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DREF operation update
Republic of Congo: Cholera Epidemic

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRCG014
GLIDE n° EP-2013-000040-COG
Operation update n° 1
13 June 2013

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.

Period covered by this update:
12 April to 26 May 2013

Summary: CHF 119,241 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Congolese Red Cross (CRC) in delivering immediate assistance to some 128,200 direct beneficiaries and up to 1.1 million indirect beneficiaries. A second allocation of CHF 9,585 was granted, bringing to the revised total to CHF 128,826. Unearmarked funds to repay DREF are encouraged.

Following the November 2012 heavy rains in Pointe-Noire and its surroundings that caused flooding and led to a cholera outbreak, several activities have been carried out by CRC to remedy the situation. These include emergency shelter, provision of basic household items, access to safe water and sanitation.


Congolese Red Cross mobilized its volunteers to conduct awareness-raising sessions with affected and at-risk communities in the aftermath of the floods. Photo: CRC

Although the number of new cases is falling, the incidence remains high and new outbreaks have been reported particularly along the border with Angola and Cabinda. Moreover, this reduction in the number of cases can be mainly attributed to the fact that the rains are subsiding.

CRC initiated cholera interventions as part of the Pointe Noire floods operation (MDRCG012) in January and intensified health and water, sanitation and hygiene promotion interventions through this DREF operation. This operation also included within it a review of the cholera interventions built into the floods operation as well as an assessment of the ongoing situation. Based on the detailed assessment carried out by the National Society and IFRC in May, the biggest remaining gaps in the current response to the cholera epidemic (as well as in general) lie in activities related to prevention and immediate curative care. The recommendations from the assessment point to a need for a longer-term and more strategic

intervention to address the needs of both communities affected and those at risk, beyond the scope of this DREF operation and the mandate of DREF in general. Key recommendations include continued with mitigation and risk reduction activities at community level, particularly in the area of social mobilization such as awareness, health and hygiene education, improvement of water and sanitation services, and capacity building of volunteers. In acknowledgement of the ongoing challenges and necessity of this emergency response, this operation will be extended for one month to continue activities in high risk areas while scaling down the operation and monitoring the situation. It also announces a second allocation of CHF 9,585 to allow an extension of the Regional Disaster Response Team member deployment and the organization of a lessons learned workshop to identify best practices and recommendations to be incorporated into both the National Society and IFRC's longer-term plans.

The Canadian Red Cross/ Canadian government contributed to the replenishment of the DREF allocation made for this operation.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. Details of DREF contributions are found on: http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp

IFRC, on behalf of Congolese Red Cross, would like to extend its thanks to all for their generous contributions.

<click here for revised budget; or here for contact details>

The situation

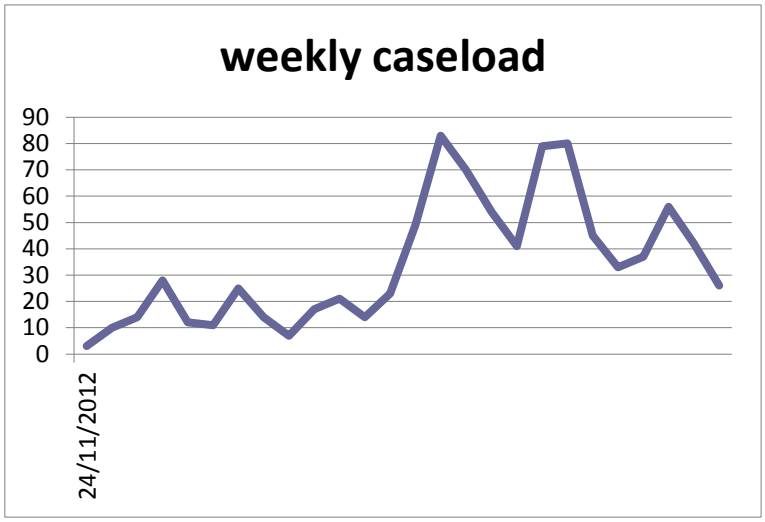
From 5 -18 May 2013, the IFRC conducted an assessment to gather information on the evolution of the epidemic and to identify challenges and gaps of the cholera outbreak, as shown below:

Pointe–Noire department, Congo, cholera epidemic bulletin as of 26 May

Hospitals in Pointe – Noire	No of cases	No of fatalities
Loandjili General Hospital		
New cases	**4**	**0**
Existing cases	**981**	**0**
Total	**985**	**0**
Hospitalization to this day	**12**	**0**
Discharged from hospital	**973**	13
Adolphe Sicé General Hospital		
New cases	**0**	**0**
Existing cases	**42**	**0**
Total	**42**	**0**
Discharged from hospital	**42**	03
BASE DE TIE-TIE Hospital		
New cases	**0**	**0**
Existing cases	**0**	**0**
Total	**0**	**0**
Discharged from hospital	**0**	**0**
MBOTA Integrated Health Centre		
New cases	**0**	**0**
Existing cases	**28**	**0**

Discharged from hospital	**28**	**0**
TCHINIAMBI II Integrated Health Centre		
New cases	**0**	**0**
Existing cases	**5**	**0**
Discharged from hospital	**5**	**0**
Total		
New cases	**4**	**0**
Existing cases	**1067**	**0**
Total	**1071**	**0**
Hospitalization to this day	**12**	**0**
Discharged from hospital	**1059**	0
TOTAL	**1071**	**16**

As of 26 May 2013, cumulative cases stood at 1,036, and 16 fatalities, bringing the lethality rate to 1.49%. The reduction in fatalities could be attributed to increased oral rehydration distribution points in five hot spots. It is worth noting however that new cases are still being reported in new hotspots, creating a further spread of carriers in non traditional cholera areas. The epidemic has spread to Cabinda (Angola); along the border with the locality of Tchamba-nzassi that is also affected by the Pointe Noire cholera epidemic. The graph below also illustrates the downward trend of cases reported on a weekly basis:



Source: Government of Congo

Médecins Sans Frontières handed over its operations to the Ministry of Health (15 may), which is still trying to raise funds to manage this outbreak. There is currently a shortage of chlorine, ORS and other basic medications. Basic services such as water treatment and supply, sanitation and waste management are significantly low or nonexistent. For example, only 25% of the 1 million inhabitants of Pointe-Noire have access to water supply. The water is distributed without being regularly chlorinated; there is almost no functional sewage system in the whole city. Shops and other business use septic tanks for sanitation, while most city dwellers resort to open defecation referred to locally as “helicopter latrines”.

Coordination and partnerships

On 23 May 2013, an emergency meeting was convened by the Prefect in order to implore petroleum companies to provide more support in the fight against the outbreak.

The Ministry of Health is leading the cholera response and the technical taskforce led by the Departmental Director of Health has been set up, and meets twice per week. The main partners involved in the cholera response are MSF France, UNICEF, Médécins d’Afrique (MDA) and the Congolese Red Cross. MDA activities will focus on capacity building for staff of the KM 4 government hospital; as well as awareness campaigns, latrine disinfection (activity paid for by beneficiaries) and chlorine distribution to households. UNICEF is leading the awareness-raising group, and also provides support in the form of information, education and communication (IEC) material (posters and leaflets).

Red Cross and Red Crescent action

In addition to cholera awareness-raising, the CRC is also carrying out other activities such as:

- Latrine and cholera treatment centre disinfection
- Monitoring of residual chlorination at household level
- Public awareness and sanitation campaigns
- Distribution of Oral Rehydration Salt (ORS) (with referral of cases to nearest hospitals)
- Distribution of aqua tabs (Tchamba-Nzassi)

Up to 100 volunteers have been mobilized to carry out cholera response activities in Pointe Noire and directly support 128, 200 people living along the river. While data is still being collated, information available to date is as follows:

Subdivision.	No. of households (hh) visited	% of persons sensitized	No. of people sensitized			IEC materials		Cholera cases referred	No. of HH with no Latrine	No. of latrines disinfected	No. of hh tested	Collection containers				Average of residual chlorination
			Men	Women	Children	Posters	Leaflets					Buckets	Metallic buckets	Jerry cans	Kettles	
Subdiv. I	887	68%	905	938	994	26	205		309	258	155	21		134		0,11
Subdiv. II	814	78%	1187	1495	1395	99	435		74	405	50	9	2	39		0,05
Subdiv.III	1720	54%	1082	1420	1123	103	467	1	57	670	25	5		20		0,10
Subdiv. IV	1738	56%	1243	2071	1970	103	763		225	715	79	6		73	2	0,03
Grand Total	**5159**	**64,03%**	**4417**	**5924**	**5482**	**331**	**1870**	**1**	**665**	**2048**	**309**	**41**	**2**	**266**	**2**	
											%	13%	1%	85%	1%	0.07

Progress towards outcomes

Emergency health

Outcome: Decrease the morbidity and mortality of cholera in Pointe Noire through public awareness raising on cholera prevention, detection and referral and community-based health interventions.	
Outputs (expected results)	**Activities planned**
• The population of Pointe Noire receive key messages on cholera prevention, detection and referral of cholera cases • Oral rehydration points are established in high risk communities in Pointe Noire. • 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 is intensified in the affected localities.	• Train 100 volunteers in targeted localities of Pointe Noire • Develop and produce 1000 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 1 month. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places. • Detect suspected cases of cholera, administer them cholera-related first aid, and refer them to nearest health centres. Suspected cases of cholera will receive the ORS from RC Volunteers during their transport to health centres. • Broadcast cholera prevention messages over local radio stations. • Participate in periodic cholera response coordination meetings. • Participate in meetings organized that focus on cholera. • Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective

	action plans. • Carry out regular monitoring of the operation.

Progress:
A total of 100 volunteers have been trained on cholera and water and sanitation; they carry out door-to-door awareness and active surveillance activities once per week (two sessions have already been conducted since the beginning of the operation and the third one is underway). 64% of the population has been sensitized; that is, a total of 15,823 people. In a bid to strengthen awareness activities 331 posters and 1,870 leaflets have been distributed in households and places of high population concentration. During active surveillance, one case of cholera was identified and treated by CRC volunteers: first aid with ORS and referral to the Louandjili CTC.

Two radio-television jingles were produced and broadcast on television in Pointe Noire. The CRC and the Federation actively participate in monthly cholera response meetings chaired by Pointe Noire Administrative Authorities.

Challenges*:*
For now, given the poor state of public health services, limited access and poor water and sanitation infrastructure, lack of skills/knowledge on how to prevent cholera at community level, few investments are foreseen to take place in addressing the prevailing risks. Thus, another epidemic coinciding with the start of the rainy season around September is virtually inevitable (assessment report).

In addition, it is highly imperative to increase the number of volunteers in order to ensure better support and monitoring of affected communities as well as the field trip rotation.

Since the area to be covered by the CRC is large, the need for a car is urgent as well as an office for the CRC in Pointe Noire (Subdivision IV and III have been divided into 2 new Subdivisions: Mongopoukou and Ngoyo).

In addition, CRC volunteers need to be trained in CLTS and PHAST methodology in order to enhance community participation in Red Cross activities. The following are also needed:

- Knowledge, Attitude, Practices (KAP) survey
- A car (pick up)
- Sanitation kits (wheelbarrow, brooms, rakes, shadow, masks, gloves, boots, sprayers, hoes and soap)
- Chlorine (aqua tabs and HTH) Calcium hypochlorite or Granular Chlorine
- DPD N.1
- Pool testers
- Megaphones and batteries
- Plastic sheeting and wood for Red Cross information kiosk in the community
- IEC materials: PHAST cards, show cards
- Wheelbarrows
- Latrine slabs
- Installed hand washing station in schools and markets

Water, Sanitation and Hygiene Promotion

Outcome: Improved health and dignity through provision of adequate safe water, sanitation, hygiene promotion interventions to 128,200 people (25,640 households) in high risk communities of Pointe Noire for two months.	
Outputs (expected results)	**Activities planned**
• Increased number of hand washing stations and improved household environmental sanitation (drainage and solid waste).	• Select and review target communities in Pointe noire based on reported cholera caseload. • Distribution of household water treatment chemicals. • Train the populations on how to disinfect water at home. • Testing household chlorine levels and follow up promotion of use of chlorine. • Improve and disinfect family and public latrines.

• Improved household water quality in 25,640 households. • Basic sanitation activities are initiated in high-risk communities.	• Carry out door-to-door sensitization while demonstrating how to wash hands with soap and encouraging construction hand washing facilities at household level. • Participate in the collection and destruction of solid waste and improved household drainage. • Carry out regular monitoring of the operation.

Progress:
In close collaboration with MSF, the number of most vulnerable communities has been increased depending on the origin of cholera cases: it has been increased from 128,000 to 200,000 direct beneficiaries, with new neighbourhoods like Songolo Faubourg and Mpita.

5159 households have been sensitized, 2048 latrines disinfected and 309 residual chlorine tests carried out in households. 5000 disinfectant pellets have been distributed in Tchamba-Nzassi, a locality situated on the border with Cabinda, where the cholera epidemic has been declared (Congolese government sources)

Challenges*:*
The biggest remaining gaps in the overall response to the cholera epidemic lie in activities related to prevention – such as community mobilization and provision of clean water, activities related to immediate curative care – such as community-based provision of oral rehydration solution, additional activities that will help mitigate the current epidemic are the provision of relevant material and equipment (IEC material, sanitation kit, chlorine, megaphones and further specific training of the field staff and volunteers (Community-Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST).

Thus, cholera activities should be extended to people who live in vulnerable localities that were not taken into account in the previous DREF MDRCG14. Therefore, those activities should directly target at least 200,000 inhabitants of Tchamba-Nzassi, Tie Tie, Louandjili, Lumumba, Mvoumvou, Songolo, Faubourg, and Mpita. According to MSF most cases recorder in March may have come from Subdivisions I and IV, where access to basic watsan facilities is weak.

Monitoring and evaluation

Outcome: Carry out an evaluation of already ongoing activities and assessment of cholera-related vulnerabilities and capacities in the field for 1 month	
Outputs (expected results)	**Activities planned**
• Assessment results are integrated into the revision of this operation's plan of action as needed • A clear understanding of the National Society's and IFRC's operational capacities and lessons learnt from the floods operation (MDRCG012) is available through the evaluation report. • Recommendations and lessons learnt from the last operation and this one contribute towards the National Society's contingency planning and future health in emergencies/DRR activities	• Prepare terms of reference for the evaluation team • Deploy evaluation team to review the previous DREF operation (MDRCG012) • Determine if the operation has achieved its outcome, with a focus on the health interventions on cholera • Meet with ministry of health, MSF, WHO and other actors on ground who are responding to the outbreak of cholera • Monitor and assess data on ongoing response • Support Congolese Red Cross to revise and strengthen the response outlined in this DREF to the cholera outbreak as needed • Develop recommendations and a contingency plan to help prevent future cholera outbreaks

Progress:
Following the floods and cholera emergency response by CRC since the end of November 2012 in Pointe-Noire and surrounding areas, IFRC instituted an evaluation/ assessment of the ongoing operation from 5 - 18 May 2013. The purpose of the mission was to carry out an assessment on the cholera outbreak, gathering information on epidemiology progress, document the response to the outbreak by various actors and identify challenges and gaps.

Key findings from the assessment include the following:

1. As of 14 May 2013, cumulative cases stood at 1026 and 16 deaths, with 1.56% fatality rate. Compared to the previous week 5-8 May, where a total of 24 cases were reported with no deaths, this is a drastic reduction compared to the previous week 30 April- 4 May when the reported cases were 65 with no deaths. The reduction in fatality could be attributed to the increased oral rehydration distribution points in about 5 hot spots locations. Nevertheless, there is no substantial evidence on why the cholera cases has dramatically decrease, but it is safe to conclude that the end of the rainy season since mid-May plays a significant factor in the ongoing reduction of cases. It is however, worth note that new cases are were being reported from new hotspots, creating a further spread of carriers in non-traditional cholera areas. This however, has also decreased in the ensuing weeks.
2. The existent health facilities have no capacity to deal with major disease outbreak and remain dependent on support mainly from a number of international non-governmental organizations present in-country. However, at the time of this assessment, most of the main supplies such as chlorine, ORS and other basic medicine were out of stock.
3. According to focal group discussions (FGD) and individual interviews conducted in two villages (Mpounga and Bilala in Kouilou Department) and four districts in Pointe-Noire city (Loandjili, Lumumba, Tié-tié and Tchamba-Nzassi), there is a low level of knowledge on the causes and prevention of diarrhoeal diseases including cholera. As such, households do not see the significance of behavior change that reduces the risk to contamination such as hand washing, use of latrines, and water treatment.
4. There was very limited evidence of households reached by public health activities within the communities, by government or other NGOs including CRC.
5. Municipal services such as water supply and treatment, sanitation waste management are significantly low or non-existent. E.g. only 25% of the 1 million population of Pointe-Noire have access to water network, the water is distributed without being regularly chlorinated, there is almost no functional sewage system in the whole city, wealth houses and business use septic tanks for sanitation, majority of communities resort to open defecation methods referred to as “helicopter latrines” (people use plastic bags and throw it at any dumps sites in the street or river bed).
6. Main partners involved in the cholera response are the Ministry of Health (also the leading Ministry for this response), MSF France, UNICEF, and Medicine for Africa (MDA) and the Congolese Red-Cross. A departmental cholera Committee is established. It is led by the Perfect (Head of region/Department) of Pointe-Noire, and seconded by Departmental Director of Health, who coordinates the technical taskforce against cholera.
7. During the course of this assessment, most of the partners were either scaling down or winding up their activities e.g. MSF was in the process of handing over its operations to Ministry of Health, exit by 15 May. Ministry of health will observe the situation, but will scale down some of its case management activities from the currents status.
8. CRC, with support from an IFRC health delegate, completed a training for 100 volunteers mainly from the current cholera hotspots of Pointe-Noire in May. The volunteers are dispatched to five districts to conduct social mobilization and promotion of prevention best practices such as household water treatment, diarrheal management, use of latrines, etc.

At the end of the assessment and in the weeks after, the number of cholera cases reported decreased steadily. However, given the poor state of public health services, limited access and poor water and sanitation infrastructure in Pointe-Noire, with few investments foreseen to take place in addressing the prevailing risks, coupled with the trend of cholera outbreaks during the rainy seasons, the potential for another outbreak in the near future remains.

Based on this assessment, the biggest remaining gaps in the current response to the cholera epidemic (as well as in general) lie in activities related to prevention – such as community mobilization and provision of clean water sanitation, and activities related to immediate curative care – such as community-based provision of oral rehydration solution. Additional activities that may help reduce the current epidemic are the provision of relevant material and equipment and further cholera-specific training of the field staff and volunteers. Addressing these needs plays to the strength of the CRC, which, with its extensive network of branches and volunteers, is already active in dealing with many of the needs associated with the current cholera epidemic. However, based on the wider needs and gaps on health, water and sanitation country-wide, the threat and improved management of cholera outbreaks requires a longer-term strategy and response, beyond the capacity of this DREF operation. This operation will be extended for one month to complete the implementation of planned activities, coupled with the extension of the RDRT deployed to support the operation for the additional month. The revised budget also allows for a lessons learnt workshop to be carried out, to identify best practices and recommendations to be incorporated into both the National Society and IFRC’s longer-term plans.

Contact information

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

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

DREF OPERATION 13/06/2013

Republic of Congo : Epidemic MDRCG014

Budget Group	DREF Grant Budget CHF	Total BUDGET CHF
Shelter - Relief		0
Shelter - Transitional		0
Construction - Housing		0
Construction - Facilities		0
Construction - Materials		0
Clothing & Textiles		0
Food		0
Seeds & Plants		0
Water, Sanitation & Hygiene		44,098
Medical & First Aid		1,000
Teaching Materials		4,500
Utensils & Tools		1,050
Other Supplies & Services		0
Emergency Response Units		0
Cash Disbursements		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		**50,648**
Land & Buildings		
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		2,125
Distribution & Monitoring		0
Transport & Vehicle Costs		6,500
Logistics Services		0
Total LOGISTICS, TRANSPORT AND STORAGE		**8,625**
International Staff		10,000
National Staff		0
National Society Staff		5,000
Volunteers		17,800
Total PERSONNEL		**32,800**
Consultants		0
Professional Fees		0
Total CONSULTANTS & PROFESSIONAL FEES		**0**
Workshops & Training		11,000
Total WORKSHOP & TRAINING		**11,000**
Travel		10,000
Information & Public Relations		2,500
Office Costs		2,000
Communications		2,400
Financial Charges		990
Other General Expenses		0
Shared Support Services		0
Total GENERAL EXPENDITURES		**17,890**
Programme and Supplementary Services Recovery		7,863
Total INDIRECT COSTS		**7,863**
TOTAL BUDGET		**128,826**