



## **DEMOCRATIC REPUBLIC OF CONGO: CHOLERA IN THE UVIRA AND FIZI TERRITORIES**

No. MDRZR001  
5 September 2006

### **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 185 countries.*

#### **In Brief**

**Period covered by this Interim Final Report: 17 March to 16 May 2006.**

**History of this Disaster Relief Emergency Fund (DREF)-funded operation:**

- CHF 49,000 was allocated from the Federations DREF on 17 March 2006 to respond to the needs of this operation, or to replenish disaster preparedness stocks distributed to the affected population. Refer to: <http://www.ifrc.org/docs/appeals/06/MDRZR001.pdf> for the DREF Bulletin.
- DREF Bulletin Update no. 1 – <http://www.ifrc.org/docs/appeals/06/MDRZR00101.pdf> – was issued on 22 March 2006.
- This operation was expected to be implemented in two months, and completed by 16 May 2006. In line with Federation reporting standards, the DREF Bulletin Final Report was due 90 days after the end of the operation. <[Click here to go directly to the attached interim financial report](#)>

The International Federation undertakes activities that are aligned with its 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.

*For further information specifically related to this operation please contact:*

- **In DRC:** Matthieu Musepulu, Secretary General, Red Cross of the Democratic Republic of the Congo, Kinshasa; Email: [matmusep@yahoo.fr](mailto:matmusep@yahoo.fr); Phone +243.998.225.214 or +243.998.481.624
- **In Cameroon:** Moulaye Camara, Acting Head of Central Africa Sub-regional Office, Yaoundé, Email: [moulaye.camara@ifrc.org](mailto:moulaye.camara@ifrc.org); Phone +237.221.74.37/38; Mobile +237.950.11.38; Fax +237.221.74.39
- **In Dakar:** Alasan Senghore, Federation Head of West and Central Africa Regional Delegation, Email: [alasan.senghore@ifrc.org](mailto:alasan.senghore@ifrc.org); Phone +221.869.34.61; Fax +221.860.20.02
- **In Geneva:** Jaime Duran, Federation Regional Officer for Central Africa, Africa Dept.; Email: [jaimeduran@ifrc.org](mailto:jaimeduran@ifrc.org); Phone +41.22.730.49.14; Fax +41.22.733.03.95.

*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 and summary**

On 6 January 2006, the local authorities of Uvira officially declared a cholera outbreak in Uvira, Democratic Republic of Congo (DRC). Uvira, together with Fizi, were the territories of South Kivu Province most affected by the epidemic. Nine weeks after the onset of the epidemic, 948 cases had been registered – 215 in the two health zones of Fizi and 733 in Uvira alone – with 13 deaths.

Many factors contributed to the outbreak and its spread in the various health zones; these included limited access of the populations to drinking water, lack of latrines or poor condition of the existing ones and low level of implementation of individual or collective hygiene. Access to potable water was limited by the incessant power shut-offs occurring in Uvira which at times lasted a whole week, thereby making it impossible for the water supply company to satisfy the populations' needs. People were consequently left with no other option but to get water from unsecured sources such as rivers, lakes and swamps.

Generally, cholera affected the eastern provinces of DRC as the situation in some territories was characterized by insecurity linked to attacks by armed groups, resulting in internal displacements. Moreover, Congolese refugees continued to return home and newly-repatriated people were regularly registered in primary centres that were set up in the Uvira and Fizi territories. Poor access to potable water in the centres and surrounding areas increased the risk of cholera infection as well as by other preventable diseases such as malaria, respiratory diseases and diarrhoea.

Immediately the cholera outbreak was declared, Red Cross of the Democratic Republic of the Congo (RCDRC) volunteers – who were trained during the 2005 cholera outbreak – were mobilized and organized in operational teams, each with specific tasks. 150 volunteers, divided into 15 operational teams, were to carry out door-to-door sensitization focusing on the respect of hygiene rules, in view of changing behaviours; 45 volunteers were to chlorinate 15 water points in Uvira and Baraka and 6 volunteers were assigned to assist in two cholera treatment centres (CTCs) in Uvira and Baraka. After a needs assessment was conducted by the provincial committee of the RCDRC in collaboration with the Provincial Health Inspectorate, the NS developed a plan of action (PoA) to respond for two months. The operation was supported by the International Federation through a CHF 49,000 DREF allocation. In addition, the Federation provided water chlorination materials and non-food items (NFIs) such as blankets and mattresses to the national society. At provincial and national levels, the Federation's delegation in Kinshasa provided technical support through its field delegates in the affected localities.

The Red Cross action, which was complementary to the response of local health authorities, was not done in isolation. The situation was assessed on a weekly basis during Inter-Agency Coordination Committee (ICC) meetings chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA). Collaboration was maintained with other partners in the field. Aide Médicale Internationale (AMI) provided medical care in the Uvira and Fizi territories, with the support of United Nations Children's Fund (UNICEF) who provided inputs such as chlorine and oral rehydration salts (ORS). Médecins Sans Frontières (MSF), International Rescue Committee (IRC) and TearFund contributed to taking care and motivating volunteers involved in water chlorination activities.

In the course of implementing the PoA, members of the affected communities were directly involved. As a result of their total involvement, the populations were able to take over the fight against cholera, with operational teams playing a coaching role. Committees were set up to manage facilities constructed during the operation; clearly showing that the communities understood that self-reliance is one of the best ways of solving their problems.

Despite the action of the Red Cross and other partners to contribute to the elimination of cholera in South Kivu and Uvira, cholera – which has been endemic in the eastern provinces of DRC since 1998 – continues to affect

vulnerable people, especially in the Fizi territory. There is, therefore, a need to develop a long-term project which will be executed in the vulnerable areas of Uvira and Fizi territories to provide sustainability of cholera prevention activities. The following table summarizes the epidemiological situation of the two territories 34 weeks after the onset of the epidemic.

**Table 1: Cholera statistics in the Uvira and Fizi territories (Up to week 34)**

Health Zones		Week 16	Week 17	Week 33	Week 34
Uvira	Cases	21	15	75	62
Fizi	Cases	4	2	16	15
<b>Total</b>	<b>Cases</b>	<b>25</b>	<b>17</b>	<b>91</b>	<b>77</b>

Note: Week 16 was the last week of the operation while week 34 is the current week.

Red Cross volunteers are currently pursuing sensitization and water chlorination activities to prevent cholera further spread of cholera in the territories.

**Coordination**

The coordination of all actions in the field was ensured by the ICC under the authority of territory administrators, central offices of the health zones (BCZ<sup>1</sup>) and two medical doctors. All agencies and non-governmental organizations (NGOs) involved in the operation were represented in those committees.

On behalf of the provincial committee of the RCDRC, the Programme Initiative Congo (PIC) coordinator ensured a follow-up of activities through supervision missions, while the operational supervision of activities within the Uvira and Fizi territories was done by four coaches and various team leaders. As far as Movement action was concerned, working sessions, conducted by the Federation’s field delegates, were held to assess the activities carried out in the field and the results were shared at all levels. The Federation’s field delegates participated in all the ICC meetings and in the technical meetings organized by the Provincial Health Inspection or by other agencies. The field delegates also provided technical support for the planning, execution and supervision of activities as well as for the management of funds.

**Analysis of the operation – objectives, achievements and impact**

Following a joint assessment conducted by the provincial committee of the RCDRC (supported by the Federation), in collaboration with the Provincial Health Inspectorate, the Red Cross identified immediate needs and areas of intervention. Red Cross local committees targeted to obtain results using an integrated approach, which aimed at training the community members to carry out activities themselves. Operational teams used the door-to-door strategy in sensitization and peer education. Educative talks and hygiene operations were organized, with the participation of communities; the training sessions were conducted following the “learning-by-doing” approach. In addition, radio programmes, commercials and theatre shows were used to sensitize the general public.

**Goal: The health condition of the Uvira and Fizi populations is improved.**

**Objective: The vulnerability of the populations of Uvira and Fizi to cholera is reduced due to the action taken by the local committees of the Red Cross Society of the Democratic Republic of Congo.**

**Achievements**

**Training/capacity building**

The 15 operational teams from the 2005 cholera outbreak were revitalized; former team leaders were retrained and missing material was replaced. In addition, 15 new operational teams were set up in the most affected neighbourhoods and localities – Songo, Kilibula, Mulongwe, Kakombe, Kibondwe, Rugenge, Luberizi and Sange (in Uvira) as well as Nundu, Baraka and Ubwari (in Fizi) – and team leaders were instructed on how to respond in case of cholera outbreaks. They also gained knowledge of water chlorination and communication techniques.

<sup>1</sup> In French: Bureaux Centraux de Zones

### **Sensitization and mobilization**

After training, water chlorination, sensitization, sanitation and protection materials were provided to the teams whose duties consisted of mobilizing communities on community-based cholera preventive activities. About 300 Red Cross volunteers in the 30 operational teams conducted door-to-door sensitization to promote basic hygiene rules and measures to combat cholera. Moreover, three radio announcements were made on a daily basis and sensitization sessions were held in public squares.

### **Water treatment**

A total of 49 water chlorination points were set up in line with the needs of the central offices of health zones (BCZ) as expressed during the final evaluation. These new water points were in the following areas; 18 in Uvira, 2 in Sange, 3 in Kiliba, 3 in Luberizi, 12 in Baraka and 11 in Nundu. 150 Red Cross volunteers chlorinated water in 64 water supply points within the Uvira and Fizi territories. The volunteers involved in water chlorination activities were given some incentives by MSF, IRC and TearFund.

### **Emergency stock**

An emergency stock of materials was pre-positioned at the headquarters of the local committee of the RCDRC.

### **Impact:**

- Following successful mobilization and sensitization by Red Cross volunteers, the populations realized the importance of drinking treated water as a way of preventing them from contracting waterborne and water-related diseases. They are now drinking water from secure sources and ensuring that it is chlorinated;
- The credibility of the Red Cross and the confidence in volunteers increased, as all existing partners in the DRC now prefer to work with Red Cross volunteers;
- The prompt actions of Red Cross volunteers, in taking people suffering from cholera to CTCs, helped in minimizing the cholera case fatality rate (CFR). This is because the patients received prompt treatment at the centres;
- The number of cholera cases reduced considerably over the last week of the operation. This was an indicator that sensitization conducted by the Red Cross had begun to bear fruit and communities are practicing proper individual and collective hygiene.

### **Constraints:**

- Poor management capacities of the two territorial committees of the RCDRC;
- The incentives provided to the volunteers involved in water chlorination activities were not sufficient to be shared among the whole group. As a result, the level of motivation among the volunteers was still low.

### **National society capacity building**

This operation helped to strengthen the disaster preparedness and response capacities of the provincial committee of the RCDRC through the acquisition of local expertise in epidemic management, and cholera management in particular. The committee also acquired volunteer management as well as water and sanitation (WatSan) skills

The training of 15 team leaders on communication techniques, cholera management and water chlorination enhanced the capacity of the NS staff to respond to future potential cholera outbreaks. The team leaders will in turn coach other NS staff thus ensuring a strong and dependable team.

The recruitment of new skilled volunteers from the community contributed to strengthening the NS's workforce. In addition, the capacity of the communities to better handle any future potential outbreaks has been enhanced since the volunteers are part of those communities.

### **Lessons learned**

The populations of Uvira and Fizi territories in their diversity have a high capacity of adaptation. All members of the communities – including their authorities, representatives and opinion leaders – were involved in the operation. As a result of their total involvement, the populations were able to take over the fight against cholera, with operational teams playing a coaching role. On several occasions, the local committee received requests for materials, especially sanitation materials, from communities to carry out their activities.

## **Democratic Republic of Congo: Cholera in the Uvira and Fizi territories; No. MDRZR001; Interim Final Report**

Management committees were 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 clearly shows that the communities 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 Uvira and Fizi territories for sustainable prevention of the cholera epidemic.

<p><b>Special note:</b> This Interim Final Report is being issued with an interim financial report. A Final Report, comprising of the final financial report and this narrative, will be issued in due course.</p>
--

*[Interim financial report below; click here to return to the title page or contact information](#)*

**International Federation of Red Cross and Red Crescent Societies**

MDRZR001 - DR CONGO - CHOLERA 2006

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/6
Budget Timeframe	2006/1-2006/6
Appeal	MDRZR001
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		0				0
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		49'000				49'000
C3. Reallocations (within appeal)		49'000				49'000
C. Total Income = SUM(C1..C6)		49'000				49'000
D. Total Funding = B + C		49'000				49'000

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		49'000				49'000
E. Expenditure		-48'794				-48'794
F. Closing Balance = (B + C + E)		206				206

**International Federation of Red Cross and Red Crescent Societies**

MDRZR001 - DR CONGO - CHOLERA 2005

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/6
Budget Timeframe	2006/1-2006/6
Appeal	MDRZR001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**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>		0					0	
<b>Supplies</b>								
Water & Sanitation			21'395				21'395	-21'395
Teaching Materials			9'042				9'042	-9'042
Other Supplies & Services			444				444	-444
<b>Total Supplies</b>			<b>30'881</b>				<b>30'881</b>	<b>-30'881</b>
<b>Transport &amp; Storage</b>								
Storage			67				67	-67
Transport & Vehicle Costs			1'949				1'949	-1'949
<b>Total Transport &amp; Storage</b>			<b>2'016</b>				<b>2'016</b>	<b>-2'016</b>
<b>Personnel Expenditures</b>								
National Society Staff			6'355				6'355	-6'355
<b>Total Personnel Expenditures</b>			<b>6'355</b>				<b>6'355</b>	<b>-6'355</b>
<b>Workshops &amp; Training</b>								
Workshops & Training			2'994				2'994	-2'994
<b>Total Workshops &amp; Training</b>			<b>2'994</b>				<b>2'994</b>	<b>-2'994</b>
<b>General Expenditure</b>								
Information & Public Relation			1'757				1'757	-1'757
Office Costs			541				541	-541
Communications			287				287	-287
Financial Charges			791				791	-791
<b>Total General Expenditure</b>			<b>3'376</b>				<b>3'376</b>	<b>-3'376</b>
<b>Program Support</b>								
Program Support			3'172				3'172	-3'172
<b>Total Program Support</b>			<b>3'172</b>				<b>3'172</b>	<b>-3'172</b>
<b>TOTAL EXPENDITURE (D)</b>			<b>48'794</b>				<b>48'794</b>	<b>-48'794</b>
<b>VARIANCE (C - D)</b>			<b>-48'794</b>				<b>-48'794</b>	