

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

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

DREF operation n° MDRCD001
GLIDE no. EP-2007-000167-COD
18 July, 2008

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 180,994 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 20 September 2007 to support the national society in delivering assistance to some 1000,000 beneficiaries, or to replenish disaster preparedness stocks.

The operation aimed at ensuring a properly burial of bodies, identifying suspected cases and transferring them to isolation centres, disinfecting homes and goods of patients and those who have been in contact with the patients. The interruption of daily activities (farming, livestock) generated deep vulnerability among the population. About 95 additional families benefited from the distribution.

In addition, to allow the majority of people to adopt appropriate eating habits in the affected areas and avoid contamination by the Ebola haemorrhagic fever (EHF), a big project has been drawn up within the framework of the psychological support to 2,000 vulnerable families (indirect beneficiaries) with income generating micro-project of pig breeding to avoid contamination by EHF. Six villages received each 10 pigs. Through a duplication strategy, each village might restore the same amount to another village and the provincial committee will benefit the same way. The Federation's support allowed raising more awareness on the disease, to improve their knowledge, avoid risky behaviour and provide drinking water to the populations in Luebo and Kampungu through water chlorination. It contributed to cut the chain of contamination in the community and thanks to capacity building of volunteers through training on the disease management. The propagation of additional epidemics has also been prevented. Distributions were organized in good conditions of security.



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The situation

On Monday 10 September, 2007 the Ministry of Health in Democratic Republic of Congo officially declared an Ebola Hemorrhagic Fever (EHF) epidemic in Western Kasai, situated in the Center of the country. The area most affected extends 70 km from Makonoku -in radius- reaching Kampungu, Kaluamba and the surrounding villages of Mweka 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, headache, diarrhoea, colic and vomiting. They all died within one week; deaths were also recorded in Kampungu and Kaluamba. 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. This second outbreak claimed 166 deaths out of 372 cases, representing a lethality rate of 44.6 %. Since 1994, the Democratic Republic of the Congo has already experienced Ebola Haemorrhagic Fever which claimed more than 300 deaths in Kikwit/Province of Bandundu). The government ensured the supervision of a crisis committee and determines the orientations. The World Health Organization took charge of the epidemic supervision, the follow up of people that have been in touch with patients and the technical support to public organizations. MSF took care of the curative aspects of disease.

Red Cross and Red Crescent action

Progress towards objectives

Emergency First aid

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

Activities planned:

- 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.

Impact:

Thanks to the timely intervention of the Red Cross Society of the Democratic Republic of the Congo, all Ebola affected persons were identified and transferred to isolation centres. This contributed enormously to stopping the propagation of the disease. Moreover, the distribution of clothing and sanitary products helped to reduce illness and therefore to improve the situation of people affected by the EHF.

Challenges:

The poor quality of roads between Kananga and Mweka caused the delay in the transportation of materials to the field. This situation prevented the respect of the deadline in carrying out distribution activities and to fund income-generating projects for vulnerable families.

Health, Water and sanitation

Objective 1: The homes and other goods of people infected have been disinfected and the bodies are buried in optimal conditions of safety.

Activities planned:

- 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 on infected people;
- Bury bodies in optimal conditions of safety for volunteers and the populations.

Impact:

The operation helped to raise the awareness of communities on the disease, to improve their knowledge, to avoid risky behaviour and to provide potable water to the populations in Luebo and Kampungu through water chlorination activities.

Challenges:

The manipulation of bodies of the patients by the population increased the risk of contamination. The assistance to victims was delayed because the EHF was confirmed very late.

Objective 2: The populations in the targeted zones are well informed about the clinical signs of Ebola Haemorrhagic Fever and know exactly what to do in case of contamination.

Activities planned:

- 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 distribute them in all targeted areas
- Provide the trained teams with sensitization material and supporting tools.
- Organize sensitization campaigns in the targeted districts and villages
- Create at least one mother's club in each targeted district/village (for health promotion)

Impact:

Health committees composed of both men and women have been created in each village. Their members have been prepared to play the role of mother's clubs, sensitize the community on the risky contamination practices in the targeted districts and villages. They have control of the clinics signs and can contact the health centre anytime in case of disease.

Challenges:

The existence of Ebola and shigellosis in the targeted areas created confusion as far as identifying the clinical signs of the two diseases was concerned.

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

Activities planned:

- Train mothers' club members and community leaders on balanced food items 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.

Impact:

The chain of contamination in the community has been cut; the propagation of additional epidemics was avoided; the population is organized in management committee which includes a veterinarian for the good management of the micro-projects and the members have been trained in management techniques; each village has its own pigsty.

Challenges:

The population prefer hunting to find more food. The micro-projects cannot by themselves solve all the problems of the community if technical and financial support from the Government or other stakeholders is not found for more sustainability.

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 planned:

- Develop appropriate risk mapping, including the available capacities in the affected areas;
- Train 100 volunteers involved in the response;
- Position first-aid stock (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.

Impact:

Capacity building of the Red Cross through training volunteers on the management of disease.

Challenges:

- Lack of access to potable water;
- Funding to provide potable water to vulnerable of the affected areas was delayed;
- The epidemic was cumulated with shigellosis.

Conclusion

Lessons learned:

The Red Cross image has become a symbol of humanitarian assistance and emergency response. The Red Cross of Democratic Republic of Congo was the only organization that remained on the field to the end of the operation. Thanks to the experience gained during this operation, the Red Cross volunteers are now able to manage an epidemic outbreak. The distribution activities were organized with volunteers and public authorities in good conditions of security.

Distribution operations organized during the period of Christmas and New Year’s Eve was a good opportunity and a total satisfaction to joyously celebrate these events with the assistance from the Red Cross. The population of the affected areas improved its knowledge of the epidemics’ prevention and hygiene promotion rules thanks to the training received from the Red Cross. The national society participated in all the coordination meetings of the crisis committee. The Red Cross has been entitled for social mobilization, hygiene, sanitation and psycho-social assistance commission.

Since the onset of the disaster, the representation of the Federation in DR Congo has been in communication with the Federation Zone in Dakar and Regional Representation in Yaoundé and coordinates communication with the national society.

How we work	
<p><i>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.</i></p>	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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

For further information specifically related to this operation please contact:

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International Federation of Red Cross and Red Crescent Societies

MDRCD001 - Dem Rep Congo - Ebola Hemorrhagic Fever

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/9-2008/6
Budget Timeframe	2007/1-2008/12
Appeal	MDRCD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		180,994				180,994
B. Opening Balance		0				0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>		170,574				170,574
C5. Other Income		170,574				170,574
C. Total Income = SUM(C1..C5)		170,574				170,574
D. Total Funding = B + C		170,574				170,574
Appeal Coverage		94%				94%

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		170,574				170,574
E. Expenditure		-170,574				-170,574
F. Closing Balance = (B + C + E)		0				0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		180,994					180,994	
Supplies								
Shelter - Relief	2,600		2,526				2,526	74
Clothing & textiles	6,305		6,228				6,228	77
Water & Sanitation	30,624		21,495				21,495	9,129
Medical & First Aid	5,325		5,219				5,219	106
Teaching Materials	9,060		7,305				7,305	1,755
Utensils & Tools	6,825		6,586				6,586	239
Other Supplies & Services	32,060		35,409				35,409	-3,349
Total Supplies	92,799		84,768				84,768	8,031
Land, vehicles & equipment								
Vehicles	22,750		16,862				16,862	5,888
Computers & Telecom	1,170		3,264				3,264	-2,094
Office/Household Furniture & Equipm.			1,350				1,350	-1,350
Total Land, vehicles & equipment	23,920		21,477				21,477	2,443
Transport & Storage								
Storage	4,500		4,375				4,375	125
Transport & Vehicle Costs	3,000		3,588				3,588	-588
Total Transport & Storage	7,500		7,963				7,963	-463
Personnel								
National Society Staff	26,740		27,260				27,260	-520
Total Personnel	26,740		27,260				27,260	-520
Workshops & Training								
Workshops & Training	3,690		3,690				3,690	0
Total Workshops & Training	3,690		3,690				3,690	0
General Expenditure								
Travel	6,552		3,226				3,226	3,326
Information & Public Relation	3,315		1,560				1,560	1,755
Office Costs	1,500		4,341				4,341	-2,841
Communications	2,220		2,396				2,396	-176
Financial Charges	993		2,806				2,806	-1,813
Total General Expenditure	14,580		14,329				14,329	251
Programme Support								
Program Support	11,765		11,087				11,087	677
Total Programme Support	11,765		11,087				11,087	677
TOTAL EXPENDITURE (D)	180,994		170,574				170,574	10,420
VARIANCE (C - D)			10,420				10,420	