

DREF Final Report

Democratic Republic of Congo: Cholera

DREF operation n° MDRCD009 GLIDE n° [EP-2011-000076-COD](#) 25 April 2012

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:

11 July 2011 - 30 November 2011

Summary: CHF 227,511 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 11 July 2011 to support the National Society in delivering assistance to one million beneficiaries with awareness messages and disinfection activities in the selected provinces of Kinshasa, Bandundu and Equateur.



Red Cross volunteers raising Cholera awareness raising in Kinshasa.
Photo: Red Cross of DRC

The Red Cross of DRC, with support from IFRC and partners in-country, successfully trained its volunteers and implemented activities outlined in this DREF operation, to increase the public's level of information and knowledge on cholera prevention. The National Society, in coordination with government and non-government organizations, also helped to carry out control measures through disinfection activities in ten health districts identified.

A total of 954 staff and volunteers were trained and disseminated information as well as education and communication materials through door-to-door visits and public campaigns, reaching an estimated 770,000 people. The Red Cross volunteers also supported selected communities to disinfect 230 boats, 220 public latrines and 4,000 households of cholera-affected families and their neighbours, protecting more than 36,000 people through these actions.

Partners who supported the replenishment of this DREF allocation include the Belgian Red Cross/ Belgian government.

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, the European Commission Humanitarian Aid and Civil Protection (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.

IFRC, on behalf of the Red Cross of the Democratic Republic of Congo, would like to thank all donors for their generous contributions.

Details of all contributions to the DREF for 2011 can be found on:
http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

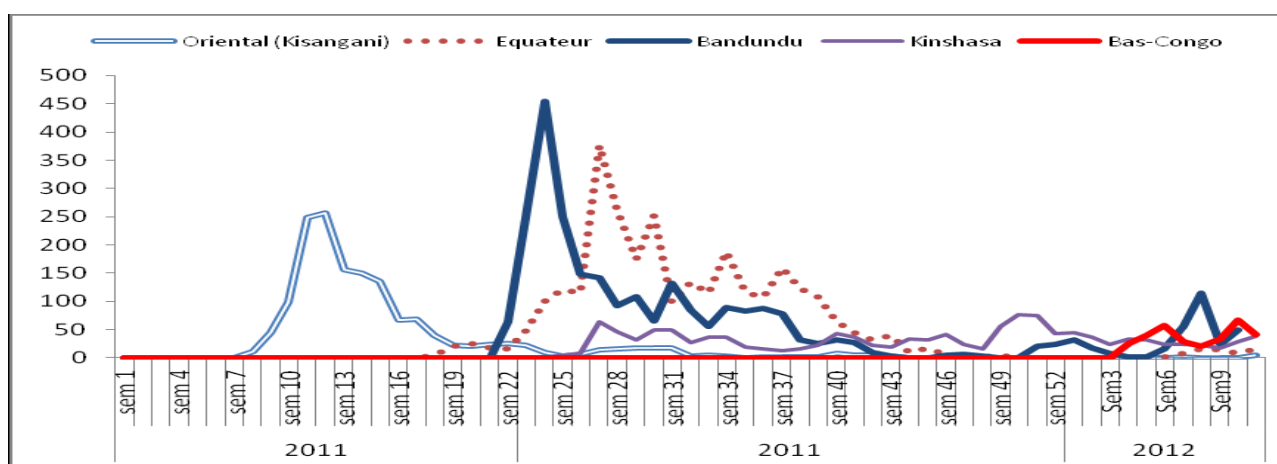
[<click here for final financial report; and here for contact details>](#)

The situation

The cholera outbreak in Democratic Republic of Congo (DRC) was declared in March 2011 in Oriental province, with a total of 1,402 cases reported and 70 deaths recorded. With support from Danish Red Cross and ICRC, the Red Cross of the DRC responded to the outbreak in Kisangani with funding from programme budgets. However, the epidemic later spread along the Congo River to Bandundu, Equateur and Kinshasa provinces, overwhelming the capacities of the Ministry of Health (MoH) who declared on 24 and 25 June a national epidemic and appealed to donors for support. Subsequently, the Red Cross of DRC approached IFRC to request for support through Disaster Response Emergency Fund (DREF).

According to reports from MoH and the World Health Organization (WHO), they recorded a total of 2,309 cholera cases and 158 deaths as of 19 July. The same sources reported a sharp increase a month later, on 23 August 2011, where the three provinces of Kinshasa, Bandundu and Equateur recorded a total of 3,821 cases and 233 deaths.

Unfortunately, statistics indicate that cholera has become endemic in 50% of the provinces and epidemic in the other half. As shown in the graph below from the MoH, WHO and OCHA, 12 months after the outbreak in Orientale province, the epidemic continues, albeit at a slower pace, despite coordinated efforts by the government and non-governmental organizations including the Red Cross.



Source: OCHA, 27 March 2012

Though absolute numbers of cases and deaths decreased in the affected health zones, the epidemic quickly expanded to other provinces, and is proving difficult to put a stop to it. This revealed weaknesses in the national awareness raising strategy.

Coordination and partnerships

The Red Cross of DRC activated its disaster task force both at strategic and operational levels. All Red Cross Red Crescent Movement partners present in DRC, including IFRC, ICRC, French, Italian, Belgian, and Spanish Red Cross societies, supported the task force by contributing to the preparation and supervision of activities. In addition to technical skills, partner national societies and ICRC provided financial and logistic support from existing development programmes. For example, ICRC contributed USD 10,570 for volunteers training and a vehicle with fuel and driver to monitor field activities. Italian Red Cross supported the National Society in a logistics pre-assessment in case there would be need for the deployment of emergency response units (ERUs).

The National Society, supported by IFRC and other Movement partners, coordinated their response to the epidemic with MoH and other partners at strategic and operational/field levels. The NS was active member of the national epidemics task force chaired by the Director of cabinet of the MoH. In that coordination body, the National Society supervised the activities of the national awareness raising working group alongside key

actors such as the national communication programme, WHO, UNICEF, CESVI, MDM and Handicap International.

At field level, Red Cross volunteers participated in joint planning and monitoring of activities with the health staff and non-governmental organizations involved in treatment centres as well as water and sanitation. Information sharing was key in enabling all partners to provide a comprehensive package of cholera control activities in the affected zones. While COOPI and MSF provided treatment, Solidarité conduct water chlorination, Red Cross volunteers conducted sensitization activities and disinfected the houses of cholera-affected families and their neighbours as well as selected public areas.

To further support close and coordinated monitoring of the outbreak, WHO, OCHA and the MoH provided daily epidemiological data and analysis to all partners including the Red Cross Red Crescent Movement.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency health

Outcome: To increase the level of information and knowledge of the public on cholera, prevention and control measures in 10 health districts

Output: Adequate cholera prevention and control practices by the public to prevent further spread of the epidemic.

Activities

- 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.

Achievements:

All activities planned for this operation was implemented accordingly, with a focus in Kinshasa. A total of 734 Red Cross volunteers and 220 community animators (954 people in total) were trained and deployed in 16 health zones (10 in Kinshasa, 2 in Bandundu and 4 in Equateur provinces) for cholera awareness among the general public, either through door to door approach or mass sensitization campaigns. In addition, 212,000 leaflets (100,000 in French and 112,000 in Lingala) were produced and partly distributed to partners such as the MoH, WHO, OCHA, MONUSCO, Handicap International, Caritas, Medecins du Monde CESVI, to support their sensitization activities. Meanwhile, some 65,000 leaflets in French and 80,000 in Lingala were distributed to households and the general public by the Red Cross volunteers and community animators trained and supervised by the Red Cross of DRC. A total of 100 megaphones and 100 packs of batteries were also procured and distributed to support sensitization activities.

During the implementation period, Red Cross volunteers and community animators supervised by the Red Cross of DRC reached out to some 50,000 households (317,000 people). They also provided cholera awareness information to more than 733,000 people through public campaigns, contributing to lowering the prevalence of the epidemic in the most affected health zones.

It is worth mentioning that to help overcome the gaps in the use of the media for the dissemination of cholera awareness message specific partnership arrangements were made between the National Health Education Programme and the Red Cross of DRC supported by IFRC where the Red Cross provide financial support and transportation to the Programme for mass communication and advocacy activities through the media. As a result, many materials were aired on five public or private TV and radio stations. More than 10 articles have also been published in the three most largely distributed newspapers in the country.

Challenges:

Access to some of the affected locations was hampered by inadequate transport and communication systems. At many locations, the transportation of staff and/or emergency material was delayed, despite the

efforts of the UN logistics cluster. This problem was partly solved by training additional community animators closer to the selected areas, but supervision and data collection continued to be a major challenge throughout the operation.

Due to these logistics constraints and also in order to focus adequate energy on Kinshasa province, the Red Cross of DRC started its response activities in Equateur province only on 24 August and in Bandundu province in mid-October.

In addition, funds expended on personnel, especially volunteers' costs, saw an increase beyond the budgeted lines due to the expansion of targeted areas, leading to an increase in the total number of volunteers mobilized as well as related days of service, to reach affected communities. This expansion also led to an increase in the related costs of logistics and communications/ general expenses.

Water, sanitation, and hygiene promotion

Outcome: To improve household and environmental hygiene through disinfection and clean up campaigns

Output: Good household and environmental hygiene prevent further spread of the epidemic

Activities

- 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.

Achievements:

Among the 954 volunteers trained for sensitization activities, 155 Red Cross volunteers and 75 community animators were selected, further briefed and deployed in 16 health zones in Kinshasa, Bandundu and Equateur provinces for sanitation and disinfection activities. A total of 50 sprayers, 200 kits of protective clothing, 50 kits of tools, and 250 kg of chlorine were procured and distributed the teams. This is in addition to the 450 kg of chlorine received from UNICEF. With these tools and materials, the volunteers assisted selected communities to disinfect 230 boats, 220 public latrines and 4,000 households of cholera-affected families and their neighbours, protecting more than 36,000 people through these actions.

The positive impact of the Red Cross sanitation and disinfection activities was made effective through joint planning and information sharing at field level with the MoH, COOPI, OXFAM and Solidarités. Identification of houses and other items to be disinfected is done using epidemiological and geographical information provided to Red Cross volunteers by staff working for the above mentioned partners.

Challenges:

Challenges faced by Red Cross volunteers working on disinfecting of homes and public places were similar to those faced in sensitization activities.

In addition to the above, the fact that the drainage systems in Kinshasa and other affected provincial cities are not functioning properly will pose a serious challenge during the upcoming raining season as meteorological data predict floodings in Kinshasa and other cities. There is a need to advocate with local government and councils to mobilize resources and rehabilitate drainage systems before the next round of heavy rains start.

Contact information

For further information specifically related to this operation please contact:

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DREF history:

- This DREF was initially allocated on 11 July 2011 for CHF 227,511 for 3 months to assist 1 million beneficiaries.
- A DREF operation update was issued.



Click here

1. **Final financial report** [below](#)
2. Click [here](#) to return to the title page

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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Saving lives, changing minds.



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.



Selected Parameters	
Reporting Timeframe	2011/7-2012/1
Budget Timeframe	2011/7-2011/10
Appeal	MDRCD009
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	227,511					227,511
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	227,485					227,485
C4. Other Income	227,485					227,485
C. Total Income = SUM(C1..C4)	227,485					227,485
D. Total Funding = B + C	227,485					227,485
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	227,485					227,485
E. Expenditure	-227,485					-227,485
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies

MDRCD009 - Dem Rep. Congo - Cholera

Appeal Launch Date: 11 jul 11

Appeal Timeframe: 11 jul 11 to 11 oct 11

Interim Report

Selected Parameters	
Reporting Timeframe	2011/7-2012/1
Budget Timeframe	2011/7-2011/10
Appeal	MDRCD009
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	227,511						227,511	
Relief items, Construction, Supplies								
Clothing & Textiles		803				803	-803	
Water, Sanitation & Hygiene	75,000	29,710				29,710	45,290	
Teaching Materials		13,703				13,703	-13,703	
Utensils & Tools		1,490				1,490	-1,490	
Other Supplies & Services		2,301				2,301	-2,301	
Total Relief items, Construction, Su	75,000	48,008				48,008	26,992	
Logistics, Transport & Storage								
Storage	3,600	604				604	2,996	
Distribution & Monitoring		1,804				1,804	-1,804	
Transport & Vehicles Costs	12,000	27,214				27,214	-15,214	
Total Logistics, Transport & Storage	15,600	29,622				29,622	-14,022	
Personnel								
International Staff		286				286	-286	
National Staff	9,000	802				802	8,198	
National Society Staff	7,500	4,319				4,319	3,181	
Volunteers	60,000	85,892				85,892	-25,892	
Total Personnel	76,500	91,298				91,298	-14,798	
Consultants & Professional Fees								
Professional Fees		88				88	-88	
Total Consultants & Professional Fe		88				88	-88	
Workshops & Training								
Workshops & Training	15,000	2,901				2,901	12,099	
Total Workshops & Training	15,000	2,901				2,901	12,099	
General Expenditure								
Travel	9,000	5,524				5,524	3,476	
Information & Public Relations	3,000	9,902				9,902	-6,902	
Office Costs	5,025	10,382				10,382	-5,357	
Communications	2,325	9,948				9,948	-7,623	
Financial Charges	4,500	5,926				5,926	-1,426	
Other General Expenses	7,675						7,675	
Total General Expenditure	31,525	41,683				41,683	-10,158	
Indirect Costs								
Programme & Services Support Recov	13,886	13,884				13,884	2	
Total Indirect Costs	13,886	13,884				13,884	2	
TOTAL EXPENDITURE (D)	227,511	227,485				227,485	26	
VARIANCE (C - D)		26				26		