

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

18 November 2005

INTERIM 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 181 countries.

In Brief

Appeal No. 05EA004; Interim Final Report; Period covered: 24 February to 31 July 2005; Final appeal coverage: 105.7%.

Emergency Appeal history:

- Launched on 24 February 2005 for CHF 258,000 (USD 217,000 or EUR 176,700) for 4 months to assist 200,000 beneficiaries- http://www.ifrc.org/cgi/pdf_appeals.pl?05/05EA004.pdf
- Operations Update no.1 dated 24 Feb. 2005- http://www.ifrc.org/cgi/pdf_appeals.pl?05/05EA00401.pdf
- Operations Update no. 2 dated 3 Oct. 2005- http://www.ifrc.org/cgi/pdf_appeals.pl?05/05EA00402.pdf
- Operations Update no. 2 extended the Operation's timeframe until 24 August 2005.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 50,000.

Related Emergency or Annual Appeals: Democratic Republic of the Congo 2005 Annual Appeal no. 05AA035 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA035.pdf

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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>

Background

Cholera, which has been endemic in South Kivu since 1998, resurfaced this year (with up to 300 cases a week). Since the onset of the epidemic, the Red Cross of the Democratic Republic of Congo¹ volunteers responded to

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

mitigate its effect. After an initial assessment, the national society, through its provincial committee, actively engaged itself in three areas: support to cholera treatment centres implanted in the province for disinfecting and up keeping, community sensitization on basic hygiene and sanitation rules and on water chlorination at provision points at Bukavu, Uvira Fizi and their neighborhood- which were among the most affected areas. The Red Cross of DRC and the Federation subsequently launched this emergency appeal to better respond to the needs of the affected communities.

From February to July 2005, 430 volunteers trained on hygiene promotion and community-based cholera monitoring had sensitised more than 250,000 people and 128 other volunteers had chlorinated about 23,000,000 litres of water at household level in Bukavu, Uvira and Fizi cities. Additionally, three public latrines have been built in Bukavu, Uvira and Baraka, two street fountains built in Bukavu to improve on access to water in two of the most affected neighbourhoods of the town, four potable water collection sources rehabilitated in Uvira and Baraka. For the management of these facilities, a community-based mechanism has been developed and managing committees involving the Red Cross have been set up.

The situation appears to be under control now since, from up to 300 cases per week in January 2005, no further cases had been registered in Bukavu in the month of July following the actions of the Red Cross of the DRC. Additionally, a better ownership by the communities in the implementation of actions against cholera has been observed.

[\(Click here to view the attached map of the operation's area\)](#)

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, 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 organised 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.

Analysis of the operation - objectives, achievements and impact

Objective 1 (Health and Care): The treatment of people affected by cholera is reinforced in the cholera treatment centres (CTC).

The eighteen volunteers deployed in each of the nine operational cholera treatment centres (two in Bukavu, three in Uvira, two in the territory of Fizi and two 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. To date, no serious case of contamination within the cholera treatment centres has been reported.

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

Objective 2 (Health and Care): A community-based cholera epidemic monitoring and early alert system is put in place

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

Sixty four volunteers (forty four from the community and eighteen 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 sensitisation against cholera epidemic and community based survey.

Objective 3 (Water and Sanitation): Good personal and environmental hygiene practices are promoted

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 sensitisation campaigns both in CTCs and in public places like markets, churches, schools, and water supply points. They also extended the sensitisation 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 sensitisation campaign. Over 50% of them adhered to the actions taken by the Red Cross to combat cholera.



A Red Cross volunteer chlorinating water for the benefit of the populations in the town of Bukavu, South Kivu

Objective 4: Water and Sanitation: Access to water and basic sanitation is improved

One hundred and twenty eight volunteers involved in the chlorine water processing in thirty seven watering places in Bukavu, Uvira, Sange, Bakara and Fizi chlorinated more than 23,000,000 litres of water for about 300,000 families.



A street fountain constructed by Red Cross in Bukavu.

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

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.

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.

Thirty six operational teams (of trained volunteers) have been equipped with WatSan equipments/materials and transport means: sanitation (fifty wheelbarrows, fifty cartons of soap, one hundred and fifty hoes, one hundred pairs of boots, twenty vaporizers, one hundred and fifty spades, one hundred and fifty machetes, one hundred rakes, one hundred and fifty pickaxes, two hundred litres of detergent; mattresses, blankets, five hundred kilogram's of chlorine and others materials), sensitization materials (thirty megaphones and one hundred picture boxes), rolling equipment (three motorbikes and twenty bikes for field supervision activities).

The equipment allowed to have 6,000 latrines regularly disinfected, about one hundred 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 involved in this activity, while a local WatSan engineer worked on technological option in facilities construction with the concerned communities.

Objective 5 (Advocacy and protection): Humanitarian organizations and diplomatic institutions are sensitised to the need of supporting

The South Kivu provincial committee of the Red Cross of DRC participated in over 80% of the inter-agency coordination meetings organised 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 the Mandeleo 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 drastic drop of the number of cholera cases in the province over the past six weeks. For example, the situation at the thirtieth week was as follows:

Zones	Cases	Deaths
Bukavu	0	0
Uvira	7	0
Fizi	1	0
Total	8	0

The cholera epidemic management capacities of the local Red Cross branches have been strengthened.

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 jeopardised in some localities, thereby preventing the Red Cross from intervening.

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 sensitisation 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 learnt

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.

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.

<p>Special note: This Interim Final Report is being issued without the financial report. The Final Report, comprising of the final financial report and this narrative report, will be issued in due course.</p>

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