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Emergency appeal

Democratic Republic of the Congo: Population movement, phase 1: community health response

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° **MDRCD023ⁱ**
Glide n° CE-2017-000116-COD

244,300 people to be assisted

200,119 Swiss francs DREF allocated

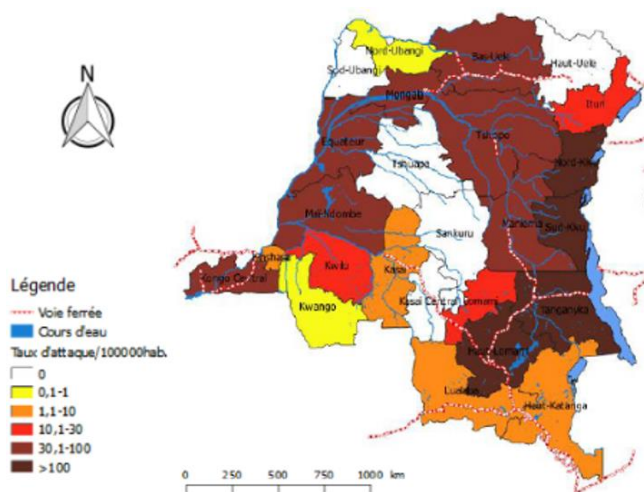
1,996,294 Swiss francs current Appeal budget

Appeal launched **22 December 2017**

Appeal ends **22 September 2018**

This Emergency Appeal seeks **1,996,294 Swiss francs** to support the Democratic Republic of Congo Red Cross (DRC RC) to assist some **244,300 people** for **9 months** in Lomami province, which is concomitantly affected by population movement and a cholera outbreak. While a multi-sector needs assessment carried out in three provinces impacted by the Kasai crisis (Lomami, Sankuru and Kwilu) suggested a wide range of priorities, given the operational challenges, the proposed approach under this Emergency Appeal is to start with a community health response to the cholera outbreak in Lomami. The proposed activities focus on health and care; water; sanitation and hygiene; and National Society capacity strengthening. This Emergency Appeal reflects the evolving situation at this time. An eventual scale-up of the operation will be considered in planned phases, upon a successful implementation of activities under this Emergency Appeal, and based on ongoing multi-sector assessments.

Details are available in the *Emergency Plan of Action (EPoA)* [<click here>](#)



Taux d'attaque de choléra par province, RDC, S1-S44, 2017

Lomami is currently one of the provinces most affected by cholera in Democratic Republic of Congo. Source: DRC Government Global Cholera Response plan.

The crisis 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.

The operational strategy

Summary of the crisis:

Since August 2016, tension and violence in the Kasai Central province has caused forced displacement and 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 the last year alone, around 1.4 million people are reported to have been displaced from Kasai conflict. In October, the UN classified DRC crisis as an IASC Level 3 Emergency

While cholera has always been endemic in the DRC, the current outbreak has reached a critical level. Since January 2017, 43,852 cases and 871 deaths have been reported in 21 provinces of the country. The National Coordination team for cholera control in DRC has reported that the lack of systematic community-led response hinders and limits the overall control of the cholera outbreaks across the Country.

The epidemiological trends and recent history in DRC shows that health indicators deteriorate further for Internally Displaced People (IDPs). IDPs staying with host communities, often having suffered before and during displacement from poor hygiene and a weak health condition generally, are more exposed to cholera outbreaks and other communicable diseases.

Needs assessment and beneficiary selection:

The recent conflict in Kasai prompted Red Cross Red Crescent Movement partners to consider better support to and strengthening of the National Society efforts in delivering humanitarian assistance in response to population movement in the provinces surrounding the epicentre of the conflict (Kasai, Kasai Central and Kasai Oriental provinces). In support of the DRC RC, Movement partners agreed upon a common approach for an IFRC-coordinated multi-sector needs assessment in Lomami, Kwilu and Sankuru provinces.

The IFRC's multi-sector needs assessment identified a broad and complex set of humanitarian priorities among IDPs and host communities - including shelter, livelihoods, nutrition, epidemic response and prevention, protection - and local capacity building of the DRC RC branches. Given the operational challenges, the proposed approach under this Emergency Appeal is to start with a community health response to the cholera outbreak in Lomami, while reinforcing the National Society's capacity to respond to other possible disease outbreaks such as measles. The appeal will target 244,300 people, or 10% of the total population estimated to be exposed to epidemics. The primary focus of interventions in this first phase will be on health and care activities; water, sanitation and hygiene; and National Society capacity strengthening for nine months. Upon successful implementation of activities in the first phase of this appeal, a further assessment will be carried out to meet additional recommendations of the multi-sector needs assessment.

Coordination and partnerships:

There is a strong Movement presence in the DRC. The DRC RC has one branch in each of the 26 provinces. It has a wealth of experience in responding to epidemics, natural disasters and population movement. IFRC, ICRC and several partner National Societies maintain in-country presence.

With regards to the focus of this Emergency Appeal, the DRC RC possesses a strong volunteer base in cholera affected areas in Lomami, and has experience in delivering needed health and water, sanitation and hygiene services for vulnerable people. Further capacity strengthening will pave the way for potential scale up of the operation at a later stage, depending on pending humanitarian needs and available resources.

The ICRC recently opened an office in Kananga (Kasai Central) and is implementing activities in Kasai and Kasai Central since June 2017. Those activities include distributions of food, seeds, essential household items, and cash, as well as detention, restoration of family links (RFL), prevention - dialogue with the armed forces-, and support to the DRC RC local branches.

Government authorities contacted so far have expressed their support for assistance to vulnerable people provided by the National Society. Further contacts will be established to ensure support for the operation under this Emergency Appeal. The IFRC will continue to participate with the National Society in government and other coordination platforms including, Humanitarian Country Team (HCT) and Clusters for a better positioning of the Red Cross and to contribute to the overall crisis response strategy.

Proposed Areas for intervention



Health and Nutrition

People targeted: 244,300

Requirements (CHF): 129,205

Proposed intervention

The population to be assisted in this area of focus are cholera-affected people in Lomami. The assessment indicated that health centres have been destroyed, and those that were not destroyed lack access to potable water, and most of them do not have medicine. Some health centres do not have latrines. Health personnel have gone for a relatively long period without their salaries. The high cholera fatality rate is due to a lack of rehydration solutions in Kwilu and Lomami. Activities aimed at preventing the outbreak of a cholera and other communicable diseases such as measles and malaria epidemic in the province targeted by this emergency appeal will be carried out, complemented by cholera prevention actions.

Outcome: 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.

Activity planned: Train 100 volunteers on communicable disease surveillance.

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

Activities planned:

- Conduct massive health awareness in affected health zones.
- Conduct vaccination or immunization campaigns.
- Support a mass vaccination campaign through 1,125 volunteers through social mobilization and/or independent monitoring in coordination with the DRC Ministry of Health (MoH), the World Health Organization (WHO), and UNICEF.
- Conduct community disease surveillance - establish referral mechanism from community to health facility.
- Establish community case management (establishing of oral rehydration points) 2 per health areas (3 health areas in Lomami).

Output 1.3: Epidemic prevention and control measures carried out.

Activities planned:

- Train 125 DRC RC volunteers on how to work in close collaboration with Government health zones.
- Train 25 DRC RC volunteers on epidemic control, with focus on cholera prevention.



Water, sanitation and hygiene

People targeted: 244,300

Requirements (CHF): 841,743

Proposed intervention

The water, sanitation and hygiene (WASH) planned activities 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 wide majority of the affected population. Those who have access to water do so under 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, increasing the risk of the spread of diarrheal diseases.

Red Cross volunteers in the targeted areas require proper WASH training to be able to better assist the populations. The activities planned will help address the most urgent needs beginning with the distribution of long-lasting insecticide treated mosquito nets (LLIN), hygiene kits and other WASH-related household items. 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 centres, family latrines will be built, and dry latrines are planned for public places (market places). The targeted households will be provided with support for the improved provision of drinking water, sanitation facilities, hygiene kits, knowledge and practices and measures for vector control.

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 planned: <ul style="list-style-type: none"> • Provide safe water to the most popular 3 schools, 3 market places, and 3 health centres for 45,000 people. • Distribute 29,088 covered containers¹ for carrying and keeping drinking water at home. • Conduct assessment of household sanitation. • Train population of targeted communities on safe water storage/household water treatment and safe use of chlorine tablets (aqua tabs). • Distribute 2,617,920 chlorine tablets (aqua tabs) for household water treatment, sufficient for 90 days, to 174,528 people. • Monitor treatment, use and storage of water through household surveys and household water quality tests.
Output 1.2: Adequate sanitation, which meets Sphere standards in terms of quantity and quality, is provided to target population.
Activities planned: <ul style="list-style-type: none"> • Construct latrines in the most popular 3 schools, 3 market places, and 3 health centres. • Ensure toilets are clean and maintained through management of cleaners. • Equip toilets with handwashing facilities, and ensure they remain functional. • Procure and distribute 5,818 long lasting insecticide treated mosquito nets.
Output 1.3: Hygiene promotion activities, which meet Sphere standards in terms of the identification and use of hygiene items, is provided to target population.
Activities planned: <ul style="list-style-type: none"> • Train water committees in management of water supplies and operation and maintenance of infrastructure. • Train latrine committees in the management of latrines and maintenance of infrastructure. • Engage communities on design and acceptability of water and sanitation facilities.
Output 1.5: Hygiene promotion activities are available to the entire affected population.
Activities planned: <ul style="list-style-type: none"> • Conduct needs assessment to define hygiene issues and assess capacity to address the problem. • Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication). • Develop a hygiene communication plan. Train volunteers to implement communication activities. • Design/Print IEC materials. • Assess progress and evaluate results.

Outcome S2.1: Strategies for Implementation (SFI)

Requirements (CHF): 903,508

SFI 1: Outcome 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 planned: <ul style="list-style-type: none"> ▪ Ensure that volunteers are insured (target: 300 volunteers) ▪ Provide complete briefings on volunteers' roles and the risks they face. ▪ Provide psychosocial support to volunteers. ▪ Ensure volunteers are aware of their rights and responsibilities. ▪ Ensure volunteers' safety and well-being. ▪ Ensure volunteers are properly trained. ▪ Ensure volunteers' engagement in decision-making processes of respective projects.
Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place.

¹ 1 container of 20 litres for 29,088 families (1 container per family)

<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Activities on strengthening organizational capacities of the National Society. ▪ Rehabilitate and equip DRC RC branch in Lomami to be strategic hub for the operation.
<p>SFI 2: Outcome 1: Effective and coordinated international disaster response is ensured.</p>
<p>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Deploy 2 RDRTs (WASH and Health) to DRC to support the operation for a maximum of 3 months ▪ Participate in government-led and other coordination platforms (Humanitarian Country Team and Clusters). ▪ Support/organize joint Movement and non-Movement partners monitoring missions and initiatives.
<p>SFI2: Outcome 2: The complementarity and strengths of the Movement are enhanced.</p>
<p>Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and National Society enhance their operational reach and effectiveness through new means of coordination.</p>
<p>Activity planned:</p> <ul style="list-style-type: none"> ▪ Strengthening Movement Coordination and Cooperation (SMCC).
<p>Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Establish National Society IT systems at the operations sites.
<p>SFI3: Outcome 1: The IFRC works with the National Society to use their unique position to influence decisions at local, national and international levels.</p>
<p>Output S3.1.1: IFRC and the NS are visible, trusted and effective advocates on humanitarian issues.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Communications work, including field visits from Yaoundé, Nairobi or Geneva.
<p>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Conduct a Red Cross branch self-assessment (BOCA) for the Red Cross Lomami branch. ▪ Conduct a community satisfaction survey. ▪ Conduct a Real-time evaluation (RTE) of the operation. ▪ Conduct end of operation evaluation.
<p>SFI4: Outcome 1 The IFRC enhances its effectiveness, credibility and accountability</p>
<p>Output S4.1.1: 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.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Timely disburse cash and report. ▪ Conduct regular monitoring visit to operation sites. ▪ Provide timely interim and final financial reports. ▪ Conduct internal audit. ▪ Conduct risk management training for IFRC and DRC Red Cross staff.
<p>Output S4.1.2: Staff security is prioritised in all IFRC activities.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> ▪ Conduct security assessment for necessary safety and security measures. ▪ Monitor security.

€ Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Elhadj As Sy
Secretary General

Reference documents



Click here for:

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

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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.

Annex-Budget

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	333,428			333,428
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	165,964			165,964
Medical & First Aid	2,117			2,117
Teaching Materials	13,761			13,761
Ustensils & Tools	26,463			26,463
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	541,732	0	0	541,732
Land & Buildings	30,000			30,000
Vehicles	0			0
Computer & Telecom Equipment	74,167			74,167
Office/Household Furniture & Equipment	35,248			35,248
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	139,415	0	0	139,415
Storage, Warehousing	21,964			21,964
Distribution & Monitoring	0			0
Transport & Vehicle Costs	88,199			88,199
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	110,162	0	0	110,162
International Staff	354,302			354,302
National Staff	37,153			37,153
National Society Staff	295,536			295,536
Volunteers	0			0
Other Staff Benefits	0			0
Total PERSONNEL	686,991	0	0	686,991
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	181,202			181,202
Total WORKSHOP & TRAINING	181,202	0	0	181,202
Travel	82,500			82,500
Information & Public Relations	15,000			15,000
Office Costs	67,822			67,822

Communications	29,215			29,215
Financial Charges	6,351			6,351
Other General Expenses	14,064			14,064
Shared Office and Services Costs	0			0
Total GENERAL EXPENDITURES	214,952	0	0	214,952
				0
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	121,840	0	0	121,840
Total INDIRECT COSTS	121,840	0	0	121,840
TOTAL BUDGET	1,996,294	0	0	1,996,294
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	1,996,294	0	0	1,996,294

ⁱ The Emergency Appeal is republished with updated EPoA.