

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

REPUBLIC OF CONGO: EBOLA EPIDEMIC

19 August 2003

Appeal No. 07/03; Launched on 25 February 2003 for 3 months for CHF 176,000 (USD 129,793 or EUR 120,206) to assist 50,000 beneficiaries. Budget was revised on 15 March 2003 to CHF 229,000 (USD 168,880 or EUR 156,420).

Appeal coverage: 105%

Disaster Relief Emergency Fund (DREF) Allocated: N/A

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

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Summary

The department of Cuvette Ouest is situated in the northwest of the Republic of the Congo, approximately 900 km from the capital, Brazzaville. Two districts of this department (Kellé, Mbomo) were affected by the Ebola haemorrhagic fever epidemic since December 2002/January 2003. Among the 142 recorded cases, 128 died: 115 in Kellé and 13 in Mbomo. This represents a 90.14% mortality rate. Fourteen persons survived: ten in Kellé and four in Mbomo.

The Minister for Health and Population of the Republic of the Congo officially declared the end of the epidemic on 5 June 2003. This epidemic had previously occurred in December 2001, lasted longer and resulted in a higher death toll.

This latest epidemic reached Kellé district from two directions (Yembelengye and Mvoula), and spread to the two districts of Kellé and Mbomo. It reached a peak in its seventh week (10-15 February) with 27 cases recorded. It then declined in the eighth week and stabilized in the tenth week.

See tables and graphs at end of this document.

Coordination

As soon as the epidemic broke out, the Minister of Health of the Republic of the Congo set up a national task force – the Interagency Coordination Committee (CCIA) - and local committees to combat the epidemic in Kellé, Mbomo and Etoumbi districts. The CCIA is comprised of representatives from the Congolese government, WHO, MSF-Holland, UNDP, WFP, the Federation and the Congolese Red Cross (CRC). The Government chaired this technical coordination committee.

To ensure good coordination of activities and monitoring of the situation, the local CCIA representatives met regularly and reported to the national structure. The sub-prefect chaired the local committee in each district.

Technical coordination was divided into five sub-commissions for better organization of activities in the field:

- The awareness, social mobilization and training sub-commission was supervised by the CRC with support from the Federation;
- The sanitation and hygiene sub-commission, supervised by the Government and the CRC, was tasked with disinfecting houses, hospital equipment and the personal belongings of those who died of Ebola;

- The laboratory and care sub-commission, supervised by WHO, was responsible for isolating and following-up sick persons at home, taking laboratory samples for testing, and arranging burials. The CRC assisted WHO for the burials and isolation of sick persons;
- The logistics sub-commission, jointly supervised by WHO, MSF-Holland and the CRC, was responsible for managing supplies and other articles to combat the epidemic;
- The psycho-social sub-commission, supervised by the CRC, was responsible for managing the psycho-social support to families affected by the epidemic.

It is important to note that CRC volunteers played key roles in these sub-commissions; they were responsible for the distribution of foodstuffs provided by WFP.

The Federation Kinshasa/Brazzaville Delegation and the Yaoundé Regional Office for Central Africa (BRAC) both played an important role in the identification and recruitment of the resource person to support the CRC efforts. This resource person is a member of the Central African Disaster Response Team and comes from the Red Cross of the Democratic Republic of the Congo (RCDRC). The aim was to strengthen cooperation and the exchange of human resources between the two national societies (CRC, RCDRC).

Objectives, achievements, impact

Objective 1: Reinforce local disaster-response capacity.

Activities linked to the objective

- Recruitment and training of the 38 new volunteers (2 volunteers in each of the 19 villages affected by the epidemic in the districts of Kellé and Mbomo) to create buffer teams within the community. This increased the number of volunteers actively involved in the operation from 62 to 100.
- Organization of refresher courses for the 62 volunteers - previously trained in 2001 - to respond rapidly to the Ebola epidemic.

Activities carried out

Refresher training in Ebola epidemic management techniques and community-based first aid (CBFA) was organized for 62 CRC volunteers. These volunteers were previously trained in CBFA and Ebola haemorrhagic fever management techniques during the first epidemic in December 2001. Additionally, 64 new CRC volunteers were trained in Ebola haemorrhagic fever epidemic management and CBFA. In all, 126 volunteers were involved in combating the epidemic, as indicated in the table below:

District	Volunteers given refresher training	Volunteers trained
Kellé	19	32
Mbomo	17	21
Etoumbi	26	11
TOTAL	62	64

These 126 volunteers carried out awareness and social mobilization campaigns at their respective local committee level. They isolated the sick, buried the dead, disinfected equipment and the houses of the sick persons and provided psychological support to the families affected and to those who survived.

Awareness campaigns in the three districts were met with difficulties at the outset; the population confused the Red Cross and 'Rose-croix' (pink cross), thus leading to bad impressions about the Red Cross. A meeting was held with the 18 village chiefs around Kellé and Oyabi to raise awareness of the epidemic and to explain the difference between the Red Cross and 'Rose-croix'. After these clarifications, the volunteers carried out the following activities:

- With the knowledge acquired, the trained volunteers managed the epidemic before, during and after, and are now able to do so in the future.

- The Ebola epidemic was controlled and eradicated thanks to the involvement of the CRC (supported by the Federation) in awareness campaigns, social mobilization and training, sanitation, disinfection of houses and the belongings of the deceased, burial, isolation of sick persons and psycho-social care for the families affected by the epidemic.
- The CRC volunteers also did awareness campaigns for persons living in remote areas, isolated from others, using bicycles made available for this project. They were also accepted by the population in places where other persons had been refused and chased out.

The CRC enhanced its visibility and was well accepted by the Minister of Health, the World Health Organization and other partners in the field.

Objective 2: Support health authorities and local RC committees.

Activities linked to the objective

- In consultation and cooperation with the Ministry of Health, WHO and the technical partners, mobilize 100 volunteers for a period of three months: to participate in visits to the communities to spread knowledge of the measures and preventive messages, to visit the affected families in order to screen suspected cases in the three districts of Kellé, Mbomo and Etoumbi, and to provide treatment to the sick.
- Daily participation in joint interagency evaluation missions to supervise how the epidemic was evolving in the districts affected.

Activities carried out

The door-to-door technique was used to heighten awareness among the populations of 31 villages in the three districts. To reach as many persons as possible, the volunteers were divided into teams of three per district at Kellé (six districts) and at Etoumbi (five districts). At Mbomo (four districts) each team comprised three volunteers. Approximately 50,000 persons were sensitized: 10,000 in Kellé; 14,000 at Mbomo; and 20,000 at Etoumbi. This represents about 10,000 families who were informed of the preventive measures to take.

Due to the impact of this awareness campaign by CRC volunteers and with the involvement of the village chiefs, the population reacted much more appropriately to the epidemic. The population now increasingly avoids eating primate meat (gorilla, chimpanzee, monkey). They are also aware about touching or washing sick persons, or handling and burying dead bodies without protection. The volunteers and community members are further involved in surveillance of dead primates; they inform the health authorities so that appropriate measures are taken.

The project coordinator, representing the Federation, and members of the local CRC committees from the three districts regularly attended the interagency meetings on the evaluation and evolution of the epidemic. These meetings helped the CRC/Federation in the field to acquire new techniques in combating Ebola and to share its management experience.

Objective 3: Procurement of protection and social mobilization materials and material support/household items.

Activities linked to the objective

Obtain pro forma invoices necessary for protective and social mobilization equipment and household supplies.

Activities carried out

The three districts affected by the epidemic received protective and awareness equipment, purchased in Kinshasa and Brazzaville and used throughout the entire campaign, to enhance mobilization and awareness, particularly bicycles and megaphones.

In addition to this equipment (10 bicycles and 10 megaphones), the local CRC committees were also provided with sprayers (10), boots (84 pairs), gloves (100 pairs), protective masks (50), chlorine (50 kg), T-shirts bearing the word Ebola (250), tabbards (150), first aid kits (50), rain wear (48), stretchers (13), body bags (180) and bibs (50).

The CRC volunteers began by surveying and identifying the homes where sick persons lived and the hospitals in the epidemic-affected districts in order to carry out their hygiene and sanitation activities. A total of 105 houses were

identified and completely disinfected: 74 at Kellé centre, 14 at Ndjoukou (Kellé) and 17 at Mbomo. The owners of these disinfected houses now inhabit them without fear of contamination.

Two hospitals were identified - the one in Kellé centre and the one in Mbomo. The isolation rooms both have also been disinfected. Metal beds, once burnt, are now reused in these isolation rooms. Following this disinfection, the beds were again used and occupied by patients; several prior patients had left for fear of contamination.

In addition to disinfecting the homes of sick persons and hospitals, the CRC volunteers also disinfected public buildings, i.e. the offices of the sub-prefecture, two schools, and police and post offices in Kellé centre. Following the thorough sanitation work initiated by the CRC volunteers, people streamed back to these public places, previously deserted and abandoned.

The volunteers are very motivated and have gained management and organization skills and are able to manage by themselves in the medium and long-term. In short, with the equipment received, the three CRC committees can carry out an emergency epidemic-management operation until such time as support comes from headquarters in Brazzaville or from the Federation.

Objective 4: In consultation and collaboration with the Ministry of Health (MoH) and technical partners in the field, provide psychological and material support to affected families.

Activities linked to the objective

- Regular visits were made to the families affected to provide psychological and moral support.
- Material support was given to replace the household goods destroyed.
- Psychological and social support was given to survivors of Ebola to ease their reintegration in the communities.

Activities carried out

The CRC volunteers who were provided training or refresher training surveyed and identified the persons and families affected by the epidemic in Kellé and Mbomo, and on the Mbomo - Oloba axis, the Kellé - Entsiami axis and the Kellé - Etoumbi axis; they targeted the material, social and psychological support needed by the community. For this support to be both effective and efficient, the head of districts and of villages had to be involved as the Federation only coordinated the action.

The CRC volunteers made a total of 48 home visits to affected families in Kellé and 36 in Mbomo. Mobile teams of volunteers made other visits along the above-mentioned axes. During these visits, the volunteers gave psychological support to 142 families of persons who had died or who had survived. Those who had survived were helped to resume their role in their family and community, as they had been rejected by everyone. The family members of persons who had survived were encouraged to accept them, to care for them and to include them in their families with no feeling of rejection and discrimination. The family members of persons who had died were consoled and encouraged to consider themselves as part of the community and not as being rejected or cursed. These persons were all accepted back in society and their community.

The CRC/Federation provided both material and psycho-social support to victims' families, as most of their belongings had been burnt to avoid contamination; funding was provided by the German Red Cross.

The CRC support to the population included distribution of food (rice, vegetable oil, tinned food, salt) and non-food items (mattresses, blankets, cooking pots, jerry-cans). A family who had lost a member received the following non-food items: one mattress, three blankets, five bars of washing soap and a 10-litre bucket. The family also received the following food items: 25 kg of rice, 12.5 litres of vegetable oil, salt and 10 cans of tinned food. These quantities were multiplied by the number of persons dead or persons who had survived. The beneficiary persons and families were re-equipped and can prepare meals, eat and sleep properly and shelter themselves, better than before the epidemic.

Red Cross and Red Crescent Movement – Principles and initiatives

The intervention of the CRC branch in the department of Cuvette at Mbomo, Kellé and Etoumbi is part of the fundamental mission of the International Red Cross and Red Crescent Movement, i.e. to alleviate the suffering of the vulnerable. Through the project to combat the epidemic, the CRC volunteers provided considerable assistance

to the persons and families affected by the epidemic, in line with the fundamental principles of the Movement. Thirty of the 126 first-aid volunteers involved in the operation are women.

Throughout the operation the volunteers' awareness and social mobilization campaigns did not just target Ebola, but also other epidemics and pandemics such as HIV/AIDS, in line with ARCHI 2010 strategies.

Suggestions for the future:

- Provide CRC volunteers more training and refresher training. This will ensure they are fully aware of the role of the volunteer in the community, they can manage equipment made available, and they can carry out awareness and social mobilization activities to persuade all sectors of the population of the danger of the disease.
- Revise and enhance the first-aid manual specific to the management of an Ebola epidemic.
- Create Ebola committees in the villages and districts of the department of Cuvette-Ouest, as part of epidemic surveillance.
- Identify and count tombs situated around family homes and hospitals and possibly dig them up.
- Identify target groups for effective, targeted awareness sessions. Target groups include teachers, religious leaders, district heads, hunters, important persons, sports associations, political parties, traditional practitioners, and women's associations.
- Organize hunters' associations, as part of epidemiologic surveillance, to report any unusual phenomenon in forests.
- Organize and cooperate with traditional practitioners with a view to involving them in the combat. It should be mentioned that sick people consult traditional practitioners prior to going to hospital.
- Involve the health, political and administrative authorities in raising the awareness of some village leaders who still continue to mystify the origin of the disease.

National Society Capacity Building

This operation in response to the Ebola epidemic helped to strengthen the operational capacities of the CRC branches in the three districts of Cuvette-Ouest department; this satisfied the first objective of this appeal. As well, it greatly heightened the visibility and credibility of the CRC, following a period of unfortunate confusion by the population with the 'Rose-croix'.

Assessment and lessons learned

The CRC was a member of the coordination team set up to respond to the epidemic. It is therefore difficult to assess the impact of the operation on the involvement of just the CRC volunteers. However, a questionnaire was distributed to the population and gave the following results:

- 50% of the respondents have decided to stop eating primate meat;
- 90% of the population abstains from handling dead bodies without protection;
- 50% of the respondents are more familiar with the Ebola epidemic;
- The assisted families are grateful to the CRC and congratulate the volunteers on their work;
- A large number of persons living in urban centres (Kellé centre, Etoumbi and Mbomo) agreed to become members of the national society as a result of the importance of the activities carried out by the volunteers;
- All the partners involved in the operation publicly congratulated the CRC;
- 50% of the respondents now clearly differentiate the Red Cross and the 'Rose-croix' and accept the work of the volunteers;
- Cooperation between the operational humanitarian partners involved in the operation, including the governmental authorities, has improved;
- Commitment and dedication of the volunteers receiving refresher training has increased;
- CRC visibility and credibility has grown;
- The team leaders in the different districts carried out their planning, organization and supervision role well and are able to work effectively, even in the absence of CRC or Federation coordination;
- The teams in the field applied Strategy 2010 and ARCHI 2010;
- In light of the initial difficulties, the volunteers' message regarding the epidemic had to take account of the context and customs of the target populations; this enabled more persons to be informed.

Impact

- The 18 village chiefs on the Kellé-Oyabi axis as well as the entire population of the three districts affected by the epidemic know the Red Cross better and clearly distinguish it from ‘Rose-croix’;
- Even when CRC volunteers are not present, the population in the 31 villages in the three districts no longer touch, wash and bury bodies without protection. They no longer eat primate meat, and they take sick persons to hospital following the first signs of the disease.

Constraints

- The local CRC committees in the three districts do not have a headquarters. In view of their major contribution to combating Ebola, the sub-prefectures have made buildings available to serve as headquarters; however, these require renovation.
- The roads in some areas are impassable and cannot be reached by vehicle. Despite this, the volunteers went either by foot or on bicycle.
- The population’s confusion between Red Cross and ‘Rose-croix’ prevented the volunteers from properly carrying out their activities at the outset of the operation.
- The CRC/Federation came to the field a bit late; this impacted good coordination of volunteers’ activities.
- The lack of a digital camera did not allow for coverage of volunteers’ activities, it reduced CRC visibility among partners and donors, and it limited the possibility to review what was done and consider possible training and refresher training.

Lastly, the revised budget was for CHF 229,000. Contributions in support of this appeal totalled CHF 240,507; nNet expenditures amounted to CHF 259,509, resulting in an end-of-appeal deficit of CHF 19,002. Please refer to the annexed final financial report: Consolidated Response to Appeal, and Budget Analysis/Breakdown of expenditures.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable. The procurement for this operation was carried out in full compliance and conformity with the Federation's standard for international and local procurement.

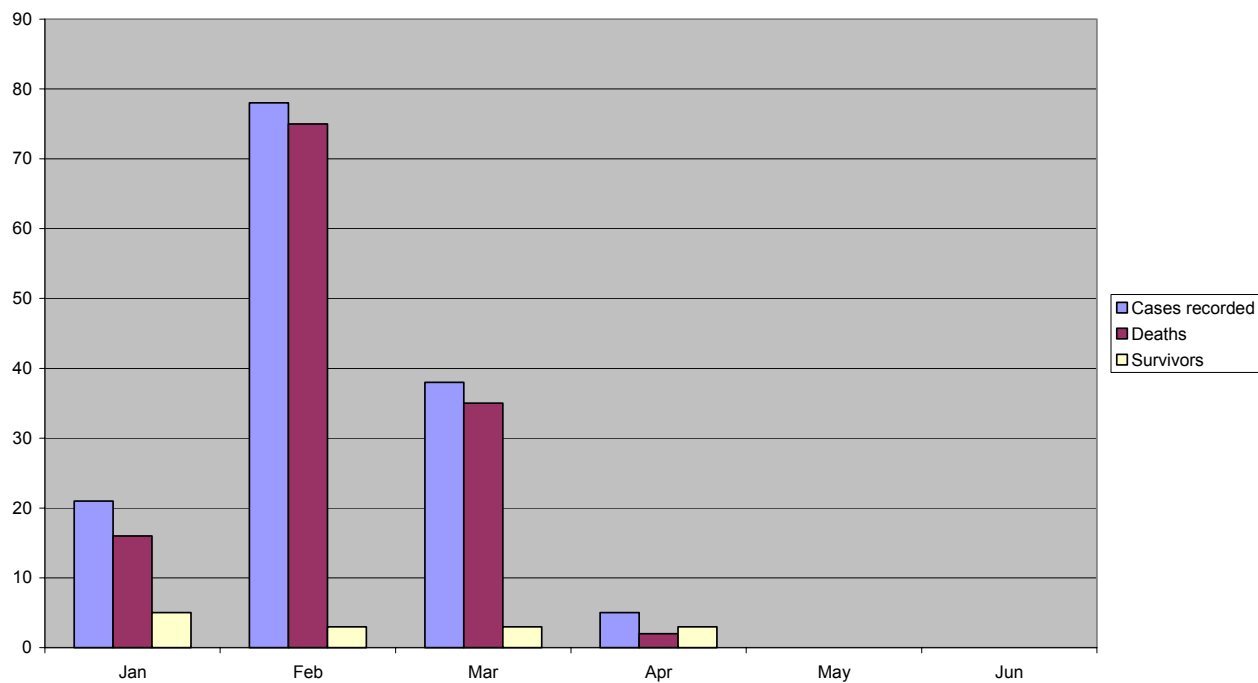
For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation’s website.

Ebola Operation: January to June 2003
 Number of Cases, Deaths, and Survivors

EBOLA 2003	Cases recorded	Deaths	Survivors
January 2003	21	16	5
February 2003	78	75	3
March 2003	38	35	3
April 2003	5	2	3
May 2003	0	0	0
June 2003	0	0	0
TOTAL	142	128	14

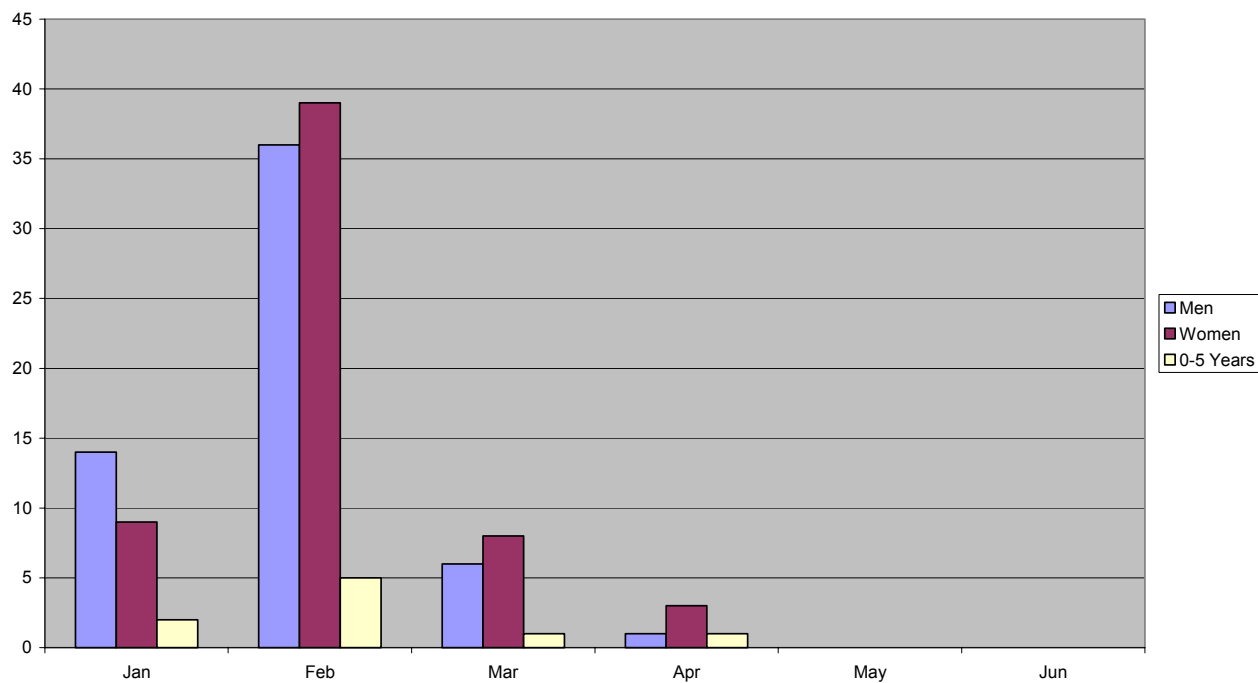
Ebola Operation, January to June 2003: No. of Cases, Deaths and Survivors



Ebola Operation: January to June 2003
 Affected groups, Kelle district

Kelle district	Men	Women	0-5 Years	TOTAL
January 2003	14	9	2	25
February 2003	36	39	5	80
March 2003	6	8	1	15
April 2003	1	3	1	5
May 2003	0	0	0	0
June 2003	0	0	0	0
TOTAL	57	59	9	125

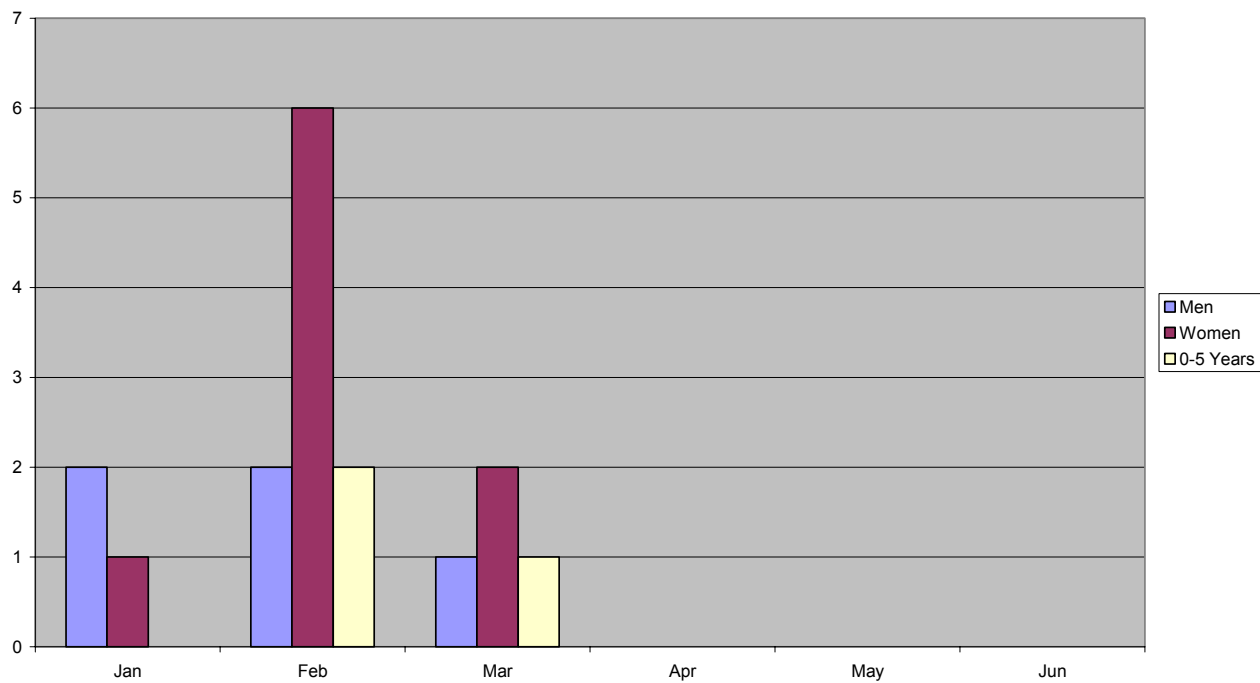
Ebola Operation, January to June 2003: Affected groups, Kelle district



Ebola Operation: January to June 2003
 Affected groups, Mbomo district

Mbomo district	Men	Women	0-5 Years	TOTAL
January 2003	2	1	0	3
February 2003	2	6	2	10
March 2003	1	2	1	4
April 2003	0	0	0	0
May 2003	0	0	0	0
June 2003	0	0	0	0
TOTAL	5	9	3	17

Ebola Operation, January to June 2003: Affected groups, Mbomo district



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Appeal No & title: 07/2003 Republic of Congo - Ebola outbreak
Period: year 2003 up to end July
Project(s): PCG405
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	229,000				
less					
Cash brought forward					
TOTAL ASSISTANCE SOUGHT	229,000				
<u>Contributions from Donors</u>					
DFID - British Government (DFID)	105,270				105,270
Finnish Red Cross (DNFI)	24,272				24,272
German Govt.via German Red Cross (DGNDE)	47,539				47,539
Japanese Red Cross (DNJP)	7,408				7,408
Monaco Red Cross (DNMC)	11,066				11,066
Swedish Red Cross (DNSE)	32,100				32,100
United Nations Population Fund (DH11)	12,852				12,852
TOTAL	240,507				240,507

II - Balance of funds

OPENING	
CASH INCOME Rcv'd	240,507
CASH EXPENDITURE	-259,509

CASH BALANCE	-19,002

Appeal No & title: 07/2003 Republic of Congo - Ebola outbreak

Period: year 2003 up to end July

Project(s): PCG405

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	3,000	2,144			2,144	856
Clothing & Textiles	10,000	10,288			10,288	-288
Food & Seeds	5,000	5,688			5,688	-688
Water & sanitation		154			154	-154
Medical & First Aid	4,000	9,077			9,077	-5,077
Teaching materials		1,501			1,501	-1,501
Utensils & Tools	11,000	8,770			8,770	2,230
Other relief supplies	10,000	3,890			3,890	6,110
Sub-Total	43,000	41,512			41,512	1,488
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	33,000	20,408			20,408	12,592
Computers & Telecom equip.	8,000	17,914			17,914	-9,914
Medical equipment						
Other capital expenditures	6,000	1,224			1,224	4,776
Sub-Total	47,000	39,546			39,546	7,454
<u>TRANSPORT & STORAGE</u>						
Warehouse & distribution		13,828			13,828	-13,828
Transport & vehicles	22,000	10,780			10,780	11,220
Sub-Total	22,000	24,608			24,608	-2,608
<u>PERSONNEL</u>						
Personnel (delegates)	19,000	25,150			25,150	-6,150
Personnel (regional, national staff)	46,000	53,006			53,006	-7,006
Consultants		10,311			10,311	-10,311
Workshops & training		3,714			3,714	-3,714
Sub-Total	65,000	92,181			92,181	-27,181
<u>GENERAL & ADMINISTRATION</u>						
Travel & related expenses	3,000	14,971			14,971	-11,971
Information expenses	26,000	5,335			5,335	20,665
Admin./general expenses	8,000	24,488			24,488	-16,488
Sub-Total	37,000	44,795			44,795	-7,795
<u>PROGRAMME SUPPORT</u>						
Operational provisions	15,000	16,868			16,868	-1,868
Transfers & contributions						
TOTAL BUDGET	229,000	259,509			259,509	-30,509