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DREF Operations Update n. 02

Democratic Republic of Congo (DRC): Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRCD022		GLIDE n° CE-2017-000116	
Operations Update N° 2		Timeframe covered by this update: 17 August to 18 November 2017	
Operation manager (responsible for this EPoA and budget holder): Zinedine Kada, operation coordinator / Representative ai.		Point of contact DRC RC (name and title): Moise Kabongo Ngalula, Red Cross of the Democratic Republic of the Congo (RC DRC) Disaster management Director	
Operation start date: 17 August 2017		Operation timeframe: 4 months (new end date: 18 December 2017)	
Total Operation budget: CHF 271,326	Initial allocation: CHF 253,588	Second allocation: CHF 17,738	
N° of people being assisted: 612 families or 3,060 people displaced in Kwilu, Sankuru and Lomami provinces.			
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), ICRC and in-country Movement partners i.e. Belgium and Canadian Red Cross Societies.			
Other partner organizations actively involved in the operation: The DRC government, UNOCHA, UNICEF, UNHCR, WFP, and ECHO.			

This operations update is being published to announce an extension of the operational timeframe (new end date: 18 December 2017), enabling the final preparations for the launch of an Emergency Appeal, expected in early December 2017. So far, the IFRC DREF has supported the RC DRC with CHF 271,326 for its initial response in the areas of health, water, sanitation and hygiene, shelter and non-food items for 612 IDP families from Kasai conflict who have found shelter in neighbouring provinces of Lomami, Sankuru and Kwilu. In parallel to the initial response, the DREF operation supported the RC DRC to conduct an emergency multi-sector needs assessment of this complex humanitarian situation.

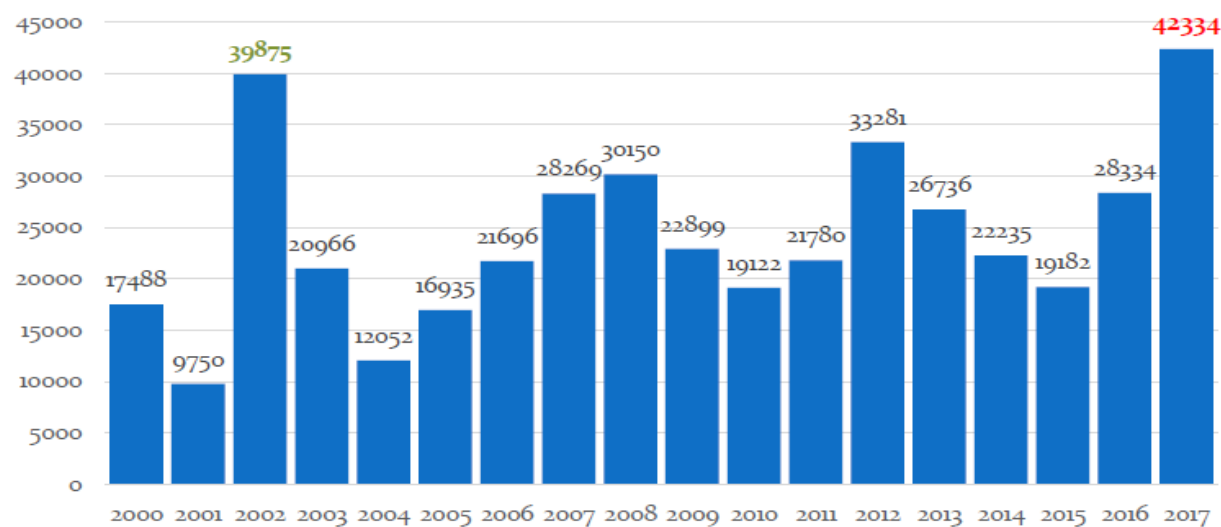
Given the complex humanitarian needs, RC DRC with support of IFRC and partner NSs, intends to position itself with a well-defined operational strategy and plan that relies on a comprehensive needs assessment leading to the launch of an Emergency Appeal.

DRC is experiencing one of the worst cholera outbreaks of the past 15 years, with 43,852 suspected cases and 871 related deaths being reported in 21 out of 26 provinces since the start of this year. Fears are growing in Kasai, where new cases of cholera have recently been reported: It should be noted that this is a region where over 1.3 million displaced people have limited access to safe water and sanitation. This risk is only further compounded by the fact that Kasai has not experienced a cholera outbreak in the past 10 years.



Photo: DRC-Assessments in Lomami provinces - 2017

Nombre de cas cumulé par année de 2000 à 2017 (S43)



Number of cumulated cases from 2000 to 2017

Since 07 July 2016, when the information on the outbreak of Cholera was shared by the WHO, the DRC RC has been taking part in the crisis meeting co-chaired by the MoH and WHO on the strategic response plan for this outbreak. As part of the initial response, the DRC RC deployed 500 volunteers from its roster of volunteers trained under the Ebola Preparedness program. The CARC also provided 50 Personal Protective Equipment, some NFIS including (1,000 sleeping mats; 1,000 blankets; 1,500 pieces of soap of 200grs each and water purification tablets for 500 families and sanitation material from its stock. This protective equipment includes PPE that was prepositioned in 2014 to respond to Ebola Virus Disease Preparedness. The DREF allocation will be partly used to replenish these pre-positioned stocks.

Summary of current response

As far as the present population movement crisis is concerned, the National Society, with the support of its Movement partners, has already completed a detailed multi-sector needs assessment to determine the most urgent needs to be considered. Moreover, the NFIs that were planned in the Population Movement DREF Operation have already been purchased and dispatched to the field for distribution before the end of October 2017. These DREF activities have given the team an opportunity to study the supply channels in targeted localities, enabling them to have a better understanding of the availability and accessibility of food and NFIs in targeted provinces.

Distribution of NFI Kits

The table below shows the number of kits distributed by province and by site. In the province of Kwilu, the DREF assisted 150 households in Gungu. In the province of Lomami, The DREF assisted 312 households in three different sites: Kabuela (97 households), Kalenda (15 households) and Wikong (200 households). For the province of Sankuru, some 150 households in Lusambo were assisted, making a total of 612 kits for the three provinces.

Provinces	Location	Number of kits distributed
Kwilu	Gungu	150
Lomami	Kabuela	97
	Kalenda	15
	Wikong	200
Sankuru	Lusambo	150
	Total	612

Distribution of NFI kits

Sensitization activities

The table below shows the number of people sensitized on good hygiene practices and "dirty" hand diseases. A total of 43,256 people was sensitized representing 7210 households in the Lomami, Sankuru and Kwilu provinces.

Provinces	AREAS	Number of people sensitized			Total	Households
		Men	Woman	Children		
Kwilu	Gungu	2,310	3,016	1,091	6,417	1,070
	Idoifa	2,811	3,614	1,607	8,032	1,339
Lomami	Kabuela	479	798	318	1,595	266
	Muena Ditu	3,334	4,446	3,334	11,114	1,852
	Kamiji	1,663	2,771	1,108	5,542	924
	Wikong	1,227	1,473	888	3,588	598
Sankuru	Lusambo	2,411	2,415	2,112	6,968	1,161
Total		14,235	18,533	10,458	43,256	7,210

Overview of Host National Society

The DRC RC is a neutral humanitarian organization and auxiliary to the public authorities. At the national HQs there is an operational management structure including six technical departments and professionals trained as part of the National Disaster Response Team (NDRT). The RC DRC has provincial disaster response intervention teams (PDRT) with 110 members, NDRT with 30 members, and 10 staff members that are a trained regional disaster response team (RDRT). Moreover, the RC DRC has a pool of approximately 130,000 registered volunteers, of which 60,000 are active. The RC DRC has one branch in each of the 26 provinces. The RC DRC has a lot of experience managing natural disasters and civil unrest. Recurrent disasters in the country include floods, volcanic eruptions, landslides, population movements and air crashes.

Overview of Red Cross Red Crescent Movement in country

The recent conflict in Kasai has triggered Movement partners to review readiness and to discuss how they can reinforce DRC RC's efforts in delivering humanitarian assistance to the new influx of IDPs. There has been regular interaction and discussion between Movement partners since beginning of the crisis. On behalf of the DRC RC National President, movement partners in-country met on 11 July 2017 and agreed upon a common approach for a Movement wide multi-sector needs assessment regarding the Kwilu, Lomami and Sankuru provinces. And the RC DRC National President has asked IFRC's support to conduct said needs assessment in these provinces.

Led by RC DRC /IFRC, all Movement partners contributed to the development of the terms of reference of the multi-sector needs assessment conducted as part of this DREF operation. The French and Spanish Red Cross Societies actively participated in the field assessment, alongside the RC DRC teams and the RDRT members deployed by IFRC to that effect. A meeting was organized to present the findings of the assessment on 17 October 2017 in Kinshasa and was attended by all Movement partners who are in support of the launching of an Emergency Appeal based on the findings presented.

Overview of non-RCRC actors in country

The humanitarian response community has been overwhelmed. The UN has launched a flash appeal for additional funding and ECHO has granted additional Euro 5,000,000 for Humanitarian Implementation Plan (HIP) to cover increased humanitarian needs. The ECHO additional grant is targeted to support food, nutrition, health, water sanitation and hygiene, non-food items/shelter, education, protection/child protection, advocacy and disaster risk reduction.

UNOCHA has launched a Flash Appeal for the Kasais for US\$64.5 million to assist 731,000 with lifesaving assistance over six months. In 2017, humanitarian response plan has increased its requirement to \$812.5 million to deliver humanitarian assistance to people in need.

Cholera outbreak

Given the recurrent cholera outbreaks in the DRC, in August 2017, the Ministry of Public Health (MoH) created a specific department to fight against cholera: The National Program for the Elimination of Cholera and the fight against Diarrheal Diseases (PNECHOL-MD).

The MoH, with WHO as the main support agency, released in September 2017 "A comprehensive plan for an emergency response to the cholera epidemic in the DRC, in a context where the rainy season is due to start and there is risk of the epidemic spreading". This plan was presented at the weekly meeting of the National Coordinating Committee at the

MoH. Following the dissemination of this plan, the PNECHOL-MD set up the various commissions in collaboration with its partners, including WHO, UNICEF, MSF, DRC RC and IFRC.

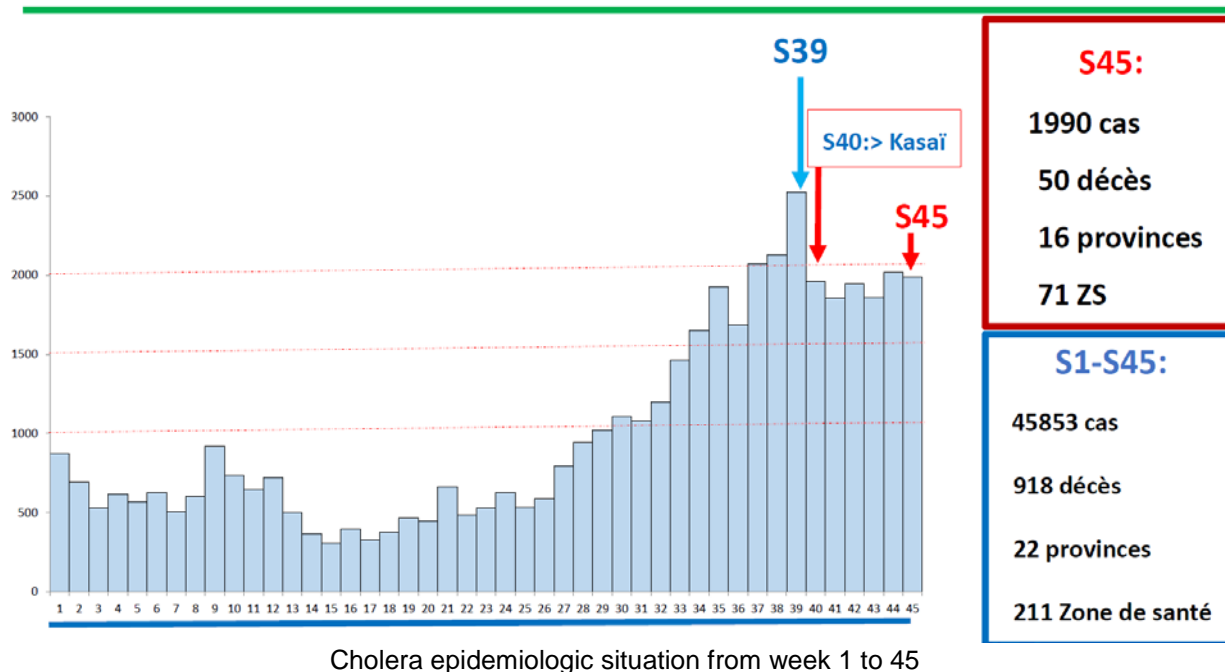
Moreover, based on past intervention in epidemic outbreaks such as the latest Ebola in May 2017, the MoH has officially requested the RC DRC to assist with social mobilization and community communication.

Needs analysis and scenario planning

The final report of the multi-sector needs assessment indicates that the most urgent needs of targeted beneficiaries are in the areas of Livelihoods and basic needs, Shelter, Health and nutrition, WASH, Protection-Gender-Inclusion, disaster risk reduction/community resilience and strengthening the RC DRC capacities using the approach of “branches as centres of resilience” in the provinces of Lomami, Sankuru and Kwilu.

Since January 2017, 45,853 cases of cholera and 871 related deaths have been notified in 21 provinces of the country, two of the three assessed provinces are now affected by the epidemic. Those are the provinces of Kwilu and Lomami. For the first time since the beginning of the year (2017; weeks 01 to 45), suspected cases of cholera are recorded in the Lomami and Sankuru. In Lomami Province, five Health zones (HZ) are concerned (Kalambayi, Kanda Kanda Ngandajika, Mulumba and Kabinda). In Sankuru Province, two HZ are now concerned (Bena Dibebe and Kole). However, Ngandajika Health zone is particularly in a state of alert. Indeed, 226 suspected cases of cholera and 36 deaths (lethality = 24.8%) were recorded during the last two weeks (2017; weeks 43 and 45).

Situation épidémiologique choléra, RDC, S1-S45



Ngandajika HZ is composed of an urban centre (7 health areas out of 19) in which the population density is high. It is located more than a hundred kilometres from Mbuji Mayi and many exchanges of goods and people exist between these two geographical areas. The risk of spreading is important not only in Ngandajika HZ but also in the surrounding provinces. Massive hygiene promotion activities need to be conducted to reduce the spread of the cholera outbreak.

Province	ZS	S40		S41		S42		S43		S44		S45		S46		TEV S45-S46(%)
		cas	Décès	cas	Décès	cas	Décès	cas	Décès	cas	Décès	cas	Décès	cas	Décès	
Lomami	Kalambayi									183	2	132	7	154	2	16,7
	Kanda Kanda							68	3	89	2	58	2	42	0	-27,6
	Mulumba									4	2	8	0	40	6	400,0
	Ngandajika									226	36	170	11	193	5	13,5
	Kabinda											4	1	1	0	-75,0

Number of cases in Lomami province – week 46

In the “Grand” Kasai, the cholera epidemic is currently raging in all five provinces, although Lomami province is the hardest hit in the health zones of Ngandajika, Kandakanda, Kabinda, Mulumba and Kalambayi. The main challenge remains at the level of prevention activities, as there are insufficient actors and means to reinforce prevention and sensitization. For now, there are gaps at the level of community response, awareness-raising, access to safe drinking water, hygiene and sanitation and management of corpses. Special focus will be on transportation, which sometimes includes the use of motorcycles.

To this end, it is extremely important and urgent to respond in a timely manner to the current cholera outbreaks in order to limit its impact and contain the disease in the affected health areas. This intervention will enable volunteers to strengthen public awareness for behavioural change, the chlorination of water by the implementation of chlorination devices and distribution of Aquatabs in households, disinfection of households and safe burials.

Community activities are not sufficient to control the outbreak as the main actors are focused in case management in CTC (principally MSF and Provincial MoH). Therefore, the response strategy will be adjusted on the basis of this information and will be concentrated in the health areas where the contribution of the volunteers of the RC DRC will constitute a major asset in their collaboration with the sanitary authorities of the health zone and especially with the involvement of community leaders.

WASH

- Hygiene promotion by sensitizing IDPs and Host population on hygiene rules to avoid epidemics in the 3 provinces. This activity will be carried out in favour of 612 families.
- Environmental sanitation by the local volunteer team. Sanitation kits will be made available to the volunteers (shovels, hoes, wheelbarrows etc.). Besides, there are also bibs for volunteers and posters as well as flip charts for sensitization. Megaphones with batteries will also be made available to volunteers for this activity.
- Distribution of Aquatabs or sachets of Pure to purify drinking water, and demonstration sessions on how to use them. The NS had set up sensitization teams in charge of water purification.
- Train population of targeted communities on safe water storage and safe use of water treatment products
- Monitor treatment and storage of water through household surveys and household water quality tests.

Health

- Provision of first aid kits for volunteers in each of the 5 Health Zones of Lomami provinces. These kits will be used to provide first aid to IDPs and Host population. Each province main town will need 15 first-aid kits and 3 kits will be made available for the mission team, making it a total of 48 first aid kits.

Distribution of NFI Kits

- Procurement, transportation and distribution of NFIs (blankets, tarpaulins, mats and kits, buckets, jerrycans and hygiene kits for women of childbearing age), for the most vulnerable. Also, since most of these families are homeless, it is planned to distribute tarpaulins to solidify makeshift shelters

Beneficiary selection

Due to the situation of conflict Kasai, the entire population, IDPs and host population, are considered as vulnerable. However, with the support of RC DRC and other partners in the field, the selection criterion will focus women headed households with children aged 10 and below; pregnant and lactating women, the elderly, persons with disabilities and unaccompanied minors (UAM). The beneficiary selection will be further scoped through the coming Emergency Appeal.

B. Operational strategy and plan

Overall Objective

The initial response in health, water, sanitation and hygiene, shelter and non-food items for IDPs will help reduce further deterioration of humanitarian conditions for the most vulnerable and allow people to settle into temporary settings.

While providing the initial response, the RC DRC, together with IFRC and other Movement partners, have conducted a multi-sector needs assessment of the situation of IDPs in Lomami, Sankuru and Kwilu provinces.

The main purpose of the multi-sector needs assessment was to define the strategy and specific target groups for strengthening IFRC's support to the DRC Red Cross Society in delivering humanitarian assistance to affected people in Kwilu, Sankuru and Lomami provinces. The mission also supported the distribution of health care, water, sanitation and hygiene, shelter and non-food items activities to 612 most vulnerable families.

According to the current situation in the Lomami province, the aim of this Operations Update no. 2 is to continue planned activities, thereby reducing immediate risk to the health of the affected population, specifically in relation to the Cholera outbreak, through the National Society's social mobilization and community sensitisation activities, targeting a total of 246 342 people (indirectly) and 126,000 people (directly). Although the affected areas are wide, the intervention will mainly concentrate on Health Zones of Lomami province where cases have been detected and where the risk of spread to neighbouring provinces is high. These Health zones are Kalambayi, Kanda Kanda, Mulumba, Ngandajika and Kabinda.

Moreover, this no-cost extension will allow the NS continue preparations for the launch of an Emergency Appeal, which will provide a wider response to the issues highlighted by the assessment.

Specific objectives:

- to provide IDPs with initial response of health, water, sanitation and hygiene, shelter and non-food items;
- to procure, transport and distribute NFIs, such as blankets, kitchen kits, mosquito nets, buckets and jerry cans, as well as hygiene kits for women of childbearing, age and other vulnerable people, who will be identified during the assessment mission;
- to assess scale and scope of specific needs of IDPs and define a framework focusing on RC DRC branches for a multi-sector intervention in DRC (relief, health, WATSAN, food security, shelter and non-food items, etc.);
- to facilitate the appropriate response (e.g. EA) that will enable the RC DRC to assist the most vulnerable IDPs affected by Kasai conflict in the three selected provinces; and
- to propose an IFRC comprehensive and interdisciplinary support structure required for emergency and long-term operations.

Proposed strategy

- Based on its specific mandate, the ICRC will intervene in provinces affected by conflict while IFRC will assist IDPs that found shelter in safer communities not directly affected by conflict. In both cases, they will ensure a consistent approach by strengthening open and fluent exchange of information and coordination on assessment, planning, monitoring and implementation of the operations.
- IFRC will work in collaboration with RC DRC and in-country Movement partners including ICRC and partner NS's to ensure a coordinated operational setup. Together with RC DRC and ICRC, IFRC will promote SMCC (Strengthening Movement Coordination and Cooperation) to reinforce inclusiveness in the operation in terms of who is best place for what. Moreover, IFRC will bring in knowledge, skill and capacity to the operational planning, implementation and monitoring through its joined leadership groups such as ADMAG (African Disaster Management Working Group) and its world-wide network.
- [Participatory needs assessment tools such as VCA](#);
- [Guidelines for assessment in emergencies](#);
- [IFRC Minimum standard commitments to gender and diversity in emergency programming](#);
- [Community Engagement and Accountability \(CEA\) tools, Better Programming Initiative: Options for better aid programming in post-conflict settings](#);
- SPHERE Standards will be applied in multi-sectors needs assessment.
- In accordance with its response and preparedness strategy for epidemic countries in the region, IFRC aims to support the RC DRC through staff and volunteer training and awareness raising, distribution of information, education and communication materials, dead body management, communication of key messages for the preparedness and prevention of Cholera epidemics outbreaks, as well as social mobilisation to reduce the risk and improve prevention activities, in collaboration with the MoH.

Operational support services

See DREF Operation Update 1 at <http://adore.ifrc.org/Download.aspx?FileId=172542>


Detailed Operational Plan


Programming / Areas Common to all Sectors

Programming / Areas common to all sectors			
Outcome 1: Implementation of a participatory response to identified needs of households that ensures adequate and timely response to emergency needs focusing on the most vulnerable.	Outputs		
	Output 1.1: A detailed needs assessment is carried out to inform the preparation/revision of the Emergency Plan of Action		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1. Develop ToR	X		100
1.1.2. Mobilization of assessment team	X		100
1.1.3. Field assessment	X		100
1.1.4. Draft assessment report	X		
1.1.5. Identification of caseload and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response	X		
1.1.6 Coordination with other sectors for effective programming	X		100
1.1.7, Final assessment report and draft operational plan	X		
Progress towards results			
Emergency Needs Assessment has been conducted and Emergency Plan of Action for the IFRC Emergency Appeal has been finalised.			

Health			
Output 2.1: The health situation and immediate risks are assessed using agreed guidelines and effective responses are implemented.	Outputs		
	Output 2.1: The health situation and immediate risks are assessed using agreed guidelines and effective responses are implemented.		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1. Target population of the five affected villages in Lomami, Sankuru et Kwilu is provided with access to community based health services, including provision of first aid and purchase / setup of first aid kits (15)	X		100
Progress towards results			

1.1.1. 19 First aid kits have been distributed to the Local Red Cross committees of Lomami province (Kabuela, Kalenda and Wikong), Sankuru (provincial committee) and Kwilu province (Gungu and Idiofa). The additional First aid kits (4) were provided by the RC DRC.

Water, sanitation and hygiene			
 Outcome 3: Immediate risk of waterborne diseases is reduced through the provision of improved sanitation and hygiene promotion in targeted provinces during two months.	Outputs		
	Output 3.1: 612 families or 3,060 people are provided with access to safe water.		
	Output 3.2: 612 families or 3,060 people are provided with adequate environmental sanitation measures (60 volunteers and 6 supervisors in 3 provinces)		
	Output 3.3: 612 families or 3,060 people are provided with hygiene promotion, which meets SPHERE standards		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
3.1.1. Procure and distribute Aquatabs or Pure tablets for purification of drinking water followed by demonstration sessions on use for the 612 most vulnerable families identified.	X		100
3.2.1. Procurement of environmental sanitation materials and protective equipment	X		100
3.3.1. Training of volunteers on hygiene promotion and the use of IEC materials (Target: 60 volunteers + 6 volunteer supervisors)	X		100
3.3.2. Production of information, education and communication materials (Target: 750 posters, 750 leaflets, and 9 image boxes)	X		100
3.3.3. Conduct hygiene promotion and sanitation activities through mass sensitizations in the 12 villages assessed	X		100
3.3.4. Procurement /distribution of hygiene related NFIs comprising buckets (one pc per family), hygiene/dignity kits (one pc per family), jerry cans (one pc per family) and soap (10 pcs per family); and provide sensitization on their use (Target: 612 families); for the 612 most vulnerable families identified.	X		100
Progress towards results			
3.1.1. Some 1,846 water purification tablets have been distributed to 612 most affected households in Lomami (312 households, Kwilu (150 households) and Sankuru (150 households)			
3.2.1. Environmental sanitation material and protective equipment have been procured and distributed.			
3.3.1. Planned trainings have been carried out in Lomami province (training in awareness-raising techniques, training on distribution techniques, training in sanitation). Some 48 volunteers, 3 supervisors and 3 provincial coordinators were trained on hygiene promotion and the use of IEC materials			
3.3.2. On their departure to Lomami and Sankuru provinces, the evaluation team took 2,000 leaflets / 1,000 posters and 2 image boxes.			
3.3.3. Sensitization activities have been carried out for 7,210 households in Lomami province (Kamiji, Kabuela, Mwene Ditu, Wikong) in Sankuru province (Lusembo) and Kwilu province (Gungu and Idiofa).			
3.3.4. Procurement of hygiene related NFIs comprising buckets (one piece per family), hygiene/dignity kits (one piece per family), jerry cans (one piece per family) and soap (10 pieces per family) have been distributed for 612 households (312 in Lomami, 150 in Sankuru and 150 in Kwilu provinces)			

 Shelters & NFI			
Outcome 4: Immediate settlement needs of the target population in affected areas of (Lomami, Sankuru et Kwilu) are met over a period of two months	Outputs		
	Output 4.1: 612 families or 3,060 people are provided with Non-Food Items (NFIs) and emergency shelter items		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
4.1.1. Procurement/transportation of NFIs in accordance with IFRC procurement standards (tarpaulins (two pcs per family), blankets (two pcs per family), kitchen sets (one pc per family), mats (two pcs per family), (Target: 612 families)	X		100
4.1.2 Mobilization of volunteers for a distribution (Target: 45 volunteers + 6 volunteer's supervisors)	X		100
Progress towards outcomes			
4.1.1	Procurement of tarpaulins (two pieces per family), blankets (two pcs per family), kitchen sets (one piece per family), mats (two pieces per family) have been finalised. They have been directly delivered to Mbuji Mayi (Kasai Orientale) on Wednesday 27 September.		
4.1.2	The distribution was conducted in the provinces of Lomami (Kabuela, Kalanda, Wikong), Sankuru and Kwilu (Idiofa and Gungu).		

D. Budget

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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How we work

All IFRC 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 the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.

