

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

DEMOCRATIC REPUBLIC OF CONGO: CHOLERA OUTBREAK

14 May 2003

This Ops Update is intended for reporting on emergency appeals.

Appeal no. 35/02; launched on 26 November 2002 for 164,919 CHF for 3 months; Programme extended for three months to May, 2003.

Disaster Relief Emergency Fund (DREF) allocated: CHF 10,000

Beneficiaries: 250,000

Interim Final Report; Period covered: 01 February to 30 April 2003; the full Final Report with the final financial annex will be issued by August, 2003

“At a Glance”

Appeal coverage: 64%

Related Appeals: 2003 Annual Appeal for the Democratic Republic of Congo (no. 01.43/2003)

Summary

The Democratic Republic of the Congo (DRC) has experienced a particularly long and serious cholera epidemic (since 19 September 2002) which struck the Kasai Oriental Province (the city of Mbuji-Mayi, and the outlying districts and villages) resulting in 4,329 recorded cases and 237 deaths (a death rate of 5.68%).

The epidemic lasted a particularly long time (six months) for two reasons: first, the inadequacy of family latrines. Since the soil in Mbuji-Mayi is stony it is difficult to dig pit latrines. Only about 17.37% of the compounds visited have latrines (opinion poll carried out in January 2003 by the Red Cross). Second, the poor access of the population to good quality water. Nearly 21.3% of the families visited use the Regideso (local water company) water and the remaining part drink water from the wells or non protected streams or springs located along populated zones where latrines are shallow (one metre deep).

Red Cross and Red Crescent Movement -- Fundamental Principles and Priorities

The intervention of the provincial Red Cross in the Kasai Oriental province comes within the framework of the fundamental mission of the Red Cross Movement: to alleviate the suffering of the vulnerable persons. The Red Cross, through the cholera project, has provided relief and assistance to respond to this outbreak. The Red Cross action was considerably assisted by volunteers, in line with the Movement's principles. Volunteers involved in the operation were males and females. Through the social mobilisation and sensitisation campaigns, the message about other epidemics such Ebola, HIV/AIDS, etc. were conveyed (in accordance with the and the African Red Cross and Red Crescent Health Initiative (ARCHI).

Co-ordination

As soon as the epidemic was officially declared by the Ministry of Health, a Crisis Committee referred to as STOP CHOLERA was created, composed of the Ministry of Health, the Red Cross Provincial Committee, Health Net, MSF-B, OXFAM-Q, COOPI, etc. The Red Cross, in the framework of its mandate, became immediately and actively involved in the fight against the epidemic, focusing on three main objectives, namely:

- carrying out social mobilisation campaign in the community;
- disinfecting the contaminated persons' houses; and
- burying dead persons and promoting water and sanitation activities.

The operation was initially planned for a three month period, but was extended for another three months to achieve the third objective, that is, the construction of public and family latrines. Support for this has been provided in particular by the Swedish Red Cross, the Netherlands Red Cross and the Canadian International Development Agency through the Canadian Embassy in Kinshasa and the technical support of a regional resource person from the Congolese Red Cross.

The team that co-ordinated Red Cross activities during the operation was composed of a regional resource person and health co-ordinator, and a Federation contact person, under the supervision of health delegates in Kinshasa and in Mbuji-Mayi; a provincial co-ordinator of the operation (Red Cross provincial secretary), a supervisor for Mbuji-Mayi and three supervisors for the districts of Mweneditu, Ngandajika and Tshilenge. Other actors in the field include Government officials and the representatives of a handful of humanitarian operational partners (ICRC, OXFAM-Q, MSF-B, UNIEF, WHO, CARITAS, PATS, etc.).

The STOP Cholera crisis committee is led by the Governor, assisted by the mayor of Mbuji-Mayi and the Provincial Medical Inspector. The committee has several technical subcommittees (the epidemiological surveillance subcommittee, the social mobilisation subcommittee, health care and water and sanitation subcommittee and the logistic subcommittee). At the district level, the crisis committee has the same structure. The Crisis Committee co-ordinates all the operations in the field and centralized all the inputs. All the humanitarian international NGOs in the province are part of the committee.

In addition to the Federation which supports the local branch with some specific inputs to fight the epidemic, Oxfam and MSF-B appear to be also actively involved in the fight in water and sanitation, sensitisation and social mobilisation activities.

Objectives and Activities Implemented

Objective 1: Scale up activities to reduce the rate of the cholera epidemic.

In total 234 volunteers have been trained in six sessions in social mobilisation, communication techniques, knowledge of the movement, cholera transmission mode, preventive measures against the cholera, etc. Of these 234 volunteers, 150 have been trained by the Federation, 32 by the ICRC and MSF-B and 54 were auditors. The following table shows the allocation of the trained volunteers by branch:

Branch/Number	To be trained	Trained by IFRC	Trained by ICRC/MSF
Mbuji-mayi	75	75	32
Mweneditu	15	24	0
Bakuamulumba	15	24	0
Kalambayi	15	22	0
Lukalaba	15	15	0
Ngandajika	15	42	0
Total	150	202	32

Sensitisation of the population against the cholera: proximity sensitisation activities were carried out at three complementary levels, namely in households, in public places (churches, schools, markets) and in Cholera Treatment Centres and dead persons' households. Two hundred and five volunteers among those trained carry out

education sessions in households using door-to-door strategy in the areas affected by the epidemic. Up to 30 March 2003, 157,625 households with 872,007 persons were sensitised with a coverage rate of 25.18, as the table below shows:

District/number	Number of households	Number of households	District population	Coverage rate
Mbuji-Mayi	142,924	817,544	2,638,000	30.99
Mweneditu	6,796	35,621	558,375	6.38
Ngandajika	2,037	4,723	46,300	10.2
Bakuamulumba	728	1,956	32,000	6.11
Kalambayi	1,728	5,038	26,000	19.38
Lukalaba	3,412	7,125	161,800	4.4
Total	157,625	872,007	3,462,475	25.18

IEC activities were also carried out in public places by a team of 12 volunteers: 36 sessions in churches, 35 in schools and 37 at the main market places. 136,904 persons were sensitised in 108 sessions as shown in the following table:

District/Number	Number of sessions carried out			
	Market places	Churches	Schools	Total
Mbuji-Mayi	24	15	14	53
Mweneditu	4	11	8	23
Ngandajika	5	2	5	12
Bakuamulumba	2	3	4	9
Kalambayi	1	3	2	6
Lukalaba	1	2	2	5
Total	37	36	35	108

In CTCs and in dead persons' households, the four disinfecting and burying teams carried out educative campaigns sensitising infected persons. In total, 3,200 campaigns were carried out and 23,840 persons sensitised from September 19, 2002 to March 30, 2003.

With the technical, logistic and financial support from the Federation, the ICRC and MSF-B, four teams composed of five volunteers each were posted in the four CTCs in Mbuji-Mayi. They disinfected the infected and dead persons' clothing, materials, houses, and soiled latrines as well as means of transport used to take them either to CTCs or to the cemetery. Another team of five volunteers was responsible for picking up, transporting, disinfecting and burying the persons dead of cholera epidemic in Mbuji-Mayi and in the outlying villages.

In total, 2,643 houses were disinfected and 282 persons were buried in Mbuji-Mayi and its surroundings from October 30, 2002 to March 30, 2003 by the Red Cross volunteers.

Objective 2: Support the provincial health authorities with medical supplies at CTCs.

- The co-ordination mechanisms were supported by the Red Cross.
- Earlier in the operation, a cholera kit from the Federation's regional stock was provided to the Ministry of health authorities for use at the CTCs.
- Funds from the Federation's DREF, the Swedish and the Finnish Red Cross have allowed the purchase of 50 aprons, 50 blankets, chlorine, 70 pairs of gloves, 50 kg of sugar of salt, 100 1 litre plastic bottles, 30 plastic cups, 30 boxes of soap of 38 pieces, 4 bikes, 3 cooking pans, 2 mobile phones, pens, reams of papers, notebooks, 30 body bags and 10 torches (lamps).

Objective 3: Support water and sanitation activities to reduce the cholera epidemic including diarrhoeal diseases in the community.

- With the financial support of the Canadian International Development Agency, the locations for public latrines have been identified by the Red Cross, the political and administrative authorities, and members of the

community. After visiting five main and secondary markets places, three were identified, namely Congo, Site Tchibombo and Comptoir Mukangala. A modern public toilet is being built near the Congo market place with eight seatless latrines whereas for each of the two other market places, two blocks of four latrines are being built.

- For family latrines, two neighborhoods most affected by the epidemic have been chosen in the communes of Dibindi (Misesa Quarter) and Bipemba (Muya Quarter). The first 20 families in Misesa and eight families in Muya have dug their pits according to the requested dimensions, that is, 1m20 x 1m20 (at least 2 metres deep). Thirty volunteers helped in building these latrines, with the support of a local firm called MUJE.
- Of the most affected quarters, only that of Misesa in the commune of Dibindi has got three water supplies (watering places), as a result of the local water supply firm (Regideso) extension of its water distribution network and the substantial support of the Red Cross.

National Society Capacity Building

The cholera epidemic response operation allowed a considerable reinforcement or rebuilding of the operational capacities of the Red Cross provincial branch of Kasai Oriental, and increased the visibility of the Red Cross. Among other capacities strengthened are:

- The acquisition of local expertise in the fight against epidemics, particularly in cholera epidemics, the management of volunteers, and in water and sanitation;
- The training of at least 280 volunteers of the committee in communication techniques;
- New qualified workers involved in the construction of latrines have joined the Red Cross Movement;
- The acquisition of ploughing materials (5 barrows, 35 shovels, 10 spades, 25 machetes, 10 pickaxes, 10 hoes, 10 rakes), protection and disinfecting materials (100 pairs of boots, 400 pairs of gloves, 300 boxes of soap, 300 kg of chlorine, 4 sprays, 60 buckets, 15 scrapers, 50 towels, about 30 scarfs, 25 brushes), communication materials (10 megaphones, 10,000 leaflets, 1000 posters, 10 images boxes), didactic materials and office supplies (10 reams of papers, one flip chart, notebooks, fountain pens, markers), audio-visual materials (one TV set, one radio cassette player, one tape recorder, one camera, one generator);
- The acquisition of a 4 WD pick up car and 20 bicycles;
- The installation at the Red Cross provincial headquarters of a solar panel with a complete electric circuit;
- The involvement of the Red Cross in the management system of public latrines constructed in Mbuji-Mayi.

Assessment and lessons learned

The assessment of provincial committee volunteers' activities has enabled the Red Cross to evaluate the performance of volunteers and the impact of the operation on the population. Although it is difficult to impute all these effects to the Red Cross programme alone, the verification of the impact indicators due to an opinion poll carried out in the areas where Red Cross teams were involved allows one to draw the following conclusions:

- 90% of the persons who took part in the opinion poll among the health and town authorities, the heads of communes and the members of the community recognize the validity of the Red Cross action. It is worth noting that the Red Cross is a member of the three of the five subcommittees of the Crisis Committee (STOP CHOLERA). This permits the Red Cross to be more visible and credible in the Kasai Oriental province;
- 80% of the persons who took part in the opinion pool in the most affected areas in Mbuji-Mayi recognize to have been informed by the Red Cross volunteers about the measures to be taken against cholera epidemic;
- 83% persons questioned have good knowledge about cholera epidemic thanks to the Red Cross action;
- 38% of the persons questioned aware of behavioral change in the community regarding the preventive measures to be taken against the epidemic: people now report to the Red Cross whenever there is a suspected diarrhoea case or take every suspected case to the CTC. Many restaurants now use hot water to wash hands and clean the dishes; there is less and less people who drink water from the well.
- In market places, loaves of bread and other food items are now well protected; people more and more request for water treatment products.

Achievements

- Good collaboration between the Red Cross teams and the local health authorities;
- Almost all the trained volunteers are involved in the activities;

- The messages to be conveyed take into account all the aspects of the fight against the epidemic and are adapted to the context and customs of the target population; these messages are harmonized with the health services before transmitting;
- The Red Cross teams in the field comply with the ARCHI Strategy 2010.
- Most of the operational teams (80%) have worked out realistic plans of action and in adequacy with the local health services;
- 75% of the heads of teams and intermediary coaches have mastered their role in the planning, the organization of the daily work and the supervision of activities in the field.
- The visibility of the Red Cross tremendously increased.

Constraints

- Heads of teams and the intermediary coaches still have challenges to master the impact verification indicators technique in the field.
- Corrective measures taken.
- Briefing on the impact and performance verification indicators and the increasing of the supervision rate during this emergency phase.
- Continuation of the Provincial Committee intervention in social mobilisation, disinfecting and burying, promoting the use of proper latrines.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

Project Summary Financial Statement by Appeal

All Donors.
All CODA transaction types.

Project	Opening	INCOME					EXPENDITURE									Closing
		Voluntary Contributions.		Transfers	Other Income	Total Income	Supplies	Capital Transport	PS Personnel	General Expenditure	Transfers Provisions	Total Expenditure				
		Selected Donors	Others													
Appeal: 35/02 - DR CONGO CHOLERA OUTBREAK																
<i>Transactions recorded during the period January of 2002 through December of 2009 for project(s) relating to 35/02 - DR CONGO CHOLERA OUTBREAK</i>																
Africa																
<i>Africa Central Africa</i>																
Africa DR Congo (Zaire)																
PZR516 - DR Congo - Cholera Mbuju Mayi & Reg.	0	61,245	0	0	0	61,245	6,184	1,569	5,149	1,998	11,850	3,923	0	0	30,677	30,567
Africa DR Congo (Zaire)	0	61,245	0	0	0	61,245	6,184	1,569	5,149	1,998	11,850	3,923	0	0	30,677	30,567
<i>Africa Central Africa</i>	0	61,245	0	0	0	61,245	6,184	1,569	5,149	1,998	11,850	3,923	0	0	30,677	30,567
Africa	0	61,245	0	0	0	61,245	6,184	1,569	5,149	1,998	11,850	3,923	0	0	30,677	30,567
35/02 - DR CONGO CHOLERA OUTBREAK	0	61,245	0	0	0	61,245	6,184	1,569	5,149	1,998	11,850	3,923	0	0	30,677	30,567
Grand Totals	0	61,245	0	0	0	61,245	6,184	1,569	5,149	1,998	11,850	3,923	0	0	30,677	30,567

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