

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Democratic Republic of Congo: Cholera

DREF operation n° MDRCD009
GLIDE n° EP-2011-000076-COD
14 July 2011

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

CHF 227,511 (USD 271,752 or EUR 190,561) has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Red Cross of the Democratic Republic of the Congo National Society in responding to the epidemic of cholera that strikes the populations in the provinces of Bandundu, Equateur and Kinshasa. Unearmarked funds to repay DREF are encouraged.

Summary: The Democratic Republic of the Congo (DRC) has regularly recorded cholera outbreaks during the past ten years with Katanga, North and South Kivu provinces being the most affected areas. However, in 2011, it is rather the western provinces that are the most hit. In March 2011, an outbreak of Cholera was declared in the Province Oriental with 1,402 notified cases and 70 deaths being recorded. The Red Cross of the Democratic Republic of the Congo (RC of DRC) supported by Danish Red Cross and the International Committee of the Red Cross (ICRC) responded to the outbreak in Kisangani. No DREF allocation was requested at this stage.

However, the epidemic has spread to Bandundu, Equateur and Kinshasa provinces creating huge gaps in response capacities in the country. This has prompted the Ministry of Public Health to declare a national epidemic and appeal to donors for support. This DREF request will help RC of DRC enhance the capacities of its volunteers and increase the number of awareness campaigns (area of responsibility within the national response strategy) and necessary clean up and disinfection activities. The focus will be on sensitizing populations in disinfecting boats, public buildings, and houses of cholera patients in 10 affected health districts.

This operation is expected to be implemented over 3 months, and will therefore be completed by 30 October 2011. A final report will be made available three months after the end of the operation (by 31 January, 2012).

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

The situation

According to consolidated statistics from the Ministry of Health (MoH), the World Health Organization (WHO) and the United Nation's Office for Coordination of Humanitarian Affairs (OCHA), as of 7 July, 2011 the situation in the three provinces was as follows: Bandundu: 1,223 cases, with 66 deaths, (lethality rate of 5.4%); Equateur: 525 cases, 44 deaths (lethality rate of 8.4%) and Kinshasa 35 cases, 6 deaths and a lethality rate of 17%.

The same sources estimated the populations at risk as 5,634 people from Bandundu Province, 3,400 from Kinshasa Province and 12,345 people from Equateur Province. Hot spots in all 3 provinces are situated along the Congo River, one of the main commercial routes from the affected provinces to Kinshasa, the capital city.

The MoH, WHO, the UN Children's Fund (UNICEF) and OCHA are ensuring coordination and are providing funds for the implementation of response plans through implementing organizations such as RC of DRC, Medecins Sans Frontiers (MSF), Cooperazione Internazionale (COOPI), Cooperazione e Sviluppo (CESVI), Caisse d'Epargne du Congo (CADECO) and OXFAM. However, there are alarming gaps in the numbers of cholera treatment centres, drugs and other supplies. Only four treatment centres have so far been set up in all three provinces. Public awareness raising and mass sanitation activities are far from standards. This cholera epidemic erupted in a social and political context where the country is busy preparing for general elections in November 2011. Another important element of the context is the current chikungunya epidemic in the Republic of Congo that may spread across the Congo River into DRC.

Coordination and partnerships

Based on available resources from RC of DRC, ICRC and IFRC, in Equateur, Bandundu and Kinshasa, Red Cross volunteers are playing active roles in:

- Cholera awareness campaigns;
- Orientation of patients;
- Initial emergency needs assessment in Maluku. The findings are being used by provincial authorities to adjust the response strategy;
- Disinfection of boats in the commune of Maluku in Kinshasa Province;
- Contributing to the work of both national and provincial task forces, both at strategic and operational level.

Red Cross and Red Crescent action

The Government through the Ministry of Health and with support from the Red Cross Red Crescent Movement, UN Agencies and national and international NGOs such as MSF, OXFAM and Médecins d'Afrique (MDA) has put in place a national task force and developed a national strategy to respond to the crisis. In that coordination framework RC of DRC has been tasked to take the lead in designing, implementing and monitoring public awareness raising sector plans along with relevant government departments, WHO and UNICEF. Red Cross volunteers have been participating in disinfection activities in close collaboration with the Ministry of Health and UNICEF.

In Kinshasa, a similar task force has been set up and operates from the Provincial Health headquarters. RC of DRC provincial branch is playing a leading role in this coordination forum. The same will be done in other provinces when the RC of DRC will scale up its response activities in view of contributing to filling existing gaps.

Movement partners (IFRC, ICRC, French and Belgian Red Cross societies) are closely supporting Red Cross of DRC leadership and volunteers in fulfilling their roles in the framework of the national response strategy and plans. A task force has been put in place to support the National Society response plans at both strategic and operational levels.

The needs

Sensitization campaigns through the media and through door-to-door approach by volunteers from Red Cross, faith or community based organizations is seen as key in breaking the contamination chain to stop the spread of the epidemic.

The MoH estimated on 8 July, 2011 that the existing number of cholera treatment centres (CTCs) and the available stocks of drugs and other supplies are not enough to provide adequate response to the epidemic. However, the number of required CTCs and cholera kits are not yet known. Joint needs assessment missions are still ongoing.

Clean up and disinfection campaigns should be organized in all affected health districts, especially in Kinshasa where tens of boats carry food and passengers from the provinces every day. The first confirmed case was discovered on one of those boats. Also, gutters and public places such as markets and health centres should also be cleaned up. Cholera patients' houses should be disinfected as well.

As a result of intensive mobility of the populations along the Congo River, many peaks of the epidemic have been recorded in different places and this trend is likely to continue in the future. It is therefore necessary to enhance disease surveillance capacities in the localities most at risk.

The proposed operation

Goal: To contribute to halting the spread of cholera outbreak in Kinshasa, Bandundu and Equateur provinces.

Raising awareness	
Objective 1 : To increase the level of information and knowledge of the public on cholera, prevention and control measures in 10 health districts	
Expected result Adequate cholera prevention and control practices by the public to prevent further spread of the epidemic	Activities <ul style="list-style-type: none"> • Mobilize and train 75 volunteers per health district on awareness techniques and cholera prevention messages; • Produce and distribute 100,000 leaflets and posters; • Acquire materials and/or other awareness tools; • Conduct door-to-door sensitization campaigns; • Monitor volunteers' activities through activity follow up for one month and then produce a report.
Disinfection and cleaning up campaigns	
Objective 2: To improve household and environmental hygiene through disinfection and clean up campaigns	
Expected result Good household and environmental hygiene prevent further spread of the epidemic	Activities <ul style="list-style-type: none"> • Mobilize and train 25 volunteers per health district for cleaning-up of gutters, public places and health centres; • Purchase and distribute cleaning materials and disinfecting products; • Conduct disinfection of boats, health centres and houses of cholera patients; • Monitor and report on activities.

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.

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.

Contact information

For further information specifically related to this operation please contact:

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DREF OPERATION

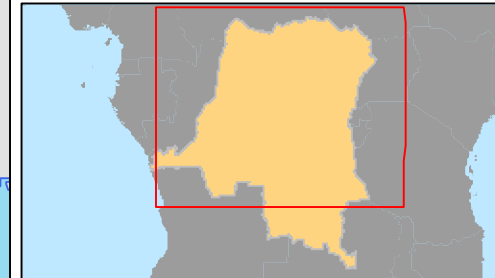
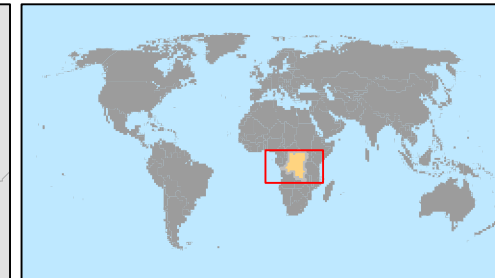
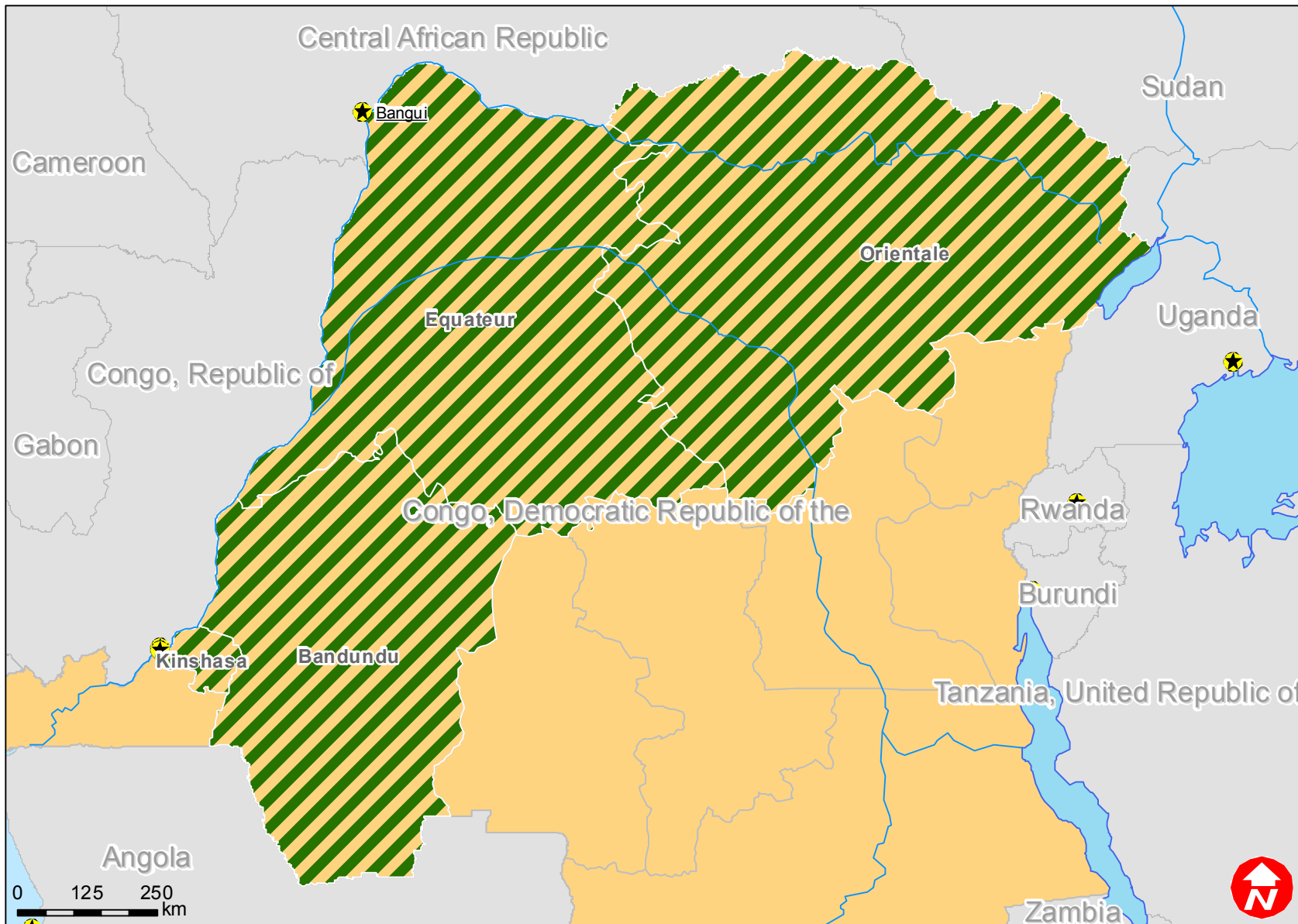
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MDRCD009 DRC CHOLERA OUTBREAK

Budget Group	DREF Grant 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	75,000
Medical & First Aid	
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	75,000
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machiney & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	3,600
Dsitribution & Monitoring	0
Transport & Vehicle Costs	12,000
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	15,600
International Staff	
National Staff	9,000
National Society Staff	7,500
Volunteers	60,000
Total PERSONNEL	76,500
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	15,000
Total WORKSHOP & TRAINING	15,000
Travel	9,000
Information & Public Relations	3,000
Office Costs	5,025
Communications	2,325
Financial Charges	4,500
Other General Expenses	0
Shared Support Services	7,675
Total GENERAL EXPENDITURES	31,525
Programme and Supplementary Services Recovery	13,886
Total INDIRECT COSTS	13,886
TOTAL BUDGET	227,511



Congo, Democratic Republic of: Epidemic



 Affected provinces

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, International Federation - MDRCD009.mxd