

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Democratic Republic of the Congo: Cholera in Katanga

DREF operation n° MDRCD004
GLIDE n° EP-2007-000232-COD
30 July, 2008

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Summary: CHF 82,861 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 22 February, 2008 to support the national society of the Democratic Republic of the Congo in delivering assistance to some 10,000 beneficiaries in Lubumbashi, Likasi, Haut Lomami, Tanganyika and Haut-Katanga (Katanga province).

Volunteers training, water chlorination, and sanitation activities have been carried out in seven communes (five in Lubumbashi and two in Likasi). Given the recurrence of cholera outbreaks in Katanga, volunteers have been mobilized to contribute to fighting against the epidemic. The importance of cases in Lubumbashi and Likasi and the difficult access to other affected localities prevented the provincial Red Cross committee from carrying out activities in these very big cities. An advocacy campaign was also organized to raise the awareness of public authorities on their responsibilities. As a result of the Red Cross presence, a diploma was awarded to the national society by the Governor of Katanga. In addition, the humanitarian actors on the field (ADRA, MSF and the Government) used Red Cross volunteers in their sensitization activities.



Red Cross volunteers are taking back home this woman who lost her daughter to the epidemic

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The situation

During the second half of December 2007, a cholera epidemic outbreak occurred in Katanga (South East of the Democratic Republic of the Congo), affecting nineteen health zones out of the 67 of the province. These affected health zones have an estimated population of 9,629,888 people. Reports of the Ministry of Health and the World Health Organization (WHO) showed that the epidemic was extending in many big cities of the province. One hundred and ten deaths were reported out of more than 4,000 cases in Lubumbashi, Haut Lomami, Likasi, Tanganyika and Haut Katanga. Just like South Kivu and Eastern Kasai, the province of Katanga had experienced recurrent cholera epidemics during the past years. Upon request from the national society, the Federation assisted in drawing up a DREF

request and carrying out activities planned to fight against cholera. However, due to the enclosed nature of the locality and the number of cases in Lubumbashi and Likasi, Red Cross volunteers limited their activities in these two big cities focusing on hygiene promotion.

Red Cross and Red Crescent action

Progress towards objectives

Relief distribution (food and basic non-food items)

Objective 1: To distribute non-food items to vulnerable groups according to a needs assessment and appropriate beneficiary selection criteria.

Activities planned:

- Develop beneficiary targeting strategy and registration system to deliver intended assistance
- Distribute relief supplies (soap, etc.) and control supply movements from point of dispatch to end users
- Monitor and evaluate relief activities and provide reporting on relief distributions
- Develop an exit strategy.

Achievements:

Red Cross volunteers referred to the lists of beneficiaries prepared by the Ministry of Health services to carry out their activities in cholera treatment centres (CTC) and at patients' homes where home disinfection and door-to-door sensitization took place. To prevent the propagation of cholera, 26 health centres that received patients during the epidemic were provided with chlorine (two kilos per centre) in Lubumbashi and Likasi for disinfection activities. As an exit strategy, the Red Cross planned water and sanitation activities which would be carried out in association with the community. This operation reinforced the Provincial Red Cross operational capacity: the volunteers are well trained in water chlorination, disinfection and sensitization techniques.

Impact:

This operation enhanced the visibility and credibility of the national society among the population since all partners referred to the Red Cross for its omnipresence during the operation. The community is referring to Red Cross for watsan materials. Public authorities have been involved in the activities to fight against cholera.

Challenges:

The delay in the transfer of funding was the main challenge.

Water, sanitation, health and hygiene promotion

Objective 2: To reduce the risk of waterborne diseases through the provision of safe water, adequate sanitation, and health and hygiene promotion to the affected communities.

Activities planned:

- Provide potable water, appropriate sanitation and hygiene promotion for 2,000 families in the main areas affected by cholera (water chlorination);
- Sensitize populations of affected areas on hygiene promotion through PHAST;
- Disinfect 2,000 houses in the affected areas;
- Carry out sanitation operations (gutters cleaning, weeding);
- Inform the population about cholera symptoms, importance of ORS use and need for early referral of patients.

Achievements:

Trained volunteers were deployed on the field where they sensitized populations for two months. Six thousand households were reached through door-to-door sensitization sessions on individual and collective hygiene rules and sanitation, the treatment of drinking water and food. At least 900,000 people were sensitized in Lubumbashi and 200,000 in Likasi. The population was informed about cholera symptoms, the ways and means to avoid it, the importance of ORS and the need to early refer

patients to CTC. Twelve sanitation sessions were organized by volunteers in public places such as market places, schools, churches, etc. of Lubumbashi and Likasi. The sanitation operations consisted of gutters cleaning and weeding. Volunteers also disinfected affected persons' houses and their routes to avoid contamination. Advocacy sessions targeting administrative and political authorities from Provincial Assembly and Government were held in Lubumbashi and Likasi. In addition, three Television channels and two Radio stations relayed all activities carried out by volunteers.

Impact:

The number of trained volunteers increased in the two big cities. Humanitarian partners in the field – MSF, ADRA and the provincial government referred to Red Cross volunteers to carry out certain activities in cholera treatment centres.

Challenges:

Due to the enclosed nature of other cities, Red Cross volunteers had to limit their activities to Lubumbashi and Likasi.

Capacity building

Objective 3: To build the capacities of the provincial Red Cross committee through the training and provision of logistics, first-aid and protection materials to its local committee.

Activities planned:

- Conduct training/information programmes for Red Cross volunteers and beneficiaries, in particular regional hygiene promotion and the safe use of water treatment products (water chlorination)
- Provide watsan, teaching, first-aid and transportation materials
- Carry out monitoring and evaluation activities.

Achievements:

After the recruitment and grouping of 300 volunteers (200 in Lubumbashi and 100 in Likasi), Red Cross executives elaborated training modules (water chlorination, water treatment, promotion of individual and collective hygiene) and organised training/refresher course. Of these 300 volunteers, 45 were from the community and 95 were women, representing 32% of the volunteers trained. An introduction to PHAST was given during four days. To enable the Provincial committee to be more efficient in case of further outbreak, the Federation provided a strategic stock composed of 200 kilos of chlorine, protection masks, leather gloves, slight gloves, pick axes, rakes, shovels, soaps, boots and overalls. Apart from the daily monitoring by volunteers, evaluation missions will be organized by the provincial health division.

Conclusion

- Thanks to the experience gained in this operation, Red Cross volunteers are now able to manage epidemic outbreak.
- The Red Cross' expertise is recognized since the local authorities decided to award the Red Cross with a diploma.
- The Red Cross involvement in the search for sustainable solutions to fight epidemic had a profound impact on the operation.

How we work

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.

The International Federation's activities 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.

Contact information

For further information specifically related to this operation please contact:

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International Federation of Red Cross and Red Crescent Societies

MDRCD004 - Dem Rep Congo - Cholera

Financial Financial Report

Selected Parameters	
Reporting Timeframe	2007/2-2008/7
Budget Timeframe	2007/2-2008/7
Appeal	MDRCD004
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		82,861				82,861
B. Opening Balance		0				0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>		82,831				82,831
C5. Other Income		82,831				82,831
C. Total Income = SUM(C1..C5)		82,831				82,831
D. Total Funding = B + C		82,831				82,831
Appeal Coverage		100%				100%

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		82,831				82,831
E. Expenditure		-82,831				-82,831
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
BUDGET (C)		82,861					82,861	
Supplies								
Water & Sanitation	13,230		8,160			8,160	5,070	
Medical & First Aid	3,000		3,176			3,176	-176	
Teaching Materials	9,780		4,848			4,848	4,933	
Other Supplies & Services	2,240		4,628			4,628	-2,388	
Total Supplies	28,250		20,812			20,812	7,438	
Transport & Storage								
Storage	4,500		3,886			3,886	614	
Distribution & Monitoring			788			788	-788	
Transport & Vehicle Costs	2,000		2,226			2,226	-226	
Total Transport & Storage	6,500		6,900			6,900	-400	
Personnel								
International Staff	450		456			456	-6	
National Society Staff	26,833		1,492			1,492	25,341	
Total Personnel	27,283		1,948			1,948	25,336	
Workshops & Training								
Workshops & Training	5,100		36,861			36,861	-31,761	
Total Workshops & Training	5,100		36,861			36,861	-31,761	
General Expenditure								
Travel	3,636		398			398	3,238	
Information & Public Relation	2,452						2,452	
Office Costs	2,000		5,632			5,632	-3,632	
Communications	1,388		1,784			1,784	-396	
Professional Fees			208			208	-208	
Financial Charges	866		2,904			2,904	-2,038	
Total General Expenditure	10,342		10,926			10,926	-585	
Programme Support								
Program Support	5,386		5,384			5,384	2	
Total Programme Support	5,386		5,384			5,384	2	
TOTAL EXPENDITURE (D)	82,861		82,831			82,831	30	
VARIANCE (C - D)			30			30		