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Revised Emergency Appeal
Democratic Republic of the Congo (DRC) Population Movement

Appeal **n° MDRCD023**	**244,300 people** to be assisted	Appeal launched **22 December 2017**
Glide n° **CE-2017-000116-COD**	**200,119 Swiss francs** DREF allocated	Revision no 1 issued **17 September 2018**
	1.2 million Swiss francs funding requirements reduced from the original 2 million Swiss francs	**Appeal ends 22 December 2018**

Summary of major revisions made to emergency plan of action:

The present Emergency Appeal is being modified to adapt operational plan on epidemiological situation that has evolved and this results in amendments to the budget and 2) request an extension (time). An outbreak of cholera has affected the zone and a decision was been made to increase focus on Wash related activities and adjust planning. The project also had a delay due to various reasons including the overwhelming pressure put on the Red Cross of Democratic Republic of Congo (DRC RC) and IFRC teams in country with the two Ebola outbreaks in Equateur and North Kivu/Ituri. The initial budget is also being revised down as the epidemiological situation related to the cholera outbreak in the Lomami province isn't as acute as it previously was, and urgent response activities have been scaled down to target only one remaining health zone where new cases are regularly recorded. Finally, some additional activities related to Protection, Gender and Inclusion have been added to the plan of action, as well as activities that would ensure the sustainability of the project in terms of health surveillance in the area.
This appeal revision is requesting a 3-month extension to ensure completion of activities according to quality standards. Its revised budget is based on the available operational budget, only requesting a small additional amount of funding.

The epidemiological situation has changed significantly since the appeal was launched in December 2017.

Following strategic directives formulated by the authorities, the EPoA including budget, was reviewed and updated to reflect the current epidemiological analysis in the Lomami province.
The epicentre of the cholera epidemic has moved to new health areas where the Red Cross has been lightly involved through this project to date. Activities directed at responding to the cholera outbreak will still be implemented, although in the health zones that are now considered to be the most at risks. These will include:

- Surveillance and active case search
- Training of RC volunteer on cholera sensitisation
- Distribution of water purification products, aqua tabs and hygiene kits
- Training of households on the use of aqua tabs

The WASH related activities such as infrastructure building (boreholes and latrines) and hygiene promotion activities will continue as planned. This component of the project is facing some delays due to the fact that the DRC office and DRCRC have been excessively stretched over the past few months with two successive Ebola responses to manage. Two sets of activities have been newly added to the plan of action:

- An introductory training for volunteers on the Ebola Virus Disease (EVD) and a training in CBHFA, Module 6 for the 5 branches. These measures will accompany other trainings already planned for the improvement of the preparedness and response capacity of the National Society.
- Establishment of a Gender and diversity focal point structure at provincial and local levels to ensure that the Red Cross's intervention is considering the needs of the most vulnerable groups through adapted and targeted activities. Monitoring of the vulnerabilities and protection situation will also be achieved through the sensitisation of volunteers on SGBV and strengthening of referral pathways in the Lomami province.

Priority areas: According to the latest epidemiological data from the provincial Ministry of Health, the priority areas in the Lomami province are the health areas of Mulumba and Kalambayi where new cholera cases are recorded every week.

Over the past three weeks, Mulumba saw 7 new cases and 2 in Kalambayi. The health area of Ngandajika still remains very vulnerable with the highest number of cases and fatalities since the beginning of the outbreak.

Budget and resource mobilisation: The overall budget for this operation has been reduced to CHF 1,192,058. Funding secured to date amount to CHF 1,178,942 with an operational budget still to be spent of CHF 531,821.

Duration: The timeframe is being extended to 22 December 2018 so a three-month extension which is required to ensure completion of activities. The conflicting priorities in country have led to delays in the implementation of activities. Further logistical and security-related challenges have stalled some of the activities which are now re-starting. Additional human resources will be allocated to the project for the remaining duration in order to avoid further delays.

Targeted beneficiaries: Target remains unchanged.

The disaster and the Red Cross Red Crescent response to date

June 2016 – November 2017	A period of escalating tensions in the Democratic Republic of Congo's (DRC) Kasai Province results in significant population movement, with increasing humanitarian needs. According to UNOCHA over 1.4 million people are displaced.
January-December 2017	While cholera is endemic in the DRC, the current outbreak reaches a critical level, with 43,852 cases and 871 deaths notified in 21 provinces of the country since January 2017.
March-August 2017	IFRC Disaster Relief Emergency Fund (DREF) allocation of 200,119 Swiss francs) allocated to support the initial response and conduct an emergency multi-sector needs assessment.
October 2017	Completion of the multi-sector needs assessment in the provinces of Lomami, Sankuru and Kwilu.
December 2017	Emergency Appeal launched seeking 1,996,294 Swiss Francs for 244,300 people for 9 months.
September 2018	The revised Emergency Appeal seeks 1,192,058 Swiss francs, reduced from original budget of 1,996,294 Swiss francs

The operational strategy

1. Needs assessment and beneficiary selection

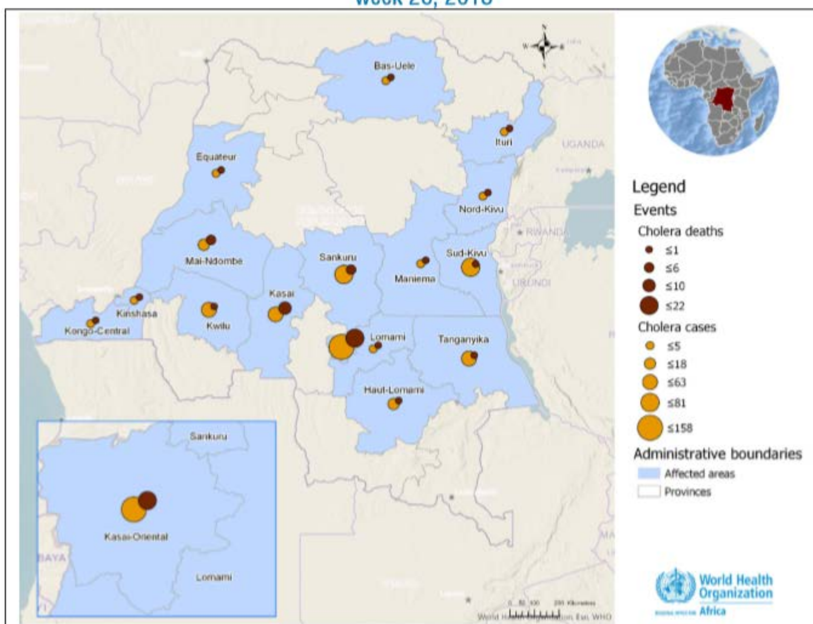
The humanitarian situation in DRC is one of the world's most complex crises. The country is prone to infectious diseases and has faced recurring communicable disease outbreaks of cholera, measles, yellow fever and malaria, among others. Increased violence and political turmoil have resulted in 8,000 people being displaced per day on average since 2017. According to the United Nations (UN), the total number of internally displaced people in the Democratic Republic of the Congo (DRC) is 3.8 million, the highest in Africa. The added strain has led to a near total collapse of the health system and a surge in cholera-related morbidity and mortality.

Tension and violence in the Kasaï Central province that took place in August 2016 and following months led to the forced displacement of around 1.4 million people and contributed to further erosion of the overall humanitarian situation throughout Greater Kasai and the surrounding provinces. In 2017, the violence expanded to Kasai, Kasai Oriental and Lomami provinces. In October 2017, the UN classified DRC crisis as an IASC Level 3 Emergency partly because of the situation in the Greater Kasai.

This Revised Emergency Appeal aims to respond to the humanitarian needs resulting from the population movements from the Kasai province into the neighbouring Lomami province. While a multisector assessment carried out in October 2017 identified a large number of needs, this appeal focussed on responding specifically to the cholera outbreak in Lomami. Even though many families have now returned to their homes, the long-term impacts of the violence and mass displacement have left populations extremely vulnerable in the Lomami province. The risk exposure to cholera and other water-borne diseases is extremely high and even though the number of cases has decreased over the past few months, new cases are still reported on a weekly basis in the health zone and the local health system remains on alert.

According to the Ministry of Health, since January 1st, 2018, 12,726 cases were reported countrywide, with 407 reported cholera related deaths (lethality 3.3%). Since the launch of the appeal, weekly case load has significantly reduced until around week 25, when a new spike of cases started to occur again in the country.

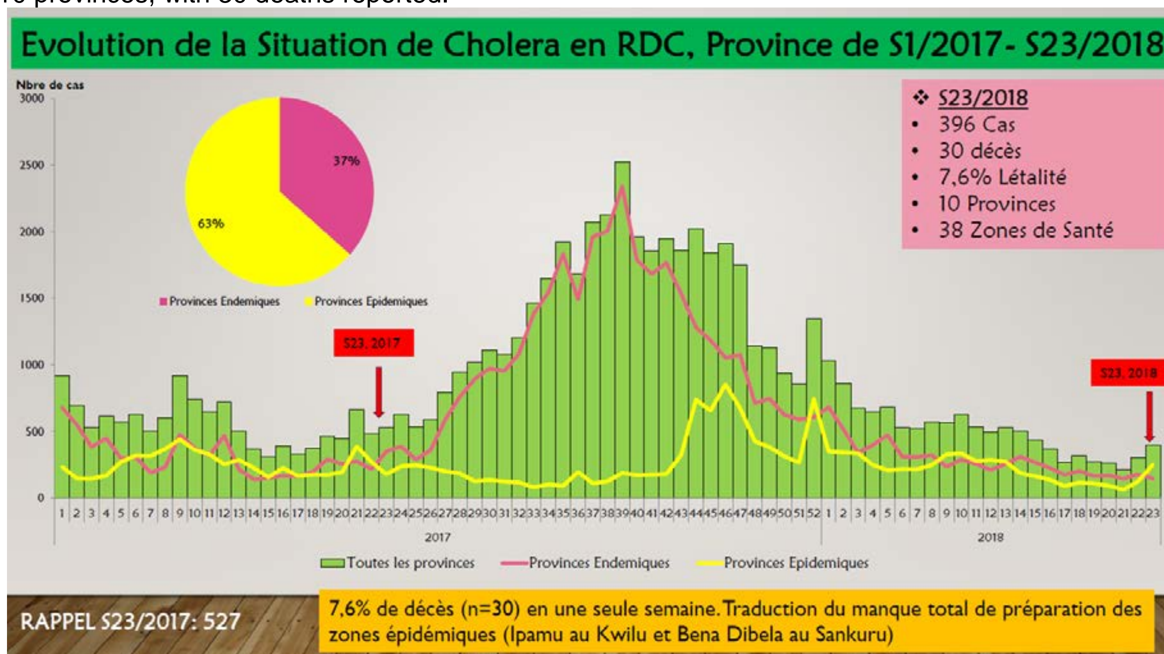
According to the World Health Organization (WHO) weekly bulletin on outbreaks and emergencies published on 20th August 2018, the ongoing cholera outbreak is escalating across the country, In week 21, a total of 506 suspected cholera cases, including 20 deaths (CFR 4%)were reported from 12 out of 26 provinces. The provinces of Kasai Oriental, South Kivu, Sankuru, Tanganyika and Kasai reported 95% of the suspected cases.



The most affected province of Kasai oriental, is neighbouring the Lomami province and is potentially at risk of recurrence since many people are transiting between the two provinces. In fact, according to data from the Provincial Ministry of Health, 9 new cases have been reported over the past 3 weeks in the two health areas of Mulumba and Kalambayi. This pattern has been repeating itself for weeks now reflecting the heightened risk factors in these areas.

The original needs analysis was based on a multisectoral assessment conducted in October 2017 that looked at the needs of displaced populations and their host communities. Based upon this analysis it was decided that the appeal should focus on reducing the impact of the cholera outbreak on host communities and contain the spread to other vulnerable populations.

According to the data provided by the Ministry of Health, there has been a continuous reduction of cases from around 1,000 per week at the beginning of the year to 209 in week 21, the lowest case count since January 2017. However, according to the latest data available from the Ministry of Heath, cases have started to increase again. On week 23, 396 cases were recorded in 10 provinces, with 30 deaths reported.



Graph on the evolution of health situation from the Ministry of Health report (March 2018)

In the Lomami province, after a short period during which no new cases had been reported, in the past three weeks 9 new cases have been confirmed (weeks 30 to 33); however, no death has been reported since week 23. Lomami might be slightly less affected than other provinces, but the epidemiological situation of the province requires close monitoring of caseloads in the upcoming weeks to understand if the latest cases will lead to further spread of the bacteria. In addition, in the neighbouring province of Kaisa oriental, the number of cases has been steadily increasing over the past few weeks which raises the risk of imported cases and further spread of the epidemic. In the past months, the only new cases reported have been from the two health zones of Kalambayi, which was previously identified as a priority area, and Mulumba, which is a new high-risk zone.

2. Targeting and prioritisation

With support from IFRC, the DRC RC has defined in the original plan of action an operational strategy to respond to needs through a phased approach, prioritising first the cholera outbreak and other communicable diseases in Lomami, as well as short-term support National Society development.

Up until now the operation has focused on the first phase for response to cholera outbreak and other communicable diseases targeting 10% of the 2,443,000 inhabitants of the Lomami province.

The team deployed to the province noted gradual changes in the situation, which led the IFRC office and DRCRC to agree that a new assessment would be required before anticipating a potential phase II for this intervention. Indeed, information collected in September/October 2017 would no longer be relevant to design additional activities as it had initially been planned.

The emergency nature of the needs and vulnerability of the region has now been lifted, and as a result the expectation is that a possible further intervention in the Lomami province would come under the umbrella of the Country Operational Plan, instead of a new Emergency Appeal. The COP for DRC is currently in the process of being developed.

3. Coordination and partnerships

The DRCRC is a neutral humanitarian organisation and auxiliary to the public authorities. At the national headquarters there is an operational management structure including six technical directorates (health, disaster management, finance and administration, organizational development, Youth, gender and diversity, communication and public relations) and professionals trained as part of the national disaster response team (NDRT). The NS has a provincial disaster response team (PDRT) with 110 trained members, a national disaster response team (NDRT) with 30 trained members, and 10 NS staff members trained as regional disaster response team (RDRT) members. Moreover, the RC of DRC has a pool of approximately 120,000 registered volunteers, of which 60,000 are active.

The DRCRC has one branch in each of the 26 provinces. It has a wealth of experience in responding to epidemics i.e. cholera outbreak, Ebola Virus Disease, and natural disasters i.e. floods, volcanic eruptions, landslides, and population movements.

The DRCRC has specific experience in responding to epidemics (yellow fever, cholera and measles). In a 2016 emergency appeal some 3,424 Red Cross volunteers and 342 supervisors were identified by the NS and participated in social mobilization activities in 8 provinces, providing preventive vaccination campaigns against Yellow Fever, Measles, Ebola and Cholera. In addition, 3,329 volunteers and 333 supervisors were trained on social mobilization for the preventive vaccination campaign against Yellow Fever in 6 provinces. The DRC RC deployed people through its network of trained volunteers.

Given the protracted, multi-layer and complex humanitarian context, RCDRC/IFRC had launched two DREF (MDRCD021 and MDRCD022) operations during June-November 2017 to deliver immediate assistance in health, emergency shelter and non-food items, water and sanitation targeting 8,478 refugees from CAR to North Ubangi and Bas-Uele provinces and 3,060 IDPs in Kwilu, Sankuru and Lomami provinces. As part of the DREF MDRCD022 operation, a multi-sector needs assessment was carried out in September/October 2017 to inform operational strategies for the humanitarian response. The assessment was jointly planned and designed with collaboration of in-country Movement partners, including ICRC. The assessment report is available in English and in French. In December 2017, this emergency appeal MDRCD023 was launched. In order to kick-start the operation, a DREF funding of a total of CHF 200,119 was made available, and a corresponding MoU was signed between the National Society and IFRC on January 10th, 2018.

Since 2016, IFRC has maintained a physical presence in the DRC to support the DRCRC. From the end of January 2018 until June 2018, an Operations Manager for the Population Movement operation has been based in Kinshasa to coordinate the implementation of appeal at central level, coordinating with DRCRC's technical directors and senior management.

Surge support has been provided in the interim in July 2018. The IFRC re-opened an office in DRC mid-May with a new Head of Country Office. In August 2018, a Programmes Coordinator for the IFRC supported operations in DRC has been appointed and is currently leading on this operation. The IFRC team in the DRC is supported by the Central Africa Multi-Country Cluster, which is based in Yaoundé, Cameroon.

Coordination between IFRC and ICRC resulted in an agreement identifying the areas of intervention, beneficiary targeting and geographical locations. The ICRC opened an office in Kananga (Kasai Central) in 2017 and is implementing activities in Kasai and Kasai Central since June 2017. This includes the following activities: detention, restoration of family links (RFL); prevention - dialogue with the armed forces; economic security - distribution of food to 884 household (4,420 persons), essential household items to 6,042 households, seeds to 3,900 households (19,500 persons), cash to 4,043 households (20,215 persons), and support to the DRC RC local branches. As new cases of cholera were reported in Kasai Central in early July 2018, ICRC is working with DRCRC on a third phase of their response.

The multisector detailed needs assessment was planned jointly with all Movement partners in DRC, including the French Red Cross and Spanish Red Cross who actively participated in the field assessment alongside DRCRC teams and the RDRT members deployed by IFRC to that effect. The findings of the assessment were presented to Movement partners in Kinshasa in mid-October. While operational strategies in terms of scope, scale and approaches were being defined between IFRC Kinshasa, Yaoundé, Nairobi and Geneva, and in view of the complex operating environment, a Movement partners call was held in mid-November to inform of the DRC RC/IFRC plan for an emergency appeal. Subsequent consultations with partners and within IFRC confirmed the need to prioritize the emergency appeal operation on the cholera outbreak in Lomami and to strengthen the capacity of the National Society for eventual later expansion of scope and scale of intervention in livelihoods/food security, shelter, subject to further needs assessment being undertaken to confirm that these sectors are still relevant for a phase II of the intervention.

The DRCRC, with the support of IFRC and other Movement partners, is also currently leading a response to the 10th Ebola outbreak affecting the provinces of North Kivu and Ituri. Preparedness activities following the 9th outbreak in the Equateur province are also continuing in line with surveillance guidance following an outbreak as recommended by the MoH and WHO.

4. Summary of the current response

The focus in the first months of the operation was on household-level sensitization in five health zones through a network of 192 trained volunteers. These activities have been completed as planned, and 224,143 individuals were reached with relevant messages on cholera prevention.

As per original plan, the focus of activities has now been concentrated in the Ngandajika health zone. In the four other health zones selected volunteers will be trained as WASH focal points and on EVD related topics (sensitization/ messaging only). With the evolution of the epidemiological situation and new cases of cholera in Mulumba and Kalambayi areas of the Lomami province, the sensitisation activities will be replicated in the newly affected areas. the training of 30 volunteers from the health area will take place first as only 5 were included in previous trainings.

The project team has the ambition to train up to 150 volunteers in EVD awareness and CBHFA Module 6, across the Lomami province to ensure sustainability of the intervention by empowering the provincial branch and local committee to be able to appropriately respond to future epidemic outbreaks in the future. Given the epidemic history of DRC, the availability of well-trained volunteers will strengthen the preparedness and response capacity of the National Society as well as prevent further spread of the disease in the populations.

In 5 priority health zones, including in Ngandajika, Mulumba and Kalambayi, 25 WASH focal points who are still to be trained will be leading the planning and implementation of hygiene promotion activities at community level on behalf of the National Society. The volunteers carrying out these activities will report observations and identify gaps in hygiene knowledge and practices that can be addressed in participatory community driven interventions like focus groups and community meetings. The training is currently planned for the second week of September.

In specific locations within Ngandajika and Kalambayi, which have been identified jointly with the governmental authorities, and in consultation with communities, 10 latrines and 10 boreholes will be constructed. The WASH focal points will be crucial in setting up water and sanitation committees, and in training their members so that management and maintenance of these latrines and waterpoints runs smoothly. Beyond the end of the current appeal, these WASH focal points will be the key contact points between the water and sanitation committees, the authorities and the National Society. The identification of the priority sites has been completed by the local DRCRC volunteers with support from the authorities and in consultation with the communities. The evaluation of the engineer who is developing the tender has recently been completed and we are expecting the building work to being towards the end of September.

Proposed Areas for intervention

Adaptation of appeal strategy to the changing epidemiological environment

Due to the downward trend of cholera caseloads countrywide, and specifically the low caseloads in Lomami province, the appeal strategy was adapted to reflect a stronger focus on WASH/ hygiene promotion, while removing direct epidemic response components. However, because there are still two health zones within Lomami where new cases are reported every week, replication of cholera sensitisation and surveillance activities will be conducted there. These decisions are in line with the recommendations of the Ministry of Health who provides regular updates on the epidemiological situation.

The stronger focus on WASH/ hygiene promotion is reflected in a further *strengthening of preparedness and response capacities* of the local branches in the operating areas of the appeal. This aims to further capacitate the DRCRC provincial branch in the event that an escalation of the outbreak takes place

The first months of operations have confirmed the findings of the 2017 evaluation mission regarding the needs of *access to safe water and sanitation*. To make greater efforts to close the existing gap, the number of boreholes and public latrines will be 10 due to budget considerations. Accompanying “soft” elements of the construction work have been planned for accordingly (water and sanitation committees, increased budget for equipment and consumables).

In order to *support the National Society* with local planning and implementation of the appeal, the two RDRT positions are being extended for another three months.

On the other hand, most activities focused on the direct epidemic response were removed from the EPoA, except for the Mulumba and Kalambayi health zones. *Epidemic prevention and control measures*, including active case searches, are not considered necessary any more if case numbers remain low. Similarly, *establishing and operating chlorination points* is a measure directed at containing an epidemic and will not be pursued further. However, aqua tabs that have already been purchased for the operation will be distributed to communities in the Mulumba health zones where the cholera epidemic is still active. The distributions in the other health zones won’t be taking place because the *use of aqua tabs as means to treat water* is not a sustainable approach in an environment where aqua tabs are not freely available.

Other changes made to the appeal strategy and EPoA

During the regular reviews of the EPoA, additional changes were made. The provision of a minimum WASH packet to health centres was removed from the plan, as was the construction of household latrines. Both these activities had been previously decided against, so the deletion reflects a return to what had originally been decided upon.

In order to better understand the vulnerabilities and needs of different groups within the communities and their risk exposure to epidemics such as cholera, a Protection, Gender and Inclusion component and activities have been added to the EPoA. Gender and Diversity Focal points from the 5 health zones will be trained in gathering data, analysing and monitoring vulnerabilities and trends. In addition, because of the challenging protection context in the Lomami province, the Gender and Diversity Focal Points will be trained in SGBV risk mitigation and response. A workshop will be organised to support the Focal Points to establish referral pathways for SGBV cases within their health zones and at provincial level.

Coordination with other humanitarian actors working on protection and gender and inclusion related issues in the province will be strengthened, allowing the DRCRC to gain in visibility and play an active role at community level in the re-establishment of an enabling environment that respects the populations’ rights.

This is aligned with the DRCRC’s ambition to strengthen its capacity at national and provincial levels, starting with a few pilot branches, in Protection, Gender and Inclusion with the view to, in the long-term, improve the overall relevance and appropriateness of their interventions targeting the most vulnerable groups.

A Vulnerability and Capacity assessment is also planned for the end of the year to plan with communities through a participatory process a phase II for the project.

Further, the Real Time Evaluation (RTE) and final evaluation were removed for budget and time reason. A lesson learned workshop was included instead.

Other relevant issues

On an on-going basis, volunteers will continue to **collect data** during household visits. In addition to collecting statistical data, sanitation related observations will be made. Based upon these observations, gaps will be identified, and the following household visits adapted accordingly.

Ongoing **assessment** of the development of the cholera situation is done based on secondary data obtained in inter-agency coordination meetings in Kinshasa as well as through health meetings between DRCRC and the health authorities in the capital of Lomami, Kabinda.

In order to ensure close **coordination** between the different departments involved in appeal implementation and ensure continued good collaboration between IFRC and DRCRC a project management team has been established at national level. This project team consisting of for the DRCRC: the Director of Health, the WASH focal point, and the gender and diversity focal point, and for their counter-parts in the IFRC: the project manager, the PGI delegate, the Health and WASH RDRTs with support from the Logistics and Finance/Administration delegates.

A new MoU is in the process of being signed between the DRCRC and IFRC which will clearly outline roles and responsibilities of both parties and support collaboration efforts. Provisions related to the implementation of activities and financial arrangements will also be included in the revised MoU.

At field level, two **RDRT**s will continue to follow a joint plan of action and prepare joint weekly reports. Together with the local teams of the National Society, they developed one common plan for volunteer deployment.

The appeal was officially presented through an introductory letter to the minister of Interior and Security, as well as to the Secretary of the Ministry of Health. At this national level, **government participation** is restricted to provision of cholera data through the inter-agency coordination mechanisms, data which is then used as input for the adaptation of the programme strategy and plan of action.

The DRCRC has a close relationship with government authorities both at provincial and territorial levels, and the local authorities were involved in key decisions of the programme, such as the selection of the health zones in which the appeal should be implemented. Furthermore, the health and water/sanitation training curriculum and material were developed jointly by the DRCRC, the Ministry of Health, and UNICEF, and the provincial health directorate that co-facilitates training of volunteers. Authorities will continue to be involved in specific activities of the appeal where relevant, such as surveillance – the Red Cross volunteers will not operate parallel to the authorities, but their activities shall be complementary to the surveillance and response capacity of the authorities.

Community participation is a crucial part of all activities that are directly implemented by community members such as the establishment of water and sanitation committees or the utilisation of community peer educators. Consultations with communities will be conducted and documented during the household visits, and information collected will shape the next phase of sensitisation activities.

Local knowledge is used primarily for understanding the water and hygiene related situation in the field – where are the water sources, how do people transport the water, what is the sanitary situation. This information then feeds into the respective activities in health and WASH.

During implementation of activities, local knowledge and capacities are used whenever this would add value to the quality of the intervention. For instance, local work force will be contracted for the improvement of water sources and the construction of latrines, and water and sanitation committees will be supported in defining their own mode of operation.

Scenario planning

In terms of population movement, presently the situation remains calm in the Kasai and surrounding provinces as reported by UN and NGOs' reports. The situation is however quite volatile and security constraints limit the team's movement at times. If this tendency is confirmed in the months ahead, implementation of the planned activities should go smoothly until the end of the year. The rainy season now upon us and the lack of infrastructure will nevertheless continue to challenge us in the implementation of this intervention. No further revision of the emergency plan of action (EPoA) will be made in the best scenario case.

Based on the overall tense context in the country, it is however most likely that a scenario with renewed violence could occur in the provinces of Kasaï, Kasaï Central and Kasaï Orientale. In such an event, an upsurge in the number of resurging

cases of cholera is extremely likely. If such violence occurs, it will inevitably impact and disrupt the implementation of this EPoA, and potentially even call for the need to revise it again. With presidential elections anticipated for December 2018 and new developments happening every day in DRC, no best-case scenario can be considered a given and contingency planning for heightened security measures ought to be in place.

Risk Assessment
Risks for the operation mainly result from delays in implementation of activities and subsequent underspending. On the positive side, all activities related to outcome 1 (health) were fully implemented on time. Additional activities part of output 1.4 ("Epidemic prevention and control measures are carried out") are still to be implemented but have been slightly re-focused to new health zones in order to better respond to the changing realities of the epidemiological situation.

Regarding outcome 2 "WASH", nearly all activities are behind plan. These delays are due to a number of reasons identified below; for each, the impact on appeal implementation was analysed and corrective measures were taken in order to bring implementation back to speed. The extension of the operation is also due to this reason and aims to allow additional time to cope with unexpected challenges resulting from an unstable environment.

Areas of Focus

Health
People targeted: 244,300
Male: N/A
Female: N/A
Requirements (CHF): 63,286

Needs analysis: The population to be assisted are cholera affected people in Lomami. The detailed assessment indicated that health centers have been destroyed, and those that were not destroyed lack access to potable water or latrines. Most do not have medicines, and health personnel have gone for a relatively long period without their salaries.

The previously high cholera fatality rate was due to a lack of rehydration solutions in Lomami. Activities aimed at preventing the outbreak of a cholera and other communicable diseases such as measles and malaria epidemic in the provinces targeted by this emergency appeal will be carried out, complemented by cholera preparedness actions.

The assessment also identified a weakness in the collaboration between the Red Cross and health zones in the field. Training sessions will therefore be organized to help solve this problem, and provincial and local branch of DRCRC will be sensitized to the need to work in close collaboration with their respective health zones.

Programme standards/benchmarks: The activities planned in this sector will seek to meet Sphere standards.

Health Outcome 1: The immediate risks to the health of affected populations are reduced
***Output 1.1:* The health situation and immediate risks are assessed using agreed guidelines**
Activities implemented
- Ongoing monitoring and reporting on the health situation at provincial and community level – so far 25 weekly sitreps have been produced and shared with the Kinshasa office
- Continued coordination through health cluster meetings and other relevant meetings – 24 meetings attended

Output 1.2: Community-based disease prevention and health promotion is provided to the target population

Activities implemented
- One hundred ninety-two volunteers from 5 health zones identified as most at risks trained in cholera sensitisation
- Mass health awareness raising, and sensitisation campaign conducted in the 5 health zones reaching 224,143 people, including 213,322 people in the first month (64,635 men, 66,006 women and 82,688 children between the ages of 6 and 14 - unfortunately the gender of the children was not recorded)
- Five women's groups involved in the community-based health activities
- Volunteers equipped with IEC and visibility material.

Planned activities
- Additional training of 30 volunteers from the Mulumba health zone in cholera sensitisation
- Follow up sensitisation campaign in the Mulumba health zone

- Train up to 150 volunteers (30 per health zones) in CBHFA module 6 and EDV prevention for epidemic surveillance with a gender and diversity integrated component

Water, sanitation and hygiene promotion
People targeted: 244,300
Male: N/A
Female: N/A
Requirements (CHF): 448,092

Needs analysis: The activities planned are intended to improve the living conditions of cholera affected people in Lomami. The multisector assessment indicated that access to water is limited for a wider majority of the people visited. Those who have access handle water in very poor hygiene conditions. Less than 50% of the families visited have latrines in their compounds, and where these latrines exist, they are poorly kept, thus the risk of the spread of diarrheal diseases.

Hygiene promotion activities will be conducted to help prevent the outbreak of water-related diseases. Water points and latrines will be constructed in schools and health centers, family latrines will be built, and dry latrines are also planned for public places (market places) as per priority areas in Ngandajika and Kalambayi, Lomami province. Urgent water treatment activities will be implemented in Mulumba to prevent the spread of the epidemic.

Programme standards/benchmarks: The activities planned in this sector will seek to meet Sphere standards.

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities
Output 1.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities implemented:
- Vulnerability study of households in targeted health zones regarding water and hygiene standards
- Data collection PMER training of volunteers using the RAMP (Rapid Mobile Phone-based survey application).
- Community consultations and discussions with local authorities held to identify location for 10 boreholes in Kalambayi and Ngandadjika, near schools, markets and health centres
- Consultant engineer conducted assessment for feasibility study and development of tender for selection process of constructor to build boreholes
- Purchase of aquatabs and accompanying items such as jerry cans, soaps, etc.

Activities planned:
- Tender to go out to companies, with selection committee expected to make decision a week later
- Construction work and quality insurance monitoring by team
- Training of community committees for maintenance of 10 boreholes
- Printing of IEC materials on water treatment
- Distribute aquatabs (chlorine tables) to 1,500 households for water treatment in the Mulumba health zone and train target communities on how to use aquatabs
- Distribute 1,500 covered containers for keeping drinking water at home (jerry cans of 20 liters) for IDPs, returnees and targeted host families, on the basis of 1 jerry can per household
- Train target populations on safe water storage / household water treatment
- Monitor treatment, use and storage of water through continued household surveys

Output 1.2: Adequate sanitation which meets Sphere standards in terms of quality and quantity is provided to target populations
Activities implemented:
- Community consultations and discussions with local authorities held to identify location for 10 latrines in Kalambayi and Ngandadjika
- Consultant engineer conducted assessment for feasibility study and development of tender for selection process of constructor to build the latrines

Planned activities:
- Tender to go out to companies, with selection committee expected to make decision a week later

- Construction work and quality insurance monitoring by team, especially looking at respect of safety and accessibility features of the latrines
- Purchase of soap, latrine kits, and cleaning products to ensure maintenance
- Equip latrines with handwashing facilities
- Training of community committees on maintenance of latrine blocks and management of cleaners

Output 1.3: Hygiene promotion activities which meet Sphere Standards in terms of identification and use of hygiene items provided to target population
Activities implemented:

- WASH focal points identified in all 5 health zones

Activities planned:

- Training of 25 WASH focal points (5 by health zones) to monitor hygiene situation, continue regular checks of water quality and provide ongoing training to communities on hygiene promotion
- Hygiene promotion sensitisation campaign in 5 health zones
- Develop and implement hygiene communication plans with FP and volunteers
- Hold focus group discussions in 5 health zones on a regular basis and report to provincial level
- Production of PHAST and IEC material

Protection, Gender and Inclusion
People targeted:
Male: N/A
Female: N/A
Requirements (CHF): 82,815

Needs analysis: Throughout all activities, the operation will aim to implement protection, gender and inclusion sensitive strategies. In a post-violence context where population movements have taken place and in a fragile epidemiological situation, such as the Lomami province, the risks linked to protection, gender discrimination, discrimination based on the lack of inclusion and gender-based violence are extremely high. Furthermore, such events have heightened already existing vulnerabilities in the province and the DRCRC's mandate justifies the strengthening of the local RC's committees in PGI in order to ensure that activities are responding to the needs of the most vulnerable and at-risk populations. Prevention and immediate response to SGBV will be mainstreamed across the intervention in the targeted health zones by referring to competent service providers in the area.

Programme standards/benchmarks: the activities in this outcome will respect the RCRCM Protection, Gender and Inclusion Minimum Standard Commitments, as well as the Protection chapter of the SPHERE Standard and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Outcome 1: Communities supported by NS identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs
Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors
Activities implemented:

- Gender and Diversity Focal Points identified in 5 priority health zones and at provincial level
- Five women's groups involved in the community-based health sensitisation work

Activities planned:

- Basic training in Gender and Diversity in emergency health and WASH responses
- Set up of monitoring and reporting system between local, provincial and national level of G&D focal points
- Continued evaluation of relevance and appropriateness of Lomami project in terms of specific needs of vulnerable groups
- Ensure inclusion of vulnerable groups in all community-based activities and committees
- Conduct assessment of PGI capacities of NS in the Lomami branch and at national level
- Participation of Lomami FP in national participatory workshop to develop Gender and Diversity Policy for DRRC
- Translation of training material into French
- Printing of PGI Minimum Standard Commitments in French

- Conduct PGA-sensitive VCA in anticipation of phase II of project in Lomami province

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

- Training of G&D FP and volunteers in SGBV in emergencies
- Workshop to develop mapping of SGBV services and referral mechanism in different health zones of Lomami province
- Community-based prevention and awareness raising activities
- Briefings on Code of Conduct and PSEA for IFRC/DRCRC staff and volunteers
- Review of all training material and IEC material to include violence prevention messages

Strategies for Implementation
Requirements (CHF): 630,408

SFI 1: Outcome 1.1 National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.1.4: The National Society has effective and motivated volunteers who are protected
Activities implemented:

- Two hundred twenty volunteers insured so far out of 300
- Field visits from DRCRC HQ staff to support volunteer motivation

Planned activities:

- Provide complete briefings on volunteer's roles and the risk they face
- Ensure volunteers' safety and wellbeing
- Ensure volunteers engagement in decision-making processes

Output 1.1.6: the NS has the necessary corporate infrastructure and systems in place
Planned activities

- Contribution to salaries of DRCRC staff (PMER, provincial secretary, logistics, finance)
- Rehabilitation of DRCRC provincial branch
- Purchase of equipment for provincial branch
- Purchase of 2 functioning vehicles for the operation in the Lomami province

SFI 2: Outcome 2.1: Effective and coordinated international disaster response is ensured
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained
Activities planned:

- Surge support for 2 RDRTs (WASH and Health) to DRC to support the operation WASH and health activities
- Participate in government led and other coordination platforms such as Humanitarian Country Team and Clusters
- Support/organize joint Movement and non-Movement partners monitoring mission and initiatives

Outcome S2.2: The complementarity and strengths of the Movement are enhanced
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.
Activities planned:

- MoUs developed and signed between IFRC-DRCRC
- IFRC Project team in place: Programmes coordinator, project manager, finance and administration assistant
- Contribution to IFRC salaries for advisory and technical support in place: PGI delegate, finance and administration delegate, security delegate, logistics delegate
- Contribution to running costs of IFRC office
- Operational base in Mwened-Ditu, Lomami

SFI 3: Outcome 3.1: The IFRC works with the National Society to use their unique position to influence decisions at local, national and international levels.
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Activities planned:

- Conduct a lesson learned workshop at the end of the project in December 2018
- Conduct a community satisfaction survey

SFI 4: Outcome: 1 The IFRC enhances its effectiveness, credibility and accountability
Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders
Activities planned:

- Timely disbursement of cash and reporting
- Conduct regular monitoring visits to operation sites
- Provide timely interim and final financial reports
- Conduct internal audit

Output S4.1.4: Staff security is prioritised in all IFRC activities
Activities planned:

- Conduct security assessment for necessary safety and security measures
- Ongoing monitoring of security situation
- Regular contacts with ICRC and other humanitarian actors and authorities

Funding requirement

EMERGENCY APPEAL

MDRCD023 - DRC - population movement

Funding requirements - summary

HEALTH	63,286
WATER, SANITATION AND HYGIENE	448,092
PROTECTION, GENDER AND INCLUSION	82,815
STRENGHTEN NATIONAL SOCIETY CAPACITIES	53,496
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	352,480
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	224,432
TOTAL FUNDING REQUIREMENTS	**1,224,601**

Elhadj As Sy
Secretary General

Reference documents

Click here for:

- Previous Appeals and updates

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

In the DRC RC

- Mitanta Makusu Emmanuelle, Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
- Dr Balelia Wema Jean Faustin, DRC Red Cross National Director for Health and Social Action; email: j.balelia@croix-rouge-rdc.org; phone: +243 8989155544, +243 822 951 182

IFRC Country Office, Kinshasa:

- Momodou Lamin Fye, Head of DRC Country Office; Email: momodoulamin.fye@ifrc.org

IFRC Office for Africa Region:

- Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.org,
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org

In IFRC Geneva :

- Antoine Belair, Operations Coordinator (Americas and Africa Regions), Tel. +41 22 730 4281, Mob. +41 79 708 3149; Email antoine.belair@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: Kentaro.nagazumi@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- IFRC Africa Regional Office: Fiona Gatere, PMER Coordinator; email: Fiona.gatere@ifrc.org; phone: +254 780 771 139

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.