

# DREF operations update

## DRC: Ebola Virus Disease

<b>DREF Operation n°</b> MDRCD015	<b>Glide n°</b> EP-2014-000118- COD
<b>Operations update n° 1:</b> Extending the operation timeframe by 2 months.	<b>Timeframe covered by this update:</b> 29 August to 25 October 2014.
<b>Operation start date :</b> 29 August 2014	<b>Operation end date :</b> 29 January 2015
<b>DREF budget:</b> CHF 256,399	<b>Timeframe:</b> 5 months
<b>N° of people being assisted:</b> 6,000 households (30,000 people) – revised upwards from 5,000 households (25,000 people) in the original EPoA.	
<b>Host National Society presence:</b> DRC RC with 130,000 volunteers, 11 branches and 150 staff members	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> None	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health, MSF, United Nations Children’s Fund, World Food Programme, and the World Health Organization	

[<click here for the contact details >](#)

**Summary:** Since 24 August 2014, the town of Boende, located some 300km east of Mbandaka (capital of Equateur Province), has been facing an outbreak of gastroenteritis and haemorrhagic fever. Boende is part of the Tshuapa District in the Equateur province (North West) and has an estimated population of 249,558 inhabitants, a surface area of 10,775 km square, and a density of 24 inhabitants per km square in 33 health areas. The epidemic has spread to the neighbouring localities of Bokoto, Ikonge, Lokolia, Mondombe Ngele, and Watsikengo. By 16 October 2014, up to 69 cases had been reported (3 suspected, 28 likely and 38 confirmed), with 49 fatalities (28 likely, 21 confirmed, amongst whom 9 health workers) in the localities of Boende and Lokolia.

On 29 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 256,399 from the Disaster Relief and Emergency Fund (DREF) to support the National Society of the Democratic Republic of Congo (DRC) to provide assistance to the populations of Boende and Lokolia, which have been affected by the epidemic, over a period of three months. Key activities include raising awareness about the Ebola virus disease (EVD) (signs, mode of transmission, preventive measures, seeking suspected cases); demonstrations of proper hand washing, disinfection / decontamination of contaminated environment, transportation of victims and safe burial. As of 25 October 2014, over 40 per cent of the activities planned had been implemented.

**Table 1: progress made to date**

Health and Care	Water, sanitation and hygiene promotion
<ul style="list-style-type: none"> <li>In total, 175 DRC RC volunteers have received training on EVD, on the signs and symptoms of the EVD, epidemic management, surveillance and sensitization techniques.</li> <li>By 25 October 2014, 20,434 people (4,018 households) had been reached through public outreach and awareness raising activities on EVD.</li> <li>A total of 4000 posters and flyers on the disease have been produced by the DRC RC.</li> <li>Psychological support is provided to victims who have been cured from the disease or to family members of deceased victims. More than 200 households have been visited since the beginning of the epidemic.</li> </ul>	<ul style="list-style-type: none"> <li>In total, 52 DRC volunteers have been trained in sanitation and how to bury corpses under optimal security conditions: and 25 have carried out disinfection/decontamination activities in the houses of patients affected by the EVD. In total, 75 patients were visited, cleaned and disinfected, same with the homes of contacts.</li> <li>Up to 123 DRC volunteers have sensitized people on proper hand-washing techniques, not only in times of epidemics but at any time, especially at key moments (before and after eating, after defecating, before preparing food, after manipulation the stool of children and after contact with bodily fluids). By 25 October 2014, 20,434 people (4,018 households) had been reached through these activities</li> </ul>

**Table 2: Epidemiological situation in Equateur Province as of 25 October 2014**

Locality	Number of cases	Number of fatalities
Boende	14	7
Lokolia	55	42
<b>Total</b>	<b>69</b>	<b>49</b>

It should be noted that since 4 October 2014, there has not been any new case of contamination; however suspected cases are reported daily and till date, all lab test results conducted on such cases have turned out negative.

This Operations Update is requesting a **timeframe extension of two months** in order to enable the completion of those activities that are included in the Emergency Plan of Action (EPoA), which have been delayed due to the logistics and supply chain issues, specifically the transportation of items (Information, education and communication materials (IEC)) and late arrival of personal protective equipment (PPE) to the target localities, as well as strengthen public outreach activities. The PPE arrived in Boende on 25 October 2014, and will be used for sensitization on the importance of its use during safe burials in those localities of the area, which have especially been affected by the EVD.

Increased public outreach activities are required due to the population in Boende portraying obvious opposition to safe burial practices, which could lead to new outbreaks in the epidemic in the province, in the event of a new confirmed case of the disease. As such, the DRC RC has revised its strategy for awareness raising activities; and will begin using film shows to describe to the population how to carry out safe burials, from contamination to burial, and gain acceptance. The DRC RC will also use reports of survivors experiences to help improve the understanding of this practice facilitate the understanding of this practice by the population. It is intended that these activities will continue even after the end of the epidemic in order to contribute to sustainable behaviour change, and the eradication of the virus in the targeted localities.

By December 2014, it is expected that the DREF operation will through this new strategy reach an additional 1,000 households (5,000 people), **increasing the target population to 6,000 households (30,000 people)**.

With the timeframe extension, the DREF operation will therefore be completed on 29 January 2014, and a final report will be made available on 29 April 2015 (3 months after the end of the operation).

The Netherlands Red Cross/ Silent Emergencies Fund and Canadian Red Cross and government contributed towards a partial replenishment of the DREF allocated for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

The IFRC, on behalf of the DRC Red Cross Society, would like to extend thanks to all for their generous contributions.

## Coordination and partnerships

At national level, a National Crisis Committee (NCC) headed by the Minister of Public Health, has been set up to manage the EVD outbreak. The DRC RC is part of this committee and provides expertise to the water, sanitation and hygiene promotion (WASH) and communication sub-committees. At local level (Equateur Province), a Crisis Committee, headed by the Tshuapa district commissioner, has been set up to manage the EVD outbreak. The district commissioner is assisted in this task by a coordinator appointed by the Minister of Public Health. All health areas have been provided with generic drugs for the free treatment of all patients in the district. All suspected cases are referred to EVD treatment centres set up in Boende and Lokolia. In Boende, the DRC RC is member of the WASH, communication and psychosocial care sub-commissions. In Lokolia, the DRC RC is represented only in the WASH committee because of a lack of human resources in the village (five active volunteers). At national and local level, the sub-committees and the crisis committees meet daily.

The Government of the DRC (through the NCC) has produced EVD awareness messages, which are available to the media (in French and Lingala). These messages, written by the communication commission and artists, are regularly

broadcast on the national radio station during the day and on local radios in the evening. Airtime for the broadcast of these messages is funded by the United Nations Children’s Fund (UNICEF). Médecins Sans Frontières (MSF) and the World Health Organization (WHO) are supporting by organizing training sessions for volunteers, outreach activities and enabling volunteers to use their PPEs on the ground, while waiting for the purchased equipment to reach the affected areas.

The IFRC Central Africa regional representation is monitoring the implementation of this operation through weekly reports, transmitted at the end of each week. In addition, the IFRC Kinshasa office is also monitoring activities.

## Operational implementation

### Overview

The overall objective of this operation is to help prevent and reduce morbidity and mortality due to the outbreak of the Ebola virus disease in the Equateur Province of the Democratic Republic of Congo, through awareness activities focusing on health and care, WASH and replacement of property lost by victims.

As noted, the DREF operation will provide assistance to the populations of Boende and Lokolia, which have been affected by the epidemic over a period of three months

## Health and Care

As of 25 October 2014, the DRC RC has implemented an estimated 47 per cent of activities related to Health and Care, and reached 20,434 people in Boende and Lokolia.

Planned interventions	Implementation (%)
<b>Health and care</b>	<b>47 %</b>
<b>Outcome 1: The spread and impact of the epidemic is reduced through raised community awareness on surveillance, prevention and case management.</b>	
<b>Output 1.1:</b> 5,000 households in Boende have been reached by the Red Cross of the Democratic Republic of the Congo sensitization campaign	
Activities planned	Implementation (60%)
Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques	<ul style="list-style-type: none"> <li>In total, 175 DRC RC volunteers have received training on EVD, on the signs and symptoms of the EVD, epidemic management, surveillance and sensitization techniques. Please note that this equates to 116 per cent of the target (150); and as such the level of implementation is 100 per cent.</li> <li>27 DRC RC volunteers have also been trained by the Ministry of Health (MoH) and MSF (not through the DREF).</li> <li>Following the arrival of an RDRT staff, 123 DRC RC volunteers have been briefed on Ebola, in order to further increase awareness. The identification of volunteers was conscientiously conducted in order to avoid duplicates.</li> </ul>
Adapting and multiplying existing information aids and distributing them in targeted localities	<ul style="list-style-type: none"> <li>4,000 information aids (2,000 flyers and 2,000 posters) have been produced, which are in compliance with those issued by the government of the DRC.</li> </ul>
House-to-house sensitization activities	<ul style="list-style-type: none"> <li>The 123 trained DRC RC volunteers have been deployed to the nine districts of Boende, and are conducting awareness-raising activities three days per week for two months (October and December 2014). Volunteers go house-to-house to discuss EVD symptoms, prevention, and how to handle a case, as well as guidance on the importance of safe burial of Ebola victims. As of 25 October 2014, 20,434 people had been reached through these activities (4,018 households).</li> </ul>
Production of information, education and communication material	<ul style="list-style-type: none"> <li>As noted, 4,000 IEC materials (2,000 flyers and 2,000 posters) have been produced, and are scheduled to be distributed to DRC RC volunteers for distribution in the affected communities. They have not been distributed, and remain in Kinshasa due to limited transportation means. UNHAS (United Nations Humanitarian Air Service) is being solicited to air freight them to the targeted localities for distribution to the affected communities.</li> </ul>
Broadcast of awareness messages through radio	<ul style="list-style-type: none"> <li>Programmes, in French and the local language (Lingala), to raise awareness on the EVD, correct hand-washing and safe burials are broadcast three days</li> </ul>

jingles, newspaper ads etc.	a week on RTN (Radio Television Nyamay'onangna) and RTB (Radio Television Boende). The DRC RC provincial president represents the operation on these programmes (since the RDRT does not speak Lingala); however, themes to be discussed are prepared jointly). Congolese artists have also come together to compose songs in local languages to sensitize the population on the virus. Broadcast is funded by CARITAS and UNICEF.
Post-operation workshop on community surveillance to build branch and community capacity	<ul style="list-style-type: none"> <li>No progress to report against this activity – and the workshop will be organised once the end of the outbreak has been declared by the government of the DRC.</li> </ul>
<b>Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population</b>	
Output 2.1: The populations exposed and affected areas of Equateur Province receive psychosocial and recovery support during and after the epidemic	
<b>Activities planned</b>	<b>Implementation (40%)</b>
Support the beneficiaries when they lose their loved ones and/or property	<ul style="list-style-type: none"> <li>Please note that a psychosocial support sub-commission (executive bureau of the Boende branch made up of local officials) has been assigned with providing support to those households affected by the epidemic, to ensure constant monitoring of the situation can be carried out.</li> <li>The DRC RC has distributed 100 household kits to those households who property and belongings had to be destroyed during decontamination. Each kit comprised: one blanket, five forks, five knives, two loins, ten plates, two mats, five plastic cups, two pots, soap (and power soap), toilet roll, toothbrush and toothpaste. In addition, DRC RC volunteers have provided psychological support to victims who have recovered from the virus or to family members of deceased victims More than 200 households have been visited since the beginning of the epidemic.</li> </ul>
Support staff and volunteers through the operation	<ul style="list-style-type: none"> <li>The RDRT and the committee have held meetings to boost the morale of volunteers, express appreciation and encouragement them, and to instil hope in them.</li> </ul>
Training of 25 volunteers in psychosocial support	<ul style="list-style-type: none"> <li>No progress to report against this activity – however plans are under preparation.</li> </ul>
<b>Outcome 3: Suspected cases are transported to case management facilities in a safe and appropriate way</b>	
Output 3.1: The government is assisted by DRC RC volunteers in the transportation of suspected cases	
<b>Activities planned</b>	<b>Implementation (40%)</b>
Training of volunteers in referral and transportation of suspected Ebola cases. Training in Ebola related measures.	<ul style="list-style-type: none"> <li>As noted, the MoH and MSF provided training for 27 DRC RC volunteers in referral and transportation of suspected EVD cases (not funded through the DREF).</li> <li>Following the arrival of an RDRT, a briefing was also held in collaboration with two doctors from WHO, the provincial president of the DRC RC for the 25 DRC RC volunteers on security measures and the correct wearing of protective equipment.</li> </ul>
Provision of personal protective equipment (PPEs).	<ul style="list-style-type: none"> <li>200 low-risk protection kits and 100 high-risk protection kits were procured, and arrived in Boende on 25 October 2014, thanks to a cargo plane, provided by UNICEF.</li> <li>Despite the late arrival of this equipment, DRC RC staff and volunteers were able to carry out activities involving contact with infected people, including safe burials, as PPEs were provided by MSF and WHO in the meantime. Despite the late arrival of the PPE, DRC RC staff and volunteers were able to carry out activities involving contact with infected people, including safe burials, as the equipment was provided by UNICEF and WHO in the meantime. As noted, now that the equipment has arrived, it will be used for sensitization on its importance, for example, for safe burials in Boende, in those localities that have been especially affected by the EVD. UNICEF and WHO stocks have now been exhausted, so the arrival of the equipment remains relevant, and will be used within the operation, should more cases be reported.</li> </ul>

Transport to the centres for the isolation of suspected cases benchmarks in cooperation with staff of the Ministry of Health in strict compliance with safety rules	<ul style="list-style-type: none"> <li>All suspected EVD cases were transported to the Ebola Treatment Centre at the beginning of the epidemic. Ten DRC RC volunteers are supporting the MSF team, to whom this responsibility has been entrusted. The population has been resistant to the transfer of cases. As noted, the DRC RC has revised its strategy, and is intending to use mass media (film shows) to gain the acceptance</li> </ul>
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## Water, sanitation and hygiene promotion

As of 25 October 2014, the DRC RC has implemented an estimated 40 per cent of activities related to Water, sanitation and hygiene promotion. Key progress to date includes:

Planned interventions	Implementation (%)
<b>Water, sanitation and hygiene promotion</b>	<b>40%</b>
<b>Outcome 1: 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.</b>	
<b>Output 1.1 : Affected populations are assisted in the disinfection of their surroundings</b>	
Training volunteers in sanitation and on how to bury corpses under optimal security conditions.	<ul style="list-style-type: none"> <li>In total, 52 DRC volunteers have been trained in sanitation and how to bury corpses under optimal security conditions: 27 by the government with support from MSF (not funded through the DREF), and 25 by DRC RC and WHO.</li> <li>Due to the late arrival of the equipment (PPE) that had to be used to train volunteers in safe burials and dead body management, an initial 27 DRC volunteers (and two hygienists) received training from MSF and WHO. Following this, 25 DRC volunteers (19 men and 6 women) received a briefing, which was carried out jointly by the DRC RC, the RDRT and WHO. The briefing focused on their understanding of the EVD, its signs, symptoms, transmission and prevention methods, correct wearing of PPE and the safe burial process (preparing and disinfecting bodies).</li> </ul>
Provision of sanitation materials and personal protective equipment for the team.	<ul style="list-style-type: none"> <li>Though sanitation and personal protective equipment have been procured, due to their late arrival, they have not been distributed. However, in their absence, MSF and the WHO have provided items (in addition to those that had been pre-positioned) required by the DRC volunteers to enable them carry out their activities. All sanitation material are still in Kinshasa, but following ongoing arrangements, this batch is expected to reach the target localities by UNHAS flights on 8 November 2014 for distribution.</li> </ul>
Carrying out sanitation activities in contaminated places, in the houses of patients affected by Ebola and managing contaminated household equipment (mattresses, blankets, clothing, etc.) that needs to be replaced and destroyed.	<ul style="list-style-type: none"> <li>The 25 trained DRC volunteers (20 in Boende and 5 in Lokolia) have carried out disinfection/decontamination activities in the houses of patients affected by the EVD. In total, 75 patients were visited, cleaned and disinfected, same with the homes of contacts. In addition to the homes of all the suspicious deaths, those of the other community members have been disinfected. Burning of soiled materials has also been carried out.</li> </ul>
Safe disposal of suspected infected bodies.	<ul style="list-style-type: none"> <li>Safe burial of animals found dead in the wild or around homes is planned; however, since the outbreak of the epidemic, no such case has been discovered. All animal carcasses are being abandoned and the population is turning away from eating game meat.</li> </ul>
Disseminating information materials and distributing them in targeted localities.	<ul style="list-style-type: none"> <li>Please refer to Output 1.1 "Production of information, education and communication material" for information on the progress of this activity.</li> </ul>
Putting sensitization materials at disposal of trained teams.	<ul style="list-style-type: none"> <li>200 packs of sanitizing solution, 500 bars of soap and 30 buckets have been procured, but due to their late arrival, they have not been distributed; and remain in Kinshasa pending transportation to Boende, and then to Lokolia.</li> </ul>
Sensitization of affected households/villages.	<ul style="list-style-type: none"> <li>During the awareness- raising activities, the 123 DRC volunteers (refer to Outcome 1 / Output 1.1. / Activity 1) have sensitized people on proper hand-</li> </ul>

	washing techniques, not only in times of epidemics but at any time, especially at key moments (before and after eating, after defecating, before preparing food, after manipulation the stool of children and after contact with bodily fluids). By 25 October 2014, 20,434 people (4,018 households) had been reached through these activities
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## Contact information

### For further information specifically related to this operation please contact:

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.