

DREF operation



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
9 January 2009

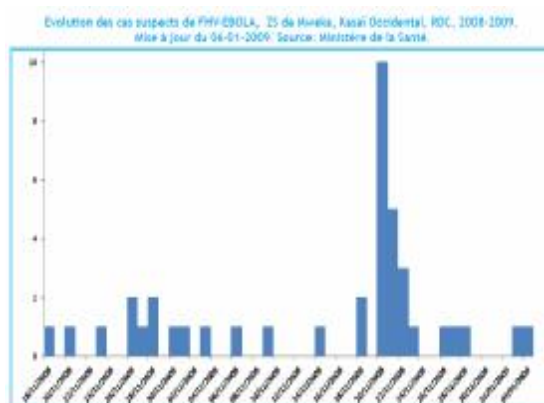
The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

CHF 146,404 (USD 132,205 or EUR 97,375) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Red Cross of the Democratic Republic of the Congo (RCDRC) in providing assistance to some 15,000 beneficiaries (people affected by the Ebola Hemorrhagic Fever in the Mweka health zones of the Western Kasai province). Un-earmarked funds to repay DREF are encouraged.

Summary: An Ebola Hemorrhagic Fever outbreak has been declared in the Mweka health zones following the death of a parturient, her baby and the person who accompanied them to the hospital. Studies have revealed that all three persons died of the same disease as they presented the same symptoms: bloody diarrhea. Even the nurse who attended to those departed persons is presently showing the same signs, though alive. The situation as of 2nd January 2009 was as follows: 40 cases registered in one month, including 28 female cases. So far, 13 persons have died of the disease and 173 cases are being monitored. Since the outbreak occurred, the RCDRC volunteers who acquired experience during the 2007 Ebola operation in neighboring localities have been deployed in Mweka to sensitize the populations to the dangers of the disease and to help transfer patients with Ebola signs to isolation centers, as well as bury corpses in a safe manner. This DREF will enable the national society to provide assistance to affected persons in the areas of Emergency relief and non-food items (NFI) distribution, water and sanitation (WATSAN), Hygiene promotion and Capacity building.

This operation is expected to be implemented over 3 months, and will therefore be completed by 7 April, 2009; a Final Report will be made available three months after the end of the operation (by 7 July, 2009).

[<click here for the DREF budget , here for contact details, or here to view the map of the affected area>](#)

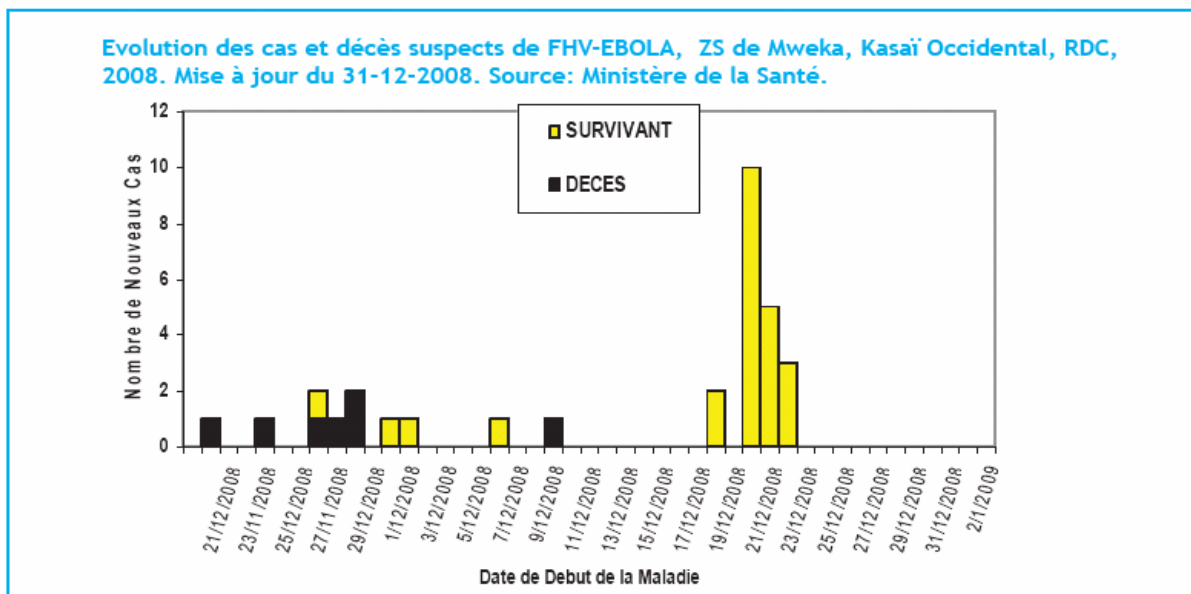


The situation

The Western Kasai Provincial Health Inspectorate informed the Democratic Republic of the Congo (DRC) Public Health Ministry on 27 November 2008 that there are suspected cases of the Ebola hemorrhagic Fever in the Mweka health zone. In fact, the Mweka health zone physician-in-chief reporting to the Minister of Public Health revealed that an Ebola epidemic is 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 in 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 is presently showing the same signs, though alive. 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 are below the age of 15, while 25 are above 15 and the age of 2 patients is yet to be determined. So far, 13 persons have died of the disease and 173 cases are being monitored. A patient has been isolated. Six new alarms have been sounded, on the basis of 5 in the Western Kasai province (4 in Kampungu and 1 in Kanaga), and 1 in the Katanga province (Lubumbashi), and investigations are underway to confirm the epidemic in these localities. The following diagram highlights the present evolution of the disease:



Coordination and partnerships

After the official declaration of the outbreak, government authorities set up crisis committees at various levels. This committee is presided over in Kinshasa by the Public Health Minister and in Western Kasai by the Governor. The Red Cross of the Democratic Republic of the Congo is a member of those committees, alongside with other Government partners in the humanitarian field.

Inter-agency coordination meetings are held in Kananga on a daily basis and bring together the Provincial Health Inspector, Governor's representatives, Non-governmental Organizations (NGOs), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Red Cross, MONUC's civil affairs representative, and the health zones' officers of Kananga and the surrounding localities.

In the field, a multi-sector crisis committee composed of representatives of the Ministry of Health (MoH), WHO (national and international teams), Belgium Medecins Sans Frontières (MSF) and the local committee of the Red Cross was set up. So far, this committee has been able to coordinate the implementation of the following activities:

- Sensitizing the populations to hygiene rules;
- Isolating and treating patients with chloramphenicol and metronidazole, and rehydrating patients while waiting for a more precise diagnosis to be established with an antibiogram;
- Conducting epidemiological surveillance and processing data;
- Collecting samples and sending them to Libreville and Atlanta via Kinshasa for analysis.

Red Cross and Red Crescent action

As a member of the local crisis committee set up on the occasion of this epidemic, the Mweka local committee of RCDRC deployed their volunteers to sensitize the populations to the dangers of the disease. The volunteers have also been helping in transferring patients to isolation centers and burying corpses in a safe manner.

The needs

Immediate needs

- Additional human resources for the sensitization and sanitation activities;
- Training Red Cross volunteers to ensure efficient response to the epidemic;
- Putting protection materials at the disposal of Red Cross volunteers to protect them from being contaminated;
- Producing information aids (folders, posters and image boxes);
- Purchasing disinfectants and other materials and inputs for the disinfection of the houses and other property of affected persons;
- Providing substitution materials to those patients whose property would have been destroyed by the Red Cross as a preventive measure (mattresses, blankets and clothes).

Medium and long-term needs

- Maintaining permanent sensitization campaign within the community;
- Improving community access to potable water;
- Carrying out actions aimed at stimulating the change of food habits (consumption of bush meat) through the promotion of backyard flock, poultry, fish-farming, market gardening and so on.

We believe it is absolutely necessary to carry out these actions because the resurgence of the epidemic barely a year after the previous one is thought to have come as a result of poor response last year. In fact, the last operation failed to focus on communication for the change of behavior. Thus the populations continued to eat bush meat thereby exposing themselves to new contaminations. It should be noted that the Ebola epidemic usually comes late in the year when people hunt a lot ahead of end-of-year celebrations.

The proposed operation

Emergency Relief and Non-food Items Distribution

Objective: Suspected cases of Ebola are identified in a timely manner and transferred to isolation centres under optimal security conditions.

Activities planned:

- Training 100 volunteers on the signs and symptoms of Ebola, epidemic management and sensitization techniques;
- Dividing trained volunteers into six teams and equipping them with protection and intervention materials;
- Providing trained teams with facilities to help transport suspected cases and patients to isolation centers;
- Distributing non-food items to those families whose property would have been destroyed by the Red Cross as a preventive measure.

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.

Activities planned:

- Training 60 sanitation volunteers on sanitation techniques and on how to bury corpses under optimal security conditions, and dividing them into 6 ten-man teams;
- Putting protection and sanitation materials at the disposal of the 6 teams;
- Carrying out sanitation activities in contaminated places, in the houses of Ebola patients and in Ebola management facilities;
- Transporting Ebola patients to isolation centers;
- Burying corpses of people who died of Ebola under optimal security measures to protect both Red Cross volunteers and the populations;
- Training 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;
- Adapting and multiplying existing information aids, and distributing them in targeted localities;
- Putting sensitization materials and aids at the disposal of trained teams;
- Organizing sensitization campaigns in targeted villages;

- Setting up and training at least one mothers' club to facilitate the promotion of mother and child health care in each targeted neighborhood/village;
- Training mothers' clubs and community leaders on balance diet, the use of the food available locally, and on the fight against taboos relating to the consumption of bush meat;
- Supporting income-generating micro projects as a way of promoting the consumption of other food items than bush meat.

Capacity Building

Objective: The Ebola preparedness, response and epidemiological surveillance capacities of the Red Cross of the Democratic Republic of the Congo local committees concerned are built.

- Training 36 Red Cross volunteers and community members on vulnerability and capacity assessment (VCA);
- Developing appropriate risk maps showing available capacities in zones affected by the epidemic;
- Prepositioning relief stocks (cooking kits, buckets, soap, clothes, blankets, mattresses, protection and sanitation materials, etc.) in Kananga for rapid interventions in the future;
- Putting information materials and aids, as well as transport means (motorcycles, bicycles) at the disposal of trained 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.

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

For further information specifically related to this operation please contact:

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[<DREF budget and map below; click here to return to the title page>](#)

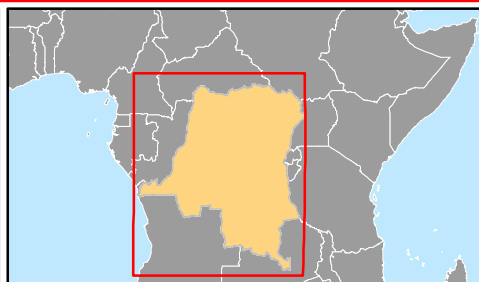
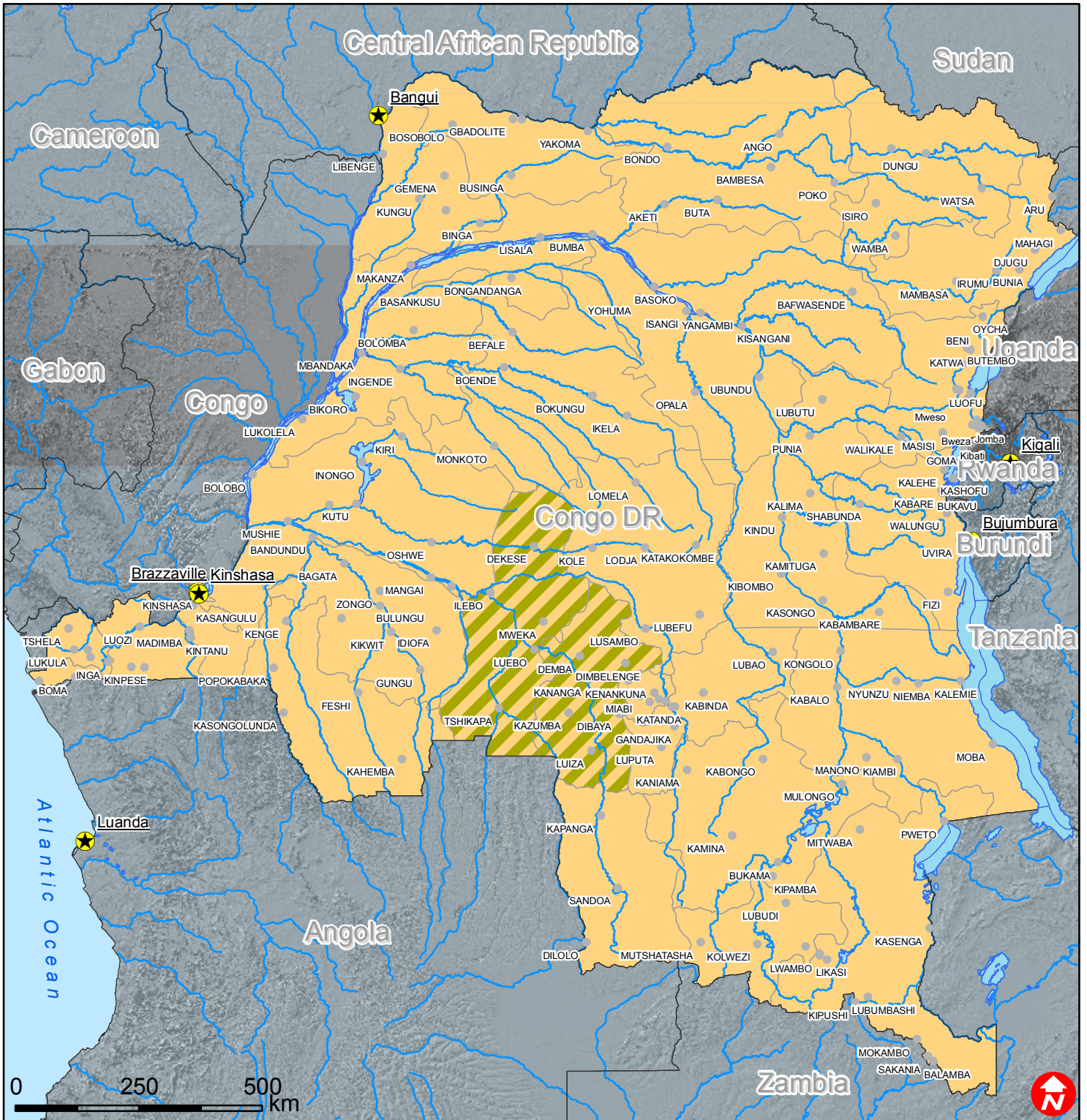
DREF BUDGET SUMMARY

DREF:DRC EBOLA

	ORIGINAL
<u>RELIEF NEEDS</u>	
500 Shelter	2,600
505 Construction Materials	
510 Clothing & Textiles	8,450
520 Food	
523 Seeds & Plants	
530 Water & Sanitation	30,824
540 Medical & First Aid	450
550 Teaching Materials	8,280
560 Utensils & Tools	6,825
570 Other Supplies & Services	1,560
Total Relief Needs	58,989
<u>CAPITAL EQUIPMENT</u>	
580 Land & Buildings	
581 Vehicles Purchase	5,700
582 Computers & Telecom Equipment	
584 Office/Household Furniture & Equip.	
587 Medical Equipment	
589 Other Machinery & Equipment	
<u>TRANSPORT, STORAGE & VEHICLES</u>	
590 Storage - Warehouse	
592 Distribution & Monitoring	
593 Transport & Vehicles Costs	7,500
<u>PERSONNEL</u>	
600 International Staff	
640 Regionally Deployed Staff	
661 National Staff	37,225
662 National Society Staff	
670 Consultants	
<u>WORKSHOPS & TRAINING</u>	
680 Workshops & Training	9,000
680 <i>Monitoring and evaluation</i>	
<u>GENERAL EXPENSES</u>	
700 Travel	6,552
710 Information & Public Relations	2,145
730 Office running costs	3,500
740 Communication Costs	5,000
750 Professional Fees	
760 Financial Charges	1,277
790 Other General Expenses	
<u>PROGRAMME SUPPORT</u>	
599 Programme Support - PSR	9,516
Total Operational Needs	87,415
Total Appeal Budget (Cash & Kind)	146,404
Available Ressources	
Net Request	146,404



Congo DRC: Ebola



- Cities
- ★ Capitals
- River
- Lake
- Provinces
- ▨ Affected area

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: ESRI, DEVINFO, International Federation - MDRCD006.mxd