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## DREF operation update

### Democratic Republic of Congo: Cholera

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCD009**  
**GLIDE n° EP-2011-000076-COD**  
**Update n° 1: 7 October 2011**

The International Federation of Red Cross and Red Crescent (IFRC) 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 emergency response. 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:**

13 July 2011 to 27 September 2011.

**Summary:** CHF 227,511 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 11 July, 2011 to support the Red Cross of the Democratic Republic of Congo in delivering awareness messages and disinfection activities to one million people to prevent the spread of cholera.

Working closely with the Ministry of Health (MoH), UN Agencies and National and International NGOs, the Red Cross of DRC mobilised 900 First Aid volunteers and community animators to provide cholera awareness messages to populations at risk. In addition, houses of families affected by cholera or at high risk were disinfected. During the reporting period, the team reached more than 1,150,000 people with awareness messages and through disinfection of 2,000 houses (around 18,000 people), 20 boats, 250 latrines, and 20 market places, health centres and churches.



A Red Cross volunteer talks to the public at a water collection point in Kinshasa while a young boy holds on his chest a leaflet distributed by RC of DRC. **Photo: IFRC**

This operation is expected to take 3 months, and therefore will be completed by 11<sup>th</sup> October, 2011. In line with Federation reporting standards, the Final Report (narrative and financial) is due three months after the end of the operation (by 31 January 2012).

The Belgian Red Cross contributed CHF 50,000 to the DREF in replenishment of the allocation made for this operation. Details of all contributions to the DREF for 2010 can be found on:

[http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2010.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf) and for 2011 on:

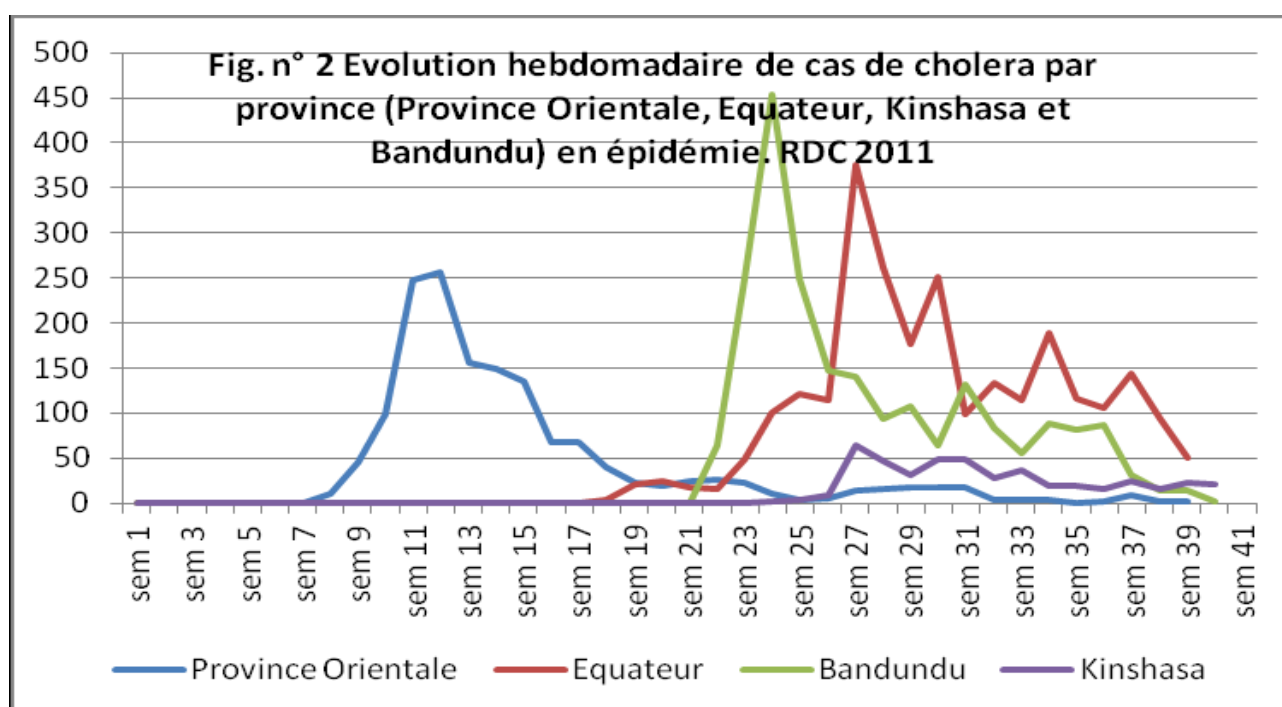
[http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2011.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf)

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## The situation

In March 2011, an outbreak of Cholera was declared in the Oriental Province with 1,402 reported cases and 70 deaths recorded. The Red Cross of the Democratic Republic of the Congo (RC of DRC) supported by Danish Red Cross and the ICRC responded to the outbreak in Kisangani in coordination with the Ministry of Health and other partners. Although no IFRC Secretariat support was required at that time, the epidemic later spread along the Congo River to Bandundu, Equateur and Kinshasa provinces, overwhelming the capacities of the MoH who declared on 24 June a national epidemic and appealed to donors for support.

According to reports from the MoH and WHO, on 19 July 2011 the country recorded a total of 2,309 cases, 158 deaths and growing trends in the three provinces with very alarming projections for Kinshasa, the capital city which has a population of more than 9 million people. At this time the Red Cross of DRC trained, equipped and deployed the first group of action teams (200 volunteers) in two health zones in Kinshasa province (Maluku and Kingabwa). By 23 August 2011 the three provinces recorded a total of 3,821 cases and 233 deaths representing 165% and 147% increases respectively. However as shown in the graphic below published by the MoH and WHO, on 6 October 2011, all the trends have now been reversed for all four provinces.



Though absolute numbers of cases and deaths have decreased in the affected health zones, the epidemic has been expanding to other health zones. This reveals weaknesses in the national awareness raising strategy which has so far not exploited all the potential of the media. There is growing concern among humanitarian actors that the situation in Kinshasa may worsen as the heavy rain season gets underway in October.

The positive trends were made possible thanks to coordinated efforts by partners such as the MoH, OXFAM, CESVI, ALIMA, COOPI, MSF, Solidarités, and Médecins du Monde in the field, as well as funding from mainly IFRC Disaster Response Emergency Fund-DREF and the UN Central Emergency Response Fund – CERF (USD 3.2 million channelled through UNICEF and USD 830,000 through WHO).

It is worth mentioning that in the health zones where Red Cross volunteers were deployed almost no cases were reported during the two weeks preceding this report.

## Coordination and partnerships

The Red Cross of DRC has in place a Movement coordination Task force both at strategic and operational levels. All Movement partners present in DRC (the Red Cross of DRC, IFRC, ICRC, French, Italian, Belgian, and Spanish Red Cross societies) contribute to the preparation and to the supervision of activities. In addition to technical skills, where funding gaps exist, the Red Cross Movement contributes funding from existing development programs. So far, ICRC has contributed 4,500 US dollars for the training of volunteers

and a vehicle with fuel and driver for the monitoring of field activities. Belgian Red Cross has secured some funds to support deployment of volunteers in one health zone in Bandundu Province should it prove necessary. Additionally, at the request of the IFRC representation, the Italian Red Cross has provided logistics support.

The Red Cross of DRC supported by the IFRC and other Movement components coordinates its response to the epidemic with the MoH and other partners at strategic and operational/field level. The national society is an active member of the national epidemics task force chaired by the Director of cabinet of the MoH. In that coordination body, the national society supervises the activities of the national awareness raising working group alongside key actors such as the national Communication Programme, WHO, UNICEF, CESVI, MDM, and Handicap International. At field level, Red Cross volunteers participate in joint planning of activities with the health staff, NGOs involved in treatment centres (COOPI, MSF), water and sanitation (Solidarités, OXFAM). Key in this joint planning is information sharing that enables all partners to provide a minimum package of cholera control activities in the affected zones. COOPI and MSF provide treatment, while Solidarité conduct water chlorination and Red Cross volunteers do sensitization and disinfection of affected houses, as well as neighbours and public places.

WHO and the MoH provide to all partners including the Red Cross Movement daily epidemiological data and analysis. In line with their role as the WASH cluster coordinator, UNICEF provides funding, drugs, disinfectants and other material to operating partners. They provided 450 kg of chlorine and pledged 8,350 US dollars to support the activities of the Red Cross of DRC.

## Red Cross and Red Crescent action

### Progress towards outcomes

#### Emergency health

**Outcome: To increase the level of information and knowledge of the public on cholera prevention and control measures in 10 health districts**

**Output:** Adequate cholera prevention and control practices by the public to prevent further spread of the epidemic

#### Activities

- Mobilize and train 75 volunteers per health district on awareness techniques and cholera prevention messages;
- Produce and distribute 100,000 leaflets and posters;
- Acquire materials and/or other awareness tools;
- Conduct door-to-door sensitization campaigns;
- Monitor volunteers' activities through activity follow up for one month and then produce a report.

#### Progress:

All planned activities were implemented during the reporting period, mostly in Kinshasa as follows.

- 683 Red Cross volunteers and 208 community animators (901 people in total) were trained and deployed in 16 health zones (10 in Kinshasa, 3 in Bandundu and 3 in Equateur province) for cholera awareness among the general public either through a door to door approach or mass sensitization campaigns.
- 212,000 leaflets (100,000 in French and 112,000 in Lingala) were produced and distributed to partners such as the MoH, WHO, OCHA, MONUSCO, Handicap International, Caritas, Médecins du Monde CESVI, to support their sensitization activities. More than 40,000 leaflets in French and 60,000 in Lingala were distributed to households and the general public by the Red Cross volunteers and community animators trained and supervised by the Red Cross of DRC. IFRC covered the costs of the translation of the leaflet from French to Lingala.

- 100 megaphones and 100 packs of batteries were also procured and distributed to support sensitization activities.
- During the reporting period, through the door-to door approach, Red Cross volunteers and the community animators supervised by the Red Cross of DRC reached out to around 50,000 households (317,000 people). Also they succeeded in providing adequate cholera awareness information to more than 733,000 people through public campaigns. More than 1,150,000 people have therefore benefited from the awareness activities. This has contributed to lowering the prevalence of the epidemic in Maluku, Kingabwa and other most affected health zones.

It is worth mentioning that to help overcome the gaps in the use of the media for the dissemination of cholera awareness message specific partnership arrangements were made between the National Health Education Programme and the Red Cross of DRC supported by IFRC where the Red Cross provided financial support and transportation to the programme for mass communication and advocacy activities through the media. As a result, many materials were aired on five public or private TV and radio stations. More than ten articles have also been published in the three of the most widely distributed newspapers in the country.

### **Challenges:**

Access to some of the affected locations was hampered by inadequate transport and communication systems. At many locations transportation of staff and/or emergency material was delayed. This problem was partly solved by training additional community animators but even in this case, supervision and data collection becomes a problem.

Due to these logistical constraints and also in order to focus adequate energy on Kinshasa province, the Red Cross of DRC started its response activities in Equateur province only on 24 August and is yet to start in Bandundu province.

As schools opened in the first week of September, the Red Cross of DRC produced some 20,000 small size posters with cholera prevention and response messages to be distributed to pupils and teachers in areas most at risk. Some 90% of the stock have been collected by the Director of the National Programme for the Promotion of health in schools. Another 5,000 bigger posters were produced and distributed to public offices and private businesses in the Kinshasa, Bandundu and Equateur provinces.

### **Water, sanitation, and hygiene promotion**

<p><b>Outcome: To improve household and environmental hygiene through disinfection and clean up campaigns</b></p>
<p><b>Output:</b> Good household and environmental hygiene prevent further spread of the epidemic</p>
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Mobilize and train 25 volunteers per health district for cleaning-up of gutters, public places and health centres;</li> <li>• Purchase and distribute cleaning materials and disinfecting products;</li> <li>• Conduct disinfection of boats, health centres and houses of cholera patients;</li> <li>• Monitor and report on activities.</li> </ul>

### **Progress:**

- Among the 900 volunteers trained for sensitization activities, 155 Red Cross volunteers and 75 community animators were selected, further briefed and deployed in 16 health zones in Kinshasa, Bandundu and Equateur provinces for sanitation and disinfection activities.
- 50 sprayers, 200 kits of protective clothing, 50 kits of tools, and 250 Kg of chlorine were procured and distributed the teams. In addition 450 Kg of chlorine was received from UNICEF.

- Red Cross volunteers and community animators supervised by the Red Cross of DRC have so far disinfected 20 boats, 1,025 houses of cholera affected families and the houses of their neighbours, thus protecting more than 9,200 people. Some 212 public latrines were also disinfected.



The impact of the Red Cross sanitation and disinfection activities was made possible thanks to join planning and information sharing at field level with the MoH, COOPI, OXFAM and Solidarités. Identification of houses and other items to be disinfected is done using epidemiological and geographical information provided to Red Cross volunteers by staff working for the above mentioned partners.

### Challenges:

The same transport and communication challenges were faced by Red Cross volunteers working on disinfecting homes and public places. Additionally, the fact that the drainage systems in Kinshasa and other affected provincial cities are not functioning properly will pose a serious challenge during the upcoming rainy season especially since meteorological data predicts flooding in Kinshasa and other cities. There is a need to engage in serious advocacy and resource mobilisation for the rehabilitation of the drainage systems before the heavy rains start.

## Contact information

### For further information specifically related to this operation please contact:

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## DREF history:

- This DREF was initially allocated on 11 July 2011 for CHF 227,511 for 3 months to assist 1,000,000 beneficiaries.
- 1 DREF operation updates issued.



[Click here](#)

1. Click [here](#) to return to the title page

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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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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