

DREF operation final report



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
18 August, 2010

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.

Period covered by this update:

08 October 2009 to 29 February 2010

Summary: CHF 58,600 (USD 56,876 or EUR 38,700) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 08 October 2009 to support the Red Cross of Democratic Republic of the Congo in delivering assistance to 163,000 people affected or at risk of cholera outbreak. The most affected city of Kalémie in Katanga Province has limited sanitation facilities and clean water supply as well as poor hygiene practices. The cholera outbreak was worsened by serious disruptions in the water distribution systems of the national water authority (REGIDESO) as a result of power failure.



Red Cross volunteers take a break after a clean-up campaign. Photo: DRC Red Cross

With the support of the IFRC's DREF and working in collaboration with the Ministry of Health and other actors such as UNICEF and "Solidarité", the Red Cross branch in Katanga mobilised, trained and deployed 120 volunteers. The work of the volunteers was guided by the response strategies of the interagency WASH and health clusters. The volunteers carried out cholera awareness campaigns and the messages reached approximately 37,500 households. In addition, the Red Cross volunteers organised clean up campaigns in various public places and disinfected affected houses. Through the 60 water chlorination points along the banks of lake Tanganyika and the Libuye river, Red Cross volunteers treated some 200,000 metric tonnes (MT), thus providing clean water to more than 100,000 people over a period of five months.

The Red Cross Branch's cholera control strategy and capacity effectively contributed to preventing further spread of the disease. Owing to this, the Red Cross Branch received some additional USD 40,000 from the Ministry of Planning to ensure continuity of the cholera prevention activities after the emergency phase. The support has allowed the work of the Red Cross volunteers to continue for an additional four months. The good prevention work in significantly prevented the spread of cholera; only five cases were recorded in Kalémie out of the 748 cases in the Katanga Province.

The Red Cross Branch in Kalémie also negotiated for USD 180,000 agreement with UNICEF to scale-up and expand their water and sanitation (WatSan) activities to nine villages and nine schools. The National Society supported by the IFRC has also submitted a three year WatSan project proposal to EuropAid, which will assist in developing the capacity in preventing cholera outbreaks.

ECHO contributed CHF 46,880 to the DREF (80 percent) in replenishment of the allocation made for this operation. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found:

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

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The situation

Cholera outbreaks have become endemic in many parts of the Democratic Republic of Congo (DRC), especially the city of Kalémie in the district of Tanganyika (Katanga Province). The outbreak of water-borne diseases is attributed to several factors, notably limited access to potable water, lack of electricity, inadequate sanitation, limited promotion of individual and collective hygiene practices and climatic conditions.

The power failure that resulted from a breakdown of the Badera generating station on 6 July 2009 is largely exacerbated the cholera outbreak in Kalémie, as the national water supply company REGIDESO could not continue running without electricity. Although several attempts to solve the problem were made by the Provincial Government and its stakeholders including ICRC that provided fuel support to REGIDESO, the latter still could not supply potable tap water to the population. As a result, even during the peak of the epidemic, thousands of families relied on the water from Lake Tanganyika for household use.

However, the timely response by provincial authorities, UNICEF, international and national NGOs such as "Solidarités", Merlin, Médecins Sans Frontières (MSF), "Mama Uvima" and of the Red Cross controlled the spread of cholera. In addition, the efficient and effective coordination of response activities also attributed to the control of the disease. This partly evidenced by the fact that the number of cases recorded was lower than in previous outbreaks.

Coordination and partnerships

The Red Cross of DRC, IFRC and ICRC coordinated their response to the epidemic in Tanganyika District (Katanga province) and on a wider scale, in all affected areas in the country. With the views of enhancing government ownership and ensuring efficient use of resources by avoiding duplication of efforts, an Interagency Coordination Committee (ICC) or task force was created to take the lead in coordinating the actions of district level health authorities. The Red Cross branch attended the task force meetings alongside other humanitarian actors such as MSF, Merlin, WHO and UNICEF. The main roles of the task force included joint assessments, monitoring the cases, ensuring efficiency in the response operation and developing priority actions.

In order to support the local initiatives, as a matter of priority, the task force decided that all actors procure liquid chlorine from a local women association called "Mama Uvima". This has not only helped keep the cost of chlorine low, but contributed to strengthening local initiatives and empowering women. This action complemented the Red Cross strategy of using 'Mothers Clubs' as change agencies in the prevention and control of the epidemic. As the focal point for the water, sanitation and hygiene cluster, UNICEF provided the Red Cross branch of Kalémie with liquid chlorine and additional financial support for the motivation of volunteers.

Red Cross and Red Crescent action

Progress towards objectives

Objective: Enhanced capacities for improved cholera prevention and control

Activities planned:

- Training of volunteers in the management of cholera.
- Strengthen epidemiological surveillance.

- Disinfection of sick persons' houses and other health centres that have served in the management of the epidemic.
- Directing patients to the treatment centres.
- Psychosocial support to families affected by the disease.

Progress:

The Red Cross branch of Tanganyika district mobilised and trained 100 volunteers for the operation, among them 75 women are members of the mothers clubs. The rationale of having 75 percent of volunteers being women was to utilise on their ability to conduct awareness campaigns and water chlorination activities particularly at the water points. Women are generally responsible for fetching water for their families.

The volunteers were trained in cholera symptoms identification, contamination cycle, prevention measures and in management of people with symptoms of cholera. The emphasis was placed on the role of Red Cross volunteers in breaking the chain of contamination.

While disinfection of affected houses and of Cholera Treatment Centres (CTC) was carried by the male volunteers, cleaning up campaigns are conducted by both male and female volunteers. During the reporting period, 3 CTCs and some 150 houses were disinfected respectively.

The activities on psychosocial support were limited due to the fact that no cholera related deaths were recorded. However, the volunteers referred approximately 500 people to appropriate health centres for medical attention.

Objective: People are aware of the signs and symptoms of cholera. They are also encouraged to refer to the closest health centres

- Activities planned:**
- Community sensitization on the dangers of the disease.
 - Production and distribution of awareness materials.

Progress:

During the reporting period, the Red Cross of DRC sensitized 45,000 households thus reaching out to approximately 315,000 people. The average number of households sensitized on a daily basis was 495, representing about 3,636 people. Children accounted for more than 50 percent of the population reached because they enjoy swimming and playing in the lakes and the rivers.

Challenges:

The population has been receptive to cholera prevention education carried out by the Red Cross and other partners. This has contributed to controlling the spread of cholera. However, eradicating the disease will be challenging unless household level WatSan elements (clean water supply, latrines, proper waste disposal infrastructure, and hygiene promotion) as well as long-term behaviour change, information and communication are in place and are effective. It is therefore recommended to focus on improving the WatSan facilities, particularly the availability of family latrines and a community-based waste management system. The Red Cross volunteers have been prepared to assist based on the good experience working in nine villages on the concept of "Village Assaini - Clean Village" supported by UNICEF. It is expected that funding by UNICEF and EuropAid will be made available to that effect.

Objective: The personal and environmental hygiene is encouraged to stop the outbreak chain of transmission

- Activities planned:**
- Social mobilization of committed actors on community actions against the spreading of the disease..
 - Involvement in hygiene and environmental sanitation.
 - Sanitation of public places and cleaning of gutters.

Progress:

The Red Cross volunteers conducted clean-up activities in public places. This included disinfecting school latrines, cleaning up of market places and of drainage systems in 20 most vulnerable areas (blocks) of the city, in 10 primary schools, 3 markets and a barracks. Red Cross volunteers also cleaned up the mortuary of the reference hospital of Kalémie. Sanitation and clean-up activities have benefited to an estimated population of 35,500 people.

Challenges:

Logistic was a serious constraint as heavy duty materials needed for sanitation and clean-up activities procured in Kinshasa could not be transported to Kalémie on time due to the fact the transporter did not have easy access to air planes. Fortunately, partners in the field namely UNICEF and “Solidarités” who managed to go to the field temporarily covered the gaps.

Objective: Improving access to safe and clean drinking water for Kalémie household use**Activities planned:**

- Organise and manage water chlorination points.
- Systematically treat water for domestic use at water collection points through chlorination.

Progress:

A total of 95 water collection points were identified by the task force along Lake Tanganyika and Lubuye River as the most frequently used by the population. Out of these 95 points, 60 were manned by Red Cross volunteers who subsequently developed or reactivated 60 outreach chlorination sites (34 sites are in the Kalemie health zone and 26 in the Nyemba health). Volunteers systematically chlorinated water collected by the population based on standards recommended by the task force. Each was managed by a team of two volunteers on a 7 hours rotation basis, from 5 a.m. till 7 p.m.

During the reporting period, the quantity of water chlorinated is estimated at 198,000 m³ litres for the 60 sites run by the Red Cross. This has helped more than 100,000 people preserve adequate access to disinfected and clean water for their day to day needs. To that effect a total of 39,705 litres of liquid chlorine (five percent concentration) were utilised.

Challenges:

Shelter for volunteers managing the chlorination sites was limited or in very poor status, which made difficult for the volunteers to operate in sunny or rainy weather conditions. The need to improve the shelter conditions for the volunteers has been identified as a priority need.

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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International Federation of Red Cross and Red Crescent Societies

MDRCD008 - Dem Rep Congo - Cholera Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/6
Budget Timeframe	2009/10-2010/2
Appeal	MDRCD008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	58,604					58,604
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	57,970					57,970
C6. Other Income	57,970					57,970
C. Total Income = SUM(C1..C6)	57,970					57,970
D. Total Funding = B + C	57,970					57,970
Appeal Coverage	99%					99%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	57,970					57,970
E. Expenditure	-57,970					-57,970
F. Closing Balance = (B + C + E)	0					0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		58,604					58,604	
Supplies								
Water & Sanitation	14,199	15,228				15,228	-1,029	
Teaching Materials	573						573	
Total Supplies	14,772	15,228				15,228	-456	
Transport & Storage								
Storage	2,245						2,245	
Distribution & Monitoring		3,915				3,915	-3,915	
Transport & Vehicle Costs	2,290	3,459				3,459	-1,169	
Total Transport & Storage	4,535	7,374				7,374	-2,839	
Personnel								
National Staff		212				212	-212	
National Society Staff	22,271	23,872				23,872	-1,601	
Total Personnel	22,271	24,084				24,084	-1,813	
Workshops & Training								
Workshops & Training	6,000	5,011				5,011	989	
Total Workshops & Training	6,000	5,011				5,011	989	
General Expenditure								
Travel	3,892	759				759	3,132	
Information & Public Relation	1,890	1,280				1,280	610	
Office Costs	580	74				74	506	
Communications	688	101				101	587	
Financial Charges	400	407				407	-8	
Total General Expenditure	7,449	2,622				2,622	4,827	
Programme Support								
Program Support	3,577	3,651				3,651	-74	
Total Programme Support	3,577	3,651				3,651	-74	
TOTAL EXPENDITURE (D)	58,604	57,970				57,970	633	
VARIANCE (C - D)		633				633		