

1.1 Democratic Republic of Congo

Background

The unstable security situation in DRC and neighboring countries has caused a lot of displacement and movement of communities across national borders. DRC alone, as of 2009, hosts about 155,162 refugees and returnees (of which 1,250 refugees and 60,000 returnees assisted by UNHCR) and about 2,113,172 IDPs including those who live in the camps of North Kivu (of which 144,000 assisted by UNHCR).

Such camps and return sites are usually located in poorly accessible areas where living conditions are conducive to the spread of diseases and where health care provision is a difficult task. A joint assessment of the camps and sites of IDP and refugee return has been recently carried out by UNHCR and its partners to identify the immediate needs of these peoples.

Main findings included: poor quality or lack of primary health care services; poor sanitary conditions at the camps; insufficient stock of drugs and biomedical supplies; and poor nutritional status among refugees and IDPs.

Malaria is still the leading cause of morbidity and mortality in DRC. The vast majorities of refugees currently live in areas where malaria is endemic or subject to seasonal epidemics where the living conditions render them susceptible to malaria and its complications. The most at-risk groups are young children and the pregnant women.

Malaria burden

Malaria is responsible for about 60% of the outpatient visits among IDPs and refugees both in camp and urban settings. This situation is aggravated during the rainy season, particularly towards the end. For example, 152 out of the 186 outpatient visits recorded among the urban refugees in June 2009 were due to malaria (almost 82%). A total of 76 of those malaria cases were admitted to hospital then 24 of whom were referred to hospital.

Case management

Clinical diagnosis is initially done and some suspected cases are confirmed either using rapid test or standard blood film. Antimalarial drugs are procured with UNHCR funds. Special attention is paid to pregnant women and children under five years old.

Rationale of the Project

The dynamic nature of the IDP and refugee population in DRC makes it difficult for the health authorities to include them into national plans. Furthermore, unlike, countries like Rwanda, DRC lacks the capacity to provide basic health services to its stable resident populations not to mention IDPS. The frequent change of residential area and houses makes UNHCR target population more susceptible to mosquito bites and, consequently,

malaria and its complications. LLIN provides a practical alternative for the prevention of malaria in this context compared to other alternatives such as residual spraying. The exceptionally widely spread geographical area of DRC makes providing access to services a difficult task.

Current Malaria prevention implementation status

In the IDP Camps of N. Kivu, UNHCR focused on the improvement of water and sanitation activities including improving swage and waste disposal facilities to reduce mosquito breeding sites. Public health education on several topics including malaria is provided both at the camp health facility and through the IP's outreach visits of the network of community health promoters (CHP) and Hygiene. Though CHWs are adequately trained they are usually not adequately equipped with the audiovisual means needed to make the awareness sessions more effective. LLIN were distributed in previous years but not for this year. The current level of refugee awareness on malaria is considered reasonable thanks to the efforts of IMC's team of about 50 health and hygiene promoters. Anecdotal evidence shows that demand and utilization of mosquito nets are high.

- The last distribution of LLIN was carried out by UNHCR in 2008. Big numbers of people have been displaced since then and have not yet been covered.
- LLIN are available at inpatient sections and maternities of all camp health facilities.
- No indoor residual spraying has ever been done either at the camp sites or other residential areas.

Current programme needs

In order for the programme to achieve implementation of the national malaria control programme and in order to reach universal coverage as per the target of the Global Malaria Action Plan (GMAP), the current operational needs are:

- Distribution of LLINs to vulnerable groups, the general refugee population as well as to health facilities at a target of 1 LLIN for every 2 persons
- Information and education of refugees with regards to usage of LLIN as malaria prevention
- Capacity building for health staff on malaria prevention and control programmes

Project Objectives

- To prevent malaria excess morbidity and mortality by sensitizing the community to use LLIN to reduce infections and transmission of malaria. The utilization of LLIN within a community can significantly reduce malaria transmission.
- To distribute **35,000 LLIN** to approximately 12,000 households in urban areas in Kinshasa, return areas in south Kivu and IDP camps in Lubumbashi and Mugunga with an average of 1 LLIN for every 2 persons to sleep under.
- To sensitize the refugee community to the use of LLIN as effective malaria prevention method.

Expected results/ Outcomes

- Full coverage (1 LLIN for every 2 persons (average 3-4 LLIN per household).
- Continued net retention and use of above 75% one year after the distribution campaign

Target Population

The target population in the DRC includes refugees from Angola, Rwanda, and Burundi, as well as returnees from Tanzania and Burundi and IDPs. Below is a breakdown of the population in the different camps.

No.	Camps	No. of refugees
1	Kinshasa (urban)	1,400
2	Lubumbashi	500 IDPs
3	Mugunga	7,200 IDPs
4	South Kivu (returnees)	60,000
Total		69,100

External Factors/Risk Analysis

- Dynamic target population due to repatriation from and to neighbouring countries, and returning IDPs.
- Tense security situation with recent history of involvement in external forces like the Rwandan armed forces into the conflict.
- Outbreaks and high endemic rates of other diseases such as cholera drain the scarce available resources.
- Potential pandemics of influenza might overwhelm the health system in the country.

Activities

IEC campaigning prior to LLIN distribution

- Creation and distribution of promotional materials (posters, videos, radio messages, leaflets, T-shirts etc.)
- Involving community volunteers for the creation of promotional materials.
- Identify youth groups, women's groups, leaders etc.
- Visitation at the health center and other appropriate community gathering points (schools) to hang posters and distribute other visual materials

IEC during LLIN Distribution

- Displaying of nets in public places during community gatherings
- Provide community education and social mobilization through home visits on proper use of LLINs

Distribution strategies

- Distribute nets in health facilities with in-patient beds and in ANC and EPI clinics and feeding centers to pregnant women and children under five
- Target vulnerable groups such as TB patients, PLWHA and others with one net per person
- Distribute LLIN to children in schools
- Distribute LLIN to households going house-to-house with the support of community volunteers; proceed in clusters

Implementing Partners

- Oxfam-Q
- Commission Nationale pour les Réfugiés (CNR; National Commission for Refugees)
- Oxfam-UK
- ADDESS

Work Plan

Objectives	Activities	Implementer	Timeframe
Procurement and supply of LLINs	Procurement of 39,300 LLINs	UNHCR	January 2010
	Transportation of LLIN to camp sites	UNHCR	January 2010
	Storing of LLIN	UNHCR	Jan-Sep 2010
Community awareness and mobilization	Develop IEC materials in collaboration with refugees	IMC/Oxfam-Q/ Oxfam-UK	Jan-Mar 2010
	Recruit and train community volunteers for IEC campaign	IMC/Oxfam-Q/ Oxfam-UK	March 2010
	Training of community health workers and outreach workers	IMC/Oxfam-Q/ Oxfam-UK	March 2010
	Awareness raising campaigns in community centers, distribution points, community gatherings, schools, health centers and door-to-door	Community volunteers/ various partners	Mar-Apr 2010
Distribution of nets	Distribution of LLIN to health centers and hospitals	various partners	Apr 2010
	Distribution of LLIN to vulnerable and at-risk groups	various partners	Apr-May 2010
	Household door-to-door and public distribution	various partners	Apr-Jun 2010
M & E	LLIN retention survey	UNHCR/ Mentor	Nov-Dec 2010
	Technical support and supervision missions	UNHCR/ Mentor	Jan-Dec 2010

Sustainability

Other malaria prevention activities will be carried out supported by the AHI Project and other WatSan special project funds. Improvement of the sanitation conditions, waste disposal and water storage facilities will help reduce the mosquito breeding places. Furthermore, the project will enhance public awareness among refugees and IDPs. Income generation projects may help improve the overall socio-economic standing.

Reducing the case load during the one-year project will make case detection and clinical management an easier task for the health services providers.

Media outreach and information sharing

Radio spots with key messages on the prevention and control of several health issues including hygiene were produced and tested by experts of the N. Kivu Radio Association. The 2-minute spots include attractive voice message with musical background conveying key messages. The spots will be aired 3 times a day for 2 months through 5 radio channels.

N. Kivu Radio Association is in the process of organizing 2 health festivals in 2 of the most heavily populated IDP camp sites. The Radio Association team will visit the camps and conduct quiz games on common epidemiological diseases and AHI. The festivals will also be broadcast through the same radio channels.