

www.ifrc.org
Saving lives,
changing minds.

Emergency appeal

Democratic Republic of Congo: Epidemics – Yellow Fever, Cholera and Measles

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRCD018

12,327,181 people to be assisted

Appeal launched 21 July 2016

220,000 Swiss francs DREF allocated

Appeal ends January 2017

2,247,478 Swiss francs current Appeal budget

This Emergency Appeal seeks **2,247,478 Swiss francs** to enable the IFRC to support the **Democratic Republic of Congo Red Cross (DRC RC)** to support **12,327,000 people for 6 months**, primarily through social mobilization activities linked to vaccination campaigns, in addition to **emergency health, water, sanitation and hygiene promotion and to support National Society capacity building**. The planned response reflects the current situation and information available at this point and will be adjusted based on further developments and as more detailed assessments are carried out by DRC RC volunteers.

A simultaneous outbreak of yellow fever, cholera, and measles in the Democratic Republic of Congo (DRC) represents a serious health threat of regional and potentially global consequence. The DRC RC is responding to the impact and needs through social mobilization (during the yellow fever vaccination campaigns) and vector control activities and surveillance for all these diseases. The DRC Red Cross is leading on community supervision, active case research, and early referral to support structures. For cholera DRC RC will also undertake water purification activities, and provide rehydration support in the seven targeted provinces. Details are available in the Emergency Plan of Action (EPoA) <click [here](#)>

The disaster and the Red Cross Red Crescent response to date

January to June 2016: Some 1,582 cases of yellow fever declared, with 67 confirmed cases and 10 deaths. These cases were spread across five provinces including Bas-Uele, Tshuapa, Kwango, Kinshasa and Kongo Central. Some 12,055 cases of cholera reported, including 261 deaths, with new outbreaks in the provinces of Kinshasa, Equateur and Mongala. Some 749 cases of measles declared with 26 deaths in the provinces of Equateur and Bas-Uele.

20 May 2016: 177,927 Swiss francs initially allocated from the IFRC's Disaster Relief Emergency Fund (DREF) for the yellow fever response with activities focused on social mobilization during the reactive vaccination campaign in 11 health zones (two in Kinshasa and nine in Kongo Central). With the simultaneous outbreak of cholera and measles, 220,000 Swiss francs additionally allocated as start-up funding for this appeal.

26 May to 4 June 2016: reactive vaccination campaign organized in two health zones in Kinshasa and nine health zones in Kongo Central, resulting in a coverage of 107%.

21 July 2016: Emergency Appeal launched for **2,247,478 Swiss francs** to support assistance to over 12,327,000 people in the DRC's Equateur, Kwango, Kongo Central, Kinshasa, Mongala, Kasa and, Kasai Central provinces.

Operational Strategy



A DRC RC volunteer carrying out sensitization session at a household during the yellow fever campaign /DRC RC

With the DREF support, activities to date have consisted of community surveillance and vector control through hygiene and sanitation. Some 550 volunteers, 55 supervisors, and 11 heads of health zones have been deployed in the field with the necessary equipment. Teams were supported by the National Society director for health, finance and communication officers, and the IFRC's Yaoundé Country Cluster Support Team health coordinator and finance team. The vaccination campaign was successful with a coverage of 107 per cent, compared to a target of 95 per cent. Volunteers have visited 404,723 households in which 1,039,510 people (601,545 men and 437,965 women), were reached with messages on yellow fever. Some 877,137 children from nine to 14 years were also reached. Some 1,916,647 people were directly reached by the DRC RC volunteers during the vaccination campaign against yellow fever which took place from 26 May to 4 June 2016 in 11 health zones of the Kinshasa and Kongo Central provinces, representing a coverage rate of 96.91% for social mobilization. DRC RC volunteers participated in 97 coordination meetings and 94 evaluation missions with other partners.

Overall operational objective: Based on the success of initial response, the plan focuses on the following key activities to stop and reduce the morbidity and mortality related to yellow fever, cholera, and measles epidemics in the Democratic Republic of Congo (DRC):

- Vaccinations
- Case Management
- Community engagement through Social Mobilization and health promotion activities
- Vector control and environmental sanitation
- Disease surveillance

This Emergency Appeal seeks to support social mobilisation during the preventive vaccination campaign for yellow fever in the provinces of Kinshasa, Kongo Central, Kwango, Kasai and Kasai Central, to bring the disease under control, thereby preventing a national (and perhaps international spread) of the epidemic. To date, affected areas raise concern both because of the high population density (1,211 inhabitants /km² in Kinshasa) and the proximity with the border (Angola and Congo Brazzaville). Given the fractional dose approach, it is important for people to know that immunity to the disease is temporary (one year) and not for life.

Regarding the vaccination campaign against measles, the DRC RC (through an IFRC/UNICEF pledge) will focus its support on social mobilization during the vaccination campaign in the Equateur province (Priority 1) which is the province requiring the most immediate attention from partners and government. That said, in order to capitalize on the achievements of the campaign, this Emergency Appeal operation intends to provide support in community surveillance, referral and first aid for measles and cholera. Through the emergency appeal, volunteers will be able to strengthen the achievements of the vaccination campaign by monitoring, epidemiological surveillance, first aid and reference both in Equateur and in other target provinces (Kinshasa, Kongo Central, Kwango Kasai and Kasai Central).

In the cholera-affected provinces of Equateur, Kinshasa and Mongala, in addition to monitoring and first aid, the DRC Red Cross will ensure referral, rehydration, water purification and the management of dead bodies. All targeted provinces will conduct hygiene, sanitation and vector control activities.



The IFRC Country Cluster Support Team (CCST) in Yaoundé has supported the DRC RC coordination activities within the DREF operation including planning and approval of implementation. The IFRC is also supporting monitoring and reporting through missions to the localities. Partner National Societies supporting the DRC RC include the Belgian, Canadian, Spanish, and Swedish Red Cross, as well as the ICRC. Given The specific technical aspects of this operation, there is a strong need to ensure IFRC in-country presence during operational implementation.

A yellow fever coordination and support cell (CCPEC) made up of the Ministry of Health, WHO, UNICEF, MSF France, MSF Belgium, IFRC, and the DRC RC meets on Mondays, Wednesdays and Fridays under the lead of epidemiologists from the Ministry of Health. Similarly, a national commission for the coordination of the fight against yellow fever composed of health partners was setup and holds meetings every Friday afternoon.

The Ministry of Health has been organizing missions to the Kwango province with the aim of evaluating the situation, training community relays, bringing back samples for analysis at the INRB (a biological laboratory in the DRC), and carrying out the disinfection of vehicles from Angola. A second mission was organized in the second week of July 2016 to Kwango. According to WHO, a team of experts were present in the DRC during the first week of July, to understand the situation and recommend appropriate response strategies.

MSF Belgium participates in the management of patients in the Sino-Congolese hospital of Kinshasa and also in the fumigation of sites around contaminated or deceased patients. MSF has made an ambulance available to the MoH for the transfer of cases that fit the case definition. MSF France, provides health care to patients and carries out fumigation in sites around contaminated or deceased patients that match the case definition in Kwango.

The following activities are currently being conducted to address the cholera epidemic:

- Epidemiological surveillance (carried out by MoH, IMC, Solidarité internationale, ALIMA);
- Health follow-up of cases (by MSF, IMC, MEDAIR, SCI, WHO and UNICEF);
- Provision of potable water and disinfection of the affected sites (UNICEF, DRC Red Cross, ICRC, Solidarité internationale, ACF);
- Communication for behavioural change (UNICEF, Solidarité internationale, RECO);
- Coordination and monitoring of activities (MoH, WHO)

WHO has classified the current cholera outbreak as a grade 2 emergency and is providing support in strengthening the capacities of the MoH in responding to such situations. With the multiple measles outbreaks in the DRC in 2015 and 2016, the MoH and its partners (mainly WHO and UNICEF) are organising a follow-up vaccination campaign against the disease, conducted in three phases across the country.

Proposed sectors of intervention

	Health
Outcome 1 Targeted populations take measures to reduce yellow fever risks	
Output 1.1. Volunteers carry out social mobilization activities to targeted communities to promote vaccination campaigns	
Output 1.2. Volunteers deliver knowledge, understanding and behaviour to prevent, detect and reduce yellow fever, measles and cholera disease in target population	
Activities planned:	
<ul style="list-style-type: none"> • Identify and recruit volunteers • Training and supervision of volunteers on social mobilization for yellow fever • Supervision of volunteers • Awareness raising and door to door social mobilization activities • Provide key health messages on yellow fever, measles and cholera to communities through radio programmes • Adapt key health messages for yellow fever • Provide material for training of volunteers, door to door guideline activities and data collection forms • Produce and distribute RC T-shirts, IEC and other material to volunteers and staff to improve visibility for DRC at the community level • Follow up of adverse events following vaccination 	
Outcome 2 Community-based disease surveillance on yellow fever, measles and cholera is provided to the target population	
Output 2.1. Volunteers contribute to early detection and case management of suspected yellow fever, measles and cholera cases in the target population	
Activities planned:	
<ul style="list-style-type: none"> • Identify and recruit volunteers • Training and supervision of volunteers • Hold meetings with community members • Conduct community surveillance and encourage active case search in the communities • Sensitization of various stakeholders • Participation in various coordination meetings • Maintain regular meetings with partners • Active monitoring and early detection of cases • Guidance of cases to nearest health structures • First aid and rehydration of all detected cases, especially during referrals for cholera 	
Outcome 3 Target population contributes to vector control and environmental sanitation activities	
Output 3.1. Volunteers carry out community-based vector control activities and improved environmental sanitation for Yellow Fever, measles and cholera and other vector-borne diseases in the target population	

Activities planned:

- Identify and recruit volunteers
- Training and supervision of volunteers
- Collaborate with the MoH in vector control and environmental sanitation activities.
- Provide social mobilization messages to communities through door-to-door and mass information activities
- Support communities to advocate for environmental clean-up with appropriate authorities
- Carry out community clean-up activities
- Buy and distribute cleaning equipment
- Buy and distribute safety equipment for volunteers and staff



Water; Sanitation; Hygiene

Outcome 4 Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 4.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities planned:

- Train volunteers in water purification at supply points, public places and at home
- Demonstration and purification of water at supply points, public places and at home
- Test for residual chlorine in household water
- Raise awareness on hand washing, personal and collective hygiene
- Raise awareness on appropriate use of latrines
- Sensitize the community on corpse management
- Community management of corpses, with support from health structures



National Society capacity building

Outcome 5 The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards

Output 5.1 Enhance preparedness for epidemics and increase volunteers' engagement

Activities planned:

- Epidemic Control for Volunteers (ECV) manual training
- Community Based Health and First Aid (CBHFA) training for volunteers
- Finance training for headquarter and branches
- Training on logistic procedures for headquarter and branches



Operations support services

Human Resources

For this Appeal operation, the following human resources will be required:

- A health coordinator and an operations manager to collaborate and support on the technical implementation of the operation
- A logistic delegate to provide technical support to the National Society and to ensure that IFRC procedures are followed and risk of fraud and corruption are kept at the lowest level
- A finance and administration officer for support
- The National Society will create a task force to follow up the implementation of activities. This task force will include health, finance and administration, and logistics technical persons and it will be managed by the Secretary General.
- 3,424 volunteers and 342 supervisors (to support volunteers with the activities planned) will be mobilized for a period of 15 days, two days before the vaccination campaign to raise awareness; 10 days during the campaign; three days after the campaign for both yellow fever and measles for a sweep operation.
- For other specific activities (community based disease surveillance, vector control and WASH) 761 volunteers and 76 supervisors will be deployed one day a week during 4 months. All DRC RC volunteers and supervisors mobilized for this Emergency Appeal operation will be covered by insurance according to the regulations of IFRC global insurance.

- IFRC Regional Disaster Response Team (RDRT) team members (health profile) will be deployed for six months (2 RDRT for 3 months each) to support the effective implementation of the Appeal.
- Additional technical support on Health, Support Services, PMER and Communication will also be provided by the IFRC Yaoundé CSST office, with proportionate full time equivalent of each technical staff included in the appeal budget. The Head of Yaoundé CCST will act as Country Representative in DRC during the period of the Appeal, to maintain a smooth relation with local authorities and with donors.
- The 7 National Society provincial branches will provide necessary staff to coordinate and follow up activities

Logistics and supply chain

Procurement: procurement of items required (IEC tools, visibility items for volunteers etc.) will be carried out by the IFRC Yaoundé CSST office logistics unit in collaboration with counterparts of the DRC RC. Transport and fleet needs: due to the distance of the affected areas from Kinshasa, rental, fuel and maintenance costs have been budgeted for four vehicles (for six months), as well as a truck to transport items to the health areas in 6 other provinces.

Information technology (IT)

The DRC RC Provincial Committees have no internet connection, but measures will be taken to maintain regular communication between the branch office, HQ and other humanitarian actors, including through the use of mobile phones and internet connection modems – the costs of which have been budgeted.

Communication

In collaboration with the IFRC Yaoundé CSST office, the DRC RC will ensure communication and visibility of the National Society and its partners operating in the affected areas where appropriate, through the following activities:

- Red Cross collaboration with community radios through punctual (3 months) sponsoring of health related programs will ensure effective community dialogue and improve commitment during the two phases of vaccination campaigns and awareness initiatives in the fight against cholera.
- Media coverage (TV and radio) of key stages of the vaccination campaign launching will ensure media commitment in this operation while contributing to achieve awareness objectives at a larger scale.
- Involvement of communication focal points in the conception of awareness messages the implementation of door –to door awareness (beneficiary communication approach) to ensure the effective use of communication technics during interactions with community members.
- Production of communication material such as local and international press releases (PR), operation updates, web-stories and social media content for IFRC and the NS websites; SM (Social media) pages; leaflets; posters; t-shirts, caps; photos and video (on border surveillance or any other activity where strong visibility is required); radio and TV spots; banners for visibility, resource mobilization and partnership development purposes.
- The Red Cross regular radio program will support visibility on the operation during the six-month implementation period of the operation. The Red Cross existing newsletter/magazine will also serve as visibility support for the operation.

These activities will be carried out by the DRC communications officer with technical assistance provided by the IFRC Yaoundé cluster communications officer and the Africa Region Head of communications. The Yaoundé office will support the DRC RC in developing a communication plan for the operation and provide support in the production of updates, human interest web-stories and social media content, photos and videos, interviews management and media partnership development. This includes joint field visits and supervision missions.

Security

The IFRC's Yaoundé CSST and the DRC RC will ensure consistent safety measures, working with the ICRC and other United Nations agencies. All IFRC staff must complete the Stay Safe Personal Security course prior to deployment.

Planning, monitoring, evaluation and reporting (PMER)

Continuous monitoring of the Emergency Appeal operation will be carried out by the DRC RC with technical assistance provided by the IFRC Yaoundé CCST, the Regional Office in Nairobi and Headquarters in Geneva. The IFRC Yaoundé CCST will support the DRC RC in developing a monitoring plan with indicators to measure the progress and performance of the Emergency Appeal operation. Regular reports on the implementation of activities shall be produced and transmitted from the DRC RC to the IFRC Yaoundé CCST.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the DRC RC, and IFRC Yaoundé CCST, which will outline the parties' responsibilities to implement the activities planned within this Emergency Appeal, and ensure that

the appropriate guidelines are complied with in terms of the use of allocations. The DRC RC has a permanent administrative and financial department, which will ensure the proper use of financial resources, in accordance with conditions laid out in the MoU. Monthly field returns will be sent for verification and booking to ensure the activities are reported in accordance with the IFRC Standard Financial Management procedures.

€ Budget 2,247,478 Swiss francs

Garry Conille
Under Secretary General
Programme and Operations Division

Elhadj As Sy
Secretary General

For further information, specifically related to this operation please contact:

- **DRC Red Cross:**
 - MITANTA MAKUSU Mamie, Secretary General DRC RC; email: sgcrrdc@croixrouge-rdc.org
 - Dr Balelia Wema Jean-Faustin, Health Manager DRC RC; email: j.balelia@croixrouge-rdc.org
- **IFRC Yaounde Office:**
 - Andrei Engstrand Neacsu, Head of Cluster, IFRC Yaounde Country Cluster Support Office for Central Africa; email: Andrei.Engstrand.Neacsu@redcross.se
 - Dr Viviane Nzeusseu, Regional health coordinator, IFRC Yaounde Multi-Country Cluster Support Office; phone: +237677098793; email: viviane.nzeusseu@ifrc.org
- **IFRC Region:** Farid Abdulkadir, Head of DCPRR Unit, Nairobi, Kenya; phone +254731067489; email: farid.aiywar@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of regional logistics unit; phone: +254733888022; fax: +254202712777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In Africa Region:** Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254 731 984 117; email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Region:** Robert Ondrusek, PMER Coordinator; phone: +254731067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.

EMERGENCY APPEAL OPERATION

15/07/2016

DRC Epidemic (Yellow Fever, Cholera and Measles) - MDRCD018

Budget Group	Multilateral Response	Bilateral Response	Budget CHF
Shelter - Relief	0		0
Shelter - Transitional	0		0
Construction - Housing	0		0
Construction - Facilities	0		0
Construction - Materials	0		0
Clothing & Textiles	0		0
Food	0		0
Seeds & Plants	0		0
Water, Sanitation & Hygiene	174,850		174,850
Medical & First Aid	172,700		172,700
Teaching Materials	23,810		23,810
Utensils & Tools	750		750
Other Supplies & Services	0		0
Emergency Response Units	0		0
Cash Disbursements	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	372,110		372,110
Land & Buildings	0		0
Vehicles Purchase	79,600		79,600
Computer & Telecom Equipment	7,800		7,800
Office/Household Furniture & Equipment	0		0
Medical Equipment	0		0
Other Machinery & Equipment	0		0
Total LAND, VEHICLES AND EQUIPMENT	87,400		87,400
Storage, Warehousing	7,000		7,000
Distribution & Monitoring	0		0
Transport & Vehicle Costs	44,000		44,000
Logistics Services	0		0
Total LOGISTICS, TRANSPORT AND STORAGE	51,000		51,000
International Staff	199,800		199,800
National Staff	33,300		33,300
National Society Staff	224,100		224,100
Volunteers	637,753		637,753
Total PERSONNEL	1,094,953		1,094,953
Consultants	0		0
Professional Fees	0		0
Total CONSULTANTS & PROFESSIONAL FEES	0		0
Workshops & Training	271,405		271,405
Total WORKSHOP & TRAINING	271,405		271,405
Travel	98,700		98,700
Information & Public Relations	84,420		84,420
Office Costs	19,500		19,500
Communications	8,700		8,700
Financial Charges	1,000		1,000
Other General Expenses	21,120		21,120
Shared Support Services			
Total GENERAL EXPENDITURES	233,440		233,440
Programme and Supplementary Services Recovery	137,170		137,170
Total INDIRECT COSTS	137,170		137,170
Pledge Earmarking & Reporting Fees	0		0
Total PLEDGE SPECIFIC COSTS	0	0	0
TOTAL BUDGET	2,247,478		2,247,478
Available Resources			
Multilateral Contributions			0
Bilateral Contributions			0
TOTAL AVAILABLE RESOURCES	0		0
NET EMERGENCY APPEAL NEEDS	2,247,478		2,247,478