

SITUATION REPORT 1st to 17th December 2017

**Kasai Crisis - Democratic Republic of Congo

EMERGENCY TYPE: CONFLICT, DISPLACEMENT, FOOD INSECURITY AND DISEASE OUTBREAKS


First water chlorination activities by DPS staff in the Matamba health facility (Lomami) during an assessment, before the CTC was erected


**14.4 MILLION
AFFECTED IN KASAI**

**1.4 MILLION
DISPLACED**

**1.6M
TARGETED IN KASAI**

**631 000
RETURNEES**

**85
DEATHS**

HEALTH CLUSTER

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



- 1** PERIPHERIC CHOLERA KIT
- 2** CENTRAL CHOLERA KIT
- 375 KG** HTH CALCIUM HYPOCHLORITE
- 2** INFUSION MODULE + **2** ORS MODULE
- 20** BASIC UNIT KITS
- 25** IEH/SUPPLEMENTARY MALARIA
- 15** TRANSFUSION KITS
- 20** BLOOD BAGS CARTON

FUNDING REQUIRED US\$



- 29.9 M** REQUIRED FUNDING FOR KASAI IN 2018 ACCORDING TO HRP (18 USD PER BENEFICIARY)
- 241,6 M** REQUESTED IN THE KASAI EMERGENCY RESPONSE PLAN FOR THE FIRST 6 MONTHS OF 2018

HEALTH SECTOR



- 12** HEALTH CLUSTER PARTNERS
- 1.6 M** TARGETED POPULATION

HEALTH FACILITIES



- 646** HEALTH FACILITIES FUNCTIONING
- 449** HEALTH FACILITIES NOT OR PARTIALLY FUNCTIONING

KEY HEALTH CLUSTER ACTION



- CHOLERA OUTBREAK RESPONSE
- PUBLIC HEALTH SITUATIONAL ANALYSIS
- 4WS (ONGOING)
- CLUSTER SITREP
- 1ST CLUSTER MEETING IN KANANGA

HIGHLIGHTS

CHOLERA OUTBREAK UPDATE

- 674 cases reported since November 26, 2017
- Active transmission is on-going in 30 health areas in the Kasai, Kasai Oriental and Sankuru provinces.
- Cluster partners MSF-B, ALIMA, WHO and DPS supporting the response in active hotspots
- A suspected case in the Masuika health zone is currently being investigated.
- Cumulative cases since October 1st to December 17th in Kasai region is 3109 with C.F.R of 5.6%.

MEASLES

- 88 suspected cases of measles reported in the provinces of Kasai from November 26th
- Cumulative measles cases reported in 2017 are 8183 and 39 deaths CFR of 0.5%

MALARIA

- A total of 458 541 cases of suspected malaria with 297 182 cases confirmed during the period September 18 to October 17. November data under compilation.
- Cumulative number of cases since January 1st in 5 provinces is 3 150 006 with 4419 and CFR 0.1%

POPULATION DISPLACEMENT

- Recent population return of 631 000 Internally Displaced Person since October 1.

MALNUTRITION

- 18 health zones in the grand Kasai region with at least 4 indicators above the required threshold (Feuillet SNSAP)

RESPONSE

- Case management of cholera active health zones in 3 provinces of the Kasai.
- Existing response partner presence gaps in Bulape and Dekese in Kasai.

CLUSTER PARTNERS IN KASAI DURING FIRST MEETING

- MSF-B, HI, MSH, OMS, Alliance Humanitaire, ACF, ODH, ACODI, AIDES, CRS, UNFPA, Caritas

Situation update

Access to nutrition services in the Kasai region remains a major challenge as only 50.6% (n=1014) of health facilities in 4 provinces are currently supported to offer nutritional services. About 29% (n=317) of health facilities have been damaged/looted and another 13% (n=145) health facilities with limited staff have witnessed an increased number of consultations with little or no support of primary healthcare services. In addition, the ability of patients to pay a subsidized token for these services is compromised. Statistics from consultations reveal malaria, malnutrition and epidemics (cholera and measles) contribute massively to the disease burden. A total of 458 541 persons were received in consultation in the 5 provinces of the Kasai for malaria alone. With the ongoing rainy season, malaria trends are expected to rise. A major challenge in the health facilities is the inability to ensure that all persons suspected with malaria are systematically tested. Since January 1st 2017, 4419 malaria reported deaths have been reported from health facilities in the Kasai region. The coordination with the Ministry of health and health cluster partners is underway to ensure that essential medicines including anti-malarials and testing kits reach the last mile of the supply chain where they are needed by the vulnerable beneficiaries.

Active transmission of cholera is ongoing in three provinces of the grand Kasai. These locations are Kasai (Ilebo, Mushenge, Mikope, Dekese et Bulape), Kasai Oriental (Kanda Kanda, Ngandajika, Kalambayi, Mulamba) and Sankuru (Bena Dibele, Kamba). Gaps in service delivery still exist in Dekese and Bulape. A cumulative of 3109 cases have been reported with 175 deaths (CFR 5.6%) in the Kasai region. Although responses in the outbreak hotspots have been initiated, controlling the spread an uphill task for several reasons: the lack of potable water among the population, weak community WASH and sensitization interventions and the lack of trained staff in the Kasai region. The cluster is gearing to strengthen multisectoral collaboration with other clusters to halt the chain of transmission. Capacity building and preparedness in high risk locations are planned but more funding is required.

Elevated thresholds of malnutrition continue to contribute to the overall burden of disease with high Global Acute Malnutrition rates. 18 health zones in Kasai reporting 4 or more poor indicators according to the National nutrition flyer SNSAP. Conducted assessments reveal tremendous gaps without any intervention across several localities.

Public health concerns

Diseases	Severity
Cholera	Very high risk
Measles	High risk
Malaria	Very high risk
Malnutrition	High risk
AFP	On Track
TB	Fair

Health gaps

- ➔ Absolute paucity of Rapid Response Partners to support primary health care, nutrition services and respond to epidemics of cholera and measles. Most partners on ground are development oriented with insufficient and non-flexible funding
- ➔ Limited financial resources allocated to partners in the Kasai. A multitude of rapid assessments have been conducted but partners haven't been able to secure funding for operations (see *Cluster Kasai Public Health Situational Analysis*)
- ➔ Services targeting moderate and severe malnutrition, SGBV, ensuring regular vaccinations, mass casualty preparedness for response extremely weak or absent.

Health Cluster priorities

- ➔ Identify and support a pool of specialized partners with Rapid Response capacity for speedy response as needs arise + instituting mass casualty preparedness plan.
- ➔ Map service delivery gaps (HeRAMS) and target priority health interventions in facilities
- ➔ Strengthen malnutrition response, cholera case management, surveillances and awareness.
- ➔ Strengthen the existing data collection mechanism and track service delivery
- ➔ To continue assist donors in targeting priorities based on available funding

Resource mobilization

- ➔ Dissemination of Health Situational Analysis with donors, sub-national cluster advocacy for donor field visits to appreciate gaps for funding

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