



Democratic Republic of the Congo: Ebola Haemorrhagic Fever in Western Kasai

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CHF 180,994 (USD 150,452 or EUR 110,094) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance in affected areas of Western Kasai Province.

Unearmarked funds to repay DREF are encouraged.

This operation is expected to be implemented over 3 months, and will therefore be completed by end of December 2007; a Final Report will be made available three months after the end of the operation.

[<Click here to go to the attached map of the affected area>](#)

The situation

On Monday, 10 September 2007, the Ministry of Health of the Democratic Republic of the Congo (DRC) officially declared an Ebola Haemorrhagic Fever (EHF)¹ epidemic in the country. The confirmation followed laboratory tests conducted at the *Centre International de Recherches Médicales de Franceville (CIRMF)* in Gabon and the Centers for Disease Control (CDC) in Atlanta, USA. Laboratory analyses of samples from eleven patients with suspected EHF cases and four people they had come into contact with revealed that six tested positive.

The area most affected by the epidemic extends 70 km from Makonoku – in radius – reaching Kampungu, Kaluamba and the surrounding villages of Mweka² and Luebo, all in Western Kasai Province. In early June 2007, several people fell ill in Bena Ndongo (one of the seven villages surrounding Makonoku); they displayed symptoms such as fever, headaches, diarrhoea, colic and vomiting. They all died within one week; deaths were also recorded in Kampungu and Kaluamba. Additionally, some suspected cases have been reported in Kananga, the capital of the province, approximately 170 km from the most affected areas. The epidemic can potentially spread to other bordering zones and provinces.

¹ Ebola haemorrhagic fever (EHF) is one of the most virulent viral diseases known to humankind, causing death in 50-90% of all clinically ill cases. Several different species of Ebola virus have been identified. The Ebola virus is transmitted by direct contact with the blood, body fluids and tissues of infected persons. Source: WHO – <http://www.who.int/csr/disease/ebola/en/>

² The population of Mweka is 140,000 people while Kananga, where a few suspected cases have been registered, has a population of 1 million people.

On 18 August 2007, the central office of the health zone was informed of the situation by the nurse in charge of the Makonoku health post. The central office then dispatched two supervisors to assess the situation. Their report confirmed that 46 deaths had occurred (14 in Kampungu and 32 in Kaluamba). The deaths were reported in communities where health centres recorded the least attendance by patients.

From 20 to 25 August, 300 cases, with 82 deaths, had been registered. According to medical records, as at 11 September 2007, a total of 372 cases, with 166 deaths, had been reported; translating to a fatality rate of 44.6 per cent. One hundred and seven people were confirmed to have come into contact with the patients and these were followed up. Thirteen patients were admitted to hospital; four of them are recovering.

Red Cross and Red Crescent action

As a member of the local crisis committee, the Mweka local committee of the Red Cross of the Democratic Republic of the Congo (RCDRC) is sensitizing the population on the dangers of the epidemic. The Red Cross committee is also ensuring proper burial of bodies and transfer of patients to isolation centres.

On September 10, the Federation Representation in the DRC provided financial and material support (worth approximately CHF 24,000) to the National Society. The support included protective and sanitation materials as well as information materials.

The national health director of the RCDRC is on the ground to coordinate activities and to lead a thorough assessment. The Federation representation has a water and sanitation (WatSan) field delegate in Kananga and a public health delegate in eastern DRC with health epidemics experience, including EHF. The public health delegate coordinated an Ebola response operation in 2000 and 2005. The health director of the RCDRC also coordinated a similar operation during the 2004 EHF outbreak in Cuvette-Ouest, Congo Brazzaville.

Coordination and partnerships

The Red Cross intervention will be coordinated by the national health director of the RCDRC, with support from the Federation WatSan delegate based in Kananga and the public health delegate based in eastern DRC. The Red Cross will participate in coordination meetings at all levels (Kinshasa, Kananga and on the field). The National Society is working closely with the International Committee of the Red Cross (ICRC) and Partner National Societies (PNS) operating in the country; the PNSs include the German Red Cross, Danish Red Cross, Belgium Red Cross and the Spanish Red Cross.

Crisis committees have been set up at all levels. The national crisis committee is coordinated by the Minister of Health (in Kinshasa) while at the provincial level, coordination is by the Provincial Minister of Health. Members of the committees include Ministry of Health (MoH) officials, UN agencies, international non-governmental organizations (INGOs) and International Red Cross and Red Crescent Movement partners (Red Cross of the Democratic Republic of the Congo, the Federation and ICRC). All committee members take part in coordination meetings.

In Kananga, inter-agency coordination meetings are held on a daily basis. The meetings are attended by the Provincial Minister of Health, officials from the different services of MoH, representatives of the services of the governor, World Health Organization (WHO), United Nations Children's Fund (UNICEF), the United Nations Mission in the Democratic Republic of Congo (MONUC)³ civil affairs representative, the Red Cross, international NGOs and officials responsible for health zones in Kananga.

³ In French: Mission des Nations Unies en République Démocratique du Congo (MONUC)

At field level, a multi-sector crisis committee has been set up. The committee is composed of representatives from MoH, WHO, Médecins Sans Frontières (MSF) Belgium and the local Red Cross committee. Under the coordination of this committee, the following actions have been carried out to date:

- Sensitization of the populations in different villages on hygiene practices;
- Isolation and treatment of patients with *Chloramphenicol* and *Metronidazol* as well as their sufficient rehydration while awaiting diagnosis from an accurate laboratory with antibiogram;
- Epidemiologic supervision and compilation of data;
- Collecting samples and sending them to CIRMF in Libreville and CDC in Atlanta for analysis.

The needs

Immediate needs:

- Additional human resources (to sensitize the populations and to conduct sanitation activities);
- Training of volunteers (to build their intervention capacities);
- Protective materials (to prevent contamination of volunteers);
- Information, education and communication materials (pamphlets, posters and image boxes).
- Disinfection materials and other necessary inputs (for disinfecting homes and belongings of infected people);
- Substitute materials (after destruction of certain goods that came into contact with patients; mattresses, mats, blankets, bed sheets and clothes).

Longer-term needs

- Continuous sensitization in the community;
- Actions aiming at influencing behaviour change, especially as regards food habits of the populations (meat eating). They include promotion of domestic breeding (poultry), fishing and market gardening.

The proposed operation

Emergency First Aid

Objective 1: Suspected cases are identified in time and transferred to isolation centres in optimal conditions of safety.

Expected results:

- The population of the targeted zones is well informed on clinical signs of EHF and knows exactly what to do in case of contamination;
- Suspected cases are transferred to treatment centres in optimal conditions of safety.

Activities to meet the objective:

- Inform the populations in targeted zones on clinical signs of EHF and what to do in case of contamination;
- Train 100 volunteers on EHF and on sensitization techniques;
- Provide protective materials and means of transport for 10 trained teams which will accompany the suspected cases;
- Transport patients to isolation centres;
- Distribute non-food items (NFI) to families whose personal effects have been destroyed for disinfection.

Health, Water and Sanitation

Objective 2: The homes and other goods of people infected have been disinfected and the bodies are buried in optimal conditions of safety.

Expected results:

- Each affected village has a team of trained cleaners who are provided with protective materials;
- The homes and other effects of people infected are disinfected and bodies are buried in optimal conditions of safety;
- Materials and other personal effects of people infected are destroyed and replaced.

Activities to meet the objective:

- Train 50 volunteers (cleaners) on cleaning techniques and proper burial of bodies;
- Provide protective and cleaning materials for 10 trained teams;
- Organize cleaning operations in contaminated places, patients' homes and in treatment centres;
- Transport patients to isolation centres;
- Disinfect homes and goods of infected people;
- Bury bodies in optimal conditions of safety for volunteers and the populations.

Objective 3: The populations in targeted zones are well informed of the clinical signs of Ebola Hemorrhagic Fever and know exactly what to do in case of contamination.

Expected result:

- Each affected village has a team of trained cleaners (provided with protective materials and necessary support) who will sensitize the populations on EHF preventive measures.

Activities to meet the objective:

- Train 24 volunteers (2 per targeted locality/district and 2 in each local Red Cross committee) on coaching techniques;
- Adapt and multiply existing information materials and distributing them in all targeted areas;
- Provide the trained teams with sensitization material and supporting tools;
- Organizing sensitization campaigns in the targeted districts and villages.
- Create at least one mothers' club in each targeted district/village (for health promotion).

Objective 4: Favorable eating habits are adopted by the majority of the population in the affected zones to avoid contamination by EHF.

Expected result:

- Eating of game meat and other foods likely to promote the transmission of EHF is reduced.

Activities to meet the objective:

- Train mothers' club members and community leaders on balanced foods available in the region and fighting against taboos related to eating game meat;
- Support income-generating micro-projects to promote eating of other foods rather than game meat.

Objective 5: Preparation, response and epidemic supervision capacities of the local committees and communities in different districts of Kananga and surrounding villages in the affected zones are improved.

Activities to meet the objective:

- Develop appropriate risk mapping, including the available capacities in zones affected by the epidemic;
- Train 100 volunteers involved in the response;
- Position first aid stocks (kitchen sets, buckets, soap, clothes, blankets, mattress, protective materials and cleaning materials) in Kananga for potential future epidemics;
- Provide materials, information support and means of transport (motorcycles and bicycles) for the trained teams.

Table 1: Activities planned, and their time-frame

Major activities	Month 1				Month 2	Month 3
	Weeks					
	1	2	3	4		
Within 2 days, train 100 Red Cross and community volunteers on communication techniques and EHF.	■					
Provide teams in Kananga, Mweka, Luebo, Kumpungu and Bena-Lueka with protective materials and means of transport.	■					
Organize sensitization campaigns on EHF preventive measures in all localities exposed to contamination.	■	■	■	■	■	■
Transport suspected cases in all affected localities to isolation centres.	■	■	■	■	■	■
Train 50 cleaners (10 per affected locality).	■					
Provide cleaning teams in all affected localities with protective and cleaning materials.	■					
Organize cleaning of polluted places and burial of bodies in all localities affected by the epidemic.	■	■	■	■	■	■
Within 2 days, train 24 volunteers (2 in each locality and 2 in each local Red Cross committee) on coaching techniques.	■					
Harmonize and multiply existing information materials (pamphlets, posters and image boxes).	■					
Create one mothers' club in each locality affected by the epidemic.				■	■	■
Within 4 days, train 16 mothers' club leaders (for health promotion and management of income-generating activities).				■	■	■
Develop 10 community micro-projects to support communities of the localities affected by the epidemic.				■	■	■
Produce 8 radio programs on preventive measures.	■	■	■	■	■	■
Produce a risk mapping of the exposed zones.					■	■
Position protective and first aid material stocks in Kananga.					■	■
Joint RCDRC and Federation mission.	■				■	■
Supervision mission in the province.			■	■	■	■
Evaluation of the operation.						■

Red Cross and Red Crescent Movement – Principles and priorities

The operation will be in line with the Fundamental Principles of the Red Cross and Red Crescent Movement and the Movement's Code of Conduct. Sphere norms will be respected during the planning and implementation of the operation. Gender aspects will be considered at all levels; during implementation of activities aimed at attaining behaviour change, women will play a key role. This justifies the creation of mothers' clubs. During the training and sensitization activities, all health related problems, such as HIV and AIDS, will be taken into account.

Capacity of the National Society

The Red Cross of the DRC is recognized by all partners – including the government – as a credible institution with experience in managing epidemics, including Ebola. Some members of staff at the central and local levels of the National Society have already participated in EHF interventions. The current Secretary General and the national director of health were involved in the Red Cross response to the EHF outbreak in Kikwit (1995) and in Congo Brazzaville (2005) respectively.

At operational level, Red Cross volunteers have participated in several specialized training sessions, including community-based first aid (CBFA). Several others participated in sensitization campaigns against EHF and other diseases. In Kananga, there is an operational provincial committee with a complete management structure in place. All Red Cross branches in the affected zones have basic functional structures. Additionally, the six zones have more than 400 active volunteers. The volunteers have already been involved in responding to epidemics as well as in social mobilization against HIV and AIDS, and malaria.

Capacity of the Federation

The Federation head of delegation in Kinshasa ensures proper coordination of activities. The delegation's staff is available to provide support to the National Society and the country office has necessary equipment in place. However, the office lacks a satellite telephone which is a necessary communication tool when conducting field missions, especially in areas with no telecommunications network.

Monitoring and evaluation

Supervision of activities will be ensured at all levels. In collaboration with the President of the RCDRC, the Federation head of delegation will ensure proper monitoring of activities. The National Society's Secretary General and the public health delegate in eastern DRC will conduct a joint mission in the affected zones to provide technical support to operational teams. The WatSan field delegate based in Kananga will provide long-term support to the provincial Red Cross committee through joint missions with the provincial secretary and the health provincial officer. At the local level, the coordinator of the operation will ensure supervision of the teams.

How we work

All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the National Society profile, please access the Federation's website at <http://www.ifrc.org>

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- **Reduce the numbers of deaths, injuries and impact from disasters.**
- **Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.**
- **Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.**
- **Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.**

Contact information

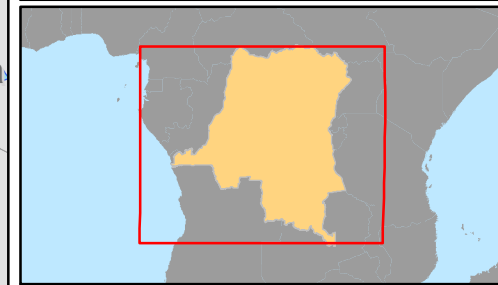
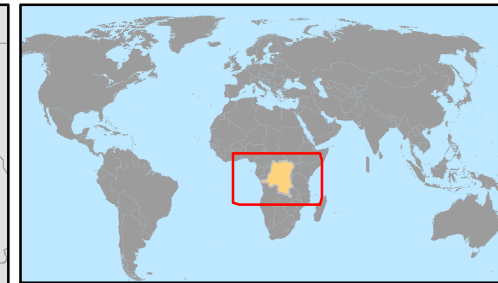
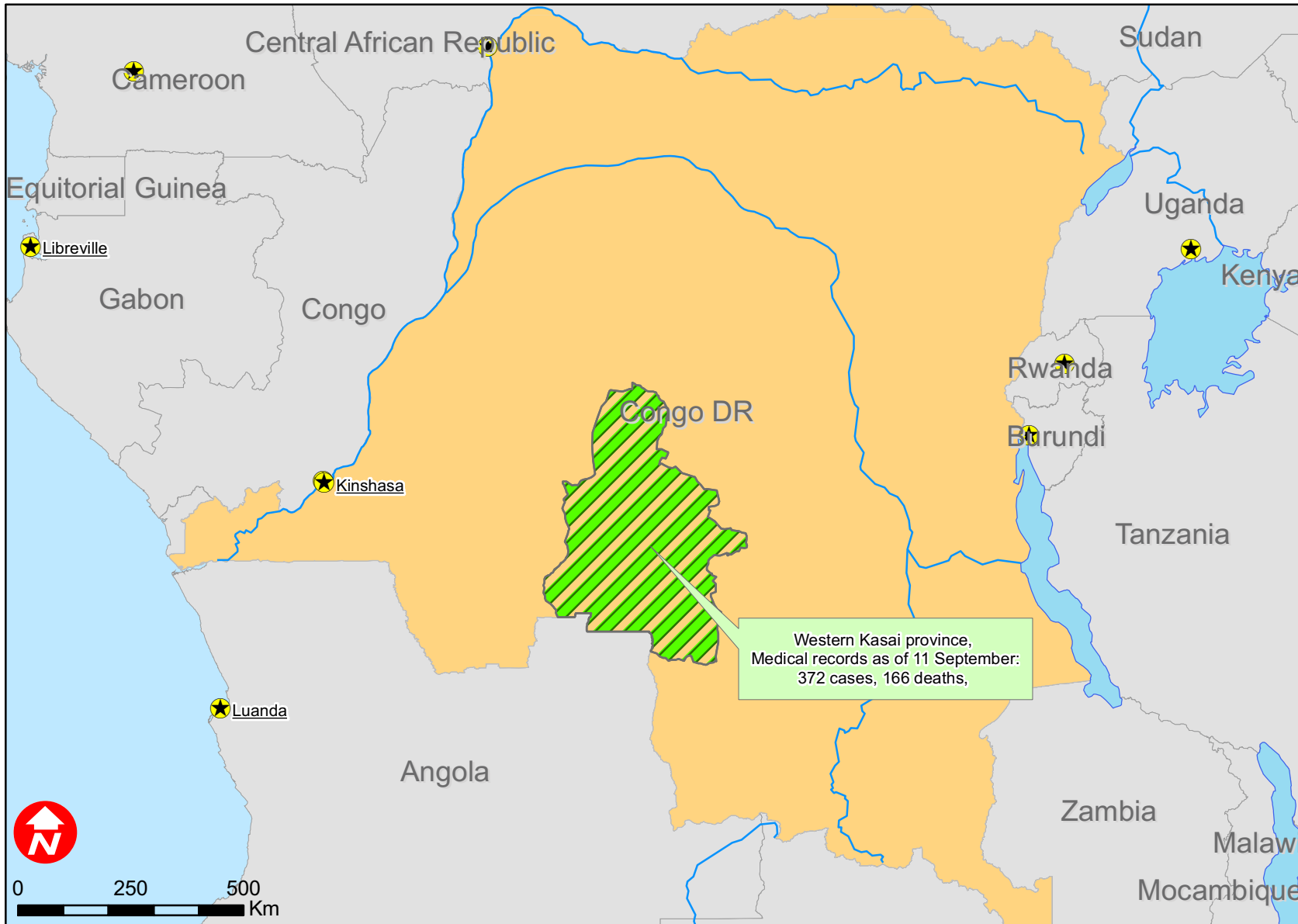
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[<Map below; click here to return to the title page>](#)



Democratic Republic of the Congo: Epidemic: Ebola



On Monday, 10 September 2007, the Ministry of Health of the Democratic Republic of the Congo (DRC) officially declared an epidemic of Ebola Haemorrhagic Fever (EHF) in the country.

 Affected region