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# DREF final report

## Republic of Congo: Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCG014**  
**GLIDE n° EP-2013-000040-COG**  
**Final Report**  
**3 December 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 Red Crescent response to emergencies. 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.

**Summary: CHF 128,826 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Congolese Red Cross National Society in delivering immediate assistance to some 200,000 direct beneficiaries and up to 1.1 million indirect beneficiaries.**

In November 2012, the city of Pointe Noire and its environs were hit by heavy rains that provoked a cholera epidemic. With the help of the Federation, the Congolese Red Cross (CRC) provided assistance to victims in the form of temporary shelters and activities related to water, sanitation and hygiene promotion. The operation lasted three months and revolved around activities such as emergency health, with special focus on active case surveillance, training of 100 volunteers to conduct mass awareness and sanitation



Cholera prevention awareness session at the Siafoumoude primary school, Pointe Noire. Photo: Yvette MVE MBAZOO/ CRC.

campaigns, control of residual chlorine in household and disinfection of latrines. An assessment of the cholera situation in the city of Pointe Noire was also conducted in a bid to better understand it and make recommendations for a better response from the CRC to any potential outbreaks. This assessment culminated in an extension of the DREF by one month (for an additional sum of CHF 9,000). During this period, a lessons-learned workshop was organized.

In late July 2013, the overall cholera situation was as follows: 1,120 cumulative cases, including 16 fatalities, or a mortality rate of 1.45%. The 19 new cases recorded in June came from the town of Tchiamba-Nzassi, along the Cabinda border. During CRC action from April to July 2013, there was a stabilization of cholera cases, with a halt in cholera-related fatalities in the community due to social mobilization activities conducted by 100 trained CRC volunteers and other members of the Pointe Noire WASH cluster. 122,002 people were reached with messages disseminated by the CRC in Pointe Noire (that is 95% of the population targeted by volunteer action), 2844 latrines disinfected, chlorine residual monitoring conducted in 575 households, and 24 awareness campaigns organized. Furthermore, other

partners insist on the need for the CRC to prolong awareness activities in order to ensure sustainable community behaviour change for significant impact of volunteer actions.

All activities planned under this DREF operation were implemented and this narrative is final in terms of activities carried out, with a final financial report attached. A balance of CHF 2,767 will be returned to DREF.

The Canadian Red Cross and 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, European Commission Humanitarian Aid and Civil Protection (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/docs/appeals/Active/MDR00001.pdf>

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

[<click here for the final financial report.>](#); or [here for contact details](#)>

## The situation

In November 2012, 17 new cases of cholera were recorded each day in the city of Pointe Noire and its environs. By June 2013, the situation had apparently been brought under control, as the number of cases recorded per day and the number of fatalities had dropped to zero.

The Congolese government and its partners, through their actions, were able to bring down the fatality rate from 3.13 to 1.45%. Below is the latest epidemiological bulletin, dated July 2013:.

Hospitals in Pointe – Noire	No of cases	No of fatalities
<b>Loandjili General Hospital</b>		
New cases	11	0
Existing cases	1026	0
Total	1026	0
Hospitalization to this day	0	0
Discharged from hospital	1026	13
<b>Adolphe Sicé General Hospital</b>		
New cases	3	0
Existing cases	42	0
Total	42	0
Discharged from hospital	42	03
<b>BASE DE TIE-TIE Hospital</b>		
New cases	5	0
Existing cases	0	0
Total	0	0
Discharged from hospital	0	0
<b>MBOTA Integrated Health Centre</b>		
New cases	0	0
Existing cases	28	0
Discharged from hospital	28	0
<b>TCHINIAMBI II Integrated Health Centre</b>		
New cases	0	0

Existing cases	5	0
Discharged from hospital	5	0
<b>Total</b>		
New cases	19	0
Existing cases	1101	0
<b>Total</b>	<b>1120</b>	<b>0</b>
Hospitalization to this day	19	0
Discharged from hospital	1101	0
<b>TOTAL</b>	<b>1120</b>	<b>16</b>

As of September, there currently a shortage of water and sanitation amenities and only the Divisional Directorate of Health conducts sporadic prevention activities in the health and social constituencies, with the help of community volunteers, in anticipation of the rainy season. Very few concrete actions have been undertaken to put a sustainable end to this epidemic.

At community level, sanitation remains a serious problem as unsafe hygiene practices such as open defecation, defecating in plastic bags and flinging it in the bush, and the low consumption of treated water ,are rampant.

All Cholera Treatment Centres (CTCs) have been closed down and any new cases will have to be referred to local integrated health centres (IHC) and other oral rehydration points (ORPs).

Potable water supply remains low in the city and water distributed through the urban water supply network is not well chlorinated; the residual chlorine level of pipe borne water oscillates between 0 and 0.1 mg/l. A similar situation obtains in households. The availability of chlorine is a real cause for concern. Sanitation was a major problem as sewage and garbage are not properly disposed of.

The Congolese Red Cross deployed 100 volunteers trained in health and water and sanitation to carry out cholera prevention actions in the city. They also provided support to the government and other partners on the ground such as Médecins Sans Frontières (MSF) through ten volunteers deployed to the CTC for disinfection as well as providing chlorine to the most frequented CTCs (9 jars of 45 kg of granulated chlorine).

## Red Cross and Red Crescent action

With the help of the IFRC's Central Africa regional office, 100 CRC volunteers were trained in cholera/emergency health and water and sanitation. They conducted cholera prevention activities through mass and proximity awareness campaigns, especially through the door-to-door and panel discussion strategies.

Apart from awareness-raising, the CRC also conducted the following activities:

- Distribution of 150.075 chlorine tablets to households, with 50,000 in Tchamba-Nzassi, a town near Cabinda (Angola);
- Distribution of Oral Rehydration Salts (ORS) to detected cases and community surveillance teams; 5400 ORS sachets distributed;
- Disinfection of latrines in households;
- Monitoring of residual chlorine in household;
- Active surveillance of cholera cases and referral to CTCs and other Integrated Health Centers;
- Mass awareness through the media;
- Mass hygiene and sanitation campaigns.

The table below shows that 95% of the target population were directly reached with cholera control messages disseminated by volunteers.

Subdivision.	No. Of households 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 households tested	Average of residual chlorination
			Men	Women	Children	Posters	Leaflets					
Subdiv. I	1252	96%	7933	8073	8310	26	205	0	502	408	304	0.1
Subdiv. II	1023	98%	8574	9735	9358	99	435	0	108	702	109	0.12
Subdiv. III	2914	92%	9630	11358	9840	103	467	1	72	833	68	0.1
Subdiv. IV	2941	95%	10426	14640	14126	103	763	1	403	901	94	0.01
<b>Grand Total</b>	<b>8130</b>	<b>95%</b>	<b>36563</b>	<b>43805</b>	<b>41634</b>	<b>962</b>	<b>2200</b>	<b>2</b>	<b>1085</b>	<b>2844</b>	<b>575</b>	
											<b>Percentage</b>	<b>0.083</b>

An assessment of the cholera situation was conducted from 5 to 18 May 2013 and some needs and gaps in the current operation were noted, with subsequent recommendations. 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 -- and 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 and further cholera-specific training of the field staff and volunteers. Improve the overall coordination of the operation both at government and within the Red Cross. 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.

While the current cholera cases seem to be decreasing, given the poor state of public health services, limited access and poor water and sanitation infrastructure, lack of skills and political will, and that few investments are foreseen to take place in addressing the prevailing risks, another epidemic coinciding with the start of the rainy season around September remains a threat.

Based on the final financial report attached, the overspend on the information and PR line was due to the planned costs was budgeted under Teaching Materials which shows a balance of CHF 4,062.

Meanwhile, the overspend on communication and travel costs as well as National staff costs, were due to the deployment of finance and logistics staff to support the procurement and closure of the operation with the National Society. For the overspend on financial charges, IFRC has one bank account in Brazzaville which was used intensively during the implementation of the project because IFRC paid some of the suppliers directly. As a result of this, all transfer fees, bank charges and loss through foreign exchange was charged against this line.

## Achievements against outcomes

### Emergency health and care

<b>Outcome: Decrease morbidity and mortality of cholera in Pointe Noire through public awareness-raising on cholera prevention, detection and referral and community-based health interventions.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>The population of Pointe Noire receive key messages on cholera prevention, detection and referral of cases;</li> <li>Oral rehydration points are established in high risk communities in Pointe Noire.</li> <li>RC volunteers have participated in the early identification of cases of</li> </ul>	<ul style="list-style-type: none"> <li>Train 100 volunteers in targeted localities of Pointe Noire;</li> <li>Develop and produce 1000 posters and leaflets with cholera messages;</li> <li>Set up and trained sensitization teams;</li> <li>Sensitize the populations, with an average of 3 sensitization sessions per week for 3 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places;</li> <li>Detect suspected cases of cholera, administer them cholera-related first aid, and refer them to nearest health centres. Suspected cases of cholera will receive ORS from RC volunteers during their</li> </ul>

<p>diarrhoea and have referred them to health centres.</p> <ul style="list-style-type: none"> <li>• Epidemiological surveillance with focus on cholera is intensified in the affected localities.</li> </ul>	<p>transportation to health centres.</p> <ul style="list-style-type: none"> <li>• Broadcast cholera prevention messages over local radio stations.</li> <li>• Participate in periodic cholera response coordination meetings;</li> <li>• Participate in meetings organized that focus on Cholera.</li> <li>• Advocate with administrative and political authorities for the inclusion of activities against cholera in their respective action plans.</li> <li>• Carry out regular monitoring of the operation.</li> </ul>
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### Progress:

100 volunteers were trained in cholera prevention, implementation of water and sanitation activities, epidemiological surveillance and active search for cases. 12 awareness sessions were conducted (4 sessions per month) using the door-to-door and target group approaches. By fall July, 95% of the population of Pointe Noire was reached with prevention messages, that is a total of 122.002 persons. Pointe Noire volunteers instituted a volunteer's day during which all committees in Kouilou and Pointe Noire conducted cholera risk reduction activities free of charge.

During the active search for cases, two cholera cases were reported by CRC volunteers and quickly referred to the Louandjili CTC, where they were immediately placed on oral rehydration therapy. A total of 2,200 leaflets and 962 posters were distributed and posted at strategic places in the city by three teams of community volunteers (Louandjili, Tsie-Tsie and Mvoumvou).

Meanwhile, four radio and television shows were organized with question and answer games on knowledge of cholera transmission and prevention methods.

The CRC participated in all coordination meetings organized by administrative authorities and all those organized by the Pointe Noire Wash Cluster. During these exchanges, they shared their plan of action, areas of intervention and their cholera control communication strategy.

### Challenges:

- Weak community ownership of Red Cross activities because they are free of charge, despite their inaccurate knowledge of cholera prevention methods.
- Poor access to water and sanitation.

## Water and Sanitation and Hygiene Promotion

**Outcome: Improved health and dignity through provision of adequate safe water, sanitation, hygiene promotion interventions to 200,000 people (40,000) households) in high risk communities of Pointe Noire for 3 more months.**

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> <li>• Increased number of hand washing stations and improved household environmental sanitation (drainage and solid waste);</li> <li>• Improved household water quality in 25,640 households;</li> <li>• Basic sanitation activities are initiated in high risk communities;</li> </ul>	<ul style="list-style-type: none"> <li>• Select and review target communities in Pointe Noire based on reported cholera caseload;</li> <li>• Distribution of water treatment chemical at household level;</li> <li>• Train the populations on how to disinfect water at home;</li> <li>• Testing household chlorine levels and follow up promotion of use of chlorine;</li> <li>• Improve and disinfect family and public latrines;</li> <li>• Carry out door-to-door sensitization while demonstrating how to wash hands with soap and encouraging construction of hand washing facilities at household level;</li> <li>• Participate in the collection and destruction of solid waste and improved household drainage;</li> <li>• Carry out regular monitoring of the operation</li> </ul>

### Progress:

A total of 8,130 households were sensitized, 2,844 latrines disinfected, and residual chlorine tested in 575 households. The average value of residual chlorine in water in homes ranged between 0.01 and 0.12 mg/l, which was insufficient for water intended for human consumption, especially in the light of the raging cholera

epidemic. In addition, all households visited during the monitoring of portable water quality were briefed on water disinfection methods.

The CRC distributed 150,075 chlorine tablets in some communities living near water courses such as Mvoumvou, Lumumba Matende, Mkapa, Saint Pierre and 50,000 in Tchamba-Nzassi

Nine community sanitation campaigns were organized in the city, especially in major markets and hospitals. During these hygiene and sanitation sessions, key hand washing stages were demonstrated.

It should be noted that the Mayor of Pointe Noire supported household garbage collection in some neighbourhoods.

During sanitation campaigns, focus was on the cleaning and unclogging of gutters and sensitization on the importance of functional drains around households and neighbourhoods. Thus, gutters in the 1 and 4 Subdivisions were cleaned by the population, with the support of CRC volunteers.

### Challenges:

There is no permanent sanitation system in the city and a controlled site for the proper management of excreta, especially those of cholera patients. There was also a limited number of sanitation kits made available to support community hygiene and sanitation teams that were formed.

Monitoring and evaluation	
Outcome: Carry out an evaluation of ongoing activities and assessment of cholera-related vulnerabilities and capacities in the field for every 3 months	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> <li>Assessment results are integrated into the revision of this operation's plan of action as needed;</li> <li>A clear understanding of the National Society's and IFRC's operational capacities and lessons learnt from the floods operation (MDRCG012 and the DREF Epidemic MDRCG014) is available through the evaluation report.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Prepare terms of reference for the evaluation team;</li> <li>Deploy evaluation team to review the previous DREF operation (MDRCG012);</li> <li>Determine if the operation has achieved its outcome, with a focus on the health interventions on cholera;</li> <li>Meet with ministry of health, MSF, WHO and other actors on ground who are responding to the outbreak of cholera;</li> <li>Monitor and assess data on ongoing response;</li> <li>Support Congolese Red Cross to revise and strengthen the response outlined to the cholera outbreak as needed;</li> <li>Develop recommendations and a contingency plan to help prevent future cholera outbreaks.</li> </ul>

### Progress:

The assessment mission that took place in May and supported by the Africa zone office in Nairobi brought out the following recommendations:

#### 1. Health

- 1.1 Mitigate the effects of a likely future epidemic by developing the capacity of Congolese Red Cross branches to implement surveillance systems and respond rapidly to outbreaks
  - Developing a first response plan for the Red Cross branches, and alert lines between all levels of Red Cross disaster response.
  - Train staff in surveillance, supervision and response; partnership brokering, advocacy targeted to key stakeholders e.g. government, Cooperate and NGOs with presence in Pointe-Noire.
  - Pre-position disaster preparedness stock in Pointe-Noire including ORS and Chlorine
- 1.2 Continue with community-based response – rehydration and active case-finding to the current epidemic in hot spots, to reach vulnerable families specifically with;
  - Train and deploy more and existing volunteers in social mobilization and behaviour change methodologies such as PHAST, CLTS.
  - Train and deploy more and existing volunteers in preparation and use of ORS and active case finding this training could include the use of cell phone technologies such RAMP

## 2 WASH

Contribute to the improvement to access of safe and adequate water within Pointe Noire by;

- Advocating with government and municipalities for increased investment in renovation of water infrastructure and improved quality and quantity of water to the city.
- Training more volunteers and communities on the proper household water treatment and handling (storage)
- Procurement and distribute chlorine solutions/ tablets to ensure water treatment and safety at household level.
- Promotion of household water treatment using chlorine was possible and traditional methods e.g. boiling, two pots systems etc.

### 2.1 Sanitation

Improve access to sanitation by :

- Support with the reconstruction of flood destroyed pit latrines by distributing slabs,
- Engage partnership with UNICEF to support with distribution of emergency latrine slabs
- Work with local municipalities to promote alternative latrine technologies e.g. eco-san particularly in communities where traditional latrines are not feasible.
- Promote the importance of latrine use within communities through social mobilisations using PHAST, CLTS approaches.

### 2.2 Hygiene

Improve hygiene awareness within targeted hot spots and the community general by :

- Deploy trained volunteers within the communities to conduct household hygiene education using community based methodologies (PHAST, CLTS)
- Establish partnership with other stakeholders involved in social mobilisation to increase hygiene awareness coverage using similar and consistent messages
- Develop a mass media hygiene promotion strategy in partnership with media and other partners to disseminate information through radio, TV and other mass media channels.

### Challenges:

As cholera prevention activities come to an end, the threat of a new outbreak during the rainy season looms large, given the poor quality of water, hygiene and sanitation infrastructure in Pointe Noire. IFRC's regional office, will look into supporting CRC's longer-term plans to address this threat.

### Lessons learnt workshop

From 1 to 5 July 2013, a lessons-learned workshop was held in Pointe Noire, where lessons learned were noted and suggestions for continuation of the operation made. Restitution was done in Brazzaville, on 7 July, and the following points raised:

#### Some lessons learned:

The implementation of this cholera control operation enabled the CRC to better understand the daily lives of communities in Pointe Noire. Thus, the operation provided volunteers with:

- Knowledge on customs and traditions related to water, hygiene and sanitation: collection of drinking water from broken or defective pipes of the national water supply company (SNDE), latrines on stilts on river banks, the "helicopter" method of handling faeces. All these facts will help the CRC to better focus awareness messages on the importance of using latrines.
- The true origin of epidemics in Pointe Noire is the low supply of portable water and the lack of an effective sanitation system. The garbage, sewage and human waste disposal systems are ineffective; consequently, the city is in a state of chronic insalubrity.
- The importance of collaboration between various partners and the advantage of information sharing that would have enabled stakeholders to share out the zones and areas of intervention and also harmonize messages disseminated in the community.

#### Suggestions and recommendations:

For the operation:

- ✓ Perpetuate CRC social mobilization activities by intensifying mass proximity and media awareness activities;
- ✓ Strengthen awareness-raising by distributing bleach;

- ✓ Increase number of volunteers for better coverage of risk zones;
- ✓ Provide communications equipment to CRC for epidemic control;
- ✓ Provide Pointe Noire Red Cross committee with rolling stock (or repair existing one);
- ✓ Introduce Community-Led Total Sanitation.

For Coordination:

- ✓ Strengthen collaboration with other partners in the event of a disaster;
- ✓ Strengthen the capacity of the Pointe Noire Red Cross branch Secretariat General on administrative and financial management procedures;
- ✓ Maintain social mobilization activities conducted by volunteers CRC;
- ✓ Harmonize messages to be disseminated in affected communities;
- ✓ Provide safes to local SAF;
- ✓ Ensure welfare of volunteers during operations (illness, accident, etc.)
- ✓ Plead with local authorities to enhance community participation in CRC activities;
- ✓ Provide Pointe Noire committee with rolling stock;
- ✓ Advocate for the acquisition of a headquarters;
- ✓ Strengthen advocacy with Government to support the water, hygiene and sanitation component in Pointe Noire.

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## Contact information

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

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## DREF history:

- This DREF was initially allocated on 12 April 2013, for CHF 119,241 for 02 months to assist 128,200 beneficiaries.
  - 01 DREF operation updates issued.
  - Operation update No.1 extended this DREF by 01 month, from 11 June to 12 July, for a total sum of CHF 128,241. During this period, a lessons-learned workshop was organized.
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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 (NGO's) 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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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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## Disaster Response Financial Report

MDRCG014 - Republic of Congo - Epidemic

Timeframe: 12 Apr 13 to 12 Jul 13

Appeal Launch Date: 12 Apr 13

Final Report

### Selected Parameters

Reporting Timeframe	2013/4-10	Programme	MDRCG014
Budget Timeframe	2013/4-7	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		128,826				128,826	
<b>B. Opening Balance</b>		0				0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		128,826				128,826	
<b>C4. Other Income</b>		128,826				128,826	
<b>C. Total Income = SUM(C1..C4)</b>		128,826				128,826	
<b>D. Total Funding = B + C</b>		128,826				128,826	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>		0				0	
<b>C. Income</b>		128,826				128,826	
<b>E. Expenditure</b>		-126,059				-126,059	
<b>F. Closing Balance = (B + C + E)</b>		2,767				2,767	

## Disaster Response Financial Report

MDRCG014 - Republic of Congo - Epidemic

Timeframe: 12 Apr 13 to 12 Jul 13

Appeal Launch Date: 12 Apr 13

Final Report

### Selected Parameters

Reporting Timeframe	2013/4-10	Programme	MDRCG014
Budget Timeframe	2013/4-7	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>128,826</b>			<b>128,826</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief			25			25	-25	
Clothing & Textiles			169			169	-169	
Water, Sanitation & Hygiene	44,098		37,941			37,941	6,157	
Medical & First Aid	1,000						1,000	
Teaching Materials	4,500		438			438	4,062	
Utensils & Tools	1,050						1,050	
Other Supplies & Services			306			306	-306	
<b>Total Relief items, Construction, Sup</b>	<b>50,648</b>		<b>38,880</b>			<b>38,880</b>	<b>11,768</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	2,125		964			964	1,161	
Distribution & Monitoring			47			47	-47	
Transport & Vehicles Costs	6,500		4,916			4,916	1,584	
<b>Total Logistics, Transport &amp; Storage</b>	<b>8,625</b>		<b>5,927</b>			<b>5,927</b>	<b>2,698</b>	
<b>Personnel</b>								
International Staff	10,000		8,107			8,107	1,893	
National Staff			1,389			1,389	-1,389	
National Society Staff	5,000		8,905			8,905	-3,905	
Volunteers	17,800		15,415			15,415	2,385	
<b>Total Personnel</b>	<b>32,800</b>		<b>33,816</b>			<b>33,816</b>	<b>-1,016</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	11,000		9,293			9,293	1,707	
<b>Total Workshops &amp; Training</b>	<b>11,000</b>		<b>9,293</b>			<b>9,293</b>	<b>1,707</b>	
<b>General Expenditure</b>								
Travel	10,000		16,735			16,735	-6,735	
Information & Public Relations	2,500		5,705			5,705	-3,205	
Office Costs	2,000		2,281			2,281	-281	
Communications	2,400		3,371			3,371	-971	
Financial Charges	990		2,358			2,358	-1,368	
<b>Total General Expenditure</b>	<b>17,890</b>		<b>30,450</b>			<b>30,450</b>	<b>-12,559</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recovt	7,863		7,694			7,694	169	
<b>Total Indirect Costs</b>	<b>7,863</b>		<b>7,694</b>			<b>7,694</b>	<b>169</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>128,826</b>		<b>126,059</b>			<b>126,059</b>	<b>2,767</b>	
<b>VARIANCE (C - D)</b>			<b>2,767</b>			<b>2,767</b>		

**Disaster Response Financial Report**

MDRCG014 - Republic of Congo - Epidemic

Timeframe: 12 Apr 13 to 12 Jul 13

Appeal Launch Date: 12 Apr 13

Final Report

**Selected Parameters**

Reporting Timeframe	2013/4-10	Programme	MDRCG014
Budget Timeframe	2013/4-7	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	128,826	0	128,826	128,826	126,059	2,767	
Subtotal BL2	128,826	0	128,826	128,826	126,059	2,767	
<b>GRAND TOTAL</b>	<b>128,826</b>	<b>0</b>	<b>128,826</b>	<b>128,826</b>	<b>126,059</b>	<b>2,767</b>	