


www.ifrc.org
Saving lives,
changing minds.

DREF operation update

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 Update n°01 – 15 November, 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.

Period covered by this update: 30 August to 31 October, 2012.

Summary: CHF 262,914 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 29 August, 2012 to support the Red Cross of DRC National Society in delivering assistance to some 830,000 beneficiaries.

Since early August, the Red Cross of the Democratic Republic of Congo (DRC RC) National Society has been responding to the Ebola epidemic that is raging in the Orientale province, with Isiro as epicentre. On 29 August 2012, a DREF was approved to support the work of volunteers. To date, the DRC RC has trained 10 senior staff and 150 supervisors and volunteers on psychosocial support, management of epidemics, water and sanitation (WATSAN) and communication techniques. These volunteers have been conducting safe burials, disinfecting patients and carrying out social mobilization. Since early October, the DRC RC has been carrying out intensive awareness-raising activities, with special emphasis on psychosocial support and prevention.



A well-protected Red Cross volunteer spraying the house of an Ebola patient. Photo/IFRC

Although the epidemic seems to be under control, the DRC RC believes that there is a need to extend the operation's timeframe for two months, from November 2012 to January 2013. This will give the National Society (NS) enough time to consolidate achievements in the areas of awareness, support to patients' families or people in isolation, distribution of kits and water, hygiene and sanitation activities. This DREF operation update therefore extends the timeframe of the operation from 3 months to 5 months, to be completed by January 2013, with the Final Report made available three months after the end of the operation (by May 2013).

Donors who have replenished this DREF operation include Belgian RC/Government and ECHO. Details of all donors can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf. The DRC Red Cross and IFRC thank donors for their generous support.

[<click here to view contact details>](#)

The situation

The Isiro Surveillance Pool is one of the four pools in the Orientale Province. It is found in Orientale Province, north-eastern DRC bordered to the north by South Sudan, to the south by the Tshopo Pool, to the east by the Ituri Pool and Buta Pool (Bas-Uele) to the west. It has a surface area of 89,682 km², with a population of 1,765,890 inhabitants, a density of 15 inhabitants per square kilometre, though not proportionately distributed throughout the Pool.

The Isiro Pool covers 21% of the surface area of the Orientale Province, with 20% demographic weight in relation to the total population of the province. Access to the various health zones is mainly by road, but they are in a deplorable state. Furthermore, there is an airstrip in each health zone for “small carriers” which unfortunately, are in bad shape. The railway line, which once connected the Haut-Uele and Bas Uele districts and even Equateur, has not been operational for a decade now.

On 5 August 2012, members of the Isiro surveillance unit reported 6 suspected cases of viral hemorrhagic fever and 4 deaths in the Haut Uele West district, representing a mortality rate of 67%. Five of the 6 cases were from the same family. A fact-finding team was sent to the field. Of the 6 samples sent to the Uganda Virus Research Institute (UVRI) laboratory, 2 were confirmed to have FHV Bundibugyo Ebola virus on 16 August 2012. On 17 August 2012, the DRC Minister of Public Health officially declared the outbreak of the Ebola hemorrhagic fever in Isiro, the headquarters of Haut-Uele health district, located some 570 km north-east of Kisangani, capital of Orientale Province. As of 19 October 2012, a total of 79 cases had been recorded in the database, of which 33 were confirmed, 17 were likely, 27 suspected with 36 deaths, Table 1.

These cases were mainly from health zones in the Haut Uele district, especially Isiro and Viadana. The other villages under surveillance mentioned above namely Pawa, Dungu, Gombari, Faradje and Rungu had no confirmed case. Efforts are now focused on Viadana which had a confirmed case and Isiro that hosts all the other cases recorded since the beginning of the epidemic.

Table: 1 Summary of Ebola situation in DRC as of 19 October 2012

Headings	Cases	19 October 2012		
		New	Total	Observations
Total number of cases recorded	78	1	79	
Confirmed in the Lab	33	0	33	
Likely	17	0	17	
Suspected	27	-3	24	The 3 suspected cases were negative
Deaths	36	0	36	
Confirmed in the Lab	12	0	12	
Likely	13	0	13	
Suspected	11	0	11	
Health personnel	13	0	13	
Confirmed in the Lab	8	0	8	
Likely	5	0	5	
Suspected	0	0	0	
Hospitalised (in isolation)	3	-3	0	
Alerts	0	0	0	
Total number of contacts			782	
Total number of contacts discharged			716	
Number of contacts to be followed up presently	66		66	
Number of contacts seen to date			58 (87.8%)	
Number of samples analysed	158	6	164	
Sample with positive results (PCR).	31	0	31	
Admission date of last confirmed case	11/10/2012			

Isiro is a vast health zone with 29 Health Areas where people still doubt the existence of the epidemic. They prefer to hide the sick in the bush, hence the importance of strengthening sensitization activities. Water supply by REGIDESO (water distribution authority) is done only twice a week serving a minority of the population.. The school type VIP latrine is a novelty in this village and its environs.

Coordination and partnerships

Government action

In response to the Ebola outbreak in Isiro health zone and Haut Uele District of Orientale Province, a team of experts from the Ministry of Health was dispatched from 21 August to 25 September 2012 to support the provincial and district health teams in controlling this disaster. To better manage this epidemic, a coordination organ called “Comité International de Coordination Scientifique et Technique de la lutte contre l'épidémie de la fièvre Hémorragique Ebola dans le pool de surveillance d'Isiro” [International Scientific and Technical Coordination Committee to control the Ebola Hemorrhagic Fever Outbreak in the Isiro Surveillance Pool], Haut Uele District, Orientale Province was set up. The committee consists of 7 sub-committees including the one in charge of hygiene and sanitation, whose presidency was entrusted to the DRC Red Cross. Its main objective was to contribute to the control of Ebola hemorrhagic virus transmission in health facilities and the community including associated mortality cases. More specifically, the terms of reference of the mission were:

- The setting up of an early warning and disease surveillance system for early detection of hemorrhagic fever cases and deaths;
- The implementation of preventive and curative measures to control the Ebola hemorrhagic fever epidemic ;
- Support for the prospective and retrospective description and documentation of the epidemic;
- Management of cases and strengthening of infection control in health facilities, around cases and dead victims;
- Raising public awareness and social mobilization;
- Informing and training health staff in areas affected by the epidemic;
- Formulation of recommendations for the quick control of the epidemic.

This response support team was made up of the Minister of Public Health, Provincial Minister of Health PO, the Coordinator of Scientific and Technical Committee for the control of the Ebola hemorrhagic virus epidemic, 2 Biologists, 1 Epidemiologist, 1 Data Manager, 1 Hygienist from the DRC Red Cross, and a psychologist.

As the epidemic evolved, the need for a psychosocial survey also arose. Beginning 22 to 24 September, the Commission conducted a psychosocial survey in Isiro centre, BEDE and NEISU in order to understand the behaviour and practices of the population and health staff towards Ebola plaguing the Isiro health zone. The survey was basically motivated by the following factors:

- Hostility of the population towards health care teams and everything related to the fight against Ebola;
- Desertion of hospitals and health centres by patients in Isiro;
- Refusal by nurses to treat patients in some hospitals and health centres

Action by other partners

- **UNICEF:** As social mobilization Focal Point provided a 4X4 vehicle, 10 motorcycles, 80 bicycles and 40 megaphones to the coordination.
- **WHO:** Manages teams from the Ministry of Health including supply of inputs and fuel.
- **MSF Spain:** Manages isolated patients (suspected cases), safe burial and transfer of negative cases to hospital

Red Cross and Red Crescent action

Progress towards outcomes

Overview

The DRC RC with support from the Federation, has positioned in Isiro, Viadana, Kisangani and Kinshasa 50 sanitation kits including wheelbarrows, shovels, machetes, rakes, funnels, pickaxes, hard gloves, clear goggles, buckets of 15 litres, gas masks and scrub brushes, as well as 50 jerry cans of 25 litres, 60 measuring cups, 60 overalls, 60 boots, 2,000 gloves, 3,000 masks, 60 protective suits, 150 body bags, 50 buckets of chlorine, 250 sprayers, 30 megaphones with batteries, 150 first aid kits,

15 stretchers, 2,000 pieces of soap, 150 aprons, 50 vests, a digital camera, 2 desktops, 2 printers and a laptop.

The operation was implemented by a field delegate for a period of one month, supported by the staff of the Central Africa Regional Representation (CARREP), namely the Regional Health Coordinator and the Regional Senior Programmes Officer, PMER.

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 sensitisation 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 ads 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 on 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

Progress

From 5 to 8 October, the DRC RC trained a dozen senior staff, including 2 from headquarters on psychosocial support with the support of the Federation in Kisangani, capital of Orientale province. Subsequently the 2 trained senior staff trained 150 volunteers from Isiro and Viadana. This volunteer training which lasted 3 days; from 12 to 14 October focused on four themes:

1. Communication techniques;
2. Managing the Ebola hemorrhagic fever epidemic;
3. Hygiene, sanitation and water. In fact, considering the difficulties involved in getting access to water in Isiro, this sub-commission was renamed by adding the access to drinking water component.
4. Psychosocial support.

Each of the 150 volunteers received visibility materials, posters, leaflets, megaphones and all necessary material. An intensive awareness phase is about to start so as to maintain the downward trend of the epidemic, and especially to provide psychosocial support to the populations. To date, this team has raised awareness among about 36,000 people in Isiro, Viadana and in the forest. Following recommendations from the Crisis Committee, the active phase of psychosocial support to affected families in Isiro had been postponed until after the end of the epidemic. However, considering that no new cases have been reported since 21 days now, Red Cross volunteers have started this psychosocial support work.

Messages to prevent Ebola and protect the populations are broadcasted daily over the OKAPI Radio upon request by the Red Cross. The messages are broadcasted in French, Lingala and Swahili. Other radios such as RTA, MOUANGAZA, RTMC and RTDI, as well as the newspaper MONGONGO have also been used to spread the message of the Red Cross against Ebola.

The trained volunteers facilitated the safe burial of corpses using the appropriate protection materials at their disposal and also transported and guided affected people to health centres.

Challenges

In the community:

- Hostility to everything linked to the fight against the disease, especially international NGOs as majority of the population consider Ebola an invention of the western world
- Refusal to go to hospital or health centre by a majority of the population in Isiro and its environs for fear of being considered Ebola patients;
- Believe in rumours that infected people are isolated by health personnel where they die after blood is drawn from them and their corpses used for black magic by NGOs that deceive people with an inaccessible empty coffin under the pretext of safe burial;
- Many people have fled their villages and sought refuge in the forest to avoid being taken to hospital;
- Discrimination of people who attend to dead Ebola victims, transport corpses, help MSF team evacuate suspected cases or collect blood in homes for laboratory testing, considered to have brought bad luck upon the villages or neighbourhoods thereby perpetuating fear

In hospitals and health centres:

- Refusal to attend to the sick or even work in the hospital by hospital staff especially nurses for fear of contracting the disease
- Conflict among some health facilities over referral of Ebola patients;
- Stigmatization of nurses in their neighbourhoods and villages after contracting the disease;
- General fear of the disease, amplified by the stringent patient management mechanism put in place comprising of:
 - The evacuation of suspected cases;
 - Protective gear;
 - The destruction and/or disinfection of places and belongings of suspected cases or the sick;
 - Isolation (current Ebola treatment centre);
 - Bucket with tap for hand washing;
 - Safe burial

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
Affected populations are assisted in the disinfection of their surroundings (Target: 18,000 households).	<ul style="list-style-type: none"> • Training 60 sanitation volunteers (6 ten-man teams) on sanitation techniques and on how to bury corpses

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

Progress

After several difficulties encountered in the composition of the team, the hygiene and sanitation subcommittee has set up a final team mostly comprised of volunteers from the Isiro Red Cross branch. This team has ensured the safe burial of those who died from Ebola, transportation of patients and disinfecting the homes of suspected Ebola patients.

Activities carried out by the DRC Red Cross in August and early September

N°	Activities	Structures	TOTAL
1	Training of nurses	Red Cross	220
2	Training of cleaning staff	Red Cross	34
3	Disinfecting health facilities	Red Cross	7
4	Disinfecting homes	Red Cross	3
5	Safe burial	Red Cross	3
6	Distribution of protection kits	District Hygiene Service	8

A series of short briefings were held with volunteers due to the urgency of the situation. At the beginning of the operation in August, more than 75 volunteers in Isiro and its environs and 27 in Neissu were briefed for 3 days by the facilitators, in addition to the 10 members of the hygiene and sanitation subcommittee. The briefing focused on:

- Knowledge of the disease;
- Active search for cases in the community;
- Social mobilisation;
- Universally approved protective measures;
- Putting on and taking off protective gear;
- Preparation of chlorine solutions;
- Mounting a sprayer
- Spraying techniques

After this training, the teams were divided into groups as follows:

- Social mobilization team;
- Surveillance team for the search of cases;
- A permanent intervention team at the Red Cross base.

The primary mission of the three groups was to raise awareness among the population.

Challenges

- Lack of an ambulance and hearse for transporting the sick or bodies for safe burial;

- Threats to mobile team out for disinfection activities and safe burials by people who refuse to acknowledge the existence of the disease;
- Difficulty in retaining the mobile team responsible for disinfection (toxic substances) and safe burial;
- Late arrival of equipment like boots, gloves, work clothes

Recommendations

- Strengthening of sensitization teams in Isiro and its environs;
- Equipping and motivating the volunteers in the performance of their duties;
- Strengthening of the psychosocial role of volunteers.

Next steps

1. Provide psychosocial support to affected families by delivering a hygiene kit, a food kit, a mattress and one cooking kit to each family at the end of the epidemic
 2. Extend the work of volunteers by one month in order to continue the intensive sensitization in forests where families are hiding the sick and contact persons.
 3. Facilitate access to safe drinking water by constructing at least 10 water points or sources which will also promote hand-washing. The hygiene and sanitation commission that the government created at the beginning of the operation is now known as the “water, hygiene, and sanitation” because access to water is a challenge in the operation. In Isiro, REGIDESO (water distribution authority) sends water 2 times a week. Other localities are left out.
 4. Strengthen education on behaviour change campaign with appropriate messages related to:
 - The proper use of latrines; if possible, provide families with 500 slabs;
 - Correct hand-washing including hand-washing facilities for 500 families primarily those who have lost a relative or have been isolated;
 - The proper disposal of stagnant water and household waste;
 - Weeding around houses.
 5. Setting up of hygiene committees in villages;
 6. Rodents control;
 7. Strengthening the monitoring of the DREF by the country representation, field delegate and CARREP team.
-

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis Duffaut, Regional Representative for Central Africa; Yaoundé; phone: (office) +237 22 21 74 37; (mobile) +237 77 11 77 97; fax: +237 22 21 74 39; email: denis.duffaut@ifrc.org
- **IFRC Zone:** Dr. Adinoyi Ben Adeiza, Health Coordinator, Africa; phone: +254(0)202 835 295, mobile: +254 (0)731990076; email: adinoyi.adeiza@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **Regional Logistics Unit (RLU):** Ari Mantyaara, Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyaara@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator for Africa; Addis Ababa; phone: +251-93-003 4013; fax: +251-11-557 0799; email: loic.debastier@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

DREF history:

- This DREF was initially allocated on 29 August, 2012 for CHF 262,914 for 3 months to assist 830,000 beneficiaries.
- 1 DREF operation update issued.
- This DREF operation update is extending the timeframe from 3 months to 5 months.

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.

www.ifrc.org

Saving lives, changing minds.



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.