



Democratic Republic of the Congo

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Project Location: *Democratic Republic of the Congo (DRC)*

Gifts-in-Kind Distribution and Utilization

DripDrop Donations (90-079-23121, 90-020-25133)

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Background

International Medical Corps has been on the ground in the Democratic Republic of the Congo (DRC) since 1999. Though a civil war officially ended years ago, the eastern areas of the DRC remain one of the world's worst humanitarian crisis zones. About 80 percent of the more than 2 million people we have supported were displaced by the war. While violence among armed groups, land disputes and rampant sexual violence against women and children continue, International Medical Corps is addressing humanitarian needs in Tanganyika, North Kivu and South Kivu provinces, focused on primary healthcare and nutrition. Today, we work in some of the country's most remote and volatile areas, often where the presence of other international organizations is extremely limited or non-existent.

The decades-long humanitarian crisis in the DRC has been compounded by the series of Ebola outbreaks that began in May 2018. As part of our response, International Medical Corps has established treatment centers to care for Ebola patients; transit centers that diagnose and transfer suspected patients to appropriate health facilities; and screening-and-referral units (SRUs) which allow staff to screen and isolate suspected cases at existing health facilities so they can continue to function without the fear of transmission between patients, health staff and visitors. International Medical Corps has provided care for nearly 5,700 patients at these health facilities, including some 448 confirmed Ebola patients.



International Medical Corps medical staff in full personal protective equipment at an Ebola Treatment Center in Mangina

The global COVID-19 pandemic has complicated the situation further. As of October 7, 2020, there have been 10,804 confirmed cases of COVID-19 resulting in 276 deaths in the DRC.¹ Our team has launched COVID-19 activities including screening, training healthcare personnel, setting up triage units and raising community awareness.

²¹ Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). 7 October 2020. Retrieved from: <https://coronavirus.jhu.edu/map.html>

DripDrop's generous donation of 55,000 sticks of oral rehydration solution (ORS) has helped patients and health facility staff at 80 facilities stay hydrated and keep their electrolytes replenished, which has been essential in the battle against Ebola, during the 2018-2020 North Kivu outbreak and the ongoing Équateur outbreak. Because maintaining hydration plays an important role in overall health, DripDrop ORS has also been utilized as one way to prevent dehydration in patients with a variety of conditions such as COVID-19, diarrheal diseases, waterborne illnesses and more.



*A young Ebola patient at the Mangina Ebola Treatment Center
drinks DripDrop ORS*

International Medical Corps Responds to Ebola in the DRC with DripDrop ORS

International Medical Corps has been responding to a near continuous series of Ebola outbreaks in the DRC since May 2018. Leveraging our experience responding to previous Ebola and other infectious disease outbreaks, International Medical Corps' team in the DRC has supplemented medical care and screening with training for healthcare workers and community engagement efforts.

2018-2020 North Kivu Ebola Outbreak

On July 24, 2018, an outbreak of Ebola in Équateur Province of the DRC was declared officially over. Then on August 1, 2018, the Ministry of Public Health (MoPH) in the DRC announced the emergence of another Ebola outbreak some 750 miles away in the Mabalako health zone of North Kivu Province. This outbreak, the 10th and most complex in the country's history, grew to become the second-largest ever, exceeded in size only by the 2014-2016 outbreak in West Africa.

"Past Ebola outbreaks in the DRC have been well-controlled within a few weeks. Little did we know that the 10th outbreak in the country would spread so extensively—we have learned to never underestimate an outbreak."

-Dr. Eta Ngole, International Medical Corps, DRC

Ebola is severe and often fatal — the fatality rate in past outbreaks has been as high as 90% and hovered around 66% throughout the 2018-2020 outbreak. Healthcare workers' close contact with patients makes them highly susceptible to contracting the virus. With high infection prevention and control (IPC) standards in place, we can keep healthcare workers healthy and minimize the spread of Ebola. For this reason, we trained 1,711 health staff in IPC measures, such as safely donning and doffing personal protective equipment (PPE).

While lifesaving, the need to wear full PPE can be concerning for healthcare professionals. The vital barrier between them and the deadly virus causes excessive heat and increased perspiration, especially in the DRC's hot and humid climate, which can lead to dehydration. Healthcare providers at International Medical Corps' ETCs typically don full PPE four times each day and are limited to no more than 45-minutes at a time. **Having DripDrop or other ORS on hand to rehydrate and re-energize healthcare providers each time they leave the high-risk zone helps our staff stay healthy and available to provide high quality care for their patients.**



Staff at the Mambasa Transit Center rehydrate after leaving the high-risk zone

Throughout the nearly three-year outbreak, International Medical Corps managed multiple Ebola Treatment Centers (ETC) and Transit Centers, and set-up a network of 95 SRUs. SRUs provide screening for all who enter or depart the health facilities and have become a formidable tool in identifying Ebola cases early. Our team screened 1.3 million people and detected more than 23,000 suspected Ebola cases. As part of our screening and referral efforts, **healthcare staff isolate suspected Ebola cases and administer DripDrop or other ORS early to rehydrate patients, helping to prevent their conditions from worsening.**

A lack of community trust and resistance to Ebola response efforts contributed to the persistence of the disease. Fear and the pre-existing mistrust of authorities in this insecure context allowed rumors about Ebola to propagate, including the belief that Ebola does not exist and that treatment centers give Ebola to their patients.

To inspire communities' trust in their health centers and help bring an end to the outbreak, International Medical Corps employed a "wraparound approach" which looks for opportunities to make the "care" in healthcare visible — bringing highly visible healthcare infrastructure and programs into the community. Dehydration is a common issue with other water borne and diarrheal diseases as well as in very ill patients and those with malaria. **By providing the wrap-around facilities with ORS and augmenting our capacity to respond, DripDrop is one of the tools helping International Medical Corps to further build local capacity, establish trust, reduce**

community resistance and bring community members into health facilities for services, where they then can also be screened for Ebola (and now COVID-19) and receive information and education on how to stop the spread of the disease. As of August 2020, 64,505 patients accessed non-Ebola outpatient care including 35,779 (55%) women and girls through these wrap-around facilities.

2020 Équateur Ebola Outbreak

Hopes of the DRC being declared Ebola free were shattered on June 1, 2020, when officials confirmed a cluster of community deaths in Mbandaka, a city on the shores of the western stretch of the Congo River, to be yet another Ebola outbreak. This new outbreak surfaced just three weeks before officials declared the 2018-2020 North Kivu outbreak over.

International Medical Corps' Rapid Response Team deployed quickly, and has been on the ground since June 2. Our team set up the first ETC in Mbandaka, the most affected health zone, and set up another ETC in Bikoro, the second most affected health zone. Access challenges due to the province's thick equatorial forest, rumors that have fueled community resistance and a lack of partners on the ground supporting the response, explain why cases are still rising four months into this new Ebola outbreak, and why this outbreak might take longer to quell than the previous 2018 Équateur outbreak, which lasted two months and led to 59 cases.

The obstacles we faced throughout the 2018-2020 North Kivu outbreak inform International Medical Corps' response in Équateur. Our team is integrating the lessons learned to improve patient outcomes, foster community trust and bring an end to the outbreak as quickly as possible.

"The west is relatively safe, meaning the chances of the outbreak being controlled earlier are higher. However, funding fatigue, the spread of COVID-19 and other competing needs keep us cautious on how soon this will happen."

-Dr. Eta Ngole, International Medical Corps, DRC

Distribution

International Medical Corps received DripDrop's first donation of 25,000 ORS sticks in September 2019. Our team began distributing the donated ORS in November 2019 to the Mangina ETC, Mambasa Transit Center and SRUs in Beni, Goma and Butembo located in 11 of the 29 health zones affected by the 2018-2020 Ebola outbreak.

DripDrop's second donation of 30,000 ORS sticks was received in May 2020. While our team distributed 77% of the donation to SRUs and health facilities in Beni and Butembo, a portion was transferred to the Bikoro and Mbandaka ETCs in Équateur, the epicenter of the current Ebola outbreak.

Improving fluid intake early for suspected patients isolated at SRUs prior to their referral to an ETC, contributes to improved health outcomes. For this reason, our team distributed approximately 60% of both donations to SRUs.



*A caregiver at the Mambasa Transit Center
prepares DripDrop ORS for a patient*

The table below provides a distribution summary. Please see Annex A for a complete list of the quantities and locations of the distribution.

DripDrop ORS DRC Distribution Summary				
September 2019 Donation				
Flavor	Mangina ETC	Mambasa Transit Center	SRUs	Health Facilities
Lemon	2,300	1,000	4,500	500
Berry	1,400	3,00	5,400	1,000
Watermelon	1,000	2,000	5,300	0
Total	4,700	3,300	15,200	1,500
May 2020 Donation				
Flavor	Bikoro ETC	Mbandaka ETC	SRUs	Health Facilities
Lemon	1,500	800	5,800	1,891
Orange	1,500	800	5,800	1,900
Watermelon	1,500	800	5,800	1,900
Total	4,500	2,400	17,400	5,691

Impact Story

Machozi a Mambango has worked as a Nurse Manager for two years at an International Medical Corps-supported health center in the Beni health zone. “Acute Ebola disease is among the leading causes of mortality in my health zone,” explains Machozi. Death is often related to dehydration from Ebola, or other waterborne or diarrheal diseases. Machozi, who has received and transferred some 30 suspected Ebola patients to the nearby ETC, says, “It can be treated simply, effectively and cheaply in all age-groups. Death can be prevented by providing extra fluids.”



Machozi a Mambango receiving DripDrop ORS at International Medical Corps-supported health facility in Beni

When a patient has Ebola, there is an increased loss of water and electrolytes that are expelled through vomit, sweat, urine and breathing. When these losses are not replaced adequately, a deficiency of liquids and electrolytes develops in the body, Machozi explains. Patients often arrive for treatment after suffering substantial loss of fluids which cannot not be quickly addressed if there is a lack of available ORS at the health facility. “The availability of DripDrop or other ORS helps to save lives,” says Machozi. He continues, “When dehydrated patients arrive, we place them in isolation and give them DripDrop or other ORS which helps them regain the fluids lost before continuing with other diagnoses.”

According to Machozi, “This ORS is very important, tastes good and is popular among all age-groups.” Machozi and other health facility staff have noted that many patients ask for it by name because it is preferred over homemade ORS. “The lemon flavor is popular because it reminds patients of a native lime juice that is said to be good for cleansing and high in vitamins, while the orange flavor seems to be favored by children and women,” says Machozi. He reports anecdotally that because of the popular flavors, patients appear to more readily drink DripDrop ORS, which can help them to then recover faster.

Machozi also reports that, “DripDrop is simple to prepare. Individual packets can be mixed easily with 500 ml of clean water. It is so straightforward that even illiterate patients can do it on their own as the powder dissolves effortlessly when shaken in a bottle of water.”

“This is an excellent product that we would use again and recommend to others,” says Machozi. “Thank you again for your thoughtful gift to us and other health centers throughout the country.”

Thank You

Despite the difficulties posed by responding to multiple Ebola outbreaks in the DRC, we continue to hold fast to our mission to build the capacity of the communities we serve and deliver emergency medical and related services, no matter what the conditions. We are especially grateful for DripDrop’s support of our mission. **DripDrop’s generous donations of 55,000 sticks of ORS has helped International Medical Corps’ team respond to two Ebola outbreaks in the DRC and provide ongoing healthcare during the current COVID-19 pandemic.**

With the support of DripDrop and other donors, International Medical Corps can respond effectively to Ebola, continue to provide care to patients free-of-charge and reinvest saved costs on other urgently needed commodities.



A young patient drinking DripDrop

ORS

International Medical Corps is grateful for DripDrop’s support of our Ebola response efforts and we look forward to your continued support.

Annex A: Distribution Report

Distribution Report - Dripdrop 90-079-23121

Description (Generic - lower case)							Total distributed by category					Leftover	
							Mangina ETC	Mambasa Transit Center	SRUs	Health Facilities	Sample		
100count x21gram-LEMON-3X The electrolytes and Half the Sugar of typical sports drinks. DRIP DROP ORS	Case	100	84	8,400	35990	1-May-23	2300	1000	4500	500	100	0	
100 Count x 21gram-BERRY-3X The electrolytes and Half the sugar of typical sports drinks. DRIP DROP ORS	Case	100	82	8,200	36009	1-Dec-22	1400	300	5400	1000	100	0	
100 Count x 21 gram- WATERMELON -3X The eletrolytes and Half the sugar of typical sports drinks. DRIP DROP ORS	Case	100	84	8,400	35889	1-May-23	1000	2000	5300	0	100	0	
							4700	3300	15200	1500	300	-	Total Qty
							19%	13%	61%	6%	1%	0%	%per cat

Distribution Report - DripDrop 90-020-25133

Description (Generic - lower case)	Shape/ Form	Units per Case	# of Cases	Total Smallest Packing Units	Batch Ref	Expiry Date	Total distributed by category					Leftover	
							Bikoro ETC	Wangata ETC	58 SRUs in Beni and Butembo	13 Health Facilities in Butembo	5 Health Facilities in Mabalako		
100count x21gram-LEMON-3X The electrolytes and Half the Sugar of typical sports drinks. DRIP DROP ORS	Case	100	100	9991	20073	30-Oct-23	1500	800	5800	1300	591	0	
100 Count x 21gram-ORANGE-3X The eletrolytes and Half the sugar of typical sports drinks. DRIP DROP ORS	Case	100	100	10000	37724	31-Aug-23	1500	800	5800	1300	600	0	
100 Count x 21 gram- WATERMELON -3X The eletrolytes and Half the sugar of typical sports drinks. DRIP DROP ORS	Case	100	100	10000	37202	1-Aug-23	1500	800	5800	1300	600	0	
				29,991			4500	2400	17400	3900	1791	0	Total Qty
							15%	8%	58%	13%	6%	0%	%per cat