

## SITUATION REPORT

1<sup>st</sup> to 15<sup>th</sup> January 2018

# \*\*Kasai Crisis - Democratic Republic of Congo

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



Sensitization campaign for vaccination by Save the Children International



**14.4 MILLION**  
AFFECTED IN KASAI



**1.4 MILLION**  
DISPLACED



**1.6M**  
TARGETED IN KASAI

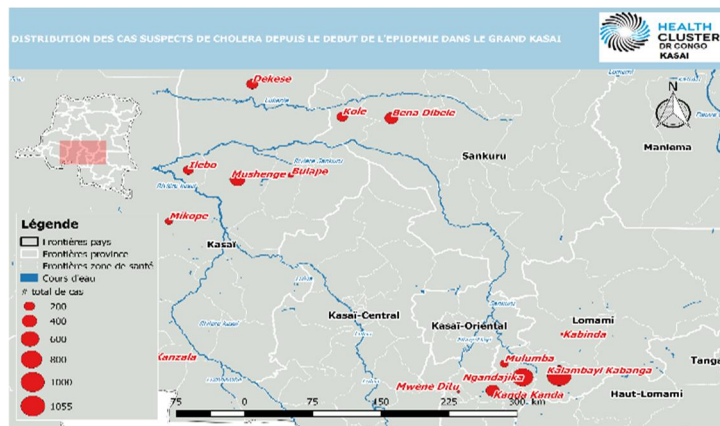


**631 000**  
RETURNEES



**20**  
DEATHS

## HEALTH CLUSTER



## HIGHLIGHTS

### CHOLERA OUTBREAK UPDATE

- Active transmission is on-going in 12 health zones in the 3 provinces of Kasai, Lomami and Sankuru provinces.
- 122 cases and 2 deaths reported from January 1<sup>st</sup> to 15<sup>th</sup> 2018 in the Kasai region (CFR=1.64%)
- A cumulative of 3840 cases reported in the 3 affected provinces of the Kasai region with a CFR of 5.78% since the start of the outbreak
- The overall trend of cholera decreasing in the Kasai but for Kalambayi Kaban (Lomami), Dekese and Mushenge (Kasai) where the cases have remained high.

### MEASLES

- 27 suspected cases of measles reported in the provinces of Kasai in the first 14 days of 2018 among which 24 are from Lomami province alone.
- Cumulative measles cases reported in 2017 are 9006 and 39 deaths (CFR of 0.43%)

### MALARIA

- A total of 108 101 cases of suspected malaria and 173 deaths for the first 14 days of 2018 (CFR=0.10%)
- Cumulative number of cases for 2017 in the 5 provinces is 3 384 235 with 4784 and CFR 0.14%

### POPULATION DISPLACEMENT

- Recent population displacement of over 2000 persons into the Katoka neighbourhood
- Displacement in Luambo (figures not confirmed)

### MALNUTRITION

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

### PARTNERS' PRESENCE

- 18 partners reporting to the 4Ws with activities from 18 health zones in 3 provinces (Kasai-Central, Kasai and Kasai-Oriental)

### 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



**18** 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  
MASS CASUALTY PLAN COMPLETED  
4WS COMPLETED  
HEAT MAP FOR PRIORITIZATION  
CLUSTER SITREP  
2ND CLUSTER MEETING IN KANANGA  
HERAMS (ONGOING)  
KASAI CLUSTER WEBSITE LAUNCHED

## Situation update

As mentioned in the last edition of the situation report for the Kasai region, the access to primary healthcare and nutrition services continues to be constrained as a result of destruction, looting, inability of users to pay subsidized user fees across the region. During this reporting period, the cholera epidemic has continued to rock the Kasai affecting a cumulative of 3718 persons (CRF 5,78%). Although locations such as Mushenge (Kasaï) Kalambayi Kaban (Lomami), Bena Dibele and Kole (Sankuru) still present high caseloads with reduced CFRs, the Dekese health zone in the Kasai province is still reporting a CFR as high as 13%. Difficult access to potable water, unhealthy behaviours and unhealthy environments continue to influence the spread of cholera within the hotspots. With a limited number of partners engaged in the response, the health cluster and MoH continue to advocate for more partners and multisectoral collaboration with WASH and Communication components for effective interventions. Furthermore, the 5 provinces reported 173 deaths attributed to Malaria for the first 2 weeks of 2018, of which 59 came from Kasaï province (20 being less than 5) and 64 from Kasaï-Central province (43 being less than 5) knowing that *4784 malaria deaths have been reported from health facilities in 2017*.

Elevated thresholds of malnutrition continue being reported by nutrition partners across several locations of the Kasai where the access to food commodities is constrained by extremely high market prices and poor agricultural season as a result of the conflict. Besides malnutrition, evidence from DHIS2 and epidemiological surveillance data reveal a heavy burden of morbidities such as malaria and acute respiratory infections affecting vulnerable persons including children <5 years, pregnant and lactating women. Malaria trends are expected to rise with the ongoing rainy season. Strong links of coordination between the cluster and the local MoH at Kananga level ensured to ensure that available antimalarial medicines reach the last mile and are used efficiently. Sensitization sessions on the use of mosquito nets have been launched in certain localities of the Kasai through the national Malaria Control Program. Joined effort with cluster partners is equally under way to support the investigation of epidemic alerts.

## Public health concerns

Diseases	Severity
Cholera	High risk
Measles	High risk
Malaria	High risk
Malnutrition	High risk
Respiratory Track infections	Moderate

## Health gaps

- ➔ Drug shortage (essential tracer medicines) for the cluster-specific CORE pipeline for the Kasai Hub to respond to epidemics and new waves of displacement
- ➔ Only 5 national NGOs reporting to be involved in the health response in the Kasai region as per the 4Ws
- ➔ Over 40% of epidemic alerts not investigated by the surveillance system
- ➔ Weak decision-making ability of NGO leads in the Kananga Hub following decentralization

## Health Cluster priorities

- ➔ Enhance readiness through planning and stockpiling cluster-specific response resources such as drugs which are currently lacking through advocacy
- ➔ Explore means of establishing technical capacities including national partners as part of response teams for sustainability
- ➔ Strengthen disease surveillance, the malnutrition response, cholera case management and awareness.
- ➔ Continue with collecting health facility information for the HeRAMS across 8 health zones in the Kasai region

## Resource mobilization

- ➔ Mobilization of USD 3.4M for the management of epidemics and reproductive health activities in the Kasai region.

## Contacts

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