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Disaster relief emergency fund (DREF) Democratic Republic of Congo: Ebola outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCD011
GLIDE n° [EP-2012-000143-COD](#)
29 August, 2012

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.

CHF 262,914 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 830,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: An Ebola hemorrhagic fever epidemic is currently ravaging the Haut-Uele District in Oriental Province situated along the Uganda border. Isiro, capital of the district and Dungu, one of the towns in the district are the most affected localities.

As of August 22, 2012, a total of 16 cases including 10 deaths and 97 contact persons who are under surveillance were recorded in these two health districts (Source: interagency meeting from 22 August 2012 to the Ministry of health in Kinshasa). The near inaccessible nature of the area, coupled with the insecurity that is currently prevailing there, the scarcity of internal flights, and especially the dilapidated nature of existing health infrastructure are all factors that can lead to a worsening of the current situation.

The DRC Red Cross has supported the government of DRC in response to earlier hemorrhagic fever epidemics and has deployed volunteers in the affected areas. The DRC Red Cross now needs to scale up their activities in order to minimize the spread and impact of the epidemic. The current planned operation includes sensitization campaigns in affected districts, psycho-social support to affected and exposed persons and support to the government safe transport of patients, safe disposal of dead bodies and disinfection of suspected infected houses and items.

An Ebola epidemic was recently reported in Uganda, but tests have confirmed that this outbreak is of a different strain, and therefore this outbreak is not related to cross-border migration.

This operation is expected to be implemented over 3 months, and will therefore be completed by November 2012; a Final Report will be made available three months after the end of the operation (by February 2013).

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)



A demonstration of how Red Cross volunteers should be dressed during the intervention. Photo: DRC Red Cross

The situation

On 2 August 2012, members of the Isiro surveillance unit in the Oriental Province were informed of the death of a couple in a haemorrhage situation at the Isiro General Hospital. After samples proved positive, the epidemic was officially declared by the Ministry of Health August 17, 2012. As of August 22, 2012, a total of 16 cases including 10 deaths and 97 contact persons under surveillance were recorded in these two health districts (Source: interagency meeting at 22 August 2012 to the Ministry of health in Kinshasa): 9 cases and 6 deaths in the Isiro HZ; 6 cases and 4 deaths in the Dungu HZ; 1 case in the Viadana HZ. Out of the 9 samples drawn, 2 tested positive for the Ebola virus. It should be noted that 97 contact persons of the healthcare staff and 21 family contact persons are under surveillance, including 1 with a fever.

The Oriental Province has about 8.292.458 inhabitants with a density of 15 inhabitants per KM², thus, increasing the risk of a rapid spread of the epidemic as result of proximity and the intense movement of populations from one zone to another.

An outbreak of Ebola was recently reported in Uganda, but tests have confirmed that this outbreak is of a different strain, and therefore not directly related.

During the 1995 Ebola outbreak in Kikwit, several factors contributed to the high fatality rate, including:

- Long delay in the detection of the epidemic (Possibility of index patient: 6 January 1995; Outbreak detected: 3 May 1995).
- Existence of other epidemic diseases with similar signs/symptoms (shigellosis/typhoid fever).
- Dilapidated health infrastructure, with low level of hygiene and cleanliness in hospitals and health centres.
- Importance of traditional funeral ceremonies in the spread of the epidemic.
- Lack of motivation of health workers who had gone without salaries for many months.
- Surprise caused by the Ebola outbreak in a remote savannah region far away from the heart of the outbreak.

Many of these risk factors exist in Oriental Province, therefore, rendering it vulnerable to the threat of this epidemic. These include:

- Overcrowding.
- Poor hygiene: clean latrine coverage: 4.2% (Source: MICS 2010 survey)
- Poor hygiene services along the border (no systematic control of vaccination cards at the entrance)
- Late response to emergencies (75% of outbreaks reported in 2011 were investigated after 48 hours)
- Existence of several unregulated border crossings
- The war affecting the northern part of the neighbouring North Kivu province
- No definition of cases in some health zones
- Emergency kits are not pre-positioned in high risk health zones

It should be noted that Internet communication networks (especially) and telephone are unstable in the region and flights are rare (once a week) which impedes the transmission of information on the epidemic and makes it difficult to dispatch assistance within the required time.

Coordination and partnerships

The response to the epidemic is being coordinated by the government of DRC through Crisis committees at national, provincial and local level.

The official government response includes the following activities:

- Daily Crisis Committee meetings
- Establishment of an isolation ward for suspected cases
- Management of suspected cases
- Monitoring tools for health facilities (descriptive list of suspected cases, contact recording forms, monitoring forms for contact of cases, case reporting forms)
- Collection of 4 samples and shipment to Kampala via Dungu
- Briefing of service providers, Follow-up of contact persons: their identification is ongoing
- Dissemination of sensitization message: (local radio stations, churches, CIP)

WHO support to the government includes a technical team (1 physician and 1 biologist), protective equipment, and collection kits and data management. MSF Belgium (Isiro district) and MSF Switzerland (Dungu district) are providing protective equipment to health workers, collection kits, medicine and sensitization activities.

The DRC Red Cross (DRCRC) is taking an active role in the coordination mechanism and attends crisis committee meetings at all levels (branch to headquarters). The DRCRC has a well defined role in support of the government and activities in response to the current epidemic are well coordinated with the health authorities.

DRCRC is a member of the disease surveillance committee set up by the Ministry of Health. Weekly meetings to update on the epidemic situation in the country are held every. DRCRC will lead the water and sanitation committee. Both committees comprise members from other organizations including Ministry of Health and Sanitation, MSF, UNICEF, WHO, the military, civil society, local councils and other concerned organizations. The NS has extensive experience both in cooperation and coordination with other humanitarian agencies, particularly WHO and MSF.

Red Cross and Red Crescent action

The DRCRC has been active in response to all recorded Ebola outbreaks in DRC, latest in 2009. During previous Ebola operations. The NS has delivered services in the areas of sensitization, case referral, dead body management and sanitation/disinfection in close coordination with the government. Through these operations, the DRCRC has built a considerable experience and capacity in management of operations in response to Ebola and hemorrhagic fever.

As a member of the local crisis committee initiated to manage the Ebola outbreak, the DRCRC Mweka local committee has mobilized volunteers for sensitization activities and support to the government in case referral and safe disposal of dead bodies.

The DRCRC Committee of Oriental Province has approximately 3,000 volunteers including 300 trained in Community-based first aid (CBFA) and on the promotion of hygiene. At the level of the Committee of the Territoire d'Isiro (affected area), two doctors are available to support the operation.

The Committee of the territory of Isiro has more than 1,200 volunteers including 125 trained volunteers in First Aid available. However, sufficient materials for assistance are lacking, and support will therefore be necessary.

The needs

The DRCRC will target 118,000 households (830,000 persons) in the affected districts with a sensitization campaign to reduce the impact and spread of the epidemic. The DRCRC plans to support the government in patient transport, disposal of bodies, disinfection of houses and direct psychosocial and economical support to families who have lost relatives or a significant amount of items or income. This will meet the immediate needs of Ebola awareness and sensitization of affected communities and areas at risk and the need for support to the government in psycho-social interventions, transport of patients, disposal of bodies and disinfection of suspected infected houses and areas. This is a longer term need for surveillance capacity at community level for early identification of possible epidemic outbreaks.

The proposed operation

DRCRC volunteers involved in the operation will receive the necessary training to enhance the DRCRC capacity in community based surveillance and social mobilization. The sensitization campaign will be conducted by 150 volunteers supervised by 15 supervisors. The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level and communications skills and willingness to participate according to the movement principles. Twenty-five (25) volunteers will be mobilized for psycho-social support of affected or exposed population.

For security purposes, sanitation of suspected affected households will not be done by the sensitization volunteers but by the volunteers equipped and trained for handling of suspected cases. 60 volunteers will be mobilized, trained and equipped to support the government in referral of suspected cases, transport of patients, disposal of bodies and disinfection of affected or exposed households. A special one-day briefing will be organized with the support of WHO and the Ministry of health to this effect. Protective equipment will

be made available to them. They will benefit from the guidance of specialized teams of the Ministry and other partners (e.g. WHO, MSF).

The operation will be supported by a Health delegate supporting the DRCRC in technical planning, coordination with government and humanitarian partners and monitoring of the operation activities.

Emergency health	
Outcome: The spread and impact of the epidemic is reduced through raised community awareness on surveillance, prevention and case management	
Expected results	Activities planned
<p>118,000 households in Oriental Province have been reached by the DRC Red Cross sensitization campaign.</p> <p>The populations of Oriental Province in the DRC know the signs and symptoms of Ebola and adopt safe attitudes towards themselves, other cases and corpses (Target: 118,000 households).</p>	<ul style="list-style-type: none"> • Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques; • Adapting and multiplying existing information aids, and distributing them in targeted localities; • House-to-house sensitization activities • Production of information, education and communication materials. • Broadcast of awareness messages through radio jingles, newspaper adds etc. • Post-operation workshop on community surveillance to build branch and community capacity.
Outcome: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population.	
<p>The populations of exposed and affected areas of Oriental Province receive psychosocial and recovery support during and after the epidemic (Target: 18,000 households)</p>	<ul style="list-style-type: none"> • Support the beneficiaries when they lose their loved ones or property • Support the staff and volunteers throughout the operation • Training of 25 volunteers on Psycho-Social Support
Outcome: Suspected cases are transported to case management facilities in a safe and appropriate way.	
<p>The government is assisted by DRC Red Cross volunteers in transport of suspected cases</p>	<ul style="list-style-type: none"> • Training of 60 volunteers in referral and transportation of suspected Ebola cases. Training in Ebola related security measures. • Provision of protective equipment. • Transport to the centres for the isolation of cases suspects benchmarks in cooperation with staff of the Ministry of health in strict compliance with safety rules

Water, sanitation, and hygiene promotion	
Outcome: The houses and other belongings of people affected by Ebola are disinfected, and corpses of people who died of Ebola are buried under optimal security conditions.	
Expected results	Activities planned
<p>Affected populations are assisted in the disinfection of their surroundings (Target: 18,000 households).</p>	<ul style="list-style-type: none"> • Training 60 sanitation volunteers (6 ten-man teams) on sanitation techniques and on how to bury corpses under optimal security conditions; • Provision of sanitation materials and protective equipment for the teams. • Carrying out sanitation activities in contaminated places, in the houses of Ebola patients and in Ebola management facilities (mattresses, blankets, clothing and other replaced destroyed contaminated materials) • Safe disposal of suspected infected bodies. • Adapting and multiplying existing information aids,

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| | <p>and distributing them in targeted localities;</p> <ul style="list-style-type: none">• Putting sensitization materials and aids at the disposal of trained teams;• Sensitization of affected households / villages. |
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Contact information

For further information specifically related to this operation please contact:

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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.

DREF OPERATION

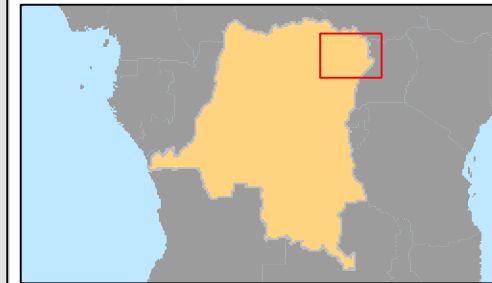
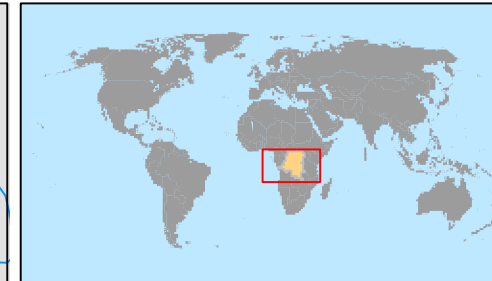
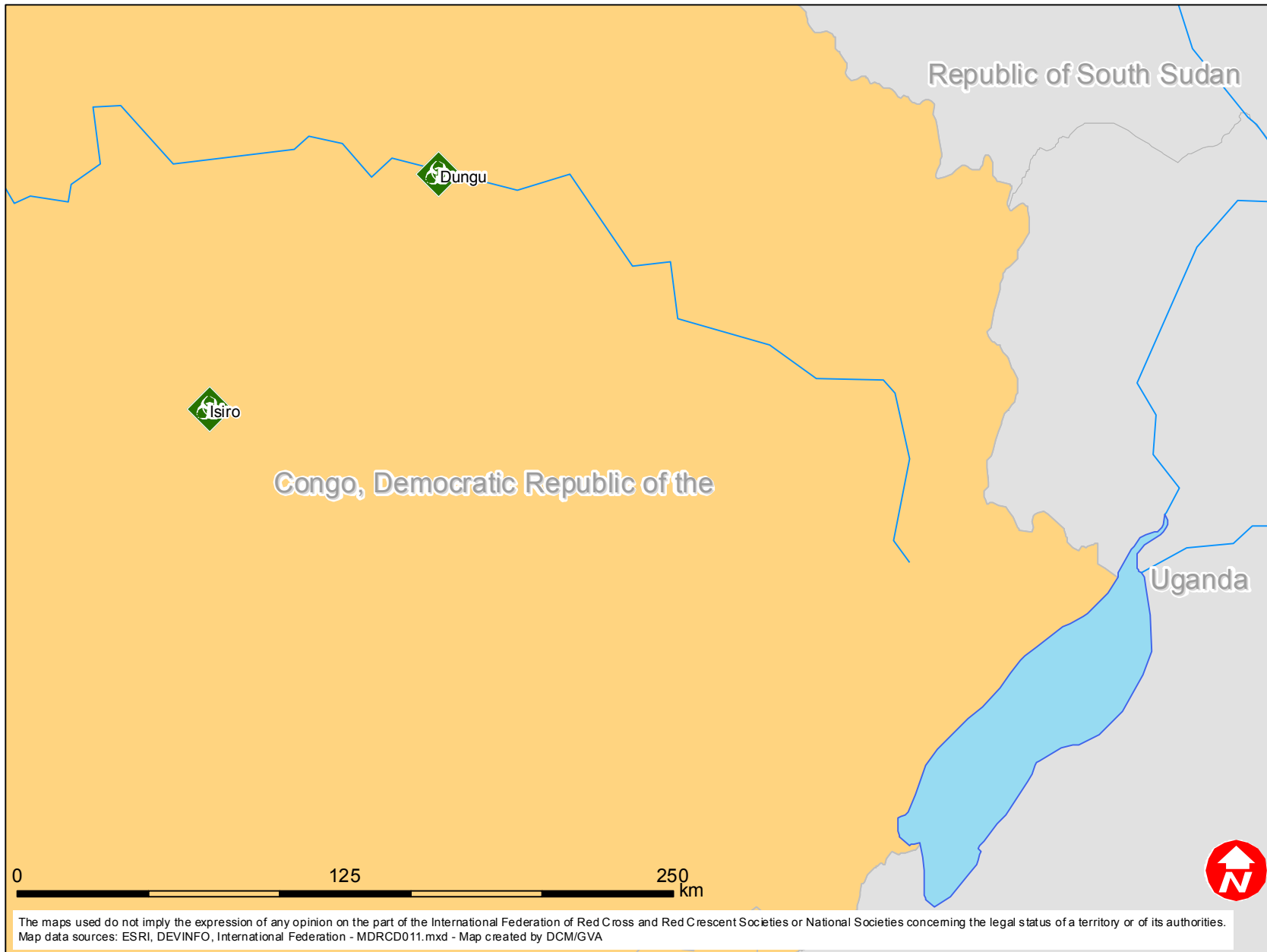
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Democratic Republic of Congo: Ebola outbreak (MDRCD011)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	10,400
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	35,272
Medical & First Aid	27,750
Teaching Materials	18,000
Utensils & Tools	
Other Supplies & Services	35,000
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	126,422
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	3,500
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	3,500
Storage, Warehousing	4,250
Distribution & Monitoring	1,980
Transport & Vehicle Costs	9,500
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	15,730
International Staff	8,000
National Staff	5,000
National Society Staff	9,235
Volunteers	30,600
Total PERSONNEL	52,835
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	19,500
Total WORKSHOP & TRAINING	19,500
Travel	10,000
Information & Public Relations	4,900
Office Costs	4,000
Communications	8,000
Financial Charges	990
Other General Expenses	990
Shared Support Services	
Total GENERAL EXPENDITURES	28,880
Programme and Supplementary Services Recovery	16,046
Total INDIRECT COSTS	16,046
TOTAL BUDGET	262,914



Congo, Democratic Republic of: Epidemic - Ebola



MDRCD011