

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Democratic Republic of Congo: Cholera outbreak in Katanga Province

DREF operation n° MDRCD008
GLIDE n° EP-2009-000212-COD
8 October 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 and 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.

CHF 58,600 (USD 56,876 or EUR 38,700) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Red Cross of the Democratic Republic of Congo (RCDC) in building its cholera outbreak management capacities in Katanga province.

Summary

Since January 2009 cases of cholera have been reported in the province of South Kivu in eastern Democratic Republic of Congo and in Kalemie, in Katanga province, by the provincial Ministry of Health and World Health Organization (WHO). In early to mid September, a total of 1,055 cases in Kalemie in the Katanga province had been confirmed (plus 562 cases in South Kivu) and seven deaths. Control of these cholera cases has been managed by the coalition of efforts -the Government with the assistance of national and international NGOs, including the Red Cross with the support of its traditional partners, the International Federation of the Red Cross and Red Crescent Societies and the International Committee of the Red Cross (ICRC). A peak of cases shown in the graphs hereafter were registered in September and the level has now reached epidemic proportions. More than 1,500 cases were detected in the Katanga and South Kivu in week 38. The International Federation is supporting DRC RC in Katanga province, while the ICRC is providing support in the Kivu provinces.

This operation is expected to be implemented over four months, and will therefore be completed by 2 February 2010. A final report will be made available three months after the end of the operation (by May 2, 2010).

[<click here for the DREF budget>](#), [here for contact details](#),
[or here to view the map of the affected area>](#)

The situation

According to reports from the World Health Organization (WHO) the Democratic Republic of Congo (DRC) is among the five countries in the world, that are the most affected by cholera. The various reports of WHO and the Ministry of Health are confirmed by a recent publication (ref Griffiths DC and al, Am, Trop Med Hyg 2006). In DRC, the eastern provinces of the country are more affected than the western ones. In the East, the annual incidence by province is about 2,500 cases of cholera. However, Katanga, South Kivu and North Kivu have the highest incidences.

The epidemiological profile is characterized by the existence of endemic outbreaks, such as diarrhoea, measles, polio, typhoid fever, acute respiratory infections (ARI), Protein-energy malnutrition, tuberculosis,

malaria, trypanosomiasis, schistosomiasis, HIV/AIDS and other sexually transmitted infections (STIs), monkey pox. The poverty of the population with an income of less than one dollar a day is to be added to this situation. People are obliged to use traditional practices to resolve any health issue; they also resort to churches and other traditional practitioners.

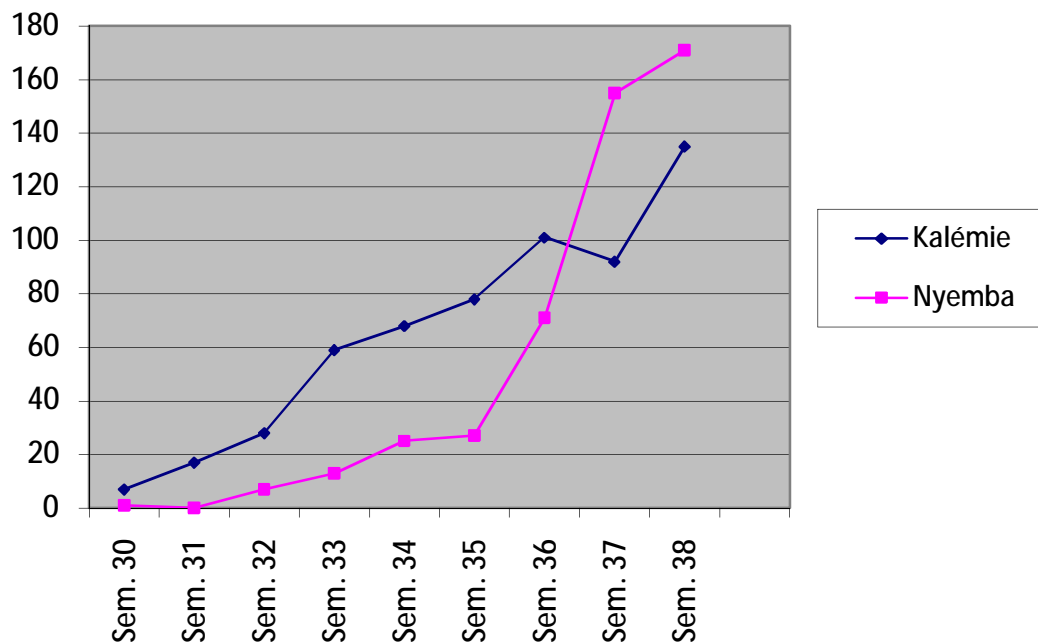


Figure 2: Evolution of cases of Cholera in Katanga province. More than 1,000 cases detected per week

This situation is worsened by poor access to drinking water, general insalubrity in the various areas mentioned above and in several areas in the city of Bukavu and Katana. Many sick people are hidden in houses under the pretext that the disease is shameful; this leads to deaths at home. It is to be noted that after the meeting held by the provincial government in Bukavu, the following recommendations were given:

- advocacy and social mobilization of communities, towns and districts where there are more cases;
- hygiene promotion of and sanitation focusing on the on improvement of the availability of potable water;
- psychosocial support for people affected by the epidemic;
- disinfection of the patients' homes by Red Cross volunteers and in the cholera treatment centres led by other partners.

The situation has been aggravated by the fact that medical staff have been on strike for several months and patients are not adequately taken in care because of a lack of nursing staff. Hence the importance of training Red Cross volunteers to strengthen the awareness and the promotion of hygiene in order to cut the chain of infection. All humanitarian partners are mobilized to support the treatment centres by providing inputs and other medical equipments without strengthening the preventive activities which consist of sensitizing the community about the risk of disease. For this reason, the Red Cross of the Democratic Republic of Congo intends to mobilize volunteers in the selected provinces in order to assist the teams in the health zones involved in the awareness and other preventive activities. The objective of all this is to limit the spread of the epidemic.

In late 2008 and 2009 a similar operation carried out by the National Society volunteers contributed to containing an outbreak of cholera in other areas of Katanga province and in Maniema province.

Coordination and partnerships

In each province involved, an Interagency Coordination Committee (ICC) has been created to coordinate the actions of all humanitarian partners in the field. The Red Cross branches take part in these meetings with other partners such as MSF, Merlin, WHO and UNICEF. The Ministry of Health conducted an assessment to have a real situation of people affected by this epidemic. It was during this assessment that the ICC realized

the gap that has to be filled for this operation, including support, advocacy and psycho social support for the affected families.

The DRC RC, the Federation and ICRC coordinate their response to the epidemic. During a tripartite meeting that was held in Kinshasa on 7 October, it was agreed that ICRC will provide DRC RC with financial and technical support to cover the needs identified in South Kivu province while the Federation will support the national Society's response in Katanga province. This DREF allocation is therefore based on the needs of Katanga branch as well as monitoring of the activities by both the national Society's headquarters and the Federation country representation in DRC.

The National Society has planned to reach out through the operation to not less than 160,000 people in Katanga province (Kalémie) and 250,000 people in South Kivu province (Bukavu and Katana) respectively. In Katanga province, a total of 150 volunteers will be mobilised to disinfect water sources (chlorination), conduct household based sensitization and undertake sanitation activities.

Red Cross and Red Crescent action

The branches play an active role in all crisis committee' meetings organized and chaired by the Provincial Minister of Health on epidemiological surveillance. The volunteers in this province are involved in the sensitization, reception and guidance of patients in the cholera treatment centres. In South Kivu, the volunteers are involved in the chlorination of water.

The Red Cross volunteers have a good experience in responding to cholera outbreaks. Before the government has declared the epidemic, they were already engaged in activities to promote hygiene practices and in the treatment of water for the community with the support of the Federation and the Belgium Red Cross Flemish community. Following the declaration of the epidemic by the provincial authorities, the DRC RC seeks to reinforce its response through the deployment of volunteers, increasing its stock of chlorine to treat drinkable water for the affected population, and the provision of volunteer equipment for protection and sanitation.

The needs

Taking into account the contributions related to the management of this epidemic, a gap to take concerted action has been noted. Several activities are not conducted so far because of either lack of partners or means. The activities related to the community awareness, water treatment, disinfection, are not yet implemented because of a lack of means. To fill this gap, the following requirements are to be met:

- Training 100 volunteers;
- Providing door-to-door sensitization material;
- Reinforcing the visibility and image of the Red Cross in targeted communities;
- Procurement of strategic stocks to provincial committees to fight against potential outbreaks before the headquarters intervenes: pairs of boots, overalls, latex gloves, hard gloves, disposable breathing masks, sprayers, soap, chlorine cans of 25L, tumblers, image boxes, folders and jackets. (sanitation, protection, disinfection materials, and psychosocial support for affected people.)

The proposed operation

- Support to the cholera treatment centres (CTC);
- Active participation in crisis meetings across the concerned provinces;
- Train and supervise 100 volunteers to sensitize communities and provide chlorination at various levels;
- Strengthen awareness in the affected communities of the epidemic through the distribution of awareness materials;
- Strengthen epidemiological surveillance;
- Commitment to the care of patients;
- Improve access to drinking water;
- Encourage the promotion of good hygiene;
- Involvement in hygiene and environmental sanitation;
- Treatment of drinking water at drawing points;
- Disinfection of sick persons' houses and other health centres that have served in the management of the epidemic
- Psychosocial support for people affected by the epidemic

Capacity building

Objectives:

- People are aware of the signs and symptoms of cholera. They are also encouraged to refer to the closest health centres;
- The personal and environmental hygiene is encouraged to stop the outbreak chain of transmission;
- People are trained to disinfect the water and in the proper use of latrines;

Activities planned:

- Training of volunteers in the management of cholera;
- Community sensitization on the dangers of the disease;
- Treatment of drinking water at drawing points;
- Sanitation of public places and cleaning of gutters;
- Spraying of houses and clothes of sick people or items contaminated by faeces of patients;
- Social mobilization of committed actors on community actions against the spreading of the disease;
- Directing patients to the treatment centres;
- Psychosocial support to families affected by the disease.

Expected results:

The trained Red Cross volunteers become:

- sentry duty of the community to lead an early warning system;
- link between the health centre and the community/prevention;
- a communication channel between the community, Red Cross and the authorities;

It is hoped that 80% of the affected population will know the signs and symptoms of cholera and go to the health centre from the first warning and will practice simple hygiene rules, know how to disinfect water and how to use latrines.

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:

For further information specifically related to this operation please contact:

- In **DRC**: Dominique Lutula, President Red Cross Society of DRC, Email: psidentcrrdc@yahoo.fr ,

phone:+243.999.926.823; Jacques Katshitshi, Secretary General Red Cross Society of DRC, email: sgcroixrougerdc@yahoo.fr , phone: +243.816.513.688;

- In **DRC**: Yawo Gameli Gavlo, Federation Representative, Kinshasa, email: yawogameli.gavlo@ifrc.org ; phone: +243.818.801.400
- In **Cameroon**: Javier Medrano, Federation Central Africa Regional Representative, Yaoundé, email: javier.medrano@ifrc.org , phone: +237.22.21.74.37 or +237.77.09.87.89, fax: +237.22.21.74.39
- In **Senegal**: Alasan Senghore, Federation Head of West and Central Africa Zone, Dakar, Senegal, email: alasan.senghore@ifrc.org , phone: +221.869.36.41, fax: +221.33.820.25.34; Anders Naucler, health and care Coordinator; email: anders.naucler@ifrc.org phone: +221.33.869.39.15
- In **Geneva**: Christine South, Operations Coordinator for West Africa; phone: +41.22.730.45.29; fax: +41.22.730.03.95; email: christine.south@ifrc.org
- In **Dubai**: Peter Glenister, Regional Logistics Coordinator, phone or Name, phone: +971.4.88.33.887 ext 14 ; Mobile: +97.150.600.91.66; email: peter.glenister@ifrc.org

[<DREF budget \(if available\) and map below; click here to return to the title page>](#)

DREF BUDGET SUMMARY

INTERVENTION D'URGENCE EPIDEMIE DE CHOLERA AU KATANGA MDRCD008

ORIGINAL

RELIEF NEEDS

500	Shelter	
505	Construction Materials	
510	Clothing & Textiles	
520	Food	
523	Seeds & Plants	
530	Water & Sanitation	13,858
540	Medical & First Aid	
550	Teaching Materials	573
560	Utensils & Tools	
570	Other Supplies & Services	
Total Relief Needs		14,430

CAPITAL EQUIPMENT

580	Land & Buildings
581	Vehicles Purchase
582	Computers & Telecom Equipment
584	Office/Household Furniture & Equip.
587	Medical Equipment
589	Other Machinery & Equipment

TRANSPORT, STORAGE & VEHICLES

590	Storage - Warehouse	
592	Distribution & Monitoring	
593	Transport & Vehicles Costs	4,580

PERSONNEL

600	International Staff	
640	Regionally Deployed Staff	
661	National Staff	
662	National Society Staff	22,511
670	Consultants	

WORKSHOPS & TRAINING

680	Workshops & Training	6,000
680	<i>Monitoring and evaluation</i>	

GENERAL EXPENSES

700	Travel	3,942
710	Information & Public Relations	1,889
730	Office running costs	344
740	Communication Costs	687
750	Professional Fees	
760	Financial Charges	408
790	Other General Expenses	

PROGRAMME SUPPORT

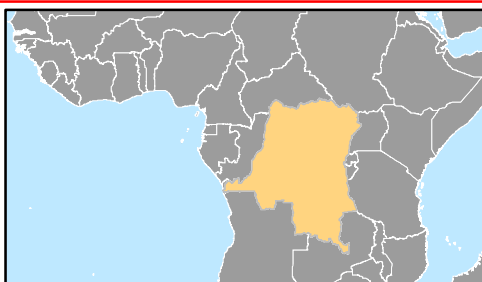
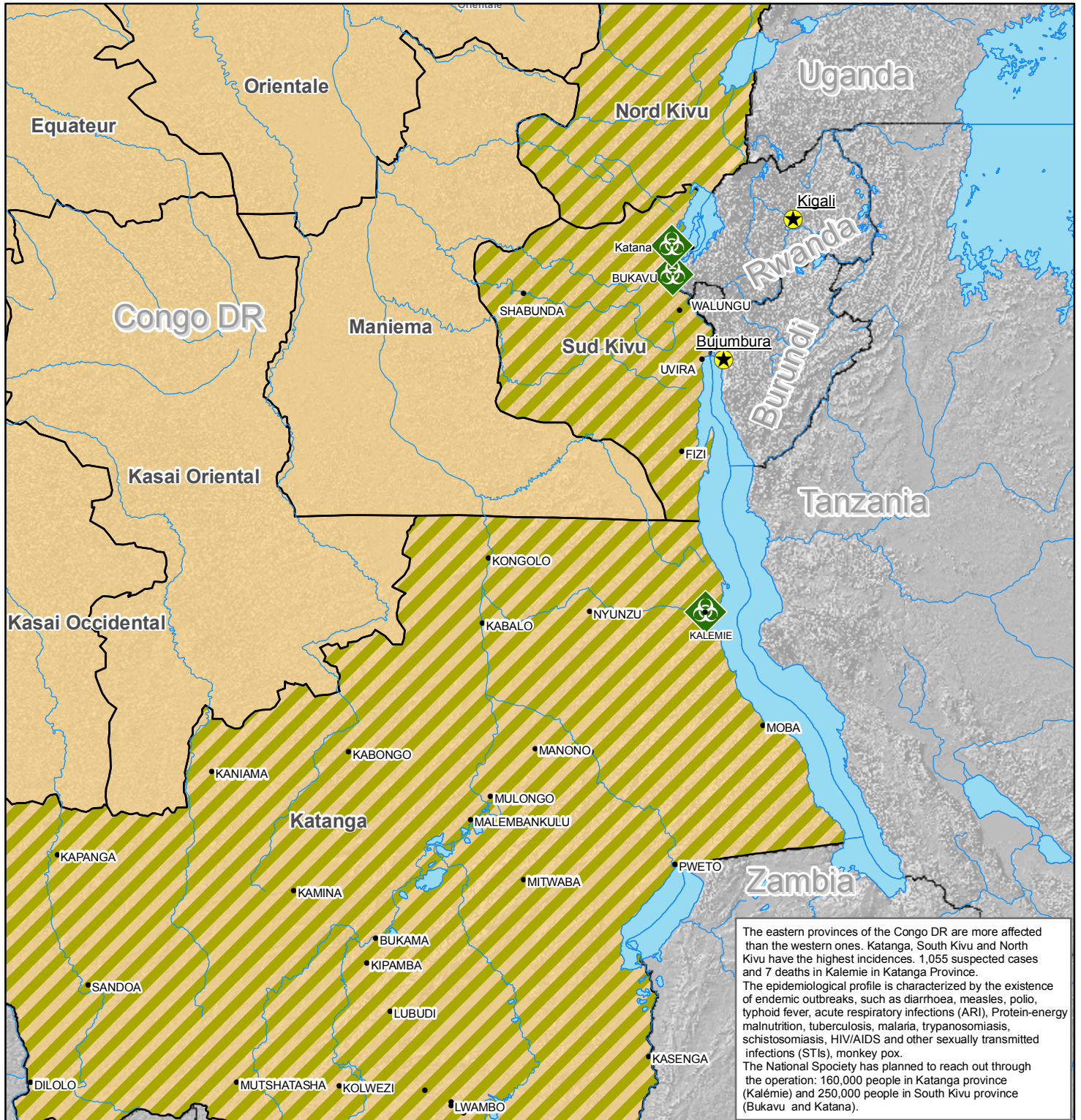
599 Programme Support - PSR 3,809

Total Operational Needs 44,169

Total DREF Budget (Cash & Kind) 58,600



Congo DR: Cholera



- Capitals
- Settlements
- Rivers
- Lakes
- Provinces
- Affected areas
- Cholera



0 50 100 km