

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 IN MBUJI-MAYI

14 November 2003

Appeal No. 21/03; Operations Update no. 1

Appeal launched on 2 October 2003 for CHF 114,000 (USD 86,642 / EUR 73,929) for three (3) months for 50,000 beneficiaries.

Disaster Relief Emergency Funds (DREF) allocated: N/A

Period covered: 3 October to 3 November 2003

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 180 countries. For more information: www.ifrc.org

In Brief

Appeal coverage: 52.9% ; <Click here to go to the [attached Contributions Status Report](#)>. See also the Federation website for details.

Outstanding needs: CHF 53,700 (USD 40,300 or EUR 34,600)

Related Emergency or Annual Appeals:

Annual Appeal for Democratic Republic of Congo, number 01.43/2003

Operational Summary: All the health zones in Mbuji-Mayi have been affected in the four weeks since this appeal was launched: 183 cases and one death have been recorded (17 September-14 October). Health centres in the interior of the province, used in previous epidemics, have been reactivated. Red Cross volunteers support these centres, providing basic care and support to the ill.

Operational developments

Since May 2002, the epidemic development in the Kasai Oriental province has remained stationary and appears to pass to endemic phase. All the health zones in Mbuji-Mayi have been affected during the last four weeks (since launch of the appeal). Between 17 September and 14 October 2003, 183 cases have been recorded, with one death. The table below shows recent developments:

| Health Centres | Number of cases |
|----------------|-----------------|
| Bonzola | 14 |
| Dibindi | 26 |
| Lubilanji | 20 |
| Lukelenge | 31 |
| Kansele | 7 |
| Muya | 24 |

| Health Centres | Number of cases |
|----------------|-----------------|
| Bipemba | 13 |
| Bibanga | 2 |
| Mpokolo | 5 |
| Nzaba | 19 |
| Diulu | 22 |

| | |
|--------------|------------|
| TOTAL | 183 |
|--------------|------------|

Health centres in the interior of the province used in previous epidemics have been reactivated because of new cases. For example, in Bakua Mulumba, 85 cases were reported in the last four weeks. On the other hand, new epidemic centres have been established in the health centres of Kabeya Kamuanga (31 cases), Tshilundu (01) and Tshitenge (17 cases). During the last four weeks, a total of 492 cases have been recorded for the whole province with 34 deaths, as shown in the table below:

| Period | Number of cases | Number of Deaths | % |
|-----------------|-----------------|------------------|-------------|
| Week 38 of 2003 | 85 | 7 | 8.23 |
| Week 39 of 2003 | 108 | 5 | 4.62 |
| Week 40 of 2003 | 153 | 17 | 11.11 |
| Week 41 of 2003 | 146 | 5 | 3.42 |
| TOTAL | 492 | 34 | 6.91 |

This table clearly shows that at the interior of the province the situation is worrying in comparison with that prevailing in Mbuji-Mayi. In the search for the reasons for the epidemic persistence, two eventualities have been evoked, namely:

- Insufficiency of family latrines because the soil is rocky and latrine digging is difficult. Only seventeen percent (17%) of the 38,000 compounds visited by the Red Cross volunteers have toilets or latrines (according to a survey carried out by the Red Cross in January 2003;
- Poor access of the populations to quality potable water: 21.3% of the visited compounds have access to drinkable water from Regideso (Water Distribution Company) and the rest take water from unprotected wells or sources placed downhill from dwelling zones where the few existing latrines are less than one metre deep.

The **Red Cross of the Democratic Republic of the Congo** (DRC) has built latrines as well as water tanks in Mbuji-Mayi for the communities and put them at their disposal. This is the first step for the many needs of the populations in this domain.

Considering the continual deterioration of the epidemiological situation and the current tendency of the epidemic toward an endemic, the Federation has not only launched an appeal to resume the operation but also allotted an important place in the Appeal 2004 for the fight against this resistant epidemic.

Coordination

The « Stop Cholera » co-ordination committee is still the only mechanism of the fight against the epidemic; it is held every Tuesday under the supervision of the Provincial Medical Inspector. It is divided into four sub-committees, namely:

- The care committee;
- The epidemiological surveillance committee;
- The social mobilization committee; and,
- The logistics committee.

In Mbuji-Mayi, the principal town of Eastern Kasai province, the patients' care is ensured in Cholera Treatment Centres (CTC) located in five hospitals (Presbyterian Hospital, Saint René Health Centre of Tshitenge, Dubua Health Centre, Muya Hospital and Dipumba Hospital), whereas in the interior of the province, CTC are annexed to health zones Reference Hospitals. In the new active epidemic centres, make-shift CTC are set up as in the case of Mulumba CTC where many sick persons are treated on the bare ground due to lack of beds.

Humanitarian partners still active in the fight against the epidemic include:

- *Médecins Sans Frontières* (MSF) Belgique, which continue to provide medicines (mainly the Ringer Lactate) from Lubumbashi (in the south of DRC) where the organization is based;
- WHO: continue with epidemiological surveillance and has just provided the Co-ordination Committee with a cholera kit;

- UNICEF: periodically provides the committee with Ringer Lactate, Oral Rehydration Salt/Solution, and other needed items;
- Some local partners such as *Minière de Bakwanga (MIBA)*, Sengamines and ACD (a diamond dealer) have also joined the fight; the latter has donated 2,750 litres of Ringer Lactate to the Co-ordination Committee; and
- The Red Cross Provincial Committee continues with sensitization activities in Mbuji-Mayi and in the interior of the province through plays in the diamond mining, homes affected by the epidemic, and in public places. It also distributes bottles with taps in Mbuji-Mayi restaurants. The Federation supports these activities.

Co-ordination of activities in the field will be ensured by the Red Cross Provincial committee, supported by the Federation Health Delegate and the national and/or regional resource person based in Mbuji-Mayi. At the national level, the Head of the Health and Social Action department and the Federation Health Delegate based in Kinshasa will ensure the supervision of activities.

Red Cross and Red Crescent action

The Federation Health Delegates based in Kinshasa and Mbuji-Mayi, the Red Cross of DRC health authorities, and the entire health team of the Eastern Kasai provincial committee: all are involved in the fight against the cholera epidemic and continue to support the operation. The trained Red Cross volunteers work continually in the epidemic control activities. These include: sensitization activities; taking the ill to the CTC; providing moral support; disinfecting of sick persons, their houses, and their personal effects; and, burying the remains of the dead. Despite this effort and these actions, the situation is still worrying: according to the Provincial Medical Inspector, it is the population movement that is affected by the spreading of the epidemic.

Red Cross Society of the Democratic Republic of the Congo

The Eastern Kasai Red Cross has 13,688 volunteers; most are well trained in Community Based First Aid (CBFA) and are very active in door-to-door sensitization activities. They target public places, and reach a greater number of persons through the use of megaphones and bicycles.

As a member of “Stop Cholera” crisis committee, the Eastern Kasai Red Cross is also very active in the co-ordination of activities and the mobilization of resources for an appropriate response to the epidemic.

Objectives, activities and results

Objective 1: To resume the operation to control and reduce cholera in the Eastern Kasai Province relying on the experience of the first operation

Activities planned: Support for the re-opening of the Cholera Treatment Centres (CTC) and medical inputs.

Activities implemented: No activity implemented due to lack of funds.

Objective 2: Reinforce social mobilization activities.

Activities planned: Organization of refresher courses, training and redeployment of volunteers; sensitization and mobilization; intensification (in Mbuji-Mayi) and extension of social mobilization activities to the interior of the province.

Activities implemented: The Red Cross of DRC volunteers continue, on a small scale, with the sensitization and the social mobilization in Mbuji-Mayi and the surrounding villages, mainly through plays in mining zones, using megaphones and bicycles provided by the Federation. Other planned activities were not implemented due to lack of funding.

Objective 4: Extend water and sanitation activities in the zones so far not affected by the epidemic.

Activities planned: Construct additional latrines, mainly in the mining zones and villages (evaluation to be carried out by specialists in the field) ; increase the number of water tanks constructed by the Red Cross and fix-up water points if necessary (evaluation to be carried out by specialists in the field).

Activities implemented: None of the planned activities have been implemented for lack of funds. Regardless, sensitization activities on the construction, use and upkeep of latrines, and on quality water supply , are carried out in the framework of the provincial committee steady activities.

Objective 5: To reinforce efforts with the political, administrative, health authorities and other partners to reinforce the fight against the cholera epidemic in the Eastern Kasai Province.

Activities planned: Organize press conferences targeting ambassadors, businessmen, political and local authorities, in Kinshasa and Mbuji-Mayi.

Activities implemented: No activity implemented due to lack of funds. However, some informal advocacy activities are carried out in every contact with the authorities or interested partners.

Red Cross and Red Crescent Movement -- Principles and Initiatives

The Red Cross of DRC is in line with ARCHI ¹ 2010 and with the cardinal mission of the International Red Cross and Red Crescent Movement: assist the vulnerable people to alleviate their suffering. All these activities are carried out by the Red Cross of DRC volunteers (both men and women), who expect nothing in return for their services, and who target the youths, children, adults, women and men, without distinction of religion, sex, ethnic group, etc., all in accordance with Movement principles.

National Society Capacity Building

The national society, with its 234 volunteers trained during the first operation, has a team capable of responding efficiently to the epidemic. To guarantee the success of this second operation, a refresher course is required for these volunteers; the training of an additional team is also needed.

Federation Delegation

The Federation Health Delegates based in Kinshasa and in Mbuji-Mayi support the Red Cross Provincial Committee in the fight against the cholera outbreak. Besides strengthening the national society capacity to fight the epidemic, the role of the delegates is to work hand-in-hand with the local branch of the national society and the communities for the implementation of community health programmes and the rehabilitation of basic health structures.

During the first operation, the Federation Central Africa Sub-Regional Office in Yaoundé provided an operation coordinator and placed him at the disposal of the Red Cross of DRC provincial committee in Mbuji-Mayi. The coordinator acted in his capacity as the head of Community Health and Care team of the Central Africa Disaster Response Team (ERDAC).² In addition, as a volunteer member of the Congolese Red Cross, his recruitment for this operation strengthened bonds of co-operation between the two sister national societies: the Red Cross of the Democratic Republic of the Congo and the Congolese Red Cross (Republic of Congo).

¹ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer to <http://www.ifrc.org/what/health/archi/>

² ERDAC – Equipe de Réponse aux Désastres de l’Afrique Centrale

The Head of Delegation, in his capacity as disaster manager also contributed to the fight against the cholera epidemic.

Outstanding needs

- Training of 80 new volunteers in CBFA and techniques of the fight against the cholera epidemic;
- Training and sensitization materials;
- One 4 x4 vehicle;
- 40 bicycles;
- Five motorcycles;
- 20 megaphones;
- 4,800 batteries;
- Ten spraying machines;
- Office supplies ;
- Protection material (gloves, boots, masks);
- 350 tee shirts;
- 350 pinafores;
- 100 kg of chlorine;
- Plastic aprons

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

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[<Contributions Status below - Click here to return to title page>](#)

Democratic Republic of Congo - cholera

ANNEX 1

APPEAL No. 21/2003

PLEDGES RECEIVED

19/11/2003

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|-------|----------|----------|------|-----------|------|---------|
|-------|----------|----------|------|-----------|------|---------|

CASH

| | | | | TOTAL COVERAGE | | |
|--------------------------------|--|---------|-----|----------------|----------|-------|
| REQUESTED IN APPEAL CHF -----> | | | | 114,000 | | 52.9% |
| FINNISH - RC | | 15,000 | EUR | 23,085 | 22.10.03 | |
| NORWEGIAN - RC | | 60,000 | NOK | 11,340 | 09.10.03 | |
| SWEDISH - RC | | 150,000 | SEK | 25,875 | 09.10.03 | |
| SUB/TOTAL RECEIVED IN CASH | | | | 60,300 | CHF | 52.9% |

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 | |