

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 THE CONGO: CHOLERA IN SOUTH KIVU

Appeal no. 05EA004
24 February 2005

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 over 181 countries.

In Brief

THIS EMERGENCY APPEAL SEEKS CHF 258,000 (USD 217,000 OR EUR 167,700) IN CASH, KIND, OR SERVICES TO ASSIST 200,000 BENEFICIARIES FOR FOUR MONTHS

[\(Click here to go directly to the attached Appeal budget\)](#)

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For longer-term programmes, please refer to the Federation's Annual Appeal for the Democratic Republic of the Congo, no. 05AA035 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA035.pdf.

The situation

Since 23 December 2004, a series of heavy rainstorms have battered the town of Uvira in South Kivu province of eastern DRC. The most devastating storm was on 8 February 2005, resulting in 8 deaths (6 children and 2 adults) and 3 wounded; 900 houses were either partially or entirely destroyed, resulting in 5,386 people (1,095 children and 4,291 adults) being left without shelter. This is based on an evaluation done by the provincial committee of the Red Cross of the Democratic Republic of the Congo¹, with support from the Federation and the ICRC. These rains also

¹ Red Cross of the Democratic Republic of the Congo – <http://www.ifrc.org/where/country/check.asp?countryid=187>

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damaged the three main bridges in the area; it is feared that their weakened state may cause them to collapse, potentially isolating the entire southern part of South Kivu.

The rains and ensuing flooding have damaged latrines, allowing human faecal matter to escape; this has exposed the inhabitants to the risk of water-source contamination and a rapid spreading of cholera. Indeed, this is already the case in Uvira, as well as Bukavu (see Information Bulletin no. 1/2005: DRC Cholera epidemic, dated 7 February 2005 http://www.ifrc.org/cgi/pdf_appeals.pl?rpts05/cd050207.pdf).

As of 30 January, a total of over 2,379 cholera cases have been registered, with 23 deaths (1% mortality). The epidemic is predominantly active in Bukavu and Uvira: from 17-30 January, 90% of 582 reported cases were from this province. The current average in Bukavu is 10 new cases each day; most are coming from neighbouring villages.

There are three main causes for this outbreak:

- Poor access to potable water, resulting in the population resorting to drinking water from rivers and lakes; a UNICEF survey (2001) indicated only 17.3% of people with access to potable water within 15 minutes or more.
- Inadequate basic hygiene practices; and,
- Inadequate access to latrines (the same UNICEF survey showed only 40% of the population with access).

With support from MSF, WHO, UNICEF and the Red Cross of DRC, the provincial medical inspectorate (PMI) is attending to the affected in four cholera treatment centres (CTC): Uvira (centre), Sange, Kiliba and Kabimba.

This Emergency Appeal will address the urgent needs of the cholera patients, and, in coordination with provincial authorities, will endeavour to bring the epidemic under control and reduce the mortality rate. Four key activities will be implemented to achieve this:

- Adequate treatment of cholera patients;
- Implementing of a community-based cholera-monitoring system;
- Public awareness campaigns about hygiene practices; and,
- Improvement of existing water points.

In a longer-term perspective, family latrines and a large-scale water point project will be developed within a formal PHAST approach (participatory hygiene and sanitary transformation).

The needs

The provincial committee of the Red Cross of DRC conducted a participatory assessment of the current needs with the support of the Federation and the ICRC, based on observations, group discussions, key informants and interview of resource persons.

Immediate needs:

The emergency phase of the operation will focus on reinforcing the health care given to patients, public awareness of good hygiene practices, monitoring of the disease, and water chlorination both at water points and prior to consumption.



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The following articles are needed:

- Blankets;
- Oral re-hydration salts (ORS);
- Spraying equipment, boots, mufflers, overalls, and gloves;
- Cleaning solution (chlorine);
- Megaphones (for public awareness activities); and,
- Volunteers' stipends (during awareness campaigns).

Longer-term needs:

The longer-term needs (including capacity building) fall within the scope of the 2005 Annual Appeal for the DRC, and take the form of:

- Strengthening social mobilisation (community-based monitoring of diseases and sensitisation to good hygiene practices);
- Supporting to communities for the construction or improvement of water points;
- Supporting to communities for the construction of family and public latrines;
- Putting in place an operational disaster management mechanism.

The Red Cross will reinforce its advocacy system to secure substantial support from humanitarian organisations for the success of these development actions.

Coordination

The Red Cross of DRC has been working in close collaboration with other humanitarian organisations and the Provincial Medical Inspectorate (PMI) through its local branches. To ensure the smooth management of the cholera epidemic, a provincial Co-ordination Committee has been put in place. This Committee is made up of the following technical sub-commissions (treatment, management of Cholera Treatment Centres): social mobilization; hygiene - water – sanitation; and logistics. These sub-commissions bring together NGOs and UN agencies involved in the operation, and are co-ordinated by PMI at the provincial level, and by health zones at local levels. The Red Cross of DRC and the Federation are members of the social mobilization and hygiene-water-sanitation sub-commissions. A co-ordination meeting is held on a weekly basis to ensure the follow-up of the activities carried out by the various actors in the field.

Within the framework of the management of this epidemic, the following activities are underway:

- Government co-ordination and management of CTC;
- Public awareness about proper hygiene practices, chlorination of water, transportation of patients to CTC, disinfection of any premises and materials that have been in contact with cholera patients, and the burial of corpses by Red Cross volunteers. The Federation and ICRC have been supporting the national society in these activities.
- WHO has been providing inputs and ensuring the epidemiological surveillance. UNICEF has been providing materials and products, including chlorine, fuel, ORS, and solutions. IRC has been providing logistical support (transportation). AMI has been providing medical care. Tear Fund has been training animators, and producing information aids. On its part, Caritas has been supplying inputs to CTC's.

The activities scheduled in this appeal will be technically co-ordinated by the Federation's field delegate in Bukavu and the Red Cross of DRC national Director of the Health and Social Actions Division, working closely with the existing provincial co-ordination system.

The proposed operation

Objectives and activities planned to reach the objectives

Health and Care

Objective 1: the treatment of people affected by cholera is reinforced in CTC's.

- Provide CTC's with materials and essential drugs;
- Deploy trained volunteers to assist the medical staff in disinfecting and cleaning up CTC's and areas (houses) affected by cholera.

Objective 2: a community-based cholera epidemic monitoring and early alert system is put in place.

- Train volunteers (from both the Red Cross and the community) in how to identify cholera cases, with the support of the Provincial Health Inspection;
- Deploy trained volunteers for public awareness of how to identify a cholera case;
- Provide hygiene education and promotion following the "PHAST" approach.

Water and sanitation

Objective 1: Good personal and environmental hygiene practices are promoted.

- Train volunteers (including members of mothers' clubs that will be put in place) on the key messages to combat cholera;
- Deploy trained volunteers to sensitize the communities.

Objective 2: Access to water and basic sanitation is improved.

- Provide Red Cross committees and anti-cholera community-based groups with sanitation materials;
- Chlorinate water at water points and/or before consumption at home;
- Rehabilitate (clean and disinfect) existing water points.

The construction of latrines and water points for communities will be included in a mid- or long-term development programme.

Advocacy and protection

Objective 1: Humanitarian organisations and diplomatic institutions are sensitised to the need of supporting the execution of development, water and sanitation programmes in the most vulnerable localities of the South Kivu Province.

During inter-agency meetings and other official meetings, the Federation's delegation in Kinshasa will support the national society in advocating for the funding of water and sanitation projects in favour of the populations of South Kivu.

In addition, the national society will increasingly use its information and health education bulletin known as "Echos de la Croix-Rouge" as an advocacy tool.

Red Cross and Red Crescent Movement - Principles and priorities

Attention will be paid to the Fundamental Principles of the Movement, and special emphasis will be placed on voluntary service and neutrality during training sessions given the delicate geopolitical situation of the province. Although the Red Cross will collaborate with provincial co-ordination, it will preserve its independence.

Women are key actors when it comes to family health, and more specifically water- and hygiene-related issues. They will be involved in decision-making processes and in the identification of activities to be carried out, in such a way that will not prevent them from carrying out their normal daily activities. They will be mobilized through mothers clubs.

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This operation will be conducted based on the strategies of the Programme Initiative Congo (PIC) which entails building the capacities of the communities and the Red Cross to combat cholera epidemics on the one hand, and putting in place a multiplication strategy on the other hand. As far as the water and sanitation aspect of the operation is concerned, the Federation's Global Water and Sanitation Initiative (GWSI) will be used as a reference. For further details about PIC, refer to the 2005 Annual Appeal (see In Brief section on page 1 for hyperlink).

Capacity of the National Society

The South Kivu Provincial Committee of the Red Cross has a well-organized and operational volunteer network of 750 people that are active and available in the zone of intervention. The provincial committee has headquarters in each locality, which can be used as offices and warehouses for the pre-positioning of relief materials and other equipment.

Recently, and thanks to the support of other partners, the provincial committee of the Red Cross put in place a team of volunteers trained in how to chlorinate water individually in Bukavu and Uvira.

This operation will contribute to building the capacities of the provincial committee as training sessions based on the "learn by doing" approach will be organized.

Capacity of the Federation

Presently, the Federation's delegation in Kinshasa has a field delegate based in South Kivu -- a medical doctor specializing in public health and an ERDAC member with valuable experience in epidemiology management. The delegation also has a water and sanitation (WatSan) delegate who will support the WatSan components and activities of this emergency operation. As well, an emergency stock of non-food items has been pre-positioned in Goma for use in this operation (approximately 90 km away).

Monitoring and Evaluation

- The Red Cross provincial committee will ensure follow-up of activities in the field, with support from the Federation field delegate in Bukavu.
- A provincial co-ordinator and two territorial supervisors will be appointed.
- Each operational team on the field will comprise seven community members, under the coaching of three Red Cross volunteers.
- Team leaders will ensure daily supervision of activities, the territorial supervisor will ensure weekly supervision, and the provincial co-ordinator will ensure monthly supervision. Each will be supported by the Federation delegate.

Budget summary

See Annex 1 for details.

Susan Johnson
Director
National Society and Field Support Division

Markku Niskala
Secretary General

[Budget below; click here to return to the title page and contact information.](#)

BUDGET SUMMARY

APPEAL No. 05EA004

DR Congo - cholera

TYPE	VALUE
RELIEF NEEDS	IN CHF
Clothing & textiles	18,000
Water & sanitation	57,000
Medical & first aid	13,000
Utensils & tools	17,000
TOTAL RELIEF NEEDS	105,000
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<u>CAPITAL EQUIPMENT</u>	
Vehicles	15,000
Generator	3,000
<u>PROGRAMME SUPPORT</u>	
Programme support (6.5% of total)	17,000
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	
Transport & vehicle costs	14,000
<u>PERSONNEL</u>	
Expatriate staff	36,000
National staff	43,000
<u>ADMINISTRATIVE & GENERAL SERVICES</u>	
Travel & related expenses	6,000
Information expenses	10,000
Administrative & general expenses	9,000
TOTAL OPERATIONAL NEEDS	153,000
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TOTAL APPEAL CASH, KIND, SERVICES	258,000
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LESS AVAILABLE RESOURCES (-)	0
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NET REQUEST	258,000
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