

EMERGENCY APPEAL



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 IN MBUJI-MAYI

Appeal no: 21/2003

2 October, 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries.

For more information: www.ifrc.org

IN BRIEF

***THIS APPEAL SEEKS CHF 114,000
(USD 86,642 or EUR 73,929)
IN CASH, KIND AND SERVICES
TO ASSIST 50,000 BENEFICIARIES FOR 3 MONTHS***

The situation

Background

Since September 2002, the Democratic Republic of Congo's (DRC) Eastern Kassai Province has experienced a serious and re-occurring cholera outbreak, with over 5,000 reported cases. The Federation responded by launching Emergency Appeal no. 35/02 for three months on 17 December, 2002. The operation was extended for three months and ended in May, 2003 (see the Final Report issued on 25 August, 2003, available on the Federation's website). Despite the success of the activities planned and implemented, the cyclical or re-occurring nature of this epidemic has resulted in a total of 263 deaths - a mortality rate of 7.77%. The endemic nature of cholera in this area and the fact that it has the potential to spread into neighbouring provinces makes it critical to immediately put in place measures to control and reduce the epidemic. Given the urgency of the situation, and the real potential for further deterioration, this appeal therefore picks up where the last emergency appeal ended, to be followed by the Federation's 2004 Annual Appeal for the DRC, which will also reflect a strengthened cholera project as a key component.

Data gathered by the "Stop Cholera Committee" (for details please refer to Annex 2) indicate the development of the epidemic from its beginning in September 2002 until 31 May, 2003, and shows that the duration of the epidemic is unusual as a cholera outbreak usually does not exceed three months. Two reasons explain this anomaly:

- the inadequate number of domestic latrines because of the rocky ground which makes digging very difficult. According to the provincial Red Cross branch, as at January 2003, just 17.37% of the compounds visited had family toilets or latrines.
- poor access to portable water: Only 21.3 % of the visited compounds have access to the water distributed by Regideso (water company), while the rest drink water from wells or unprotected sources (springs) located beneath the housing zones where the few existing latrines are less than one meter deep.

When the epidemic, which had almost been eradicated, re-occurred the number of cases increased drastically within 24 hours (on 26 May) from 45 to 64. Three days later, it rose to 84 in the two mining zones of Luamuella and Bakua Tshimuna. During the last week of May, the total number of cases was 125 for the entire province with six deaths reported. (*Source: Stop Cholera Crisis Committee report of May 30, 2003*). By August 24, 2002, a total of 6,677 cases had been registered, with 336 casualties - a mortality rate of 5%.

The geographic spread of the epidemic indicates that 68.32% of reported cases are from the town of Mbuji-Mayi, while only 31.68 % are from the interior of the province, particularly from the diamond mining areas where the sanitary conditions around the diamond mines are particularly poor.

Soon after the official declaration of the epidemic by the Government on 25 September, 2002, the DRC Red Cross' local "Stop Cholera" team immediately became involved in the fight against the epidemic. Three main projects were implemented:

- social mobilisation;
- disinfecting and burning;
- water and sanitation.

The operation is expected to last three months to allow for the construction of public toilets and family latrines. This operation was coordinated by a team from the provincial committee of the Red Cross, in collaboration with a member of the Central Africa Disaster Response Team (ERDAC). The Swedish and Netherlands Red Cross, and Canadian International Development Agency (CIDA) provided financial support for this component.

Since the end of the initial emergency response operation (30 May, 2003) and to this date, 2,137 cases have been reported, with 106 deaths.

Coordination

Coordination will be carried out and achieved jointly by the Federation's health delegate and the national society's health officer.

The Proposed Operation

Objectives and activities planned to reach the objectives

Health and care

Objective 1: To resume the operation to control and reduce cholera in the Eastern Kasai Province relying on the experience of the first operation.

Activity planned to reach this objective: support for the re-opening of the Cholera Treatment Centres (CTC) and medical inputs.

Objective 2: Re-inforce social mobilisation activities.

Activities planned to reach this objective:

- Organisation of refresher courses, training and redeployment of volunteers;
- Sensitisation and mobilization;
- Intensification (in Mbuji-Mayi) and extension of social mobilisation activities to the interior of the province.

Water and sanitation

Objective: Extend water and sanitation activities in the zones so far not affected by the epidemic.

Activities planned to reach this objective:

- Construct additional latrines, mainly in the mining zones and villages (evaluation to be carried out by specialists in the field);
- Increase the number of water tanks constructed by the Red Cross and fix-up water points if necessary (evaluation to be carried out by specialists in the field).

The needs**Human Resources**

- 234 already trained volunteers;
- 80 new volunteers to be trained;
- 1 project coordinator.

Material Resources

- One 4x4 vehicle.
- 40 bicycles.
- 5 motorcycles.
- 20 megaphones.
- 10 spraying machines.
- 350 tee shirts.
- 350 pinafores.
- protection material (gloves, boots, masks).
- plastic aprons.
- 4,800 batteries.
- 100 kg of chlorine.
- office supplies.
- teaching and sensitisation materials.

Advocacy and protection

Objective: To reinforce efforts with the political, administrative, health authorities and other partners to reinforce the fight against the cholera epidemic in the Eastern Kasai Province.

Activity to reach this objective: organize press conferences targeting ambassadors, businessmen, political and local authorities, in Kinshasa and Mbuji-Mayi.

Capacity of the National Society

The national society has shown the capacity to implement cholera operations in the DRC, and has the competent human resources to efficiently manage the operation. Considering the lessons drawn from the resurgence of the epidemic after the first operation and in order to guarantee the operational success of this appeal and the related activities, the Federation and the DRC Red Cross count on donor support.

Monitoring and Evaluation

Two evaluation missions will be carried out by the Federation's health delegate, the national society health officer and the Secretary General or his Deputy to closely assess the development of the operation and to implement any necessary changes.

Capacity of the Federation

The Federation maintains a delegation in the DRC, including a health delegate who will support the national society in the implementation of the planned projects and activities.

Budget summary

See Annex 1 for details.

For further details please contact:

- *In Geneva: Terry Carney, Federation Desk Officer, Phone: 41 22 730 4298; Fax: 41 22 733 0395; email: Terry.Carney@ifrc.org*
- *In the DRC: Health Delegate: +243 98601693, email: rv_akadiri@h2com.com*

All International Federation Assistance 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.

In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.

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 website.

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

Abbas Gullet
Director
Disaster Management and Coordination

Markku Niskala
Acting Secretary General•

BUDGET SUMMARY

APPEAL No. 21/2003

Democratic Republic of Congo - cholera

TYPE	VALUE
RELIEF NEEDS	IN CHF
Utensils & tools	7,000
TOTAL RELIEF NEEDS	7,000
<hr/>	
<u>CAPITAL EQUIPMENT</u>	
Vehicles	11,000
<u>PROGRAMME SUPPORT</u>	
Programme support (6.5% of total)	7,000
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	
Vehicle costs	6,000
<u>PERSONNEL</u>	
National staff	54,000
<u>ADMINISTRATIVE & GENERAL SERVICES</u>	
Travel & related expenses	11,000
Information expenses	9,000
Administrative & general expenses	9,000
TOTAL OPERATIONAL NEEDS	107,000
<hr/>	
TOTAL APPEAL CASH, KIND, SERVICES	114,000
<hr/>	
LESS AVAILABLE RESOURCES (-)	0
NET REQUEST	114,000
<hr/>	

Annex 2: Location of cases and deaths (in weeks)

Weeks	Number of cases			Number of deaths			Lethality (%)
	Mbuji-Mayi	Interior of the province	Total no. of cases	Mbuji-Mayi	Interior of cases	Total deaths	
Week 1		3	3		2	2	0
Week 2	9	10	19	5	4	9	54.17
Week 3	11	48	59	0	9	9	30.51
Week 4	33	81	114	0	9	9	15.79
Week 5	32	97	129	0	17	17	26.36
Week 6	36	119	155	3	3	6	5.7
Week 7	123	72	195	11	2	13	7.77
Week 8	129	56	185	6	6	12	9.42
Week 9	156	29	185	5	3	8	5.79
Week 10	124	77	201	10	8	18	12.32
Week 11	151	77	228	10	5	15	8.4
Week 12	159	73	232	12	6	18	9.84
Week 13	144	55	199	4	9	13	10.84
Week 14	130	46	176	8	7	15	11.96
Week 15	176	51	227	10	2	12	5.91
Week 16	198	64	262	1	7	8	5.7
Week 17	194	35	229	7	4	11	6.36
Week 18	242	21	263	12	3	15	6.55
Week 19	220	32	252	11	1	12	4.94
Week 20	196	35	231	0	2	2	1.73
Week 21	136	42	178	3	5	8	7.18
Week 22	99	65	164	1	4	5	5.45
Week 23	122	39	161	2	0	2	1.23
Week 24	63	38	101	0	3	3	5.94
Week 25	40	33	73	1	0	1	1.35
Week 26	43	45	88	1	1	2	3.37
Week 27	19	41	60	2	1	3	6.45
Week 28	23	39	62	1	0	1	1.59
Week 29	52	31	83	0	1	1	2.41
Week 30	69	38	107	0	3	3	5.61
Week 31	57	24	81	0	1	1	2.47
Week 32	41	17	58	1	1	2	5.08
Week 33	42	12	54	0	0	0	0
Week 34	33	15	48	0	1	1	4.17
Week 35	11	12	23	0	0	0	0
Week 36	32	91	123	0	6	6	9.76
Week 37	68	210	278	1	17	18	6.5
Week 38	57	141	198	4	4	8	4.1
Week 39	40	69	109	0	3	3	2.8
Week 40	29	35	64	0	0	0	0
Week 41	31	12	43	0	1	1	2.4
Week 42	37	38	75	0	4	4	5.4
Week 43	83	76	159	2	4	6	3.8
Week 44	66	113	179	9	11	20	11.2
Week 45	75	80	155	4	4	8	5.2
Week 46	63	158	221	4	11	15	6.8
Week 47	75	152	227	2	13	15	6.6
Week 48	81	119	200	0	5	5	2.5
Week 49	75	62	137	0	0	0	0
Week 50	59	33	92	1	2	3	3.3
TOTAL	4,184	2,961	7,145	154	215	369	6.8

Source: Crisis "Stop Cholera" Committee