

# EMERGENCY APPEAL



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**

**Appeal no: 35/02  
17 December 2002**

*The Federations mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the worlds largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

### **IN BRIEF**

***THIS APPEAL SEEKS CHF 160,000 (USD 111,901 or EUR 108,862) IN CASH, KIND AND SERVICES TO ASSIST 250,000 BENEFICIARIES FOR 3 MONTHS***

### ***The Situation***

#### ***Summary***

Between September and November, some 2,000 cases of cholera were reported, affecting particularly women and children. Many have been hospitalized and over 100 have died from cholera. During the third week of November, the epidemic spread to other areas such as the village of Luamuella located 30 kilometres away from Mbuji-Mayi, where 24 people were contaminated and 3 people died. The contamination rate is estimated at 20 to 30 persons a day.

In full consultation and co-operation with the Ministry of Health, UNICEF, ICRC, CARITAS, Health-Net, PATS, MSF-B, and the DRC Red Cross of the provincial committee of Mbuji-Mayi, supported by the Federation, are working at treatment centres and are actively involved with all partners in fighting the spread of cholera. The target number of beneficiaries to be treated over the next three months has been estimated at 4,000 and an additional 250,000 (10% of the population of Mbuji-Mayi) will need to be reached through sensitization activities in the town of Mbuji-Mayi and the 10 territories in the districts of Tshilenge and Kabinda in Kasai oriental. The beneficiaries include people displaced by war, especially women, children and elderly. Government health officials are concerned that the true total number of cases and deaths might never be established due to a lack of access to the area, communications and cultural traditions .

## *The Disaster*

The cholera outbreak which began 19 September in Kapiandolo, Kasai-Oriental, a few miles from Mbuji-Mayi, the capital city of Kasai Oriental in the Democratic Republic of Congo, has been spreading at an alarming rate to the outlying villages of Kamaleka and Tshilunde. Cases have also been reported in Bakamba in the province bordering Kasai-Occidental. The epidemic is said to have been spread by a person who caught the disease in a mining area. Six family members of the deceased person who were in contact with corpse also died.

## *The Response so far*

### **Government Action w**

The Ministry of Health has set up a committee called “STOP CHOLERA” comprised of humanitarian agencies such as UNICEF, ICRC, CARITAS, Health-Net, PATS, and MSF-B, as well as the Federation and the Red Cross provincial committee to co-ordinate the operation with humanitarian agencies.

The “STOP CHOLERA” committee is the recognised body to co-ordinated the operation with humanitarian agencies. The Red Cross is an active player in this co-ordination mechanism. The Ministry of Health (MoH) in Kinshasa has set up a national multi-sectorial committee to work with the provincial crisis committee

The MoH together with MSF-B, Health Net and the Red Cross (national society, Federation and ICRC) have opened 7 CTCs (Cholera Treatment Centres); 2 in Mbuji-Mayi; Dipumba in Kanshi commune and Muya in the Muya commune; and 5 in the interior where the epidemic originated (Bakamba, Kamaleka, Tshilunde, Kabengele and Tshibile). To cope with the patient overload in Mbuji-Mayi another centre has been opened in the commune of Bipemba which is receiving a considerable number of people with cholera from the mining areas. Since mid-November, three other centres have been opened in Dibwe, Luamwela and Cibila. These centres provide medical assistance in the form of drugs, materials and staff, covering almost 30 per cent of the current needs.

### **Red Cross and Red Crescent Action w**

The local Red Cross branch has trained 70 volunteers in preventive health, community health and first-aid both in Mbuji-Mayi and in outlying villages. MSF-B also trained 50 volunteers in preventive health to fight the epidemic. At least 120 Red Cross volunteers are involved in sensitization campaigns, burying bodies (using the MSF-B pick up and stretchers), disinfecting contaminated houses and administering Oral Rehydration Salt (ORS). They are coping with the patient overload in Mbuji-Mayi as well as in the outlying villages with the support of the Federation Delegation and some essential basic materials.

With the release of CHF 10,000 from the Federation’s Disaster Response Emergency funds (DREF) on 28 October to assist the Red Cross in its fight against cholera, 4 bicycles, 30 pairs of boots, 2 mobile phones, 50 pairs rubber gloves, 75 metres of fabrics for protective gear, and office equipment were purchased together with ORS items (sugar, salt) and pots and plastic bottles. A cholera kit has been received from the Federation’s regional delegation in Yaoundé with a capacity to support 1,000 beneficiaries.

The ICRC has provided the national society with 10 kg of chlorine, 5 basins, 10 plastic buckets, 10 pair of household gloves, and 10 body bags.

The Federation’s Delegation in Kinshasa and the DRCRC have been providing regular reports and information bulletins on the developments of the epidemic.

## ***The Needs***

### **Assessment of Needs ●**

The Federation, staff from the DRCRC, and a desk officer from Swedish Red Cross spent two days in Mbuji-Mayi in October to assess, among other things, the current cholera epidemic.

Another Federation team, together with the national society headquarters staff, have spent four days in Mbuji-Mayi to undertake an initial assessment and support the efforts of the local Red Cross.

<b><u>Cholera Treatment centre</u></b>	<b><u>Total cases</u></b>
Kamaleka	142
Dipumba	358
Cilunde	110
Bakamba	166
Kabengele	156
Muya	250
Cibila	21
Luamwela	33
Dibwe	25
Others	21
Total	1'282

*Source: "Stop cholera" co-ordination committee report of 25 November 2002, Mbuji-mayi*

The total number of cases in Mbuji-Mayi is unknown due to problems of accessibility (lack of transport, fear of touching a sick person) to Cholera Treatment Centres (CTC). Poor communications, cultural taboos and norms and the lack of information on the epidemic by a largely illiterate population, have made the tasks of the Red Cross and other agencies involved in the operation more difficult. Resistance of some parts of the population to adhere to public health messages such as not drinking the highly polluted water and eating poorly cooked food have aggravated the problem.

The Red Cross will continue conducting information, sensitisation and education campaigns in order to mitigate or stem the epidemic, provide medical supplies and equipment for Cholera Treatment Centres (CTC) where the contamination rate is high and where they are in short supply, and organise the community to construct proper latrines.

A further 150 volunteers in Mbuji-Mayi and in the 2 districts of Tshilenge and Kabinda are being identified and will be trained in community sensitization, social mobilization, and preventive health measures to enhance the capacity of the national society to fight the epidemic. The Red Cross is working with the media (newspapers, TVs, Radios) to convey the message every evening regarding cholera.

The operation will address the fundamental principles, and reinforce humanity, impartiality, neutrality and voluntary service messages of the Red Cross and work with the communities on the African Red Cross and Red Crescent Initiative (ARCHI) 2010 methodology. To address diversity and gender issues, the operation includes both male and female volunteers. During the sensitization and education campaigns, the volunteers will integrate an HIV/AIDS component.

The Red Cross operation which will last 3 months and is intended to respond to the epidemic and build its capacity to respond to epidemics, and hopefully prevent the further spread of diseases and to promote better coping mechanism with future threats.

### **Immediate Needs ●**

Most of the existing health structures in the country suffer from a lack of medicines and of material. Lack of basic logistic, drugs and communication materials remains a problem. In Mbuji-Mayi, the Red Cross has no dispensary.

The Red Cross also has no vehicles and requires more sanitation materials, IEC tools, bicycles, motorbikes and ideally a pick up truck. It needs mobility to support people who have no means to reach the nearest (CTC's) and to scale up information, sensitization and education campaigns so as to mitigate or bring the epidemic under control.

To reinforce the national society's capacities, some rehabilitation work needs to be done to restore water supplies at the provincial Red Cross office and at 2 local branches. Radios are also required for the local Red Cross to facilitate their work and better support co-ordinated activities.

As the epidemic continues, the Cholera Treatment Centres (CTC) need to be provided with more medical supplies and sanitation materials, and disinfectants. The active role of the Red Cross volunteers has been praised, and the "Stop Cholera" committee team members have requested the support of more Red Cross volunteers.

#### **Anticipated later Needs ●**

It is feared that the epidemic will continue to have an affect in the area, and the situation will be exacerbated by the rainy season which is now well underway. The need to reinforce local the disaster preparedness capacity of the Mbuji-Mayi Red Cross for a rapid response to these types of epidemics is a priority and is being addressed as part of the 2003 appeal. Part of the plans include:

- refresher courses/training for provincial Red Cross emergency response team (EQUIRA) on the ARCHI 2010 approach, epidemics surveillance and reporting, emergency needs identification techniques and reporting.
- basic emergency stocks of disaster response materials such as cholera kits, disinfectants, sanitation materials, ORS etc. (see list below).
- risk mapping and disaster planning activities of the provincial government authorities communities and local NGOS.

## ***The proposed Operation***

### **Emergency Phase**

**Objective 1:** Scale up activities to reduce the rate of spread of the cholera epidemic. Recruit an additional 150 Red Cross volunteers trained in community based first aid based in the 10 territories of the districts of Tshilenge and Kabinda.

#### **Activities:**

- In collaboration with the members of the regional disaster response team (RDRT), reinforce the Federation and national society capacity with three technical personnel: 1 health, 1 DP and 1 water and sanitation for at least one month. The health and DP persons will come from the Congo Red Cross (Brazzaville) and the DRCRC headquarters while the watsan resource person will be released from the RDRT force.
- Carry out 3-day refresher courses to 150 newly recruited volunteers on community sensitization, social mobilization, and preventive health to reinforce the activities in CTCs.
- Support the existing 120 volunteers and the 150 volunteers in Mbuji-mayi and the 2 districts of Tshilenge and Kabinda with the necessary materials and tools to identify and support people who are unable to reach the nearest CTC's.
- Support Red Cross activities in social mobilisation, body disposals, disinfecting and preventive health.

- Support the teams to conduct weekly proximity community sensitisation in schools, churches, houses and other public places. Ten percent (250,000) of the population of Mbuji-mayi will be sensitized.
- Organise 3 weekly radio and 2 TV talks to sensitise the public on the need to encourage affected people to report to the nearest CTC.

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

**Activities:**

- Provide 2 cholera kits to the health authorities for use at the CTC's.
- Provide 50 aprons, 250 blankets, chlorine, 25 basins, 25 plastic buckets, 20 plastic sheets, 80 pairs of gloves, 50 body bags, 100 kg's of sugar, 50 kg of salt, 250 1 litre plastic bottles, 300 plastic cups, 25 boxes of soap to the 3 CTCs and provide basic administrative tools for inventory and reporting (50 note blocks, 5 boxes of pens and 5 packets of duplicating papers).

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

**Activities:**

- Liaise with the local authorities and obtain the consensus of the affected populations to identify the sites where the latrines will be built.
- Support the Red Cross and the communities to construct 30 latrines in identified sites.
- Sensitize the population on the necessity of using proper latrines, how to construct them, and how to maintain these.
- Support 2 teams of 10 persons to identify the emergency water needs of the population.
- Depending on the result of the assessment, support water collection and distribution activities.
- Provide and place water tanks cisterns and containers in three strategic locations in Mbuji-Mayi and 2 districts.

## **Epidemics Preparedness Phase**

**Objective 4: Reinforce local disaster preparedness capacity of the DRC RC Mbuji-mayi provincial committee for rapid epidemics response.**

**Activities**

- Refresh the 30 members of the Kasai oriental provincial emergency response team (EQUIRA) on ARCHI 2010 approaches, epidemics surveillance and reporting, emergency needs identification techniques and reporting.
- Maintain and purchase basic emergency stock for disaster response materials such as:
  - ✓ small cholera kits, 30 pair of boots, 1,000 masks, 250 pair of household gloves.
  - ✓ 20 bicycles (with spare parts).
  - ✓ 60 rucksacks, 10 megaphones, 60 flashlights, 250 blankets, writing necessities.
  - ✓ 200 kgs of sugar, 200 kgs of salt, 500 1 litres plastic bottles, 12 pots, 500 plastic cups, 75 boxes of soap.
  - ✓ 12 water taps (for water barrels), 1 drainpipe to collect rainwater and 12 plastic barrels to collect rainwater.
  - ✓ 12 plastic sheets to manufacture body bags and stretchers and 75 meters of materials to manufacture aprons, sewing materials.
  - ✓ 2 mobile phones and phone cards for 15,000 units.
- Support risk mapping and disaster planning activities of the provincial government authorities and local NGOS.
- Refurbish the Red Cross office and 2 local Red Cross branches of Kasai Oriental.

## National Society/Federation Plan of Action ●

### **Emergency Phase: November 2002 to January 2003**

- November 2002: recruitment of 150 additional volunteers (already CBFA trained).
- November 2002: Arrange (selection, insurance, administrative details) with the DRCRC and the Regional Federation office in Yaoundé to make available 3 persons (1 health, 1 DP and 1 watsan).
- December 2002: Organise crash refresher courses for 150 volunteers on community sensitization, social mobilization, and preventive health.
- December 2002 to February 2003: Support the 150 volunteers to embark upon community sensitization, social mobilization, body disposals, disinfecting and preventive health.
- December 2002 to February 2003: Organize 3 weekly radio and 2 TV talks to sensitize the public.
- December 2002 to January 2003: Restore the water and electricity and install solar facilities at the provincial Red Cross office and 2 local branches.
- November 2002 to February 2003: Provide transportation for the local Red Cross to facilitate their work.
- November 2002 to February 2003: Provide materials, equipment and other essential supplies to the 3 CTCs and the “STOP CHOLERA” committee.
- December 2002: Liaise with the local authorities and obtain the consensus of the affected populations to identify the sites where the latrines will be built.
- November 2002 to February 2003: Support the Red Cross and the communities to construct 50 latrines in identified sites.
- December 2002 to February 2003: Sensitize the population on the necessity of using proper latrines and how to construct and maintain them.
- December 2002: Support 2 teams of 10 persons to identify the emergency water needs of the population.
- January 2003 to February 2003: Depending on the result of the assessment, support water collection and distribution activities.
- January 2003: Provide and place water tanks cisterns and plastic containers in three strategic locations in Mbuji-Mayi and 2 districts.
- March 2003: Evaluation of the project.

### **Phase Two: December 2002 to January 2003 ●**

- January 2003: Refresh the 30 members of the Kasai oriental provincial emergency response team (EQUIRA) on ARCHI 2010 approaches, epidemics surveillance and reporting, emergency needs identification techniques and reporting.
- January 2003 to February 2003: Submit orders, select supplies, award contracts and maintain an emergency stock of disaster response materials
- February 2003: Support risk mapping and disaster planning activities of the provincial government authorities and local NGOS.
- December 2002 to January 2003: Refurbish the Red Cross office and 2 local branches of Kasai Oriental.

### **Capacity of the National Society ●**

The province has in total 12,000 volunteers. Presently, the local branch has 120 volunteers trained in community and preventive health. Others are also very active in the outlying villages. Almost each village has a local branch with some experience in Disaster Preparedness and CBFA.

### **Present Capacity of the Federation in Kinshasa (DRC) ●**

There is one health delegate based in Kinshasa currently supporting the DRCRC in this operation. While there is currently no Federation presence in Mbuji-Mayi, a regional health delegate is being recruited for this operation This will also reinforce the Red Cross capacity to respond to health

problems, the rehabilitation of basic health systems, and for disaster (especially epidemics) preparedness and response.

**Evaluation ●**

The project will be evaluated by a Federation team and national staff from the headquarters to serve as a basis of learning experience for future epidemics. The Director of Health of the DRCRC and the Health Delegate will participate in regular evaluations. The Mbuji-Mayi provincial committee will continue closely monitoring the work of the volunteers and submit weekly reports.

## ***Budget Summary***

See Annex 1 for details.

Jean Ayoub  
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Secretary General

**BUDGET SUMMARY**

APPEAL No. 35/2002

**DR Congo - Cholera in Kassai**

TYPE	VALUE
<b>RELIEF NEEDS</b>	<b>IN CHF</b>
Shelter & constructions	21,000
Clothing & textiles	13,000
Food & seeds	1,000
Utensils & tools	7,000
<b>TOTAL RELIEF NEEDS</b>	<b>42,000</b>
<b><u>CAPITAL EQUIPMENT</u></b>	
Vehicles	20,000
Computers	5,000
Other equipment	6,000
<b><u>PROGRAMME SUPPORT</u></b>	
Programme management	11,000
Technical support	3,000
Professional services	4,000
<b><u>TRANSPORT STORAGE &amp; VEHICLE COSTS</u></b>	<b>12,000</b>
<b><u>PERSONNEL</u></b>	
Expatriate staff	17,000
National staff	24,000
<b><u>ADMINISTRATIVE &amp; GENERAL SERVICES</u></b>	
Travel & related expenses	3,000
Information expenses	9,000
Administrative & general expenses	4,000
<b>TOTAL OPERATIONAL NEEDS</b>	<b>118,000</b>
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>	<b>160,000</b>
<b>LESS AVAILABLE RESOURCES (-)</b>	<b>0</b>
<b>NET REQUEST</b>	<b>160,000</b>