



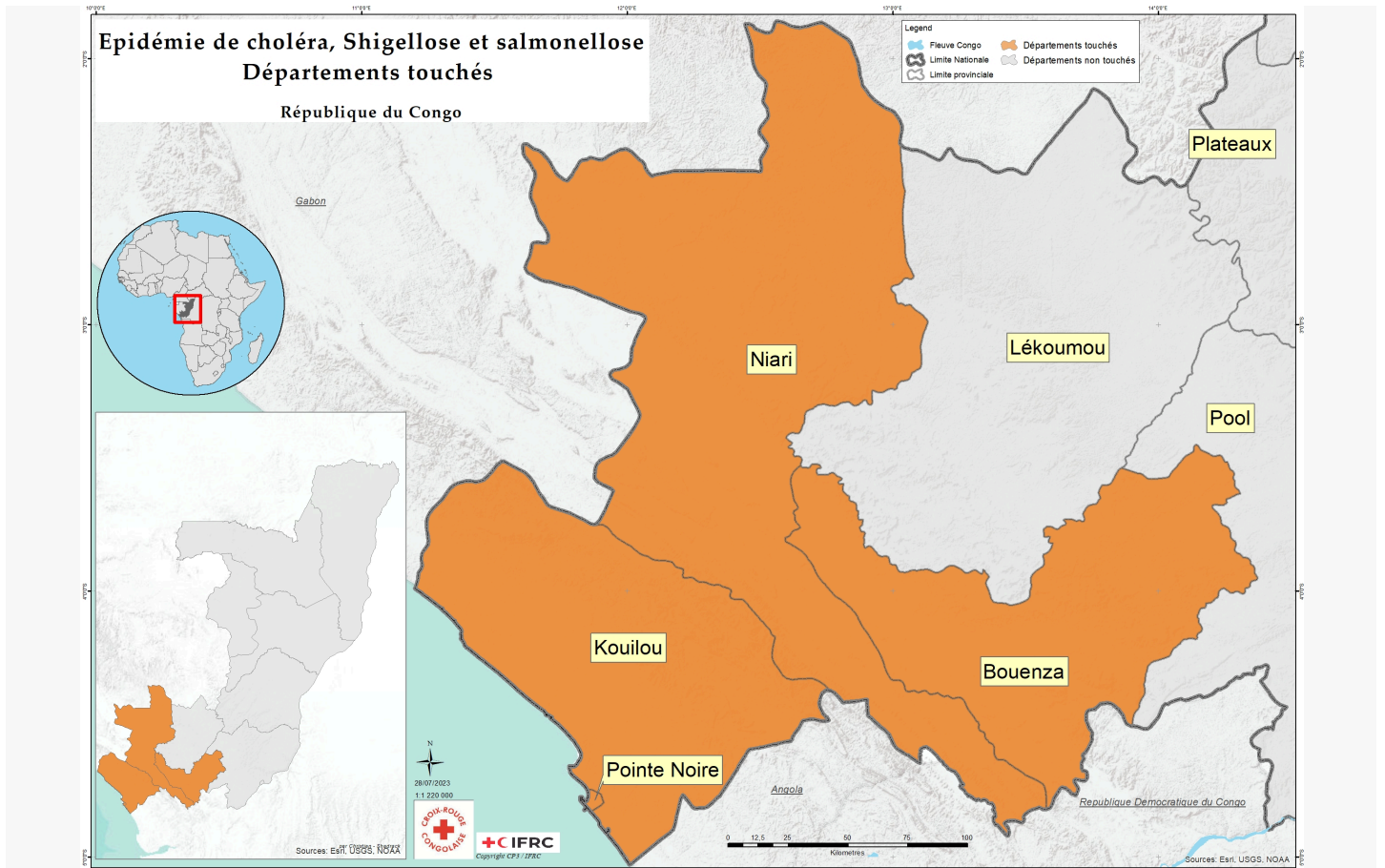
Clearing a drainage channel during a sanitation campaign in Dolisie

Appeal: <b>MDRCG021</b>	Total DREF Allocation: <b>CHF 260,809</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000127-COG</b>	People Affected: <b>84,240 people</b>	People Targeted: <b>84,240 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>29-07-2023</b>	Operational End Date: <b>30-11-2023</b>	Total Operating Timeframe: <b>4 months</b>

Targeted Areas: **Bouenza, Kouilou, Niari, Pointe-Noire**

*The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.*

# Description of the Event



Targeted areas by Congolese Red Cross

## Date when the trigger was met

17-07-2023

## What happened, where and when?

The Republic of Congo declared an epidemic of cholera, shigellosis and salmonellosis in the city of Dolisie on 17 July 2023.

On 22 July, the Ministry of Health's report showed that the declaration followed cumulative laboratory tests after an increase in the number of deaths and heightened alerts on deaths and then suspected cases since the first case in Dolisie. According to the local authorities, the first case dates back to 30 June in Dolisie, in the Niari department, when a patient presented with the following symptoms: fever, diarrhoea and vomiting at the Dolisie general referral hospital.

By 22 July, 30 confirmed cases of cholera and 63 suspected cases had been reported, 95% of them in Dolisie and new cases in Pointe-Noire. There was then a significant increase in the number of cases, which spread to other regions. Of the cases analysed, in addition to cholera, cases of shigellosis (14 cases in Dolisie) and other cases such as salmonaemia were also reported. Both reported in Dolisie, Bueza, Pointe Noire and Kioulou.

The cholera and shigellosis epidemics are not endemic in the region, and according to initial reports, the age group most affected is between 5 and 14 years old. The government has declared the situation to be a "health emergency" and has appealed for immediate action from its various partners.

In response to these outbreaks, the Congolese Red Cross launched a DREF operation to support the Ministry of Health in reducing the disease's propagation. Volunteers were mobilized for community health, Risk Communication and Community Engagement (RCCE) and WASH activities.

As of 30 October 2023, nearing the end of the operation, the epidemic situation was as follows, according to Sitrep no. 19 from the Ministry of Health.

- No suspected cases of the three epidemics have been reported since 20 September 2023 (week 38), i.e. for more than 3 weeks.
- No positive cases of the three epidemics have been reported since 4 September 2023 (week 36).
- 21 cases of cholera confirmed at the National Public Health Laboratory (17 in Niari and 4 in Pointe-Noire), including 11 cases of co-infection with cholera and shigellosis and 1 case of co-infection with typhoid fever;

- 92 confirmed cases of shigellosis, including 60 in Niari, 8 in Pointe-Noire, 9 in Brazzaville, 6 in Pool, 6 in Bouenza, 1 in Kouilou and 2 in Cuvette-Ouest;
- 25 confirmed cases of typhoid fever, including 15 in Dolisie, 2 in Bouenza, 2 in Brazzaville, 1 in Lékoumou, 1 in Likouala, 2 in Kouilou, 1 in Pool and 1 in Pointe-Noire;
- 52 deaths, including 33 in Dolisie, 12 in Pointe-Noire, 4 in Bouenza, 1 in Kouilou, 1 in Brazzaville and 1 in Lekomou;
- 90 patients operated on, including 64 in Niari and 26 in Pointe-Noire;
- 14 patients died among those operated on, including 8 in Dolisie and 6 in Pointe-Noire.



Awareness-raising session at a market in Dolisie



Radio broadcast with a Red Cross team

## Scope and Scale

In July 2023, the locality of Dolisie in the Niari department experienced a cholera epidemic. Neither the country nor the department is endemic to this disease. In addition to cholera, other water-borne diseases also caused a number of victims: shigellosis, salmonellosis and typhoid fever. The situation was summarized as follows:

- First case on 28 June 2023 (SITREP of 22 July),
- As of 15 July, the data communicated showed that analyses had been carried out on 78 tests at the National Public Health Laboratory, and the results revealed 03 types of bacteria, characteristic of the following diseases: Cholera with 15 positive test samples; Shigellosis with 14 positive test samples; other positive cases of food poisoning and typhoid fever were also confirmed,
- On 22 July, a Ministry of Health report indicated that 50% of cholera cases had increased since 15 July. A total of 30 cases of cholera had been confirmed (26 in Dolisie and 4 in Pointe-Noire), followed by 1,431 suspected cases. A further 12 samples tested positive for cholera and shigellosis at the same time, including 11 in Dolisie and 1 in Pointe-Noire,
- The epicentre of cholera and the other diseases mentioned was generally the town of Dolisie, which accounted for 95% of cases, with all waterborne diseases being reported mainly in the Niari department. Dolisie has a population of around 203,587 (in 2021).

An increase in other water-borne diseases (shigellosis, salmonellosis and typhoid fever) has also been observed, heightening concern about the epidemic. By 22 July, in several cities in the Niari department, more than 1,400 suspected cases had been reported with similar symptoms of diarrhea, chronic vomiting and fever. At the same time, the number of deaths reported for all outbreaks was 34 out of 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).

In a press release issued on 15 July, the government described the situation as a "health emergency". Faced with this critical situation, the government identified a number of major challenges requiring external support. These challenges include:

- Support for health personnel involved in the response,
- Weak local diagnostic capacity,
- No cholera treatment center had been set up,
- Mobilization of funds to support the response,
- Capacity building in case management, surveillance, infection prevention and control, risk communication and community engagement,
- Drinking water supply.

In view of all the challenges mentioned above, and in order to respond to the emergency, the Ministry of Health and Population, in collaboration with the other ministerial sectors, drew up a response plan and requested the support of its partners. The International Federation of Red Cross and Red Crescent Societies (IFRC) provided technical and financial support to the Congolese Red Cross through a Disaster Response Emergency Fund (DREF). Implementation of the activities ended on 30 November 2023. By this date, the propagation of the epidemic had stopped. No positive cases of the three epidemics had been reported since 4 September 2023.

## Source Information

Source Name	Source Link
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1. SITREP N° 01 DU 30 JUIN AU 11 JUILLET 2023 Flambée épidémique d'origine inconnue à Dolisie, département du Niari

<https://sante.gouv.cg/sitrep-n-01-du-30-juin-au-11-juillet-2023-flambee-epidemique-dorigine-inconnue-a-dolisie-departement-du-niari/>

2. SITREP NATIONAL 18 DU 20-09-2023

<https://sante.gouv.cg/sitrep-national-18-du-20-09-2023/>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>The Congolese Red Cross (CRC) contributed to the implementation of the response through its local branches in Bouenza, Kouilou, Niari and Pointe-Noire. A total of 150 volunteers, 10 supervisors and 5 staff from the Congolese Red Cross contributed to the implementation of community health activities, Risk Communication and Community Engagement (RCCE) and WASH activities. The IFRC also deployed a health surge to support the CRC. The activities reached a total of 102,851 people. Overall, 1,300 boxes of ORS (Oral Rehydration Solution) were distributed and 1,685 households received water treatment and storage items (aqua tabs, Jerrycans, etc).</p> <p>Before the beginning of the Dref operation, the Congolese Red Cross took part in an initial assessment of the situation organized by the Niari departmental health directorate. Volunteers were mobilized to support the Ministry of Health's assessment. They also contributed to the active search for cases in collaboration with the epidemiological surveillance department (Niari operational sector).</p>

## IFRC Network Actions Related To The Current Event

Secretariat	<p>The Congolese Red Cross received technical support from the IFRC Cluster Representation based in the DRC for the planning and implementation of activities. The IFRC Africa cluster delegation in Kinshasa covers Congo, DRC, Burundi, and Rwanda. During the implementation phase, the IFRC set up weekly coordination meetings at which the level of implementation was presented by the SN, and difficulties encountered were also discussed with a view to finding solutions.</p> <p>A surge staff with emergency public health capabilities was deployed to the operation. He provided technical support in the management of the epidemic, including the coordination of the overall Red Cross operation.</p>
Participating National Societies	<p>There is no Participating National Societies (PNS) present in the country at the moment, and The national Society did not receive any support from the PNS throughout the period of the epidemics.</p>

## ICRC Actions Related To The Current Event

ICRC is based in the DRC and also supports the Congolese Red Cross. As part of the response to the epidemic, the ICRC has been informed during coordination meetings of the Red Cross movement.

## Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
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<p><b>National authorities</b></p>	<p>The Health Ministry had activated an incident management system with the appointment of an incident manager and took the following actions :</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 SURGE experts, 2 biologists, 1 communicator and 1 surgeon,</li> </ul> <p>The ministry has also deployed community relays in the field to raise awareness and actively search for cases in households.</p> <p>To date, the government is continuing:</p> <ul style="list-style-type: none"> <li>o to hold meetings of the technical committee for the response to the epidemics of shigellosis, typhoid fever and cholera in the departments of Niari, Kouilou, Pointe-Noire and Bouenza,</li> <li>o active case-finding in the country's various health facilities,</li> <li>o funds raising to care for patients requiring re-operation following post-operative complications.</li> </ul>
<p><b>UN or other actors</b></p>	<p>The WHO supports the government's response to epidemics by providing care, setting up rapid response teams and monitoring contacts. Daily coordination meetings are organized under the leadership of the Ministry of Health, with the participation of both the WHO and the Red Cross, in order to better guide the response. (Two meetings a day).</p>
<p><b>Are there major coordination mechanism in place?</b></p> <p>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.</p>	

## Needs (Gaps) Identified



### 1) Caseload and health risk

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

At least 13 districts of 4 departments were hotspots areas. The critical factors that could increase the probability of the situation becoming uncontrollable are :

- The capacity of health services in the department and surrounding departments. There are fewer health facilities able to handle the cases; 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 were overwhelmed because there were not a lot in the affected areas and these few are full with patients related or not to these diseases. It was necessary to organize demonstration sessions on how to prepare homemade ORS in the communities and direct them to the structures that can provide them.
- The area is flood prone and rainy season in the horizon
- There is a 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 explain the fast spread out of Dolisie.

### 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. This context is the same in Niari. The others diseases identified from testing of samples, include shigellosis, Salmonellosis are also sharing the same route of transmission that need to be considered in the need analysis. With the testing and data reporting not systematic from all the cities with suspected cases, the risk of having a more significant cases of cholera was high. Mainly in Dolisie city which is the first epicenter for both cholera and Shigellosis. But the risk was also there

for Pointe Noire (which reported also both confirmed cases), Kouilou and Buenza where suspected cases have also 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 be deployed for extended action on interruption of transmission and population reluctant to go to the health centers, there was an increased need for community-based surveillance (CBS), especially in the epicenter of epidemics.

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

3) NS prevention and response capacity presented some gaps to be able to effectively 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 .



## 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 is ongoing, 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.



## 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 Red Cross movement, it was needed to make sure that CRC reaches all people in an effective and efficient way.



## Community Engagement And Accountability

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

In this context, it was 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 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 were to 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 were to benefit trainings from on RCCE approaches for effective and efficient SBC outreach activities.



# Operational Strategy

## Overall objective of the operation

The overall objective was to contribute to the response to the cholera epidemic reported by the Ministry of Health on July 22, 2023 in the main hotspots of Dolisie, Pointe Noire, Bouenza and Kouilou (at least 13 districts affected) for 4 months, by providing key health, WASH and RCCE interventions to reduce the spread of the disease and improve case management.

In Parallel, the actions undertaken also aimed to enable Red Cross to respond to the shigellosis and salmonellosis epidemics reported by the Ministry of Health of the Republic of Congo, using the same intervention pillars while adapting the messages.

By the end of the operation, 102,851 people had been reached through community awareness and involvement, hygiene and prevention and health activities in the 4 departments affected. Then the spread of the epidemic was stopped

## Operation strategy rationale

Congolese Red Cross strategy has been to tackle the cholera epidemic primarily, taking into account the other escalation of the epidemic, as they share the same transmission route, reduced through measures taken by CRC and its partners. Red Cross intervention capacity through this DREF has been deployed to help reduce cholera transmission. Reinforce hygiene promotion and teach community members to prepare homemade ORS as the mainstay of community-based case

The intervention was planned according to the following strategy:

1) Capacity-building for volunteers to build a workforce for surveillance and case detection. Epidemic control and hygiene promotion, which enabled communities to respond, prevent and prepare. 150 volunteers were trained and deployed for 4 months, 3 days a week. Volunteers and the branch were also briefed on personal protection measures. To this end, the provision of personal protective equipment and training in its use were very important.

2) Reduce the risk of transmission

- Reinforce surveillance in health establishments and communities, with their full involvement (alerts, monitoring of contacts, CBS). The CBS system in place during the epidemic was managed by the WHO. The Ministry of Health and the National Society helped to improve the system at community level. Based on the lists of contacts, volunteers will monitor these contacts. Based on the community definition of cases, the volunteers will also notify alerts and participate in case initiation in collaboration with the health authorities.

70 volunteers were trained for 3 days for the CBS at a rate of 1 volunteer per 50HH and was supervised by two CBS focal points.

- Going door-to-door in communities.

Volunteers have been deployed to launch awareness messages aligned with the Ministry of Health's messages. Volunteers worked in collaboration with the community relay (Ministry of Health team) to deliver prevention messages.

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

- RCCE using different channels. Volunteers, audiovisual support (radio, IEC materials) and a strong feedback system to remedy misinformation or gaps in information.

Some wash interventions have helped interrupt the transmission of waterborne diseases such as cholera and shigellosis.

These include:

- Supporting the distribution of household detergents and disinfectants to communities where suspected and affected cases have been reported.

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

- Provide drinking water to households by distributing water tablets and treatment containers (jerry cans).

- Red Cross organized teaching sessions for households on how to use the various materials distributed, teaching sessions on how to treat water with water tablets and how to use disinfectants appropriately.

- Human resources were deployed to ensure systematic monitoring with hand-washing facilities at all entry points into the affected towns/localities in order to raise awareness and mobilize communities on the importance of water, sanitation and hygiene practices such as hand-washing, food hygiene, personal and environmental hygiene.

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

3) Case management at community level was supported by :

- The provision of ORS at handwashing points, provided when needed and managed by volunteers in coordination with the Ministry of Health which will be dedicated to community health workers to assist.

- Volunteers have been trained in oral rehydration therapy and homemade ORS solutions for a cascade at community level.

- Household education sessions were held on the use of ORS, using some of the stocks purchased, and guidance was provided on where to obtain ORS from various pharmacies and washing points in the CRC.

Efforts were also made to involve communities in door-to-door family visits, group discussions with women and young people on homemade rehydration solution, storage and administration.

- Psychosocial support was provided to the communities and patients affected.

4) Coordination



The affected areas were all in response mode, so an incident management system (IMS) with a local operations center was activated in close coordination with the WHO and the local authorities.

## Targeting Strategy

### Who was targeted by this operation?

The area targeted by this operation was Dolisie, in particular the department of Niari, the epicentre of the disease, as well as other surrounding departments that have reported cases (Pointe Noire, Bouenza and Kouilou). The total target was 84,240 people (16,848 households), 10% of whom will receive relief items to improve their water, sanitation and hygiene conditions, as well as support for hygiene facilities. This represents 8,424 people (1,685 households).

The following criteria were taken into account when selecting the direct targets who benefited from support for hygiene, access to water and relief items:

- Communities where cases have been notified (confirmed and suspected) based on the list available from WHO and the Ministry of Health.
- Houses with children under 14 reported 17% of cholera cases, 33% of typhoid cases and 43% of shigellosis cases.
- Population groups living with socio-medical vulnerabilities such as disabilities or chronic illnesses.
- Pregnant and breast-feeding women.
- People aged over 60.
- Fishermen and households living around rivers.
- Red Cross front-line volunteers at risk of contamination.

The CRC's action consisted of creating a mechanism to contain the epidemic and limit its impact around Niari, Bouenza and Kouilou, with the mobilisation of most resources and activities in the epicentre, Niari.

As we did not carry out an in-depth assessment, our estimate is based on the Ministry's SITREP, which showed that the regular and continuous flow of population movements along the different routes and through the different entry points of the No. 1 national road linking the town of Pointe Noire, the Niari department (Dolisie) and the Bouenza department (Madingou) constitute the different points of spread of the epidemic in the 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, Bouenza 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 (Bouenza, Kioulou).

## Total Targeted Population

Women	45,189	Rural	18.3%
Girls (under 18)	4,219	Urban	13.7%
Men	29,623	People with disabilities (estimated)	3%
Boys (under 18)	5,209		
Total targeted population	84,240		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
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Floods season	Red Cross intensified 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.  The health system is overwhelmed as cases increase, and is struggling to bring the epidemic under control over the next three months. 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.	Congolese Red Cross planned do update the emergency action plan to expand the area of implementation through a second DREF allocation or emergency appeal.  The Red Cross continue to monitor the situation, ready to scale up the response with the support of IFRC staff.

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

The security risks in the affected departments are moderate, however certain measures have been 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 have been adopted. Security orientation and briefing for all teams prior to deployment have been done to help ensure safety and security of response teams. Standard security protocols about general norms, cultural sensitivity and an overall code of conduct were in place. Minimum-security requirements were strictly maintained. All National Society and IFRC personnel actively involved in the operations successfully completed 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 applied to all IFRC staff throughout the operation.

Has the child safeguarding risk analysis assessment been completed?

No

## Implementation



**Budget:** CHF 43,259

**Targeted Persons:** 84,239

**Assisted Persons:** 102,852

### Indicators

Title	Target	Actual
# ORS pack procured and used for teaching session	200	200
# ORS teaching session	1,685	2,002
# of volunteers trained in ODK	70	70
# of oral rehydration solution distributed	1,300	1,300
# of volunteers mobilized for the epidemic response	150	175



# of volunteers trained on EPiC package	150	175
# of people reached with health awareness and activities	84,240	102,851
# of volunteers trained on in psycho-social care	150	175

## Narrative description of achievements

An evaluation in the districts/villages affected by the epidemic was carried out at the start of the operation and covered all sectors, including health. It confirmed the gaps identified at the beginning.

There were few health centers able to treat cases of epidemic diseases, and there were insufficient testing materials. There was also a lack of logistical and human resources in the health sector and a need for oral rehydration of cholera cases and the promotion of health, hygiene and sanitation.

A total of 175 volunteers were mobilized and briefed for this, and the training was combined with a training session for 70 on ODK for data collection. The initial plan was for 150 volunteers, but on the recommendation of the administrative authorities, an additional 25 hygiene volunteers were mobilized. Training was also organized for 175 volunteers on the EPiC (Community Epidemic Preparedness and Response) modules. Community case management concepts were introduced, in particular the preparation and administration of ORS (Oral Rehydration Solution), assessment of the level of dehydration and appropriate referral of cases.

200 packs of ORS were then distributed to health centers treating cholera cases, 9 health centers were reached with the guidance of the Ministry and distributed as follows: 3 in Dolisie, 1 in Mouyondzi, 2 in Pointe-Noire, 2 in Brazzaville and 1 in Kouilou.

2002 demonstration and education sessions on the preparation of home-made ORS ((i.e. Dolisie(595), Point-Noire (448), Brazzaville (338), Kouilou (317), Mouyondzi (304)). These activities reached a total of 40,040 people ((Dolisie(11900), Point-Noire (8960), Brazzaville (6760), Kouilou (6340), Mouyondzi (6080)).

Active case-finding was carried out at household level and among contacts of family cases on the basis of lists drawn up by the WHO as a lead and 8,008 families were reached, a total of 204 contacts traced and tracked. Volunteers were deployed to the main checkpoint/entry point in the Dolisie areas with government staff to support surveillance and carry out screening but No new cases detected at this level.

ORS were made available at a total of 5 handwashing points in Dolisie with the Ministry's authorization, to support patient distribution accompanied by a demonstration on how to use them. 500 ORS from the purchased stock were used for this activity, at a rate of 100 per handwashing point.

During focus groups, discussions were held with women and young people on home made rehydration solution, storage and administration.

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.

100% of deployed volunteers received training in psychosocial care, and were also trained in community feedback. The CRC adapted existing feedback tools to the context of the operation. With the motivation of the volunteers, a series of awareness-raising activities have been put in place, including home visits, mass awareness-raising and group discussions. It is estimated that around 10,2851 people (65% female and 35% male) were reached by the health awareness campaign. More than 1,000 posters were distributed in the 4 departments affected by the cholera, shigellosis and typhoid fever epidemic through public awareness campaigns. Then more than 5,000 people were reached with messages on the prevention of cholera, shigellosis and typhoid fever in markets, churches and public places.

## Lessons Learnt

- A strong collaboration with the Ministry of Health promoted the smooth running of the operation and this ensured their involvement in the activities.
- The knowledge acquired during EPiC training enabled CRC volunteers to respond simultaneously to all water-borne diseases apart from cholera, salmonellosis and shigellosis.
- The use of the EPiC approach has contributed to reducing community reticence and has enhanced the image of the National Society, the health authorities and the partners involved in the response to the cholera, shigellosis and typhoid fever epidemic in the Republic of Congo. Despite some reticence, it should be noted that overall there was good acceptance on the part of the community.

## Challenges

Lack of protective equipment (boots, shoes, etc.) and Lack of ORS distributed. The operation required more funds to cover all these needs.





## Water, Sanitation And Hygiene

**Budget:** CHF 90,789

**Targeted Persons:** 84,240

**Assisted Persons:** 102,851

### Indicators

Title	Target	Actual
# of people reached with hygiene prevention	84,240	102,851
# of Households Receiving water treatment relief items	1,685	1,685
# of volunteers trained in hygiene promotion;	80	75
# of sanitation campaigns organized	28	28

### Narrative description of achievements

A total of 75 volunteers were mobilized to implement Wash activities instead of the 80 planned, as there was a greater need for awareness-raising and CBS deployments. They were trained in hygiene promotion. After the volunteers training, hand-washing materials were distributed in the communes of the affected areas, at the entry to Dolisie, the epicenter, the market and other key public places. At least 28 sanitation campaigns aimed at encouraging environmental sanitation in the affected communities were organized, with community hygiene and disinfection support provided by the Red Cross. It is estimated that 70% of households (7020 households) have benefited from sanitation activities through sanitation campaigns organized in public places (markets, schools, churches).

These hygiene promotion campaigns also focused on hand washing in markets, schools and other public places, 14 markets and 37 schools have reached . In general, the campaigns included the promotion of hand washing and environmental hygiene, demonstrations of drinking water treatment and demonstrations of the use of disinfectants. Water treatment tablets and jerrycans were also purchased and distributed to 1,685 households over a 3-month period. A final monitoring and evaluation mission of the operation was carried out in the affected departments, providing feedback on community satisfaction.

### Lessons Learnt

- The awareness campaign enabled the CRC to improve the community's knowledge of cholera and other infectious diseases, and to encourage behavioral change, notably systematic hand-washing, food hygiene and the use of latrines (a few testimonials were collected during the operation's final monitoring and evaluation mission).
- The aquatab kits provided in Niari (Dolisie) was not accepted by the community at the beginning. This was a limiting factor because the community had no knowledge of aquatabs. However, through door-to-door awareness-raising, the community finally accepted the use of aquatabs.

### Challenges

The sensitization campaign was conducted during the rains season and it was hard/difficult to reach out to people at home. The volunteers had linked their program to the community availability (especially the afternoon and/or evening).



## Protection, Gender And Inclusion

**Budget:** CHF 1,206

**Targeted Persons:** 8,424

**Assisted Persons:** 8,424



## Indicators

Title	Target	Actual
# of volunteers involved on PGI activities	150	175
# of volunteers trained on PGI activities	150	175

## Narrative description of achievements

During EpiC training, Congolese Red Cross teams received a module on the minimum standards of PGI in emergency response. A group of 175 volunteers was selected and trained in PGI.

Their selection took into account gender (female 55% , male 45%) and the different sectors of the target communities. The aim was to ensure the inclusion and representation of target groups. In 70 focus group discussions with individuals, the emphasis was on social inclusion in the activities, taking into account age, gender, region and socio-economic status (minors and the elderly were represented by 10% and 15% of discussion participants respectively).

The operation's activities reached at least 8424 heads of household with awareness-raising messages, taking into account the PGI's minimum standards in terms of dignity, accessibility to information, participation and inclusion in activities, and safety.

## Lessons Learnt

Integrating PGI/PSEA topics into emergency operations is a success factor, as it builds trust between volunteers and members of the community.

## Challenges

•No challenges were noted at this level



## Community Engagement And Accountability

**Budget:** CHF 34,133

**Targeted Persons:** 84,240

**Assisted Persons:** 102,851

## Indicators

Title	Target	Actual
% of staff and volunteers trained on risk communication and community engagement approaches	100	100
# of people reached through risk communication and community engagement activities (in support of health and hygiene promotion)	84,240	102,851
% of programme staff and volunteers trained on the community feedback mechanism	100	100
# and type of methods established to respond to community about their feedback	4	4
% of operation complaints and feedback received and responded to by the National Society	70	84
# of community committees / community action plans supported	4	4

# of operational decisions made jointly with the community	-	20
Information about the operation is shared with communities regularly, including aims, timelines, activity details, distributions, delays, changes and closing	100	100
% of operational budget allocated to community engagement and accountability	5	5
# of sanitation campaigns organized	8	8
# of programs broadcast	8	14
# of campaigns in public spaces	2	2
# of community meetings held	16	15
# of volunteers involved on RCCE activities	40	40

## Narrative description of achievements

100% of the volunteers were trained in Risk Communication and Community Engagement (RCE) as part of the EPiC training. Then they contributed to health promotion campaigns on cholera and other infectious diseases under surveillance in the affected areas, waterborne diseases, hygiene promotion, using a range of reliable communication channels (interpersonal through home visits, mass media through local community radio stations, awareness campaigns in public places, places of worship, markets and schools). A total of 20569 households were visited, reaching at least 102851 people in the 4 departments. In addition, 15 sessions of community meetings with 250 people, 70 focus groups with 1987 people and 14 broadcasting sessions were organized in the 4 departments. Radio broadcasting sessions were intensified without budgetary implications, at the rate of one session per week for 14 weeks, with different topics on the prevention of water-borne diseases.

Volunteers were also trained to collect and manage community feedback. Existing community feedback management tools were adapted to the context of the operation.

This was done in consultation with community members. Overall 1885 community feedbacks were collected, stored and analyzed. A total of 84% of the community feedback collected was responded to. The analyses carried out have made it possible to regularly adapt the actions of the teams on the ground.

Most of the comments from the community were suggestions and requests relating to the cholera, shigellosis and typhoid fever epidemics. Other types of comments were questions, observations, perceptions and beliefs always related to these 3 themes and comments recognizing and encouraging the work of the Red Cross. The key comments were:

- The prevention and fight against epidemics, with many requests for help with water treatment products.
- A belief that health workers are the cause of serious cases of disease
- Questions and suggestions about preparedness and response activities, with people suggesting that mass awareness-raising should be carried out.
- Erroneous beliefs about epidemiological diseases
- Some comments thanking and encouraging the Congolese Red Cross

In addition, 40 image boxes were reproduced, 10 per department, to enable volunteers to better organize awareness-raising activities. More than 1,000 posters were distributed in the 4 departments affected by the cholera, shigellosis and typhoid fever epidemic, through public awareness campaigns.

## Lessons Learnt

- The IEC materials have been produced and shared to help volunteers to conduct sensitizations in the community. In total, 40 pictures boxes have been produced and distributed.
- Community acceptance of the activities ensured that they progressed well. No serious incidents were recorded. The factors that contributed to this were: the teams' regular dialogue with the community, training, and the assignment of team members to their usual environments, particularly the staff in the various health areas. It is therefore a good practice that could be applied to future post-epidemic operations.
- The approach to collecting and managing community feedback that was developed by the National Society/FICR also made it possible to



respond to the relevant concerns of community members through regular community dialogue sessions. This form of collaboration is a success factor in this operation and could be duplicated in future post-epidemic operations.

## Challenges

•The mechanism for collecting and managing feedback from communities was delayed. The tools for collecting and managing feedback were adopted late, and the data was then sent to the headquarters. Due to delays in the receipt of funds by NS caused by bank procedures.



## Secretariat Services

**Budget:** CHF 50,327

**Targeted Persons:** 200

**Assisted Persons:** 200

## Indicators

Title	Target	Actual
# of Surge deployed	1	1
# of volunteers insured	200	200
# of monitoring report from IFRC	7	3

## Narrative description of achievements

A surge with public health experience was deployed for a period of three months to coordinate the operation and provide technical support for its implementation.

Weekly coordination meetings were held every Wednesday between the delegation and the project team to discuss the progress of the activities, any difficulties encountered and propose solutions.

The joint monitoring and evaluation missions organized by the IFRC delegation and the Congolese Red Cross in the 4 departments affected. A total of 3 missions were organized, one per month, instead of the 7 planned. Indeed, given the distances separating the 4 departments, as well as Brazzaville and Kinshasa where the team was based, it was difficult to carry out the 7 missions as originally planned during the implementation period.

## Lessons Learnt

The deployment of surge health was a key factor in the success of the operation

## Challenges

The Congolese Red Cross (CRC) received the funds late and this was due to a problem linked to the intermediary bank. The CRC is in the process of changing banks to avoid these delays next time.



## National Society Strengthening

**Budget:** CHF 41,095

**Targeted Persons:** 160

**Assisted Persons:** 175



## Indicators

Title	Target	Actual
# of employees deployed in the departments	5	5
# volunteers who received protective equipments	160	175

## Narrative description of achievements

An activity planning meeting was organized with the heads of the UN organizations involved in the intervention and the staff of the Congolese Red Cross. During implementation, 5 employees were deployed in the departments on a part-time basis to support activities in the field with volunteers. The Red Cross teams also received technical support from a health surge deployed by the IFRC. Volunteers and supervisors received protective equipment (waistcoats and bibs). Logistical support, transport of items and handling and storage were managed by CRC headquarters. The operations coordinator and the technical team were responsible for monitoring activities with the support services. Monitoring was carried out by the IFRC cluster team in Kinshasa to ensure that the operation was progressing well. This was done through regular coordination meetings and field visits.

## Lessons Learnt

- The coordination updates meetings speeded the DREF operation. Some of the challenges were discussed with IFRC and solutions or technical advice from IFRC enabled the successful implementation of the DREF
- The involvement of all stakeholders, partners and the Ministry of Health, had a positive impact on the progress of activities. The factors that facilitated this were: contributions to the training and deployment of teams, coordination to ensure the availability of resources and tools for implementation, the supply of inputs and effective joint supervision. It is therefore good practice to apply this to future post-epidemic operations.
- The dissemination of the epidemic response plan to local branches and sub-branches of the Red Cross is necessary in order to prepare a good response;
- The equitable distribution of material resources and mobility on a permanent basis in operational areas is necessary for the effectiveness of humanitarian responses;

## Challenges

- The number of volunteers planned (150 ) proved insufficient to reach the target set for the operation. An increase of 15 volunteers was made by the National Society without budgetary implication in order to better reach their objectives.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRCG021 - Republic of Congo - Cholera Outbreak

Operating Timeframe: 29 Jul 2023 to 30 Nov 2023

Selected Parameters			
Reporting Timeframe	2023/7-2024/3	Operation	MDRCG021
Budget Timeframe	2023/7-2023/11	Budget	APPROVED

Prepared on 29/Apr/2024

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>260,809</b>
DREF Response Pillar	260,809
<b>Expenditure</b>	<b>-251,622</b>
<b>Closing Balance</b>	<b>9,187</b>

### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	43,259	6,329	36,930
PO05 - Water, Sanitation & Hygiene	90,789	221,803	-131,014
PO06 - Protection, Gender and Inclusion	1,206		1,206
PO07 - Education			0
PO08 - Migration		4,611	-4,611
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	34,133		34,133
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>169,387</b>	<b>232,743</b>	<b>-63,356</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	50,326	18,879	31,447
EA03 - National Society Strengthening	41,095		41,095
<b>Enabling Approaches Total</b>	<b>91,422</b>	<b>18,879</b>	<b>72,543</b>
<b>Grand Total</b>	<b>260,809</b>	<b>251,622</b>	<b>9,187</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

DREF allocation to this intervention was CHF 260,809. Expenditure reported at the end of the intervention is CHF 251,622, representing 96.5% of the budget. A balance of CHF 9,187 (3.5% of the funding received) will be returned to the DREF pot. Financial report is attached

The variations (+/-10%) are explained below:

- Relief items, Construction, Supplies (-26%): This budget was underestimated in relation to the real price of items on the market.
- Logistics, Transport & Storage (47%): This variance is explained by the fact that after 3 months, there were no more cases of illness,



which significantly reduced the number of DREF staff traveling to the field.

- Personnel (23%): After observing 0 cases of illness for 1 month, the number of volunteers in the field was reduced (1). The Surge also spent more time in the field than in the city, so the cost of his accommodation was reduced.
- Consultants & Professional Fees (100%): This line was not used because the DREF documents were translated by IFRC staff in the Cluster office.



# Contact Information

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

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[Click here for reference](#)



# DREF Operation

Selected Parameters			
Reporting Timeframe	2023/7-2024/3	Operation	MDRCG021
Budget Timeframe	2023/7-2023/11	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 29/Apr/2024  
All figures are in Swiss Francs (CHF)

### MDRCG021 - Republic of Congo - Cholera Outbreak

Operating Timeframe: 29 Jul 2023 to 30 Nov 2023

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PO06 - Protection, Gender and Inclusion	1,206		1,206
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PO09 - Risk Reduction, Climate Adaptation and Recovery			0
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PO11 - Environmental Sustainability			0
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# DREF Operation

Selected Parameters			
Reporting Timeframe	2023/7-2024/3	Operation	MDRCG021
Budget Timeframe	2023/7-2023/11	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 29/Apr/2024  
All figures are in Swiss Francs (CHF)

### MDRCG021 - Republic of Congo - Cholera Outbreak

Operating Timeframe: 29 Jul 2023 to 30 Nov 2023

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>70,676</b>	<b>88,934</b>	<b>-18,258</b>
Shelter - Relief	1,510		1,510
Water, Sanitation & Hygiene	48,253	60,704	-12,452
Medical & First Aid	5,663		5,663
Teaching Materials	15,251	28,230	-12,979
<b>Logistics, Transport &amp; Storage</b>	<b>6,523</b>	<b>3,455</b>	<b>3,068</b>
Transport & Vehicles Costs	6,523	3,455	3,068
<b>Personnel</b>	<b>110,758</b>	<b>85,536</b>	<b>25,222</b>
International Staff	32,000	14,762	17,238
National Staff		90	-90
National Society Staff	4,983	5,990	-1,007
Volunteers	73,775	64,694	9,081
<b>Consultants &amp; Professional Fees</b>	<b>1,510</b>		<b>1,510</b>
Professional Fees	1,510		1,510
<b>Workshops &amp; Training</b>	<b>23,179</b>	<b>25,287</b>	<b>-2,109</b>
Workshops & Training	23,179	25,287	-2,109
<b>General Expenditure</b>	<b>32,245</b>	<b>33,053</b>	<b>-808</b>
Travel	15,176	12,505	2,671
Office Costs	1,057	115	942
Communications	1,842	6,110	-4,268
Financial Charges	680	-60	739
Other General Expenses	13,491	14,382	-891
<b>Indirect Costs</b>	<b>15,918</b>	<b>15,357</b>	<b>561</b>
Programme & Services Support Recover	15,918	15,357	561
<b>Grand Total</b>	<b>260,809</b>	<b>251,622</b>	<b>9,187</b>