NEBOBONGO HOSPITAL, DR CONGO CRISIS REPORT

We were recently contacted by Dr. Jean Claude Bataneni who is the medical director of Nebobongo Hospital, one of our partner ministries in Northeast Democratic Republic of Congo (DRC). A deadly combination of malaria and a salmonella-like bacterial illness are causing an epidemic that is sweeping the region. Children under five are the most susceptible and affected. A similar outbreak happened in 2012 that was devastating to the region, sickening scores of children and killing many of them. At that time it also wiped out the region’s livestock, which had a huge impact on the economy as well. That crisis was our first large-scale initiative in our partnership with the hospital. We are pleased to report that the hospital is much more prepared at this time for this situation due to our assistance and their knowledge from the last crisis. However, it is much more than they can handle with the very little income the hospital brings in.

Below is the report supplied to us by Jean Claude on March 31st, 2016.

“From three or four weeks ago until now we have been seeing numbers of patients exponentially increasing. Most of them are infants of less than five years old. They are coming in with high fever and low hemoglobin (Anemia). The main diagnosis is malaria, but we see a similar situation to what we had in 2012 where it is greatly exacerbated by a bacterial infection caused by contaminated water sources. This combination makes the malaria much more deadly if untreated in children.

From the previous experience we are very prepared to handle this situation. I am very appreciative to our staff. I am writing this letter from the ER where I see 5 doctors with more than 10 nurses all busy looking for veins for either transfusion or perfusion for reanimation (a blood infusion or IV fluids and medication). In our ER consisting of 18 beds, we have right now 64 kids who are in this ICU/ER service. The hospital has a total of 100 beds but we now have over 160 patients mainly children and are receiving 30 new admissions daily. We have stopped operating electives cases and are sending adults home as soon as they are stable to make room for more children. Our Surgery ward is being converted into an overflow ICU. Our staff have cancelled all days off and only return home to sleep and eat. We normally perform less than 60 blood transfusions per month but from Monday to now we are already at about 48 transfusions in 4 days. We are preparing to do over 100 next week alone.”
Jean Claude also explained that this crisis was triggered by the return of the rainy season and caused by a lack of sanitation. When the seasons shift from dry to rainy season, the mosquito population explodes and causes a spike in malaria. Fecal matter from people and animals is flushed into all of the open drinking sources causing the bacterial infections that quickly spread.

The good news is that far fewer children have died so far in comparison to 2012 when they were losing 10-20 kids every day, with scores more dying in the villages. So far they have been able to reduce that number to 1-2 per day – usually those who make it to the hospital too late. The hospital is now more equipped and the staff knows from experience to administer malaria treatment in combination with antibiotics right away. E4 Project’s malaria prevention program, Project Sunset, has also had a very positive impact due to the mosquito nets that are now in use. The nets have kept the situation from becoming worse and the training provided to families taught them how to identify malaria early and where to seek treatment. They also have closer communications with their regional health centers that are referring kids to the hospital as soon as they don’t respond to initial treatments. Every other hospital in the region is dealing with a similar outbreak and Jean Claude is expecting the epidemic to increase and peak in the next few weeks and only begin to taper off three months from now. He thinks it will take 6 months to completely dissipate.

Below is a list of the current needs for the hospital in regard to the epidemic.

**IMMEDIATE NEEDS**
- Prayer for the staff, patients and their families
- IV Fluid
- Malaria medication
- Antibiotics
- Seizure medication
- De-worming medication

Nebobongo is in a desperately poor region of Congo. An epidemic like this can easily devastate the little economic activity that exists and push the hospital into further deficit. Jean Claude is seeking funds to allow the hospital to provide this lifesaving treatment to every child at no cost until the epidemic is over. This will spare the community from the economic shock of widespread, unexpected medical bills. Without help from outside, the hospital will run out of money and lose the ability to purchase the needed supplies to combat this crisis. Jean Claude expects the cost of the epidemic to be $2,000-$3,000 per month. E4 Project is hoping to raise $15,000 for this crisis.

The most expensive costs related to the treatment include:
- Lab exams for each patient: **$7.50**
- Malaria treatment with IV fluid: **$12.50**
- Acute malaria treatment with IV fluid plus a blood transfusion: **$28.00**
- Extra payroll for hospital staff working extended hours.
Financial support is desperately needed to continue saving the lives of the afflicted children. Tax deductible donations can be made at www.e4project.org/give (please designate “NEBO” in the notes) or via check with “Nebobongo Epidemic” clearly specified and mailed to E4 Project at:

E4 Project
6523 Bluebird Ave.
Longmont, CO 80503

E4 Project currently has $3,000 in a hospital account that is part of the Ebola preparedness campaign from 2014 (the rest of the funds purchased supplies that are in storage in the event of an outbreak). E4 Project gave Nebobongo permission to access this account to fill the gap until relief funds are raised. Any excess funds will go directly into a Nebobongo emergency fund to help us respond to future crisis of this nature. We will also be evaluating new long-term water sanitation options. If you have any questions please contact Dan Lewan at dan@e4project.org.

Please share this need with your friends. The situation is dire and the opportunity to demonstrate the healing love of Christ is great. E4 Project exists to “defend the cause of the poor and needy”, this is the front lines of our mission and why we exist, join us.