

OPERATIONS UPDATE



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

4 March 2004

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 181 countries.

In Brief

Appeal No. 24/2003; Operations Update no. 1; Period covered: January to February 2004; Appeal coverage: 67.1%; ([Click here to go directly to the attached Contributions List, also available on the website](#)).

Appeal history:

- Launched on 8 December 2003 for CHF 265,000 (USD 205,460 or EUR 170,150) for three (3) months to assist 50,000 beneficiaries.
- Disaster Relief Emergency Funds (DREF) allocated: N/A

Outstanding needs : CHF 87,081 (USD 68,400 or EUR 55,800)

The specific operational budget for this appeal has been adapted to reflect the impact of appeal coverage. In reality, there are no further outstanding needs.

Related Emergency or Annual Appeals:

- [Republic of Congo, 2004 Annual Appeal no. 01.44/2004](#)

Operational Summary: The operational budget has been reduced, both to reflect the actual funding received as well as to adapt to the needs on the ground; as mentioned above, there are no further funding needs. The volunteer network of the [Congolese Red Cross](#) has been strengthened to support health authorities and local committees of the national society in their field activities – primarily through dissemination of best health practices – in the affected communities.

For further information specifically related to this operation please contact:

- In Congo: Dany Gambicky, Director General, Congolese Red Cross, Brazzaville; Email croixrouge_congobzv@yahoo.fr; Phone 243.26.26.90
- In Democratic Republic of Congo: Momodou Lamin Fye, Federation Head of Delegation, Kinshasa; Email hod.kinshasdel@wireless.ifrc.org; Phone 243.81.884.55.82
- In Democratic Republic of Congo: Razack Akadiri (Dr.), Federation Health Delegate, Kinshasa; Email rv.akadiri@h2com.com; Phone 243.81.515.04.03 or 243.98.60.19.63
- In Geneva: Mark Willis, Federation Regional Officer for West and Central Africa, Africa Dept.; Email mark.willis@ifrc.org; Phone 41.22.730.42.60; Fax 41.22.733.03.95

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Background

The Republic of Congo has had two outbreaks of Ebola Haemorrhagic Fever since 2001. The third outbreak of Ebola was on 13 October 2003 in Mbanza village, 18 kilometres from Mbomo, on the main road from Mbomo to Sembé. Five hunters in the forest collected and ate a wild boar. Later, the hunters and their family members suffered from diarrhoea and died. Only one hunter - a vegetarian - survived.

From the three outbreaks, 207 cases were reported in Mbomo and Kellé in Cuvette Ouest department, and 180 people died. This represents a mortality rate of 87%.

The department of Cuvette Ouest is classified as an Ebola prone zone. The living and health conditions of its inhabitants are precarious: there is low immunization coverage, lack of qualified health personnel, lack of proper hospital equipment, and a prevalence of malaria, scabies, and early pregnancies. Health problems are aggravated by the region's isolation and the distance between villages. There is a huge contrast between the high level of poverty in this population and the abundant wealth in the region: fertile soils, high rainfall, abandoned fuel stations and palm groves, unexploited rivers, a river quay, etc. The apparent lack of initiative and creativity makes the zone unattractive to traders.

DFID¹, Finnish Red Cross, Japanese Red Cross and Swedish Red Cross gave financial contributions for the implementation of this operation. In the Cuvette Ouest department, there are 35 localities in the three districts affected by Ebola in the Republic of the Congo. A network of 228 community health volunteers (CHV) was set up and equipped.

This epidemic broke out in enclosed districts whose inhabitants live in precarious health conditions. The overall goal of the anti Ebola operation was to significantly reinforce local capacity to prevent the outbreak of Ebola Haemorrhagic Fever and other easily avoidable diseases through the [ARCHI 2010](#). The operation was intended to serve as the starting point for effective and integrated community participation in development.

Operational Developments

The operation emphasized the reduction of high risk behavior among the populations in Kellé, Mbomo and Etoumbi and neighboring villages in Sangha, Likouala, Cuvette Centrale, Lekoumou, Niari and Kouilou. The capacity of the national society to respond to disasters and epidemics has strengthened. The operation also addresses the fundamental principles of the International Red Cross and Red Crescent Movement.

The volunteers' network has been strengthened to be able to support health authorities and local committees of the Congolese Red Cross in field activities to fight Ebola through sensitization. Planning sessions were held with the Ministry of Health (MoH) and Social Action authorities, WHO, UNICEF, ECOFAC² and MSF-Holland. The sessions developed a plan of action in line with ARCHI 2010.

In the past, operations have been carried out by the MoH in collaboration with WHO, Congolese Red Cross, the Federation and MSF-Holland to stem the epidemic in Cuvette Ouest department districts. The current operation falls in the framework to combat the third outbreak through the implementation of an early alert system in line with objective five of the MoH contingency plan.

Volunteers are motivated by opportunity to learn more about:

- The International Red Cross and Red Crescent Movement.
- Disease prevention methods.
- New cooking methods during cooking demonstrations.

¹ DFID – Department for International Development (U.K. Government)

² ECOFAC - Central Africa Ecosystem and Forest (French acronym)

Strengths

- Some communities are well aware of health risks. Mbendé was evacuated after a dead gorilla was found.
- There is a good collaboration among national society staff. The planning, implementation and evaluation of the operations went on well.
- The driver is experienced, is in contact with headquarters and the districts through proper radio usage, and knows the area well.

Coordination

The WHO team left after the government announced the end of the epidemic. Health authorities continue with their routine activities. A contingency plan drawn up by all the partners will be financed by the Africa Development Bank (ADB) and the Italian Government. The plan will be implemented in a few months.

A nurse and a logistician from MSF-Holland are still working in Kellé and have emergency stock. The European Commission Agency (ECA) and ECOFAC Congo based in Mbomo, went on a sensitization trip to Kellé and Etoumbi on 4 to 8 February 2004 after the discovery of six remains of gorillas. No bullets or impact wounds were found on the remains found in the forest in December 2003 and January 2004.

Meetings to coordinate immunization are going on. During the CCIA meeting, there was advocacy to involve the Congolese Red Cross in the expanded programme on immunization (EPI) and disease surveillance. Meetings were organized with the representative of the WHO, MSF-Holland on the involvement of Red Cross volunteers in the operations. The Congolese Red Cross signed a memorandum of understanding with UNICEF to build the capacity of the community in PCIME³, HIV/AIDS and promotion of women issues.

Red Cross and Red Crescent action

The Congolese Red Cross and the Federation strengthened the volunteers' network to enable them educate households on the prevention of Ebola, good eating habits and the promotion of good health in the village. A resource person from the Central Africa Disaster Response Team experienced in ARCHI 2010 and in volunteer management supports the Congolese Red Cross in implementing the operation. Other health priorities are:

- Expanded programme on immunization
- Water and sanitation (WatSan)
- Malaria
- Disease surveillance
- Nutrition and HIV/AIDS.

Community health volunteers (CHV) organized in networks managed by a local coach have clear job descriptions and work according to ARCHI 2010. Local coaches are supervised by a district coach chosen among the trainers. The three district coaches are coordinated by the Head of Disaster Preparedness and Response and the Health department.

The national society is 40 years old and has an extended network of committees covering 90% of the country⁴. The national society has a few permanent staff at headquarters. There are 13,000 volunteers: 626 are trained in community based first aid (CBFA), 238 trained in HIV/AIDS, and about 850 trained in polio. The national society has a new land cruiser with a radio for use in the Ebola operation. Local committees of the three districts affected by the epidemic have 63 volunteers trained to fight Ebola and use 15 bicycles (in poor condition).

³ PCIME - Prise en charge intégrée des maladies de l'enfant

⁴ Source: Congolese Red Cross Quinquennial Plan 2004-2008

Objectives, activities and results

Objective 1: Reinforce local disaster response capacity of the joint Red Cross/Community committees in the different quarters and villages in the affected districts.

Results obtained

- A resource person in the field ensures volunteers disseminated the right information and are protected from diseases
- A focal person, the head of DPP department in the national society coordinates the implementation of activities, facilitates contacts with health authorities, partners and the volunteers. He coordinates logistics and finance. He is in charge of organizational development (OD).
- A resource person based at the national society headquarters participates in inter-agency meetings and coordinates the volunteers' in the field.
- A focal point, DPP Coordinator ensures volunteers have training materials
- An ERDAC⁵ resource person with knowledge of ARCHI 2010 has been recruited
- Local Red Cross epidemics response teams have been set up in each of the 31 villages in the 3 districts
- 430 community members have been trained in communication techniques - ten in each village
- 228 community health volunteers have been trained and grouped in 54 networks. There are anti-Ebola Clubs in 36 communities out of 93 in the three districts. This represents 39% coverage
- 24,912 people out of 35,094 have been reached out to representing 71% coverage
- 15 people have been trained to train CHV. There are 36 local coaches and three district coaches.
- The villages in the Cuvette Ouest department are farms with two to 20 huts with a population of 10 to 200 inhabitants. There is one CHV per 100 people. In farms with less than 150 people, there are two CHV.

Effective implementation of volunteers' networks in the communities went through different stages:

- Preparation of training materials
- Briefing session on ARCHI 2010 by national society staff
- Recruitment and training of trainers
- Recruitment of CHV.
- Training of CHV: nine sessions were organized and 228 CHV were trained. 53% of the required volunteers were trained.
- Supervision of eight out of nine training sessions. They helped to clarify the ARCHI 2010 strategy, and discussed with administration and health authorities, and partners (ECOFAC, MSF-Holland). The supervision team emphasized the voluntary service and underlined the difference between emergency and development. Among the difficulties encountered during the supervision we can mention: the suspension of activities in Kellé due to local authorities' misunderstanding and incompetence; the cancellation of training in Obala (Etoumbi) following the populations' refusal because they confuse the Red Cross and the Pink Cross. A clarification and dissemination mission is a must for the continuation of activities, especially in Kellé: four teachers were killed, accused of being members of the Pink Cross and witchcraft which are perceived as the source of the Ebola epidemic.
- Provide welfare support to the Red Cross volunteers engaged in the operations.
- Production and distribution of 15,000 leaflets, 5,000 posters, 50 drawings, 500 aprons and 500 t-shirts for use during sensitization sessions in the 43 villages in the affected areas. The leaflets and posters on Ebola have been updated and will be reproduced. The CHV manual and the images box are redesigned according to the Togolese Red Cross model of the expanded programme on immunization, disease surveillance, WatSan, nutrition and malaria.
- Forty-three (43) anti-Ebola clubs (ten members each) have been established and equipped with information materials in each village: 54 volunteers' networks of two to ten persons have been set up and are managed by coaches in 36 localities. They will be supplied with educational aids.

⁵ ERDAC – Equipe de Réponse aux Désastres en Afrique centrale (Central Africa Disaster Response Team)

Objective 2: Provide food and materials support to persons and families affected.

Results obtained

- Eighty-six (86) families (two per village) have been trained on proper eating habits: The population of Cuvette Ouest eats gorilla and boar meat. Killing a gorilla and an elephant by a youth is a sign of braveness and one qualifies to be a hunter. This is preferred to farming because crops take long to mature. The population's basic food is cassava.
- The community will receive support on a partnership basis in: fish farming, market gardening, cultivation and use of soya and other cereals, exploitation of palm grove in Etoumbi (palm oil, nut grinding machines and soap making), manioc and cereal grinding machines, bicycles renting, support to mothers' clubs I creation in Etoumbi for the cultivation of cereals and vegetables..).
- Eight-six (86) families received cooking pots, plates, buckets, soaps, blankets, bed sheets and mattresses. The German Red Cross has pledged to provide protection materials for use to collect gorilla remains. The populations did not know how to dispose gorilla remains, left in Mbendé in December 2003.
- Affected families received food items through the national society

Objective 3: Provide psychological support to persons and families affected and the general population

Results obtained

- Three psychological support teams were set up in each affected district. Red Cross volunteers will pay visits to affected families to provide moral and psychological supported to sensitize them on preventive measures: home visits started in mid-February after CHV training. During these visits, volunteers informed households on the importance of vaccination and carried out a survey on children aged below one year and emphasized on the prevention of Ebola fever and proper disposal of gorilla remains
- Red Cross volunteers will support the tracing and resettlement of the displaced families

Objective 4: Support the regional health authorities and Red Cross committees with protection and sensitization materials.

Results obtained

- The national society participated in inter-agency assessment missions and coordinating meetings to monitor the evolution of the epidemic in the affected districts.
- In close collaboration with the WHO and MoH, the volunteers will conduct visits to families of affected people. Suspected cases will immediately be reported to the nearest health centres: Home visits started to check against a new epidemic. An early alert system based on community surveillance was set up. The system has already detected cases of measles in Etoumbi. A departmental team and WHO carry out vaccination campaigns against measles.
- The German Red Cross pledged to provide Red Cross volunteers and the community with protection and disinfecting materials
- The national society has kitchen sets in stock(see objective 2)

Objective 5: Advocate on behalf of the victims and their families

Results obtained

- The work of national society volunteers is appreciated by the government and partners.
- Advocacy was done to the government and partners to ensure that national society volunteers are involved in community mobilization.
- There was advocacy on ARCHI 2010 during working sessions with the government and partners

Red Cross and Red Crescent Movement -- Principles and Initiatives

There were presentations on the ideals and principles of the International Red Cross and Red Crescent Movement during all volunteer training sessions. The national society considered gender while recruiting volunteers. There are 48 women out of a total of 228 (21%). This is a high percentage, considering the high rate of illiteracy among women. The creation of mothers' clubs in the local committees will increase the number of female volunteers.

CHV were trained in home based care of PLWHA⁶. A vulnerability and capacity assessment (VCA) has been done by the head of DPP to draw up a hazard zones map.

National Society Capacity Building

The Congolese Red Cross enhanced its capacity by:

- Increasing the number of CHV from 63 to 228 volunteers
- Increasing the number of target villages from 18 to 36 villages
- Training 15 volunteers in community health.
- Identifying three district coaches and 36 local coaches
- Increasing knowledge of strategy 2010 among partners of the national society
- Increasing the visibility of the national society among partners and beneficiaries through dissemination of ARCHI 2010 and Strategy 2010

Conclusions and recommendations

The operation experienced difficulties:

- The operation zone is enclosed.
- Poor infrastructure.
- The community lacked knowledge of the mission, principles and ideals of the Red Cross.
- Confusion between the Red Cross and Pink Cross.
- Confusion on the role of the Red Cross after Ebola outbreak.
- General fear in Etoumbi and death threats on the Red Cross staff.
- Weak organization and management by the local committees.
- Governance problems in the national society in Mbomo which led to a crisis of confidence among volunteers and the local committee.
- Absence of the Red Cross emblem on the Congolese Red Cross vehicle while on mission.
- Wrong interpretation of voluntary service which has led to CHV working permanently in health centres without pay.
- Poor logistics management.
- Absence of NGO and community development organizations to partner with in the districts during the operation.

Lessons learnt

- The integration of other health priorities helped the community stop associating the epidemic with the national society.
- There are opportunities to collaborate with UNICEF on the malaria programme and EPI.
- The absence of NGO and community development organizations in the three districts is an opportunity for the national society to increase its visibility.
- The precariousness of life and the mentality of ever-assisted to be taken into account during the implementation of partnership for IGA.
- The community leaders are discontented with the national society because the volunteers are not paid a per diem stipend; this is based on their misunderstanding of the concept of volunteerism.
- Combating the Ebola epidemic is a challenging mission. Despite the constraints, there is hope, as volunteers are enthusiastic and committed to implement the activities, and to correct the image of the Red Cross.

⁶ PLWHA – Persons living with HIV/AIDS

Outstanding needs

- There is need to develop a dissemination programme using audio visuals in the three districts. This will be done during the caravan to celebrate the 40th anniversary of the Congolese Red Cross. The Ebola situation in Kellé must be closely monitored.
- An integrated health programme based on ARCHI 2010 and HIV/AIDS should be developed.
- Convert the volunteers' motivation in what can serve them in daily jobs and improve their state of health.
- Clarify the first-aids' situation, community health agents working in Integrated health centres with authorities and set up a culture a Red Cross image among volunteers.
- Partner with government and open up the isolated zone.
- Train local coaches on management
- Support income generating activities through the purchase of seeds and plants
- Train the first women club in Etoumbi in maternal and child health
- Organize more cooking demonstration sessions
- Educate the community on health practices

[Contributions list below; click here to return to the title page.](#)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				265,000		TOTAL COVERAGE 67.1%
BRITISH - GOVT/DFID		49,020	GBP	108,628	05.01.04	
FINNISH - RC		20,000	EUR	30,970	19.12.03	
JAPANESE - RC		8,318	USD	10,801	19.12.03	
SWEDISH - RC		160,000	SEK	27,520	09.12.03	
SUB/TOTAL RECEIVED IN CASH				177,919	CHF	67.1%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	