

OPERATIONS UPDATE



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 OUTBREAK IN MBUJI-MAYI

12 February 2003

This Ops Update is intended for reporting on emergency appeals.

Appeal No. 35/02

Launched on 17 December 2002 for 160,000 CHF for 3 months.

DREF Allocated: CHF 10,000

Beneficiaries: 250,000

Operations Update No. 01; Period covered: December 2002 to January 2003

"At a Glance"

Appeal coverage: 38.4%

Related Appeals: 2003 Annual Appeal for the DRC (no. 01.06/2003)

Outstanding needs: CHF 98,610

The Situation

The cholera outbreak which began 19 September in Mbuji-Mayi in the province of Kasai-Oriental continues to spread, affecting several hundreds of people in Mbuji-Mayi town and the villages of Bakamba, Bakamaleka, Kambanga and Tshilunde. The estimated population of the province Kasai orientale is 4.2 million inhabitants. Most of those affected by the current epidemic live in the densely populated (over 1 million inhabitants) mining city of Mbuji Mayi. Official sources say that between September 2002 and January 2003, some 3,139 people have been hospitalised and 202 deaths reported, representing a death rate of 15.5%.

The highest number of cases are reported in the Cholera Treatment Centres (CTCs) of Dibindi (938 cases), Miabi (530 cases), Kansele (456 cases), Tshilengué (433 cases) and Bipemba (425 cases). The total number of cases and deaths may still be unknown because of lack of access, non existent communications and cultural norms; the epidemic may therefore be affecting a greater number of people than formally recorded. The most affected populations are children, women and bread winners working in the diamond mines. Within the last 4 months at least 202 deaths have been reported which is causing a great alarm.

Operational Developments

Response to the appeal launched at the end of November has received slow response, with about a third of the required amount confirmed so far thanks to contributions from the Swedish and Finnish Red Cross. The outstanding needs remain high and is affecting the implementation of planned activities such as construction of latrines, sensitisation activities in sanitation, disaster risk mapping, water collection activities and the refurbishment of the Red Cross office and 2 local branches of Kasai-Oriental) and not yet able to be carried out.

Despite the mineral resources in the mining province of Kasai Oriental, the local population totally lacks health care infrastructures. The already prevailing pathologies such as diarrhoeal diseases, “dirty hands” diseases, with malnutrition and vitamin deficiencies, are all factors which increase the risk of the cholera epidemic expanding. There is an acute shortage of medicines, lack of material; patients are often left to care for their own health. The Federation Health Coordinator reports that a lack of logistics, basic drugs and communications pose enormous problems for the operation.

Statistics of the number of cases since the epidemic began

Week no.	Number of cases	Number of deaths	Death rate
Week no. 38 (September 2002)	3	2	66,67
Week no. 39	19	9	47,37
Week no. 40	59	9	15,25
Week no. 41	114	9	7,89
Week no. 42	229	17	7,42
Week no. 43	161	6	3,73
Week no. 44	195	13	6,67
Week no. 45	185	12	6,49
Week no. 46	185	6	3,24
Week no. 47	189	18	9,52
Week no. 48	228	15	6,58
Week no. 49	232	18	7,76
Week no. 50	199	13	6,53
Week no. 51	176	15	8,52
Week no. 52	227	12	5,29
Week no. 1 (2003)	246	1	0,41
Week no. 2	229	12	5,24
Week no. 3	263	15	5,7
TOTAL	3,139	202	15,53

Source: “Stop cholera” Committee assessment figures as at 22 January 2003

Red Cross Red Crescent action w

The Health Delegate, DRC Red Cross health officers from headquarters and the Health Coordinator and the provincial Red Cross teams continue to deliver full support to the operations and are working with some 210 volunteers trained in Mbuji-Mayi, Ngandajika, Bakuamulumba, Kalambayi, and Lukalaba. Since the onset, these volunteers have been tirelessly participating in various activities to control the spread of the cholera epidemic, disinfecting contaminated houses, burying the dead, transporting sick persons to CTCs and sensitising the population on the dangers of the epidemic. Despite all these combined efforts the situation remains alarming.

Red Cross and Red Crescent Society w

The Kasai-Oriental has in total 12,000 Red Cross volunteers, with several hundred well trained and active volunteers from the communities involved in door to door dissemination and public sensitisation activities, currently concentrating on the commune where they are from. Their activities include disinfecting contaminated areas with chlorine (1,755) and burying the dead (155). A mobile team of 12 volunteers is transporting sick persons to CTCs using an MSF-B pickup and chlorine provided either by the Federation and/or the ICRC. At this stage the Federation has not yet been able to purchase a vehicle.

Since the epidemic broke out in September 2002, the DRC Red Cross provincial committee in Mbuji-Mayi has been an active partner in coordination and planning meetings, in resource mobilisation and in the management of the volunteers involved in the epidemics response.

Objectives and Activities

Emergency Phase

Objective 1. Scale up activities to reduce the rate of the cholera epidemic.

Activities implemented:

- 210 Red Cross volunteers with community based first aid (CBFA) backgrounds have been trained in Mbuji-Mayi (150), Ngandajika (15), Bakuamulumba (15), Kalambayi (15) and Lukalaba (15).
- In collaboration with the Regional Federation Office in Yaounde, the capacity of the Federation and the national society has been reinforced with 2 persons, with a health specialist, as the Health Coordinator, from the region (Congo Red Cross) for periods ranging from 2 weeks to one month.
- 3 days of refresher course sessions to these 150 volunteers were held on community sensitisation, social mobilisation and preventive health.
- the existing 120 volunteers and the newly recruited 150 volunteers in Mbuji-Mayi as well as 60 from other districts are supported with the necessary materials and tools, such as mobiles phones, bikes, chlorine, Oral Rehydration Solution (ORS) etc. to identify and support people who are unable to reach the nearest CTCs.
- the DRC Red Cross provincial committee activities in social mobilisation, body disposal, disinfecting and preventive health are supported.
- Red Cross teams are supported in conducting daily and weekly proximity community sensitisation in schools, churches, houses and public places. Radio and TV stations as well as local newspapers are used to encourage affected people to report to the nearest CTCs and to reach the ten percent (250,000) of the Mbuji-Mayi and the outlying localities populations.

Objective 2: Support the provincial health authorities with medical supplies at CTCs.

Activities implemented:

- earlier in the operation a cholera kit from the Federation's regional stock was provided to the Ministry of Health authorities for use at the CTCs.
- the coordination mechanisms are supported by the Red Cross.
- Funds from DREF, the Swedish and Finnish Red Cross have allowed the purchase of 50 aprons, 50 blankets, chlorine, 70 pairs of gloves, 50 kg of sugar, 50 kg of salt, 100 1 litre plastic bottles, 30 plastic cups, 30 boxes of soap of 38 pieces, 4 bikes, 3 cooking pans, 2 mobile phones, pens, reams of papers, note books, 30 body bags, and 10 torches (lamps).

Objective 3: Support water and sanitation activities to reduce the cholera epidemics including diarrhoeal diseases in the community.

Due to a lack of funds no activity has been undertaken under this objective.

Epidemics Preparedness Phase

Objective 4: Reinforce local disaster preparedness capacity of the DRC RC of the Mbuji-Mayi provincial committee for a rapid response to the epidemic.

Due to a lack of funds no activity has been undertaken under this objective.

Federation delegation

To reinforce the DRC Red Cross capacity for disasters preparedness and response particularly related to health and epidemics, a Swiss Red Cross health delegate has been recruited and is due to arrive in Mbuji-Mayi by mid-February 2003 to work with the current team. In addition to reinforcing the capacities to combat the cholera epidemic, the delegate's role will be to work hand in hand with the DRC Red Cross branch and with the communities in addressing community health and sanitation programmes and on rehabilitation of basic health structures. Better communication tools are being put in place and the Federation is setting up a small

administrative structure in the form of a sub-office which will concentrate all its activities in public and community health.

Coordination

The “STOP CHOLERA committee” continues to coordinate the operation with humanitarian agencies and non-governmental organisations such as UNICEF, IFRC, ICRC, CARITAS, HEALTH-NET, PATS, MSF-B, WHO, OXFAM-Q and MIBA. They have been monitoring the trends of the epidemic and providing medicine and materials for the operation. The Red Cross is an active player in this coordination mechanism. Each agency plays a specific role according to the Sphere Project Standards.

Outstanding needs

For the objectives planned in the Appeal to be met, further funds are urgently required to fulfill the following specific needs or activities:

- the DRC Red Cross provincial committee needs more sanitation materials, IEC tools, bicycles, motorbikes and a vehicle to support the operation. The Federation delegation in Kinshasa is looking into purchasing a good second hand vehicle for immediate dispatch to Mbuji-Mayi.
- water supplies need to be restored at the DRC Red Cross offices while solar panels should be installed to reinforce the existing capacity of the Red Cross.
- refurbish the Red Cross office and 2 local branches of Kasai-Oriental to provide adequate working space.
- support is needed to scale up information, sensitisation, education campaigns and disaster preparedness activities to mitigate or bring under control, the epidemic.
- assist and provide material support to the DRC Red Cross and the communities to construct 30 latrines on identified sites.
- Sensitise the population on the necessity of using proper latrines, how to construct and maintain these in good condition.
- support 2 teams of 10 persons to identify the emergency water needs of the population support water collection and distribution activities, provide and place water tanks cisterns and containers in three strategic locations in Mbuji-Mayi and 2 districts).
- concentrate on water and sanitation activities to reduce the cholera epidemic including diarrhoeal diseases.
- refresh 30 members of the Kasai-Oriental provincial emergency response team on training in ARCHI 2010 approach, epidemics surveillance and reporting.
- need to provide more blankets, basins, plastic buckets, pairs of gloves, plastic cups, sugar, body bags, scrapers.
- allow for a basic emergency stock of basic disaster response materials.
- address risk mapping and disaster planning activities of the provincial government.
- the CTCs and “STOP CHOLERA” committee provided with more medical supplies and sanitation.

For further details please contact: Terry Carney, Phone: 41 22 730 42 98; Fax: 41 22 733 03 95; email: terry.carney@ifrc.org

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation’s website.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Director
External Relations Division

Bekele Geleta
Head
Africa Department

DR Congo - Cholera in Kassai						ANNEX 1
APPEAL No. 35/2002		PLEDGES RECEIVED			10.02.2003	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				160'000		TOTAL COVERAGE 38.4%
FINNISH - RC		20'000	EUR	29'110	30.01.2003	CHOLERA OUTBREAK IN MBUJI-MAYI
SWEDEN - GOVT		200'000	SEK	32'280	19.12.2002	
SUB/TOTAL RECEIVED IN CASH				61'390	CHF	38.4%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						