

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Democratic Republic of the Congo: Ebola Fever

DREF operation n° MDRCD006
GLIDE n° EP-2009-000008-COD
27 July 2009

The International Federation's 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 Red Crescent response to emergencies. 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.

Summary: CHF 146,404 (USD 132,205 or EUR 97,375) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 9 January, 2009 to support the Red Cross of the Democratic Republic of the Congo (RCDRC) in delivering assistance to some 15,000 beneficiaries. There are people affected by the Ebola Hemorrhagic Fever in the Mweka health zones of the Western Kasai province.

This operation started in January 2009 and has been completed in April 2009. After the official declaration of the outbreak, government authorities set up crisis committees at various levels. The Red Cross of the Democratic Republic of the Congo was a member of those committees, with other Government partners in the humanitarian field. The RCDRC volunteers who acquired experience during the 2007 Ebola operation in neighboring localities were deployed in Mweka to sensitize the populations to the dangers of the disease and to help transfer patients with Ebola signs to isolation centers, and safely bury corpses when needed.

This operation was conducted in the field within a multi-sector crisis committee composed of representatives of the Ministry of Health (MoH), WHO (national and international teams), Belgium Médecins Sans Frontières (MSF). The committee has been able to coordinate the implementation of the following activities: sensitize the populations to hygiene rules; isolate and treat patients with chloramphenicol and metronidazole, and rehydrate patients while waiting for a more precise diagnosis to be established with an antibiogram; conduct epidemiological surveillance and process data; and collect samples and sending them to Libreville and Atlanta via Kinshasa for analysis.

The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on: <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>
<click here for the final financial report, or here to view contact details>

The situation

There have been Ebola epidemic for two successive years (2007 and 2008). The index case was the chief of the village, a hunter, who died on April 27th 2007. Most people who attended his funerals had developed the disease and died. The authorities have only been informed of this situation on 21 August, 2007.

On 27 November, 2008 the Western Kasai Provincial Health Inspectorate informed the Democratic Republic of the Congo (DRC) Public Health Ministry that there were again suspected cases of the Ebola hemorrhagic Fever in the Mweka health zone. The Mweka health zone physician-in-chief reporting to the Minister of Public Health revealed that an Ebola epidemic was hitting Kaluamba, a neighboring area to Kampungu that

was affected by the same disease in August 2007. The reporter also described an outbreak of diarrhea epidemic among children under 5 years in neighboring Buena-Lueka on 8 December, 2008. On the 48th week of 2008, a parturient died of postpartum hemorrhage in a health centre. Her baby and the person who accompanied them to the hospital also died of bloody diarrhea. Even the nurse who attended to those departed persons was showing the same signs. The situation as of 2nd January, 2009 was as follows: 40 cases registered in one month, including 28 female cases. Out of the 40 cases, 13 were below the age of 15, while 25 were above 15 and the age of two is unknown. A total of 13 persons died of the disease and 173 cases were monitored. One patient was isolated. Six new alarms were sounded, on the basis of five in the Western Kasai province, four in Kampungu, and one in the Katanga province (Lubumbashi).

Red Cross and Red Crescent action

Achievements against objectives

The Red Cross of the Democratic Republic of the Congo (RCDRC) contributed to breaking the chain of contamination of the disease within the community. The RCDRC strengthened the capacity of Red Cross volunteers in regards to disease management, to prevent further epidemic outbreaks. It also strengthened the community knowledge about the disease. The National Society provided a psycho-social support to the victims of the epidemic and allowed the people of Luebo and Kampungu to have access to drinking water through water chlorination. As a result, other epidemics linked to water were prevented. The RCDRC supported in the detection of all suspected cases and contacts of FHV in the province of Kasai Occidental. The NS promoted good practices regarding individual and collective hygiene through communication to change behaviours. All these actions contributed to reducing mortality and morbidity related to the epidemic of FHV in the province of Kasai Occidental.

Emergency Relief and Non-food Items Distribution	
Objective: Suspected cases of Ebola are identified in a timely manner and transferred to isolation centers under optimal security conditions.	
Expected results	Activities planned
<ul style="list-style-type: none"> The capacities of the volunteers and community members to recognize suspected cases of FHV are improved; The suspected cases are reported to the health authorities of the villages on time; The ability to alert and respond to epidemics including FHV is strengthened; The measures of general and specific hygiene are reinforced by the community. 	<ul style="list-style-type: none"> Train 200 Red Cross volunteers and community members on community-based first aid with focus on communication techniques, the signs and symptoms of Ebola, and on coaching techniques; Divide trained volunteers into six teams and equip them with protection and intervention materials; Provide trained teams with facilities to help transport suspected cases and patients to isolation centers; Put sensitization materials and aids at the disposal of the trained teams; Distribute non-food items to those families whose property would have been destroyed by the Red Cross as a preventive measure.

Impact:

The resurgence of the epidemic barely a year after the previous one is thought to have come as a result of poor response during the 2007 outbreak. That operation failed to focus on communication for the change of behaviours. Thus the populations continued to eat bush meat thereby exposing themselves to new contaminations. The Ebola epidemic usually comes late in the year when people hunt a lot ahead of end-of-year celebrations. It was therefore necessary to carry some actions related to the strengthening of social mobilization in the health zone of Mweka and surroundings. About 130 Red Cross volunteers (60 volunteers in Luebo, 30 volunteers in Kampungu and 40 volunteers) in Mweka were trained and provided with disinfection materials for the houses of sick persons, and houses where there were deaths. In return the trained volunteers' educated communities on what Ebola is, what causes, signs and symptoms, how the disease is contracted, and how to protect themselves. They organized an active search of suspected cases and contacts in the community. They identified all the contact persons and put them under daily surveillance for 21 days to detect the possible occurrence of fever. The volunteers were equipped with protection materials against contamination (boots, aprons, gloves, masks, and stretcher) and sensitizing materials which included 2,000 leaflets, 15 megaphones, jackets, and bibs.

Water, sanitation, and hygiene promotion

Objective: 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
<ul style="list-style-type: none"> The population of 11 villages are aware of hygiene promotion, good practice and burial rituals; The transport of patients and corpses is secured for anyone involved in the transport; The population of the affected villages has access to safe drinking water through the operation of chlorination of water sources by Red Cross volunteers; The identification of water sources and other problems related to hygiene in the villages is ensured. 	<ul style="list-style-type: none"> Train 60 sanitation volunteers on sanitation techniques and on how to bury corpses under optimal security conditions; Carry out sanitation activities in contaminated places, in the houses of Ebola patients and in Ebola management facilities; Transport Ebola patients to isolation centers; Organize sensitization campaigns in targeted villages.

Impact

Ten Red Cross volunteers among the 130 trained have been deployed in the centre of isolation of Kampungu. More than 156 bodies were safely buried by these volunteers without any risk of contamination; seven chlorine tucks were sent to the crisis committee of Kampungu providing supply and chlorination of water to the community and to the health districts of Kampungu, Mweka and Luebo. Over 2,000 litres of “main solution” were made to be used at Kampungu hospital and 450 households were disinfected since the beginning of the operation by the volunteers of the Red Cross of DRC. Non-food materials were distributed to vulnerable populations who had lost their belongings during the epidemic (soap, cooking kits, blankets, clothes). The basic committees were provided with sanitation equipment like picks, shovels, hoes, machetes, and hard gloves.

The table below summarizes the activities that were held in specific localities and the number of beneficiaries.

Localities	Number of volunteers	Activities	Beneficiaries
Luebo	60 volunteers	Social mobilization in the villages and in Luebo neighbourhoods.	79,000 persons were reached in 19 villages.
		Chlorination of drinking water in villages and neighbourhoods.	658 households benefited from the treatment of their water supplies at home.
		Identification of watering places where the population could find safe drinking water.	14 watering places were identified.
Kampungu	30 volunteers	Social mobilization of the community in the villages.	59,000 in Kampungu and its surroundings.
		Disinfection of the houses where sick or dead people were living.	69 houses were disinfected.
		Preparation of stock solution of chlorine for use in isolation centre.	700 litres of chlorine solutions were prepared.
		Identification of water sources and latrines in the community.	Six unplanned sources were identified.
Kaluamba	40 volunteers	Population awareness.	268 inhabitants were sensitized.
		Disinfection of the houses where sick or dead people were living.	Four houses were disinfected.

Conclusion: The RCDRC authorities and its partners (Federation and Government) are to be thanked for their involvement in this operation. This operation has been an opportunity to provide support to the most vulnerable people when it was most needed by the community.

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.

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

International Federation of Red Cross and Red Crescent Societies

MDRCD006 - DR Congo - Ebola

FINAL Financial Report

Selected Parameters	
Reporting Timeframe	2008/12-2009/7
Budget Timeframe	2008/12-2009/7
Appeal	MDRCD006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	146,404					146,404
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	145,321					145,321
C5. Other Income	145,321					145,321
C. Total Income = SUM(C1..C5)	145,321					145,321
D. Total Funding = B + C	145,321					145,321
Appeal Coverage	99%					99%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	145,321					145,321
E. Expenditure	-145,321					-145,321
F. Closing Balance = (B + C + E)	0					0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	146,404						146,404	
Supplies								
Shelter - Relief	2,600							2,600
Clothing & textiles	8,450	6,368				6,368		2,082
Water & Sanitation	30,804	24,283				24,283		6,521
Medical & First Aid	450							450
Teaching Materials	8,280	8,273				8,273		7
Utensils & Tools	6,825	5,258				5,258		1,567
Other Supplies & Services	1,560	1,660				1,660		-100
Total Supplies	58,969	45,841				45,841		13,128
Land, vehicles & equipment								
Vehicles	5,700	9,074				9,074		-3,374
Total Land, vehicles & equipment	5,700	9,074				9,074		-3,374
Transport & Storage								
Storage	4,525	837				837		3,688
Distribution & Monitoring		503				503		-503
Transport & Vehicle Costs	3,000	11,979				11,979		-8,979
Total Transport & Storage	7,525	13,320				13,320		-5,795
Personnel								
International Staff		12,408				12,408		-12,408
National Staff		101				101		-101
National Society Staff	37,225	26,541				26,541		10,684
Total Personnel	37,225	39,049				39,049		-1,824
Workshops & Training								
Workshops & Training	9,000	6,790				6,790		2,210
Total Workshops & Training	9,000	6,790				6,790		2,210
General Expenditure								
Travel	6,552	2,090				2,090		4,462
Information & Public Relation	2,145	4,083				4,083		-1,938
Office Costs	3,500	7,576				7,576		-4,076
Communications	5,000	6,491				6,491		-1,491
Financial Charges	1,272	864				864		408
Other General Expenses		697				697		-697
Total General Expenditure	18,469	21,802				21,802		-3,333
Programme Support								
Program Support	9,516	9,446				9,446		70
Total Programme Support	9,516	9,446				9,446		70
TOTAL EXPENDITURE (D)	146,404	145,321				145,321		1,083
VARIANCE (C - D)		1,083				1,083		