

# FINAL REPORT



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 SOUTH KIVU

Appeal 05EA004

15 March 2007

### FINAL REPORT

*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 185 countries.*

### In Brief

Final Report; Period covered: 24 February to 24 August 2005; Final appeal coverage: 105.7%.

[<Click here to go directly to the attached Final Financial Report>](#)

#### Emergency Appeal history:

- [Emergency Appeal](#) was launched on 24 February 2005 for CHF 258,000 (USD 217,000 or EUR 176,700) for 4 months to assist 200,000 beneficiaries.
- [Operations Update no. 1](#) was issued on 24 February 2005.
- [Operations Update no. 2](#), issued on 3 October 2005, extended the operation's timeframe until 24 August 2005.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 50,000.

All activities for this operation were completed by 24 August 2005 and an Interim Final Report was issued on 18 November 2005. The Interim Final Report stipulated that a Final Report would be issued once all financial bookings were completed. This Final Report is being issued to announce that all expenditures have been booked and the project is now closed.

This operation was aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

#### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

### Background

Cholera, endemic in South Kivu Province (Democratic Republic of Congo) since 1998, resurfaced in 2005, with about 300 cases per week and with greater scope and duration. The most affected areas were Bukavu, Uvira and Fizi territories. After an initial assessment, the Red Cross of the Democratic Republic of the Congo, through its South Kivu provincial committee, actively engaged itself in three areas: support to cholera treatment centres (CTCs) established in the province; community sensitization on basic hygiene; and sanitation rules and on water chlorination at provision points at Bukavu, Uvira Fizi and their neighborhoods.

## Analysis of the operation - objectives, achievements and impact

### Health and Care

#### Objective 1: The treatment of people affected by cholera is reinforced in the cholera treatment centres.

**Achievements:** The 18 volunteers deployed in each of the nine operational cholera treatment centres (2 in Bukavu, 3 in Uvira, 2 in the territory of Fizi and 2 in Kabare) continued with their activities before the intervention of medical teams. They were responsible for disinfection of sick people's belongings and the means of transport used for their transportation to cholera treatment centres. Volunteers regulated access to the cholera treatment centres (that were subjected to the disinfection of shoes and washing of hands-during entry and exit of visitors), sensitized patients' companions and visitors on the regulations.

In the framework of support by the Federation to the South Kivu Provincial Health Inspectorate, two kits available in Bukavu were given to operational cholera treatment centres (CTCs).

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

**Achievements:** An operational team with seven community people and three volunteers from the Red Cross was constituted in each of the 20 quarters of Bukavu and 15 villages among the most affected ones in the territories of Uvira and Fizi, making a total of 35 teams for 245 volunteers from the community and 105 from the Red Cross. The teams carried out community-based monitoring of the cholera epidemic.

64 volunteers (44 from the community and 18 from the local Red Cross branches) attended two trainer courses on cholera (transmission mode, fighting and preventive measures), early detection and communication techniques. Those trainers trained 350 other volunteers on sensitization against cholera epidemic and community based survey.

### Water and Sanitation

#### Objective 3: Good personal and environmental hygiene practices are promoted.

**Achievements:** After the selection of the 350 members of the various operational teams, the 18 volunteers deployed in CTCs and the 128 Red Cross volunteers involved in chlorination activities carried out sensitization campaigns both in CTCs and in public places like markets, churches, schools, and water supply points. They also extended the sensitization to some cholera-affected homes and families following a door-to-door approach. A total of 250,760 people (130,398 women and 120,362 men) benefited from the sensitization campaign. Over 50% of them adhered to the actions taken by the Red Cross to combat cholera.

#### Objective 4: Access to water and basic sanitation is improved.

**Achievements:** 128 volunteers involved in the chlorine water processing in 37 watering places in Bukavu, Uvira, Sange, Baraka and Fizi chlorinated more than 23,000,000 litres of water for about 300,000 families.

Two street fountains constructed for over 500 households, i.e. 3,500 persons in the Nyantemu I and II neighbourhoods of Bagira, the most affected locality of Bukavu. A community-based management mechanism with a salient participation of the Red Cross is operational for the payment of bills and the maintenance of the facilities.



*A street fountain constructed with Federation support in Bukavu.*

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Three potable water sources were rehabilitated – two in Baraka (specifically in the Bitobolo and Kimanga localities) and one in Kabindula (in the Uvira Territory). Here also, a community-based mechanism has been developed to ensure the management of each facility.



*A Red Cross volunteer chlorinates water in Bukavu, South Kivu.*

involved in this activity, while a local WatSan engineer worked on technological option in facilities construction with the concerned communities.

Two public pit latrines with four rooms each were constructed following the dry masonry approach, with each of the rooms expected to satisfy the needs of over 175 persons a day in the Funu market (Bukavu) and in the Maendeleo Beach market (Uvira) respectively.

36 operational teams (of trained volunteers) have been equipped with WatSan equipments/materials and transport means: sanitation (50 wheelbarrows, 50 cartons of soap, 150 hoes, 100 pairs of boots, 20 vaporizers, 150 spades, 150 machetes, 100 rakes, 150 pickaxes, 200 litres of detergent, mattresses, blankets, 500 kg of chlorine and other materials), sensitization materials (30 megaphones and 100 picture boxes), rolling equipment (3 motorbikes and 20 bicycles for field supervision activities).

The equipment allowed to have 6,000 latrines regularly disinfected, about 100 water points regularly cleaned, channels cleaning up and 4,200 household bins installed for rubbish collection.

Support was provided to households in latrines maintenance, channel cleaning to avoid floods that can increase the risk of the epidemic spreading. About 20 volunteers and 100 community members were

### Advocacy and protection

#### Objective 5: Humanitarian organizations and diplomatic institutions are sensitized to the need of supporting.

**Achievements:** The South Kivu provincial committee of the Red Cross of DRC participated in over 80% of the inter-agency coordination meetings organized at provincial and territorial levels. This enabled it to present the activities being carried out on the field, thereby provoking some interest of other Red Cross partners. As a result of that relentless participation in meetings, the Red Cross was assigned the task of chlorinating water all over the province with the technical and logistic support from other partners.

Three articles on the operation were published in *Echo's de la Croix-Rouge*, three interviews on cholera were granted to Okapi Action (the Radio station of the United Nations Observation in DRC) and the nine Red Cross programmes were broadcasted on the National Radio and Television Channel (RTNC) and on “Mandeleo” – a private radio station – about the operation to combat cholera contributed enormously to informing the populations and provoking their participation in it.

### Impact

- There was a significant drop in the number of cholera cases in the province; by week 13, no deaths were reported.
- The cholera epidemic management capacities of the local Red Cross branches were strengthened through the operation.
- The visibility and credibility of the Red Cross of DRC have been consolidated. 90% of the persons interviewed among health and municipal authorities, heads of neighbourhoods, and community members acknowledge the worth of Red Cross action.
- There is an increase in community-based cholera surveillance among the beneficiaries. The populations systematically reported to Red Cross teams all the cases of death following diarrhoea for proper disinfection of corpses and burial. The populations also visited CTCs and other health centres systematically in case of diarrhoea.

### **Constraints**

- At times, security was jeopardized in some localities, thereby preventing the Red Cross from intervening.

### **Coordination**

The Inter-Agency Coordinating Committee led by the provincial governor and the medical inspector was responsible for the coordination of all these actions. There were four commissions within this committee, and the Red Cross was represented in the commission for sensitization, hygiene, promotion sanitation and logistics. At the territorial level, the committee was led by the administrator and included all the agencies and non-governmental organizations (NGOs) involved in the operation.

Joint information sharing sessions with the Federation, International Committee of the Red Cross (ICRC) and the Red Cross of the Democratic Republic of Congo were organized to avoid duplication of efforts. In the provincial committee of the Red Cross of the DRC, a coordinator appointed by the provincial committee, a hydraulic engineer, 19 supervisors (seven provincial, six communal/territorial and six in quarters) were responsible for the follow up of the activities.

The Federation field delegate attended all the Inter-Agency and technical meetings organized at the Provincial Medical Inspectorate or other agencies. With the support of the Federation, the WatSan delegate in DRC provided technical support in strategies setup, implementation and supervision of activities as well as in the management of funds.

### **Red Cross and Red Crescent Movement - Principles and initiatives**

The intervention of the South Kivu provincial committee of the Red Cross of DRC falls in line with the cardinal mission of the Red Cross and Red Crescent Movement- to alleviate the sufferings of human beings.

The Red Cross intervention relieved patients as the volunteers transported them to CTCs and provided them with moral support. Red Cross volunteers also distributed medical inputs to CTCs. The intervention also prevented the spread of the epidemic within the community. Volunteers carried out disinfection, early burial (as required) and sensitization activities. These Red Cross actions targeted the whole population, without impartiality, in accordance with the Fundamental Principles of the Movement.

The operation was executed according to the spirit of PIC (Programme Initiative Congo) which is inspired by ARCHI 2010 and is based on the promotion of community-based participation. PIC is also intended to build the capacities of the Red Cross of DRC.

### **National Society Capacity Building**

This operation helped to considerably strengthen the disaster preparedness and response capacities of the South Kivu provincial committee of Red Cross of DRC through:

- The acquisition of local expertise in epidemic management in general, and cholera management in particular. The committee also acquired volunteer management as well as water and sanitation skills.
- The training of at least 496 volunteers within the committee and the community on communication techniques and cholera management.
- The welcoming of new volunteers from the community and qualified workers involved in the construction of latrines and in the rehabilitation of water points.
- The purchase of sanitation materials as well as means of transportation (one land cruiser, two motorcycles and twenty bicycles).

### **Lessons learned**

The populations of South Kivu in their diversity have a high capacity of adaptation. All members of the communities- including their authorities, representatives, and opinion leaders- rapidly adhered to the programme. As a result of that total involvement, the populations have been able to take over the fight against cholera which is continuing today, with operational teams playing merely a coaching role. On several occasions, the local committee received applications from communities asking for materials, especially sanitation materials, to carry out their activities.

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Management committees have been set up to manage the facilities constructed during the operation. The benefit accruing from the exploitation of the facilities, and deducted after the payment of bills and other charges, will be used to build more facilities for public use. This shows clearly that the communities have understood that self-reliance is one of the best ways of solving their problems.

However, there is the need to develop a bigger long term project which will be executed in the vulnerable areas of South Kivu for sustainable prevention of the cholera epidemic.

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All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

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SOUTH KIVU CHOLERA

Selected Parameters	
Reporting Timeframe	2004/1-2007/2
Budget Timeframe	2004/1-2007/2
Appeal	M05EA004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		258'000				258'000
B. Opening Balance		0				0
<b>Income</b>						
Cash contributions						
British Red Cross		90'040				90'040
Canadian Red Cross Society		70'463				70'463
Icelandic Red Cross		5'093				5'093
Japanese Red Cross Society		9'888				9'888
Monaco Red Cross		7'688				7'688
Netherlands Red Cross		57'984				57'984
Swedish Red Cross		34'000				34'000
C1. Cash contributions		275'156				275'156
Reallocations (within appeal or from/to another appeal)						
British Red Cross		-43'964				-43'964
Canadian Red Cross Society		-43'964				-43'964
C3. Reallocations (within appeal)		-87'927				-87'927
C. Total Income = SUM(C1..C6)		187'229				187'229
D. Total Funding = B + C		187'229				187'229

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		187'229				187'229
E. Expenditure		-187'229				-187'229
F. Closing Balance = (B + C + E)		0				0

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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		258'000					258'000	
<b>Supplies</b>								
Clothing & textiles	18'000		13'476				13'476	4'524
Water & Sanitation	57'002		37'946				37'946	19'056
Medical & First Aid	13'000							13'000
Teaching Materials			4'986				4'986	-4'986
Utensils & Tools	17'000		4'766				4'766	12'234
Other Supplies & Services			2'114				2'114	-2'114
<b>Total Supplies</b>	<b>105'002</b>		<b>63'287</b>				<b>63'287</b>	<b>41'715</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	15'000		5'515				5'515	9'485
Office/Household Furniture & Equipment			4'352				4'352	-4'352
Others Machinery & Equipment	3'000							3'000
<b>Total Land, vehicles &amp; equipment</b>	<b>18'000</b>		<b>9'867</b>				<b>9'867</b>	<b>8'133</b>
<b>Transport &amp; Storage</b>								
Storage			2'244				2'244	-2'244
Distribution & Monitoring			760				760	-760
Transport & Vehicle Costs	14'000		19'204				19'204	-5'204
<b>Total Transport &amp; Storage</b>	<b>14'000</b>		<b>22'208</b>				<b>22'208</b>	<b>-8'208</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	15'400		15'251				15'251	149
Delegate Benefits	21'000		20'843				20'843	157
Regionally Deployed Staff	32'188							32'188
National Society Staff			20'171				20'171	-20'171
<b>Total Personnel Expenditures</b>	<b>68'588</b>		<b>56'265</b>				<b>56'265</b>	<b>12'323</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	10'640		6'130				6'130	4'510
<b>Total Workshops &amp; Training</b>	<b>10'640</b>		<b>6'130</b>				<b>6'130</b>	<b>4'510</b>
<b>General Expenditure</b>								
Travel	6'000		6'273				6'273	-273
Information & Public Relation	10'000		1'535				1'535	8'465
Office Costs	9'000		3'079				3'079	5'921
Communications			2'440				2'440	-2'440
Professional Fees			3'237				3'237	-3'237
Financial Charges			633				633	-633
Other General Expenses			104				104	-104
<b>Total General Expenditure</b>	<b>25'000</b>		<b>17'300</b>				<b>17'300</b>	<b>7'700</b>
<b>Program Support</b>								
Program Support	16'770		12'170				12'170	4'600
<b>Total Program Support</b>	<b>16'770</b>		<b>12'170</b>				<b>12'170</b>	<b>4'600</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>258'000</b>		<b>187'229</b>				<b>187'229</b>	<b>70'771</b>
<b>VARIANCE (C - D)</b>			<b>70'771</b>				<b>70'771</b>	