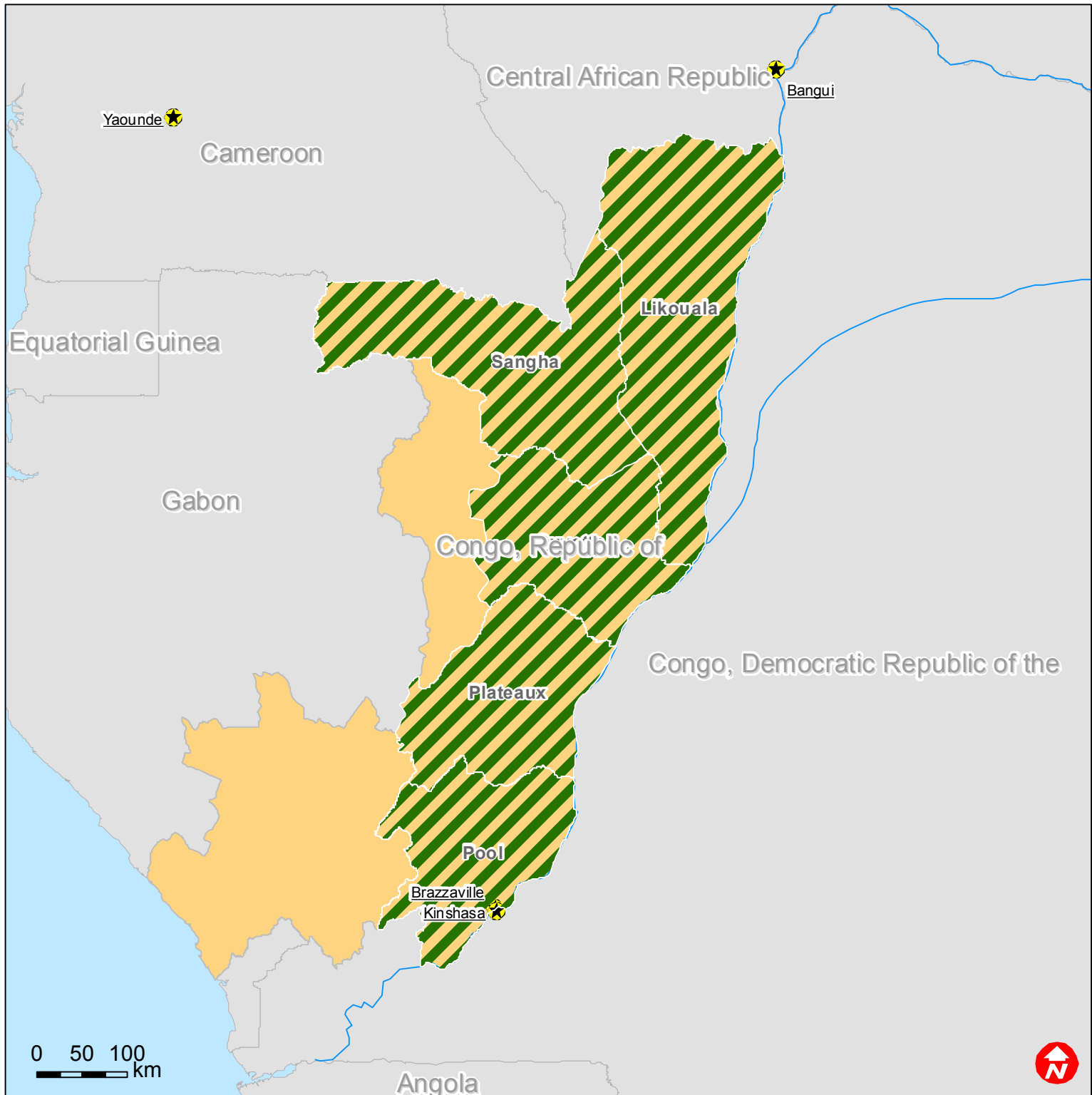
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MDRCG009

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	8,911
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	12,891
Medical & First Aid	891
Teaching Materials	14,554
Utensils & Tools	5,436
Other Supplies & Services	2,376
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUP	45,059
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	3,564
Transport & Vehicle Costs	6,000
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	9,564
International Staff	9,505
National Staff	0
National Society Staff	9,520
Volunteers	74,139
Total PERSONNEL	93,163
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	2,277
Total WORKSHOP & TRAINING	2,277
Travel	13,015
Information & Public Relations	2,772
Office Costs	6,534
Communications	3,861
Financial Charges	357
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	26,540
Programme and Supplementary Services Recovery	11,479
Total INDIRECT COSTS	11,479
TOTAL BUDGET	188,083



Republic of Congo: Epidemic



 Affected divisions