

DREF operation update



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
Update n° 1
08 January, 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 21 December 2009.

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 National Society in delivering assistance to some 163,000 beneficiaries.

The DREF allocation enabled the Red Cross of the Democratic Republic of the Congo (RCDC) to support the Ministry of Health (MoH) in its efforts of containing the spread of the cholera epidemic that occurred in the city of Kalémie in week 32 and take care of the sick people as well as affected households. The Red Cross volunteers focused in community sensitization on cholera prevention methods, good hygiene and sanitation practices (water treatment through chlorination, cleaning up campaigns and disinfection of affected houses in some health districts).

ECHO contributed CHF 46,880 (80%) to the DREF 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 on : <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

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A member of the Red Cross of DRC Mothers Clubs chlorinates some water fetched by a young girl / Red Cross of DRC

The situation

Cholera has become endemic in many parts of the Democratic Republic of the Congo, especially the city of Kalémie in the district of Tanganyika (Katanga Province). This situation is due to several factors, notably

limited access to potable water, inadequate sanitation, promiscuity, limited promotion of individual and collective hygiene practices, geographical conditions, absence of electricity, etc.

The power failure that resulted from a breakdown of the Bedera generating station on 6 July 2009 is largely to be blamed for the cholera outbreak that occurred in Kalemie, as the national water supply company REGIDESO could not continue running without electricity. Though several attempts to solve the problem were made by the Provincial Government and its partners 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 households still relied on the water from Lake Tanganyika for the day to day needs. Fortunately, due to timely response by provincial authorities, the United Nations Children's Fund (UNICEF), international and national Non-governmental Organizations (NGOs) such as Solidarités, Merlin, Médecins Sans Frontières (MSF), Mama Uvima and the Red Cross, the spread of the epidemic was put to a halt.

It is however worth mentioning that despite the fact that the epidemic was put under control, the annual cholera cycle is yet to come with the raining season. This is why partners such as UNICEF, Solidarités and local health authorities (Médecin Inspecteur de District-MID) have requested that additional resources are given to the Red Cross Branch so that they can extend their cholera prevention and response activities for at least 3 months. To that effect the Red Cross has submitted a USD 70,000 project to be funded by the Ministry of Planning.

Coordination and partnerships

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 has been created and put under the leadership district health authorities. The Red Cross branch has taken part in the meetings of the task force alongside with other humanitarian actors such as MSF, Merlin, the World Health Organization (WHO) and UNICEF. The task force has responsibility for organising assessments, monitoring of the epidemic, and deciding on priority actions.

The National Society, the Federation and ICRC coordinate their response to the epidemic in Tanganyika District (Katanga province) and on a wider scale, in all affected areas in the country. To that effect, during a tripartite meeting held in Kinshasa on 7 October, it was agreed that ICRC will provide Red Cross of DRC with financial and technical support to cover the needs identified in South Kivu province while the Federation will support the National Society's response in Katanga province.

In order to support the local initiative, as a matter of priority, the task force decided that all actors should procure liquid chlorine from a local women association called "Mama Uvima". This has not only helped keep the cost of chlorine low. It has also contributed to strengthening local initiatives and empowering women. This element of the response to the epidemic easily complement the Red Cross strategy of using Mothers Clubs as change actors in the fight against the spread 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 with some financial support for the motivation of volunteers.

Red Cross and Red Crescent action

Progress towards objectives

Capacity building

Objective: To enhance 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;
- Referring patients to the treatment centres;
- Psychosocial support to families affected by the disease.

Progress:

The Red Cross of the Democratic Republic of the Congo (RCDRC) branch of Tanganyika district mobilised and trained 100 volunteers for the operation, 75 women among them are members of its mothers clubs. The rationale of having 75% of women is to maximize the success of awareness raising campaigns as well as the water chlorination activities right down at water collection points as women are more often than men involved in fetching water for their households. The volunteers were trained in cholera symptoms identification, contamination cycle, prevention measures and in the management of people with symptoms of cholera. The emphasis was put on the role of Red Cross volunteers in breaking the chain of contamination. While the disinfection of affected houses and of Cholera Treatment Centres (CTC) has been done by male volunteers. Cleaning up campaigns were conducted by both male and female volunteers. During the reporting period, 3 CTC and some 100 houses were disinfected respectively.

Fortunately, there was no need for the Red Cross volunteers to provide psychosocial support to affected families since very little or no deaths have been recorded within the communities as a result of the epidemic. However, the volunteers directed about 500 people to appropriate health centres.

Water, sanitation, and hygiene promotion

Objective 1: People are aware of the signs and symptoms of cholera. They are also encouraged to refer to the closest health centres
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Activities planned:

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| <ul style="list-style-type: none"> • Community sensitization on the dangers of the disease; • Production and distribution of awareness materials. |
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Progress:

During the reporting period, the Red Cross sensitized 37,500 households, reaching out to 187,000 people (20% men, 26% women, and 54% children). The average number of households sensitized on a daily basis is 495, representing about 3,636 people daily. Children account for more than 50% of the population reached because they enjoy swimming and playing in the Lake and the River.

Challenges:

The population has been receptive to Cholera prevention education done by RCDRC and other partners. This has contributed to putting the epidemic under control. However, eradicating the disease will be challenging as most of the households do not have or use appropriate waste disposal (excreta and garbage) measures. It is therefore necessary to engage into improving family VIP latrines and community based waste management. This can be easily done by Red Cross volunteers as they already have some good experience working in 9 villages on the concept of "Village Assaini - Clean Village" with funding from UNICEF.

Objective 2: The personal and environmental hygiene is encouraged to stop the outbreak chain of transmission

Activities planned:

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| <ul style="list-style-type: none"> • 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. |
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Progress:

The Red Cross volunteers conducted clean up activities in public places. This included disinfecting school latrines, cleaning up market places and drainage systems. This was done in the 13 most vulnerable areas (blocks) of the city, 7 primary schools, 3 markets and 1 barrack. Also, Red Cross volunteers cleaned up the mortuary of the reference hospital of Kalémie. Sanitation and cleanup activities have benefited to an estimated population of 21,500 people.

Challenges:

Logistics were a serious constraint as heavy duty materials needed for sanitation and clean up activities had to be procured in Kinshasa but could not be transported to Kalémie on time due to the fact that the transporter did not have easy access to air planes. The Red Cross of Tanganyika Branch still awaits the delivery of the materials. Fortunately, partners in the field namely UNICEF and Solidarités could come in to fill the gap, temporarily. It has therefore been necessary to send another consignment of equipments to Kalémie using the World Food Programme (WFP) flights.

<p>Objective 3: Improving access to safe and clean drinking water for household use</p> <p>Activities planned:</p> <ul style="list-style-type: none"> • 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 managed 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 chlorinate water collected by the population based on standards recommended by the task force. Each chlorination site was managed by a team of two volunteers on a 7 hours rotation basis, from 5 a.m. to 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 National Society. 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 (5% concentration) were utilised.

Challenges:

Shelter for volunteers managing the chlorination sites is either inexistent or in a very poor status. This of course makes it difficult for the volunteers to operate during very early and very late hours or when it is very sunny or its is raining. 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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