

DREF operation final report



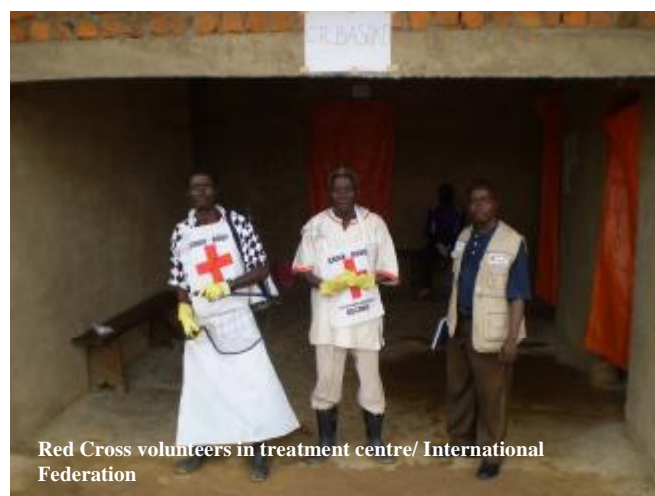
International Federation
of Red Cross and Red Crescent Societies

Democratic Republic of the Congo: Cholera in Katanga and Maniema

DREF Operation n° MDRCD005
GLIDE n° EP-2008-000245-COD
16 July, 2009

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 173,430 (USD 147,449 or EUR 110,212) has been allocated from the Federation Disaster Relief Emergency Fund (DREF) on 16 December, 2008 to support the Red Cross of the Democratic Republic of the Congo in building its cholera management capacities in the provinces of Katanga and Maniema and providing assistance to 600,000 beneficiaries. In Katanga province, over 10,214 cases and 229 deaths have been registered and Red Cross efforts will be concentrated on towns like Lubumbashi, Likasi, Kolwezi, Bukama and Kasenga localities where the mortality rate is very high. In the last week of November, the Kipushi health zone was one of the most affected, with several cases registered. A Red Cross team was sent to the field to assess the situation in the Kipushi health zone which is also reported to be badly affected.



Red Cross volunteers in treatment centre/ International Federation

In Maniema province the focus is on the Kailo, Alunguli, Kindu and Basoko health zones, where according to the Maniema provincial committee of the RCDRC, 189 cases and 11 deaths have been registered over the past weeks. This information has been confirmed by World Health Organization (WHO).

The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on:

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

[<click here for the final financial report, or here to view contact details>](#)

The situation

Since early October 2008, high morbidity and mortality rates associated with the cholera epidemic outbreak have been registered in the Maniema, Katanga, North and South Kivu provinces, particularly in the health districts of Kailo, Alunguli and Kindu in Maniema and in the cities of Lumumbashi, Likasi, Kolwezi, Bukama and Kasenga; the health districts of Binza, Bwambizo, Goma, Karisimbi, Kirotshe, Masisi, Rutchuru and Walikale in the North Kivu and in many more localities of the South Kivu province. Over 25,503 cholera cases had been registered, with 515 deaths in the 45th week. Statistics from the MOH are as followed:

- In the province of Katanga, 10,214 cases have been recorded with 229 deaths. However, the National Society efforts to fight the disease have been focussing in the localities where the lethality rate is very high, namely in Lubumbashi, Likasi, Kolwezi, Bukama and Kasenga. About 2,305,876 inhabitants are living in these localities, most of them living along the river and other streams.
- According to the local provincial Red Cross committee, four localities (Kailo, Alunguli Kindu, and Basoko) in the Maniema province have been hit by the epidemic. Some 189 cases and 11 deaths were registered within the last five weeks. This information has been confirmed by the World Health Organization. The various affected areas are along the river and are in very bad sanitation conditions; the 258,900 inhabitants are divided into the three health zones.

This situation has been worsened by the difficult access to potable water, poor hygiene conditions in the big cities, mainly in poor areas.

Many patients were hidden in the houses, because the disease is considered shameful (it is the case in big cities). This leads to deaths in the houses. After the meeting organized by the provincial government of Katanga, on 21 January, 2009 the following recommendations have been made: sensitization et social mobilization for communities; hygiene promotion and sanitation, with emphasis on the improvement of access to potable water in the HGR and in the most affected areas; and a psychological support for cholera patients. Red Cross volunteers carried out disinfection activities of cholera patients' residences. In Kundu, the cholera treatment centre (CTC) is managed by Red Cross partners (MSF/Belgique and Merlin). But there is a lack of materials in this CTC; some patients were even sleeping on mats, and many of them did not want to come to the centre because of the appalling conditions of hospitalization.

The medical staff has been on strike for several months now. As a result, patients are no longer taken care properly; hence the importance of the training sessions for thee volunteers to reinforce sensitization and hygiene promotion to stop the epidemic. All humanitarian partners are mobilized to support CTC by providing medical equipment, but they do not reinforce preventive activities that consist of sensitizing populations on the risks of cholera. That is the reason why the Red Cross of the DR of the Congo plan to mobilize its volunteers in the targeted provinces to assist the teams in the health zones in the sensitization and other preventive activities to limit the spread of the disease.

Red Cross and Red Crescent action

Red Cross of the Democratic Republic of the Congo has contributed to the management of the epidemic through the involvement of its volunteers' network in two affected provinces. The National Society has been an active member of interagency coordination committee (IACC). It has been the lead in the sub-committee in charge of social mobilization, hygiene and sanitation, and hygiene promotion. The volunteers have been trained to assist the populations in community-based cholera management.

Katanga

At the beginning of the year, the Red Cross provincial committee has mobilized volunteers to carry out community-based sensitization in the affected areas. With support from the Federation, 300 volunteers of the Red Cross provincial committee of Katanga has benefitted from training in cholera management. This committee has also been given 200 pairs of boots; 200 suits; 150 bags for the corpses; 6,000 pairs of latex gloves; 200 pairs of "hard" gloves; 200 disposable masks, 10 vaporizers; 5,000 bars of soap; and 200 kg of chorine. Taking into account the scope of the epidemic, more training and equipment are needed for more impact of the Red Cross action. At national level, Red Cross authorities attended all the meetings of the crisis committee organized by the fourth direction of the Ministry of Health.

Maniema

The provincial committee has mobilized volunteers to assess the situation in d'Alunguli, Kailo, Basoko areas and in the health zone of Kindu. The Red Cross committee of Maniema become member of the interagency coordination committee. The Red Cross volunteers conducted community sensitization activities, patients' referral to the CTC.

Progress towards objectives

Capacity Building

Objective: The cholera management capacities of the Maniema and Katanga provincial Red Cross committees are built to ensure proper care of people affected by the disease.

Activities planned:

- Make available of sufficient door-to-door sensitization materials
- Train 240 volunteers and Red Cross of DRC leaders in cholera management through the PHAST methodology and providing information on environmental sanitation, hygiene promotion, disinfection of houses of cholera-affected persons, and community-based disease surveillance;
- Advocate before leaders for their involvement in actions to help stop the spread of cholera;
- Carry out social mobilization with focus on key actors in society, encouraging them to participate in community-based actions aimed at promoting environmental and individual hygiene;
- Equip the targeted committees with emergency kits, sensitization and intervention materials.

Water and Sanitation

Objective 1: The number of new cholera cases in Maniema and Katanga is reduced considerably and people already affected are handled accordingly.

Activities planned:

- Sensitize communities to the dangers of cholera and good sanitation practices;
- Encourage the communities concerned to get themselves involved in ongoing sanitation activities in their respective localities;
- Carry out sanitation activities in public squares and cleaning gutters;
- Spray the houses and belongings of people affected by cholera;
- Refer patients to cholera treatment centres;
- Provide psychosocial support to families affected by cholera.

Objective 2: Populations are sensitized to the signs and symptoms of cholera. They are also encouraged to refer to the nearest health centres.

Achievements

- 250 volunteers (100 in Maniema and 150 in Katanga) have been trained on cholera management, hygiene promotion and sanitation;
- 27,180 households were sensitized on the risks of the disease through door-to-door strategy (14,265 in Katanga and 12,912 in Maniema);
- 132 patients' houses have been disinfected (53 in Maniema and 79 in Katanga);
- 143 patients were referred to the CTC,
- Psychological support is provided to the affected families.

Achievements

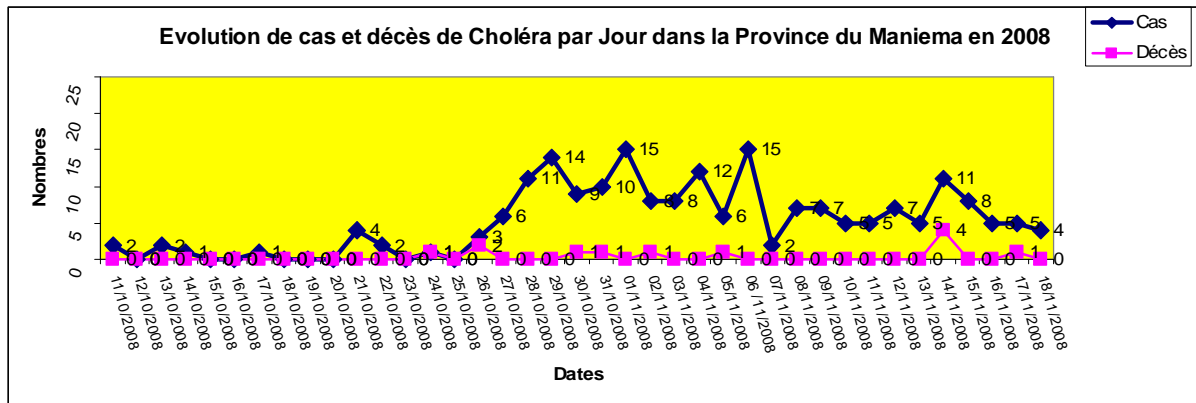
- 80 volunteers have been trained in sanitation techniques (30 in Maniema and 50 in Katanga);
- Chlorine solution was made up for potable water treatment.
- Sanitation activities were conducted in public places and three gutters cleaned out in Kindu, in the health district of Alunguli;
- Patients' clothes were disinfected ;
- Health centres that have hosted cholera patients were provided with chlorine;

- 40 Kg of chlorine were given to 20 health centres for the disinfection of their premises.

Objective: The affected populations are trained in water disinfection and proper use of latrines.

Achievements

- 100Kg of chlorine have been used to disinfect and treat wells;
- Six sanitation campaigns have been conducted in the most threatening areas (four in Maniema and two in Kindu);
- Community members were trained in water treatment and in the correct use of latrine;
- Community members were trained on in-house treatment of drinking water;
- Advocacy before leaders for their involvement in the fight against the spread of the epidemic and their adherence to the means to fight the disease.



Conclusion

The epidemic has reached a peak in the two provinces by the last quarter of 2008, whilst the number of death was 5% of the cumulated cases. The volunteers of the Red Cross of the Democratic Republic of the Congo have played an important role in the fight of the epidemic in the two out of four provinces initially planned. As for today, no more cases were recorded in the provinces of Katanga and Maniema, while several new cases have been noted in the two Kivu in the various health centres.

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

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[<final financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRCD005 - DR Congo - Cholera Oubreak in Katanga & Maniema

FINAL Financial Report

Selected Parameters	
Reporting Timeframe	2008/11-2009/7
Budget Timeframe	2008/12-2009/2
Appeal	MDRCD005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	173,430					173,430
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	171,902					171,902
C5. Other Income	171,902					171,902
C. Total Income = SUM(C1..C5)	171,902					171,902
D. Total Funding = B + C	171,902					171,902
Appeal Coverage	99%					99%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	171,902					171,902
E. Expenditure	-171,902					-171,902
F. Closing Balance = (B + C + E)	0					0

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Reporting Timeframe	2008/11-2009/7
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		173,430					173,430	
Supplies								
Water & Sanitation	31,923	41,733				41,733	-9,810	
Teaching Materials	18,549	1,393				1,393	17,156	
Other Supplies & Services		167				167	-167	
Total Supplies	50,472	43,293				43,293	7,179	
Transport & Storage								
Storage	22,900	3,122				3,122	19,778	
Distribution & Monitoring		2,696				2,696	-2,696	
Transport & Vehicle Costs	3,998	9,448				9,448	-5,450	
Total Transport & Storage	26,898	15,266				15,266	11,632	
Personnel								
International Staff		919				919	-919	
National Staff		2,109				2,109	-2,109	
National Society Staff	37,238	22,916				22,916	14,322	
Total Personnel	37,238	25,945				25,945	11,293	
Workshops & Training								
Workshops & Training	20,610	29,714				29,714	-9,104	
Total Workshops & Training	20,610	29,714				29,714	-9,104	
General Expenditure								
Travel	16,030	5,595				5,595	10,435	
Information & Public Relation	3,092	20,569				20,569	-17,477	
Office Costs	2,400	5,819				5,819	-3,419	
Communications	3,663	4,063				4,063	-400	
Financial Charges	1,754	9,712				9,712	-7,958	
Other General Expenses		751				751	-751	
Total General Expenditure	26,939	46,510				46,510	-19,571	
Programme Support								
Program Support	11,273	11,174				11,174	99	
Total Programme Support	11,273	11,174				11,174	99	
TOTAL EXPENDITURE (D)	173,430	171,902				171,902	1,528	
VARIANCE (C - D)		1,528				1,528		