

# DREF operation



International Federation  
of Red Cross and Red Crescent Societies

## Democratic Republic of Congo: Cholera outbreak in Katanga and Maniema provinces

DREF Operation n° MDRCD005  
GLIDE n° EP-2008-000245-COD  
16 December, 2008

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 173,430 (USD 147,449 or EUR 110,212) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Red Cross of the Democratic Republic of the Congo in building its cholera outbreak management capacities in two provinces, namely Maniema and Katanga, and providing assistance to some 600'000 beneficiaries. Un-earmarked funds to repay DREF are encouraged.**

**Summary:** Although this DREF bulletin describes the situation in four provinces (North and South Kivu, Maniema and Katanga), the proposed operation will focus only on two provinces (Maniema and Katanga). This is because North and South Kivu, due to ongoing conflict, the RCDRC is working with the ICRC as lead agency. Therefore, all cholera response activities in those two provinces will be covered by ICRC and all cholera response activities in those two provinces will not be covered by this DREF operation.

Since early October 2008, high morbidity and mortality rates associated with a cholera epidemic outbreak have been registered in the Maniema, Katanga, North and South Kivu provinces. Ministry of Health (MoH) statistics show that over 25,503 cholera cases had been registered, including 515 deaths in the localities mentioned below. The following are statistics from the MOH.

In Katanga province, over 10,214 cases and 229 deaths have been registered and Red Cross efforts will be concentrated on towns such as Lubumbashi, Likasi, Kolwezi, Bukama and Kasenga localities where the mortality rate is very high. In the last week of November, the Kipushi health zone was noted as one of the most affected, with several cases registered. A Red Cross team was sent to the field to assess the situation in the Kipushi health zone which is also reported to be badly affected.

In Maniema province the focus is on the Kailo, Alunguli, Kindu and Basoko health zones, where according to the Maniema provincial committee of the RCDRC, 189 cases and 11 deaths have been registered over the past weeks. This information has been confirmed by World Health Organisation (WHO).

In North Kivu, where ICRC is working, the health zones of Binza, Bwambizo, Goma, Karisimbi, Kirotshe, Masisi, Rutchuru and Walikale are most affected, with nearly 8,826 cases and over 229 deaths registered out of a total population of 1,272,981 inhabitants. The possibility to carry out sensitisation, disinfection, environmental hygiene and water chlorination is more difficult in this region due to the ongoing conflict. The numbers registered are those recorded in the local hospital and do not include those occurring in other health centres or at home. By the same period, well over 5,000 cases have been registered in South Kivu, with the most affected health zones including Minova (which shares boundaries with North Kivu), Nundu, Baraka/Fizi (which is an endemic zone), Kalehe, Ruzizi, Katana,

Kabare, the town of Bukavu, Kadutu and Bagira. 1,229 cases have been registered so far in these localities alone, and there are indications that this number is growing rapidly.

Overall, there is clear concern that the numbers are of a significant level and there is a serious risk of the disease further spreading in the four provinces already affected and also beyond. In which case, the RCDRC, supported by the International Federation, needs to be prepared to respond in those provinces not supported by the ICRC.

This operation is expected to be implemented over two months, and will therefore be completed by 9 February, 2009; a Final Report will be made available three months after the end of the operation (by 9 May, 2009).

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

## The situation

Reports from the WHO and local Government (MoH) reveal that the Democratic Republic of Congo (DRC) is one of the top five countries in the world most affected by cholera. This information is confirmed in a recent publication by Griffith DC et al, and Am, *Trop Med HYG 2006*. The Eastern provinces of DRC are more affected than those in the West. In fact, the annual impact per province stands at 2,500 cholera cases in the East, with the highest number of cases in Katanga, and North and South Kivu provinces.

The epidemiological profile of the country is characterised by endemic epidemics like diarrhoeal diseases, measles, poliomyelitis and typhoid. Other recurrent diseases in the country include acute respiratory infections, malnutrition due to lack of protein and carbohydrates, tuberculosis, malaria, trypanosomiasis, schistosomiasis, monkey pox and AIDS and other sexually transmitted infections.

This situation is further compounded by rampant poverty as the majority of the population lives on less than one dollar a day. In addition, problems in accessing potable water due to problems with the national water distribution network (REGIDESO), the generally unhealthy environment in big cities, especially in poor neighbourhoods and in camps for internally displaced, plus the constant presence of the vibrio bacterium (which is responsible for cholera) in several of the water sources - the combination of all these conditions has left the population struggling to deal with the disease. In many situations, the population have had to resort to traditional and/or religious practices to help their health problems, in the absence of other support.

As of mid November, 25,503 cases of cholera had been registered by the MoH. In addition to the cases in the above-mentioned health zones, displaced persons in the camps around the town of Goma have also been affected by cholera. These camps include Kibati, Mugunga 1 & 2, Buhimba and Bulengo. Due to the stigma of the disease, particularly in the towns and cities, several people with cholera also remain hidden and die in their homes, as it is seen as shameful to have the disease.

It should be recalled, that the provincial government of Katanga made the following recommendations as a way out to combating cholera, as far back as a meeting in January 2008. They recommended a strong approach to the following areas of assistance, where the DRC RC has a clear role:

- Community sensitisation and social mobilisation
- Hygiene and sanitation promotion, with a focus on improving the availability of potable water in the General Reference Hospital and in the most affected neighbourhoods
- Providing psychosocial support to people affected by cholera

There is therefore a need to that the Red Cross volunteers can be mobilised to work on community sensitisation, hygiene promotion and psychosocial support for the affected areas. There is also a need to support the disinfection of the houses of people infected by cholera in the target areas. This includes in the camps of people displaced from North Kivu, such as in Kindu camp. Partner organisations have been running cholera treatment centres, however, many of these centres lack supplies and patients have been reluctant to attend as conditions are poor.

## Coordination and partnerships

An inter-agency coordination committee has been set up in each of the provinces affected by cholera to help manage the situation and to coordinate the actions of all humanitarian partners in the field. DRC Red Cross provincial committees have been taking part in the meetings of such committees, alongside MSF, Merlin, WHO, UNICEF and the ICRC where present.

The Minister of Health headed an inter-agency team conducting an evaluation in the field in order to assess the real situation of people affected by cholera. The team seized that opportunity to identify the real gap that needs to be filled, including the treatment of patients, sensitization and psychosocial support to families affected.

Presently, all the humanitarian partners in the field are mobilising efforts to support existing cholera treatment centres by putting at their disposal human resources and medical equipment. Nevertheless, other actors are focused on supporting preventive activities, which include sensitising the population to the risk of such epidemics and the means to limit their spread. This is why the DRC Red Cross Society intends to mobilise its volunteers to support health teams in such community level sensitization and in carrying out other preventive activities in order to help reduce the spread of the disease. This DREF allocation will support the National Society to do this, with a particular focus on Maniema and Katanga province and on preparedness in case of spread to other provinces outside the conflict area

## Red Cross and Red Crescent action

At national level, RCDRC management has been participating in meetings organised by the MoH to better coordinate and improve the response to existing cholera outbreaks and to avert the spread of the disease.

### **Katanga**

Earlier this year, the provincial committee of the DRC Red Cross mobilised its volunteers to sensitise the population that were affected by cholera. The National Society trained 300 volunteers on cholera management and, with the support of the International Federation, made available some prevention and spraying materials. However, given the scope of the epidemic, new training sessions and more donations of equipment are needed if the Red Cross action is to create a significant impact on cholera-affected people.

### **Maniema**

The provincial committee of the Red Cross mobilised volunteers to assess the situation in Alunguli, Kailo, Basoko and Kindu. In addition, the provincial committee is part of the provincial interagency coordination committee. Red Cross volunteers have started sensitisation activities and are referring patients to cholera treatment centres where possible. However, further assistance is required.

### **North Kivu**

The provincial committee has been participating in all the meetings of the inter-agency coordination committee presided over by the provincial Health Minister. 100 Red Cross volunteers have been organised into two teams of 50 members each and two supervisors to carry out community sensitisation on the promotion of hygiene and environmental sanitation. In operational partnership with the ICRC, 15 Red Cross volunteers have been deployed to help register displaced persons in camps and other reception areas while an additional 250 volunteers have been assigned to handle and distribute food to the families that have been displaced as a result of war. Within the same operational response, Red Cross volunteers have been involved in executing and maintaining various water supply systems set in place by the ICRC, notably in Kanyabayonga, Vitshumbi, Kitshanga, Saké and Goma/Kibati. These activities have helped reduce the cholera prevalence in the displaced and resident communities.

### **South Kivu**

Cholera is endemic in several health zones of South Kivu. This is why some of their volunteers have been trained on water chlorination and sensitisation already. So far, 60 volunteers have been working on 30 water points in Kalehe and Minova, with the support of UNICEF. The provincial health emergency committee has been meeting on an irregular basis and needs to be revamped in order to encourage the involvement of more partners. With the technical support from and in coordination with the ICRC, RCDRC volunteers contribute towards the provision of safe water for displaced persons in the Minova area

# The needs

## Katanga

Despite the contributions that have already been registered from other partners, there are still several gaps that need to be filled to ensure a concerted response. In many areas, activities have not been carried out due to lack of partners in some cases and lack of means in others. Therefore strategic stocks of sanitation, protection and disinfection materials need to be put at the disposal of provincial committees to facilitate the management of the epidemic. The strategic stocks will include:-

- boots
- latex-made gloves
- strong gloves
- one-use respirators
- soap
- 25-litre containers of chlorine
- cups
- image boxes
- folders
- security patches and jackets
- a sanitation kit, which is composed of 10 machetes, two wheelbarrows, five shovels, five pickaxes, five racks and five strong brooms.

## Maniema

Community sensitization activities have not been organized in Maniema due to a lack of resources. Cholera treatment centres lack materials, patients sleep on mats and others are reluctant to attend due to poor conditions. Therefore strategic stocks (**see list above**) will be put at the disposal of provincial committees to facilitate future management of epidemics. In addition, second-hand clothes, tarpaulins, and blankets will be made available to the provincial branch.

These sanitation, protection and disinfection materials will be in place in both of the target provinces to deal with any existing outbreaks of cholera and to support the promotion of good hygiene practice to avoid the future spread of the disease. This support will also support the capacity building of the two provincial branches to be prepared in future for any outbreaks of disease.

The following tables summarize the number of volunteers that needs to be trained in each locality and the supplies needed in each province.

### 1. Number of volunteers to be trained in Katanga province

Localities	Number of volunteers
Lubumbashi	40
Likasi	20
Kolwezi	30
Bukama	20
Kasenga	20
Kipushi	20
<b>TOTAL</b>	<b>150 volunteers</b>

### 2. Number of volunteers to be trained in Maniema province

Localities	Number of volunteers
Alunguli	20
Kailo	20
Basoko	20
Kindu	30
<b>TOTAL</b>	<b>90</b>

### 3. Summary of needs per locality

Articles	Maniema	Katanga
<b>Sprayers</b>	8	12
<b>Latex made gloves</b>	8 boxes (100 gloves each)	12 boxes (100 gloves each)

<b>Strong gloves</b>	10 boxes (10 gloves each)	10 boxes (10 gloves each)
<b>One-use respirators</b>	3 packets of 50	5 packets of 50
<b>25 litres containers</b>	10 pieces	14 pieces
<b>Boots</b>	40	60
<b>Security patches (overalls)</b>	100 pieces	150 pieces
<b>Chlorine</b>	200kgs	200kgs
<b>Soap</b>	3,000 pieces	5,000 pieces
<b>Sanitation Kit*</b>	4	4
<b>Jackets</b>	50	50
<b>Images boxes</b>	20	20
<b>Cups</b>	100	150

## The proposed operation

### Capacity Building

**Objective:** The cholera management capacities of the Maniema and Katanga provincial Red Cross committees are built to ensure proper care of people affected by the disease.

#### Activities planned:

- Making available of sufficient door-to-door sensitization materials
- Training 240 volunteers and RCDRC leaders in cholera management through the PHAST methodology and providing information on environmental sanitation, hygiene promotion, disinfection of houses of cholera-affected persons, and community-based disease surveillance.
- Advocating before leaders for their involvement in actions to help stop the spread of cholera
- Carrying out social mobilization with focus on key actors in society, encouraging them to participate in community-based actions aimed at promoting environmental and individual hygiene
- Equip the targeted committees with emergency kits, sensitization and intervention materials

### Water and Sanitation

**Objective:** The number of new cholera cases in Maniema and Katanga is reduced considerably and people already affected are handled accordingly.

#### Activities planned:

- Sensitizing communities to the dangers of cholera and good sanitation practices
- Encourage the communities concerned to get themselves involved in ongoing sanitation activities in their respective localities
- Carrying out sanitation activities in public squares and cleaning gutters
- Spraying the houses and belongings of people affected by cholera
- Referring patients to cholera treatment centers
- Providing psychosocial support to families affected by cholera

### 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:**

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

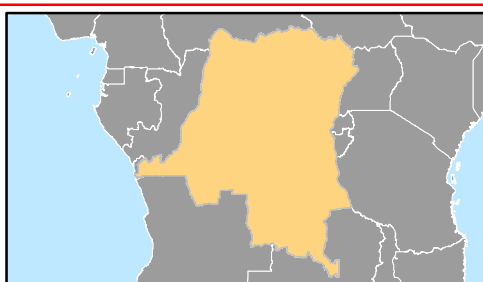
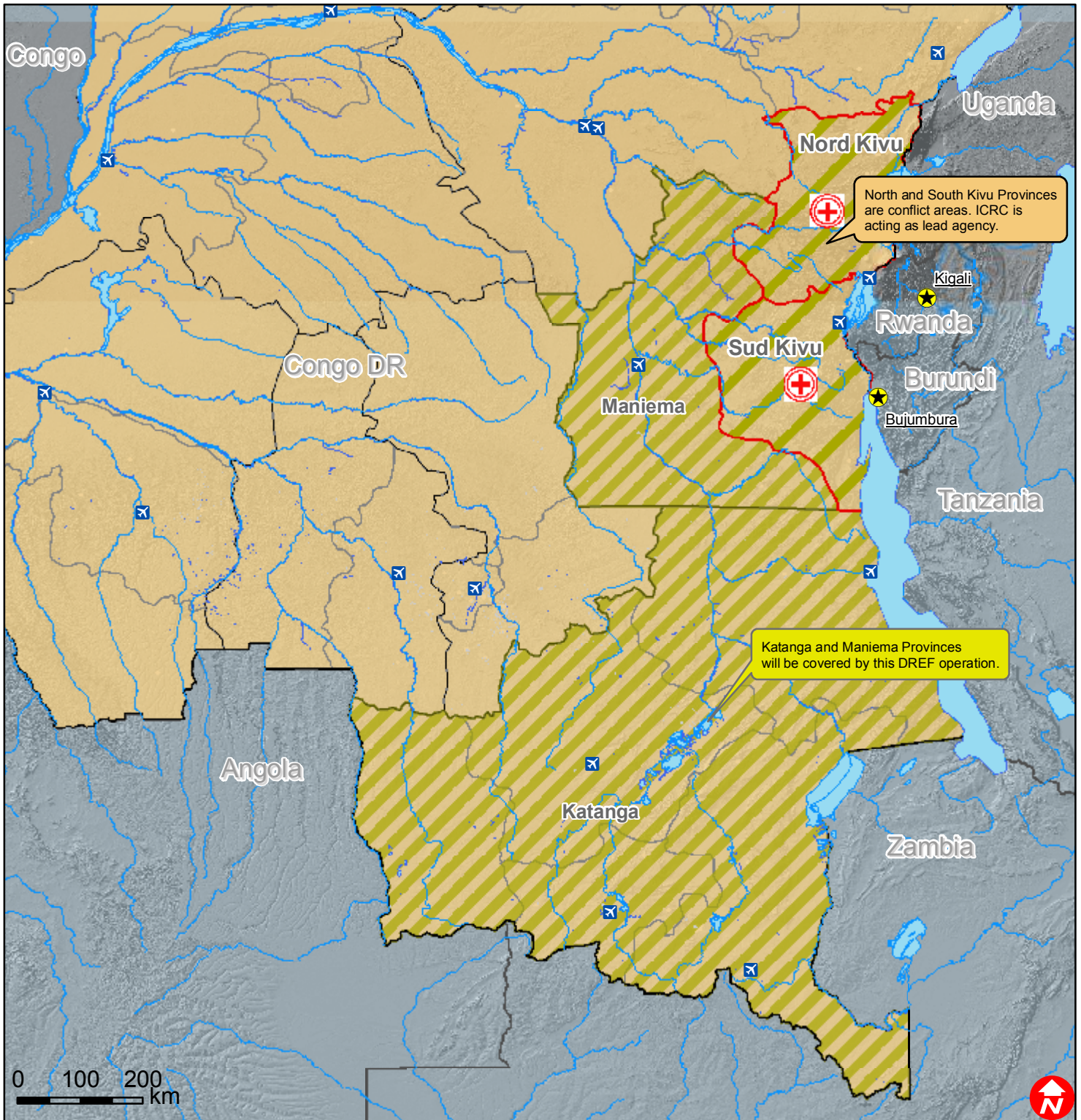
**BUDGET SUMMARY**

<b>TYPE</b>	<b>VALUE IN CHF</b>
BENEFICIARIES NEEDS	50,472
<b>TOTAL BENEFICIARIES NEEDS</b>	
<b>PSR</b>	<b>11,273</b>
<b>TRANSPORT &amp; STORAGE</b>	
Distribution & monitoring	26,898
<b>PERSONNEL</b>	
National & NS Staff	37,238
<b>WORKSHOP &amp; TRAINING</b>	
Workshop & training	20,610
<b>GENERAL EXPENSES</b>	
Travel expences	16,030
Information PR, Radio TV, reporting	3,092
Office Cost	2,400
Communication	3,664
Finance Charge	1,754
<b>TOTAL OPERATIONS NEEDS</b>	<b>38,213</b>
<b>TOTAL APPEAL CASH</b>	<b>173,430</b>





# Congo DRC: Cholera outbreak



- Capitals
- Airports
- ICRC
- Lakes
- Conflict area
- Affected area
- River