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# Emergency Plan of Action Final Report

## DRC: Epidemics – Yellow Fever, Cholera & Measles

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Operation n°:</b> MDRCD018
<b>Date of Issue:</b> 31 January 2018	<b>Glide number n°:</b> EP-2014-000150-COD
<b>Date of disaster:</b> March 2016	
<b>Operation start date:</b> 21 July 2016	<b>Operation end date:</b> 20 July 2017
<b>Appeal budget:</b> Swiss francs 2,247,478	<b>Appeal coverage (funding):</b> 53%
<b>Operation manager (responsible for this EPOA):</b> Dr Viviane NZEUSSEU, Health Coordinator, IFRC Yaoundé Multi-Country Cluster Support office	<b>Point of Contact:</b> Dr Balelia Wema Jean Faustin, Health Manager, CR DRC
<b>Number of people affected:</b> 23,970,327 people	<b>Number of people assisted:</b> 12,823,808 people
<b>Host National Society:</b> Red Cross of the Democratic Republic of Congo, with its 11 provincial committees, 54 district committees and 244 territorial/local committees and their 60,000 active volunteers out of the 120,000 registered volunteers	
<b>N° of National Societies involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC)	
<b>N° of other partner organizations involved in the operation:</b> Ministry of Public Health, WHO, MSF, UNICEF, IOM, Save the Children International	

### Appeal History:

- This Emergency Appeal was launched on 21 July 2016 for Swiss francs 2,247,478 for 6 months, to support the Red Cross of the Democratic Republic of Congo (DRC RC) provide assistance to some 12,327,181 persons 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**. Activities were to be carried out in the initially affected 11 health zones in DRC, namely N'djili and Masina 2 health zones of Kinshasa Province, and Boma, Boma Bungu, Kitona, Muanda, Matadi, Nsona-Pangu, Nzanza, Kimpangu and Kimpese health zones of Kongo Central province.
- Operations update no. 1 was issued on 30 August 2016, to update on the operation since its launch.
- Operations update no. 2 was issued on 22 September 2016, highlighting an increase in the targeted population, from 12,327,181 to 12,823,808. Indeed, while the yellow fever vaccination campaign was being prepared, one case of yellow fever was reported and confirmed in Dilolo health zone of Lualaba Province of DRC. Consequently, Ministry of Public Health (MoPH) decided to include 4 health zones of Lualaba province in the campaign, bringing the total number of people concerned by the yellow fever vaccination campaign from 23,970,327 to 25,647,615



Red Cross teams set on vaccination day © DRC RC / IFRC

people, and the overall number of people being assisted by the Emergency Appeal from 12,327,181 to 12,823,808 people.

- Operations update no. 3 was issued on 6 May 2017, to support the exceptional reopening of the Emergency Appeal (EA) operation for an additional six months (until 20 July 2017). This was to enable the DRC RC meet humanitarian needs resulting from an outbreak of cholera dating back from December 2016. Response was to be provided 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.

## A. Situation analysis

### Description of the disaster

A yellow fever outbreak was declared in DRC in March 2016. The epidemics that originated from neighbouring Angola initially affected 11 health zones in DRC, namely N'djili and Masina 2 health zones of Kinshasa Province, and Boma, Boma Bungu, Kitona, Muanda, Matadi, Nsona-Pangu, Nzanza, Kimpangu and Kimpese health zones of Kongo Central Province. In reaction to this outbreak, Government organized a yellow fever vaccination campaign, which took place from 24 May to 4 June 2016. Thanks to an initial DREF allocation of CHF 177,927 started on 20 May 2016, the DRC Red Cross contributed to the success of that campaign by engaging its volunteers in activities including social mobilization, communication on the risks of yellow fever, vector control, active search for yellow fever cases, and community surveillance of suspected cases.

Simultaneously, measles and cholera outbreaks were declared in some health zones and had the tendency to spread all over the country. From week 1 to week 43 of 2016, 78 cases of Yellow Fever were confirmed in DRC. The 78 cases included 13 indigenous cases, 8 sylvatic cases, and 57 cases confirmed as being imported, mainly from neighbouring Angola.

From week 1 to week 43, some 21 health zones in 10 provinces reported 13 817 suspected cases of measles and 178 deaths. Out of the cases reported, 1 807 cases were examined, and 248 of them were confirmed as being cases of IGM+ measles. During the same period, 13,998 cases of cholera and 341 deaths were reported. While the number of cases was going down until week 24, a new wave of cholera cases and deaths started appearing, particularly during weeks 28 and 29.

The situation could no longer be managed through the initial DREF operation. On behalf of the host National Society (NS), IFRC launched an emergency appeal on 21 July 2016 seeking CHF 2,247,478 to enable DRC RC volunteers carry out the following activities: social mobilization, vector control, community surveillance, active search for suspected cases, and hygiene promotion within the framework of the fight against yellow fever, measles and cholera epidemics in Kinshasa, Kongo Centrale, Kwango, Kasai, Kasai Central, Equateur and Mongala provinces of DRC. A DREF loan of CHF 220,000 was allocated on 21 July 2016 to enable the NS to continue activities while contributions to the Emergency Appeal came in from potential donors.

This EA was launched on 21 July 2016 for CHF 2,247,478 for 6 months, to support the DRC RC provide assistance to some 12,327,181 persons primarily through social mobilization activities linked to vaccination campaigns, in addition to emergency health, water, sanitation and hygiene promotion and to support NS capacity building. Activities were to be carried out in the initially affected 11 health zones in DRC, namely N'djili and Masina 2 health zones of Kinshasa Province, and Boma, Boma Bungu, Kitona, Muanda, Matadi, Nsona-Pangu, Nzanza, Kimpangu and Kimpese health zones of Kongo Central Province.



The major donors and partners of this EA operation include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden, and the USA, and DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the DRC RC, would like to extend many thanks to all partners for their generous contributions.

## Summary of response

### Overview of Host National Society

The DRC RC is a neutral humanitarian organization, auxiliary to the public authorities. At the national HQs, there is an operational management structure including six technical departments and professionals trained as part of the national disaster response Team (NDRT). The DRC RC has provincial disaster response intervention teams (PDRT) with 110 members, a national disaster response intervention teams (NDRT) with 30 members, and 10 staff members that are regional disaster response team (RDRT) trained. Moreover, the DRC RC has a pool of approximately 120,000 registered volunteers (one of the largest voluntary networks in the world), of which 60,000 are active.

Activities of the yellow fever DREF included, social mobilization, community surveillance and vector control through hygiene and sanitation. As such, some 550 volunteers, 55 supervisors, 11 heads of health zones were deployed in the field with the necessary equipment. This team was supported by the NS through its director for health, finance and communication officers, as well as the IFRC's Yaoundé CCST health coordinator and finance team. As of the operations update on yellow fever operation published in September 2016, volunteers had visited 404,723 households in which 1,039,510 people including 601,545 men and 437,965 women, were reached with messages on yellow fever. In addition, 877,137 children from 9 to 14 years were also reached. Some 1,916,647 people were directly reached by the DRC RC volunteers during the vaccination campaign 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.

### Overview of Red Cross Red Crescent Movement in country

From the launch of the operation, IFRC CCST in Yaoundé maintained regular contact with the DRC RC and the Swedish Red Cross representative in DRC, making sure that all planned activities were carried out. An operation monitoring team was set up, composed of the Host NS, IFRC and the Swedish Red Cross. This team was led by the DRC RC, which was in charge of implementing planned activities. IFRC and Swedish Red Cross provided technical support and joined efforts to mobilize resources for the operation. As part of IFRC support, two delegates were deployed to support the implementation of the operation (operation manager delegate and logistics delegate).

### Overview of non-RCRC actors in country

On their part, the MoH set up three coordination teams to manage all three epidemics. The members of these teams included WHO, UNICEF, JICA, CDC, DG ECHO, MSF France, MSF Belgium, IFRC and the DRC RC. These teams met on a weekly basis to share information on the epidemic and coordination between partners.

WHO and UNICEF provided support in reporting suspected cases in close coordination with the MoPH, providing reactants to the INRB laboratory (national public health laboratory) to screen and confirm cases. The two partners equally supported communication as well as the preparation and organization of the various immunization campaigns.

The DG ECHO facilitated the deployment of a mobile laboratory in Kwango Province. This laboratory was installed in Kahemba hospital for suspected cases of Yellow Fever to be tested biologically.

MSF Belgium, through the MSF Congo Emergency Pool, took an active part in vector control by spraying around the premises where confirmed cases were found out. In addition, MSF contributed through the following:

- Building the capacities of nurses and traditional healers on the clinical signs of Yellow Fever and the need for early referral of suspected cases to case management centres; and
- Ensuring epidemiological surveillance and case detection through five offices in Kinshasa, Kisangani, Kindu, Mbandaka and Mbuji-Mayi to monitor health alerts in the country.

The main actors involved in the cholera epidemic mainly carried out actions for medical treatment of cases (curative). However, promotion and sensitization actions were quite limited. Activities planned included transportation of patients from the communities to structures for the treatment of cholera (CTC, CTU), sampling and laboratory analysis, management of cholera cases, sensitization for inpatients and their family, as well as disinfection of households of patients recovered from cholera.

Regarding hygiene promotion and sensitization, Oxfam was a major actor of WASH and PhP in Equateur and Mongala provinces. However, after many discussions with partners, including Oxfam and UNICEF, they reported that it was very difficult or impossible to cover all those provinces, in addition to Congo river Islets.

Another important aspect was that financial resources became very limited for partners involved in the cholera epidemics. Indeed, the main and only funder in DRC is the Pool fund (UN). All NGOs working in the fight against cholera are funded by this financial tool. Most contracts signed between the Pool fund and local NGO'S ended in February 2017.

Consequently, there is a real need in terms of intervention for hygiene promotion and sensitization, notably in health zones affected by cholera but also in islets along the Congo River, which is the main vector for the spread of the epidemic.

**Table 1: Partners involved in the Cholera outbreak**

PROVINCE	WASH	Communication	Health	Congo River (health and wash)	Coordination
Kongo Central	ADRA	ADRA	ADRA/MSF -B		No actors to manage coordination
Kinshasa	DPS Kinshasa, AGAPE	DPS Kinshasa, AGAPE, CBS			No actors to manage coordination
Mai-Ndombe	ADRA	ADRA	ADRA	ADRA	No actors to manage coordination
Equateur	Oxfam GB	Oxfam GB	ADRA		UNICEF
Mongala	Oxfam GB	Oxfam GB	----		UNICEF
Tshopo	LWF (30.11)	LWF (30.11)	ALIMA,	ALIMA	UNICEF, DPS
Maniema	DPS, IRC-RRMP	DPS, IRC-RRMP	ALIMA, DPS	ALIMA	DPS

Source WHO – on 11/11/2016

Moreover, the intervention of the DRC RC in promotion activities and sensitization was appreciated and essential in complex geographical provinces such as Equateur and Mongala as well as in Islets of the Congo River. According to UNICEF and Oxfam, the involvement of the RC Movement was an added value, given its capacity to mobilize volunteers at national, provincial and local levels.

## Needs analysis and scenario planning

### **Cholera:**

In 2016, 28,162 cholera cases were reported, including 772 deaths, 48% more cases than in 2015. The outbreaks occurred in Tanganyika, Haut-Katanga, Kongo-Central, Maniema, Equateur, Mongala, and Mai-Ndombe. From the start of the rainy season in October 2016, transmission increased and over 7,000 new cases were reported between the end of September and December 2016.

### **Yellow Fever:**

From 1 January to 30 November 2016, 159 suspected cases of yellow fever, including seven deaths, were reported in Lualaba. The preventive vaccination campaign ended on 16 September 2016 with over 10 million people vaccinated in Kinshasa, Kasai-Central, Kongo-Central, Kasai, Kwango, and Lualaba.

### **Measles:**

In 2016, a measles outbreak was declared in 13 health zones of the DRC. Some 16,929 cases and 230 deaths were reported (CFR: 1.6%), down from over 35,000 cases in 2015. The decline was reportedly due to improved access to health services, and the provision of measles vaccines in affected health zones. In former Katanga, from January to November 2016, over 4,500 cases were reported, in comparison to 39,200 cases in 2015. 1,400 measles cases were recorded in the provinces of Haut-Lomami, Haut-Katanga, and Lualaba - 10 times fewer than in 2015.

In Kindu health zone in Maniema province, 254 cases were reported between June and December 2016. On 26 October 2016, an outbreak was declared in Tanganyika, in five health zones: Nyunzu, Kongolo, Kiambi, Kalemie, and Kabalo.

By 14 November 2016, 2,415 cases, including 55 deaths, had been reported (CFR: 2.6%). Nyunzu was the most affected in the province, with 756 cases and 29 deaths recorded on 9 October 2016.

## Risk Analysis

### **Cholera:**

The conditions of access to potable water, hygiene and sanitation in the villages affected by the cholera epidemic are precarious. WatSan needs are vital. All the villages have similar problems, which could quickly be generalised. Seventy five percent (75%) of the population in the DRC does not have access to drinking water. This situation causes several water-borne diseases (such as diarrhoea, typhoid fever, etc.) and epidemics (cholera), worsened during the rainy season when periodic or illegal latrines overflow or by open air defecation.

In addition, it was estimated that 80 to 90% of the population does not have access to appropriate toilet facilities. Only 14% of households use improved toilet infrastructure. Basic sanitation and hygiene were equally considered priority problems, which cause, like access to water, numerous diseases including diarrhoea and cholera amongst others. Poor management of faecal matter, poor water drainage, no management of waste that pollutes water points, defecating in the wild, and the lack of hygienic latrines contribute to the spread of epidemics.

As such, the gaps remaining in the collective response are as follows:

- With the rainy season, it is difficult to get to some areas due to the rise in water levels. This situation could have delayed the provision of assistance to affected populations and consequently significantly worsened/increased cholera cases, notably on the islands along the river in the provinces of Equateur, Mongala, North and South Ubangi as well as Tshopo. Along the Congo river, there are many islets and camps with limited access where many cases of cholera were reported.
- Lack of drinking water, individual and collective hygiene, lack of adequate monitoring and prevention systems, lack of community resilience and limited local knowledge are many factors that contributed to spread the epidemic.
- Insufficiency of WASH prevention interventions in the provinces affected by the epidemics;
- Insufficiency in activities for risk communication, social mobilisation and community participation in all the health zones where there are reports of cholera;
- Insufficiency in resources for the implementation of monitoring activities for coordination;
- Insufficient preparation of the health system in the western part of the country;
- Low compliance to individual and collective hygiene measures (key vector in the spread of the disease in villages and households);
- Low rate of access to potable water and sanitation structures – structural;
- Existence of numerous remote islands and camps (Ports and boats where hygiene conditions are quite poor);
- Insufficient human, logistics and financial resources for the implementation of short, medium and long-term interventions.

## B. Operational strategy and plan

### Overall Objective

This EA operation aimed at contributing to stop the outbreaks, thereby reducing the mortality and morbidity rates related to yellow fever, cholera and measles amongst the people of the Democratic Republic of Congo (DRC).

### Proposed strategy

Based on the success of the initial response, the plan focused on the following key activities to stop and reduce the morbidity and mortality related to yellow fever, cholera, and measles epidemics in the DRC.

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

This EA sought to support social mobilisation during the preventive vaccination campaigns against yellow fever in the provinces of Kinshasa, Kongo Central, Kwango, Kasai, Kasai Central and Lualaba, to bring the disease under control, thereby preventing a national (and perhaps international) spread of the epidemic.

Regarding the vaccination campaign against measles, the DRC RC (through an IFRC/UNICEF pledge) focused 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, to capitalize on the

achievements of the campaign, this EA operation intended to provide support in community surveillance, referral and first aid for measles and cholera. Through the EA operation, volunteers were able to strengthen the achievements of the vaccination campaign through monitoring, epidemiological surveillance, first aid and reference both in Equateur and in other target provinces (Kinshasa, Kongo Central, Kwango Kasai, Kasai Central and Lualaba). In the cholera-affected provinces of Equateur, Kinshasa and Mongala, in addition to monitoring and first aid, the DRC RC ensured referral, rehydration, water purification and the management of dead bodies. All targeted provinces conducted hygiene, sanitation and vector control activities.

## Operational support services

### Human resources (HR)

Some 550 volunteers, 55 supervisors, and 11 heads of health zones were deployed to 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 yellow fever vaccination campaign was successful with a coverage of 107 per cent, compared to a target of 95 per cent. Volunteers 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 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.

For this operation, the following HR were mobilised:

#### IFRC:

- A Health RDRT for 4 months;
- An Operations Manager and Logistics Delegate were hired to ensure the smooth implementation of the operation. They both provided technical support to NS and ensured that IFRC procedures were followed and risks of fraud and corruption were kept at the lowest level.
- A Regional Finance Officer (several missions in DRC to support the NS finance department).

#### DRC RC:

- On behalf the DRC RC Secretary General, the NS set up a technical working group for follow up and implementation activities. This technical working group included finance, health and logistics units;
- At the provincial level, a supervisor from DRC RC provincial committee was in charge of coordinating activities;
- As regards health, some 3,329 volunteers and 44 supervisors were mobilised during the yellow fever activities and campaign; 339 volunteers were trained and mobilised in cholera activities

## Logistics and supply chain

**Procurement plans:** Procurement of items required (Information, Education and Communication tools, visibility items for volunteers etc.) was carried out by the logistic delegate, based in Kinshasa, in collaboration with counterparts of the DRC RC and with the support of IFRC Yaoundé CSST office logistics unit. The warehouse of DRC RC was used to store chlorine, sanitation kits as well as first aid kits among other items which were procured for use in the operation.

**Transport and fleet needs:** Due to the distance of the affected areas from Kinshasa, rental, fuel and maintenance costs were budgeted for four vehicles (for six months), as well as a truck to transport items to the health areas in six other provinces.

## Communications

A joint IFRC - DRC Red Cross communications mission was in the field and produced visibility material in support of the ongoing yellow fever vaccination campaign. A press release was issued to inform media and potential donors on the launching of the IFRC appeal to fight against yellow fever cholera and measles. A communication plan for the appeal was drafted and the following activities were implemented:

- Media coverage of the official launching of the vaccination campaign on the 16 of August 2016
- Response to media request (interview of the health coordinator for Central Africa: Channel Africa) following the press release issued during the launching of the appeal
- Production and broadcasting on the DRC national television station RTNC (Radio Télévision Nationale Congolaise) of a programme titled "*15 minutes d'action humanitaire*" with focus on the Red Cross role during the preventive vaccination campaign.
- Two human interest articles were issued for the ongoing DRC response and posted on [www.ifrc.org](http://www.ifrc.org)

- Three short videos were produced during field visits of vaccination sites and shared on IFRC website and YouTube
- Communication team supported the production of visibility material for the campaign: TV spot on yellow fever; T-shirt; banners; posters; flyers.
- Photos

For details on the material produced, click here:

Articles of human interest : DRC families rush to get yellow fever vaccinations <http://www.ifrc.org/en/news-and-media/news-stories/africa/congo-democratic-republic-of/democratic-republic-of-the-congo-families-rush-to-get-yellow-fever-vaccinations-72468/>

When true action is guided by the love for humanitarian service : <http://www.ifrc.org/en/news-and-media/news-stories/africa/congo-democratic-republic-of/when-true-action-is-guided-the-love-for-humanitarian-service-72496/>

Short videos during field visit of vaccination sites:

<https://www.youtube.com/watch?v=6nwYHD7HHCc>

<https://www.youtube.com/watch?v=LIN9BPJjAhA>

<https://www.youtube.com/watch?v=fAdmTvaBopI>

## Security

All RCRC personnel involved in the response completed the respective security e-trainings (i.e. Stay Safe Personal Security, Stay Safe Security Management, Stay Safe Volunteer Security). The updated and approved security documentation (i.e. security and contingency plans) was shared with IFRC Regional Office (RSC) and the Geneva based Security Unit. The IFRC and NS continuously monitored the security environment closely, and advised management and field personnel in case of any changes. RCRC Movement security meetings were held at regular intervals. All field movements were tracked and monitored, and regular communications was ensured.

Furthermore, ICRC formalised their support to Partner National Societies and IFRC through an Information Note in sharing security information and evacuation of delegates in case of deterioration of the security situation.

## Planning, monitoring, evaluation, & reporting (PMER)

Monitoring and evaluation of the program was ensured by the DRC RC at the provincial level. The provinces involved in yellow fever vaccination sent one or two supervisors during the campaign to monitor activities carried out by volunteers. These provinces include Kasai, Central Kasai, Kwango, Central Kongo, Kinshasa and Lualaba.

In Kinshasa, the national level was involved in the implementation of the measles campaign. Concerning measles in Kinshasa, a joint team from headquarters and Kinshasa province supervised the implementation of activities aimed at curbing the spread of measles. In Equateur, a joint Federation and DRC RC team was deployed for 10 days to oversee the activities of the measles vaccination campaign.

## C. DETAILED OPERATIONAL PLAN

Health and Care
<b>Outcome 1: Targeted populations take measures to reduce yellow fever risks</b>
<b>Output 1.1: Volunteers carry out social mobilization activities to targeted communities to promote vaccination campaigns</b>
<b>Output 1.2: Volunteers deliver knowledge, understanding and behaviour to prevent, detect and reduce yellow fever, measles and cholera disease in target population</b>
<b>Activities planned</b>
1.1.1 Identify and recruit volunteers 1.1.2 Training and supervision of volunteers on social mobilization for yellow fever 1.1.3 Supervision of volunteers 1.1.4 Awareness raising and door to door social mobilization activities 1.2.5 Provide key health messages on yellow fever, measles and cholera to communities through radio programs 1.2.6 Adapt key health messages for yellow fever 1.2.7 Provide material for training of volunteers, door to door guideline activities and data collection forms 1.2.8 Produce and distribute RC T-shirts, IEC and other material to volunteers and staff to improve visibility for DRC at the community level 1.2.9 Follow up of adverse events following vaccination
<b>Achievements</b>

- 1.1.1 Some 3,424 RDC RC volunteers and 342 supervisors were identified by the NS to participate in social mobilization activities in 8 provinces during the preventive vaccination campaign against Yellow Fever, Measles and Cholera.
- 1.1.2 3,329 volunteers and 333 supervisors were trained on social mobilization for the preventive vaccination campaign against Yellow Fever in 6 provinces.
- 1.1.3 A team was set up to supervise activities carried out by DRC RC volunteers. This team included the NS' Health Coordinator; NS appeal focal person, the NS' Deputy WATSAN Coordinator, and the RDRT member.
- 1.1.4 After several postponements, the preventive vaccination campaign against Yellow Fever took place from 17 to 28 August 2016, including two sweep days. Sensitization and social mobilization activities were conducted from 15 to 29 August 2016. These activities were delayed for 3 days during which Red Cross volunteers managed the crowd following a recommendation by the MoPH.
- 1.2.5 This activity was conducted during vaccination campaigns
- 1.2.6 See 1.2.1
- 1.2.7 See 1.2.1
- 1.2.8 Some 1,326 T-shirts were purchased for the anti-measles vaccination campaign in Equateur province.
- 1.2.9. Some 576 cases of adverse events following vaccination were registered.

**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**

- 2.1.1. Identify and recruit volunteers
- 2.1.2. Training and supervision of volunteers
- 2.1.3. Hold meetings with community members
- 2.1.4. Conduct community surveillance and encourage active case search in the communities
- 2.1.5. Sensitization of various stakeholders
- 2.1.6. Participation in various coordination meetings
- 2.1.7. Maintain regular meetings with partners
- 2.1.8. Active monitoring and early detection of cases
- 2.1.9. Guidance of cases to nearest health structures
- 2.1.10. First aid and rehydration of all detected cases, especially during referrals for cholera

**Achievements**

- 2.1.1 Although planned in the EA, Community surveillance could not be conducted due to insufficient funding. Indeed, the EA was only funded at 53%, and as such the operations team chose to prioritize Yellow fever vaccination campaigns and the preparation of cholera activities proportional to funding coverage.
- 2.1.2 Not conducted due to insufficient funding.
- 2.1.3 See 2.1.2 above
- 2.1.4 See 2.1.2 above
- 2.1.5 During the various meetings of the Unit set up to coordinate the management of cases and the fight against Yellow Fever, IFRC (through the Canadian Red Cross delegate) and the DRC RC informed all stakeholders in detail about the contribution the Red Cross made through this EA.
- 2.1.6 See 2.15 above.
- 2.1.7 The Operations Manager met with several sectorial authorities and partners, including WHO, UNICEF, OCHA Country Representative on the role of DRC RC volunteers during vaccination campaigns and activities which were carried out within the EA.  
The Operations Manager, the national focal point for the appeal and the national wash of DRC RC participated in all meetings related with epidemic coordination in DRC. They also attended the meetings organised by partners (clusters, cholera subcommittee, etc.).  
Bilateral meetings with NGOs were equally held regularly to find solutions to specific problems such as coordination in health zones, etc.). And he participated to various coordination meetings (health cluster, Watsan Cluster).
- 2.1.8 Some 20 suspected cases of measles detected during the vaccination campaign in Equateur province and referred to nearest health centre.
- 2.1.9 See 2.1.8 above
- 2.1.10. Some 3 000 SRO were distributed to 11 health areas in Kongo Central (2), Kinshasa (4), Equateur (3) and Mongala (2) provinces.

**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**

<p>3.1.1 Identify and recruit volunteers</p> <p>3.1.2 Training and supervision of volunteers</p> <p>3.1.3 Collaborate with the MoH in vector control and environmental sanitation activities</p> <p>3.1.4 Provide social mobilization messages to communities through door-to door and mass information activities</p> <p>3.1.5 Support communities to advocate for environmental clean-up with appropriate authorities</p> <p>3.1.6 Carry out community clean-up activities</p> <p>3.1.7 Buy and distribute cleaning equipment</p> <p>3.1.8 Buy and distribute safety equipment for volunteers and staff</p>
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<b>Achievements</b>
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<p>3.1.1 Due to limited funding (EA funded at 53%), the implementation team chose to focus on cholera activities as there was a real need in terms of hygiene promotion and sensitization activities in health zones affected by cholera and in islets along the Congo River (which remains the main vector for the spread of the epidemic).</p> <p>3.1.2 See 3.1.1 above</p> <p>3.1.3 See 3.1.1 above</p> <p>3.1.4 See 3.1.1 above</p> <p>3.1.5 See 3.1.1 above</p> <p>3.1.6 See 3.1.1 above</p> <p>3.1.7 See 3.1.1 above</p> <p>3.1.8 See 3.1.1 above</p>
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<b>Challenges</b>
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<p>As concerns outcomes 1 and 2, challenges registered included:</p> <ul style="list-style-type: none"> <li>• Limited funds for social mobilization activities pledged by international partners.</li> <li>• IFRC mainly implemented this activity with the mobilisation of more than 3,300 volunteers, but this was not enough to cover the entire country.</li> <li>• In the first weeks of the RC intervention, the MoH requested that the RC increase its number of volunteers dedicated to this operation. This plea could unfortunately not be granted for funding reasons.</li> <li>• Accessibility was one crucial challenge as some provinces and territories were difficult to reach and had no means of communication, etc. It is well known that without communication and social mobilization activities, the population cannot be reached with awareness messages.</li> </ul> <p>Outcome 3: Due to insufficient funding, most of the planned activities could not be implemented I, as such, WATSAN activities (Outcome 4) were implemented as a measure to curb spread of the disease.</p>
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<b>Lessons Learned</b>
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<p>The capacity of external actors (government, sectorial authorities, NGOs, UN, etc.) and the strength of partnerships between them in terms of coordination, complementarity and sustainability.</p> <p>The level of participation and ownership of the Epidemic program by the DRC RC especially at provincial branches.</p>
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<b>Water, Sanitation, Hygiene promotion</b>
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<b>Outcome 4: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>
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<b>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</b>
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<b>Activities planned</b>
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<p>4.1.1. Train volunteers in water purification at supply points, public places and at home</p> <p>4.1.2. Demonstration and purification of water at supply points, public places and at home</p> <p>4.1.3. Test for residual chlorine in household water</p> <p>4.1.4. Raise awareness on hand washing, personal and collective hygiene</p> <p>4.1.5. Raise awareness on appropriate use of latrines</p> <p>4.1.6. Sensitize the community on corpse management</p> <p>4.1.7. Community management of corpses, with support from health structures</p>
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<b>Achievements</b>
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<p>4.1.1. Although 430 volunteers and 43 supervisors were initially planned, it was finally 339 volunteers that were trained in Kinshasa, Mongala, Equateur and Kongo Central provinces (11 health areas). For epidemiologic risks, trainings in exposed health zones in Mongala, Kinshasa, Equateur and Kongo Central were prioritized to prevent risks of propagation of cholera.</p> <p>4.1.2 Volunteers worked three times per week for 6 weeks for a result of approximately 5,698,150 litres of water being treated with chlorine.</p> <p>4.1.3 Test for residual chlorine in household water was conducted in Kongo Central province.</p> <p>4.1.4 Some 899,858 people were reached through sensitization on hand washing, water chlorination, personal and collective hygiene, appropriate use of latrines and corpse management.</p> <p>4.1.5 See 4.1.4 above</p> <p>4.1.6 See 4.1.4 above</p> <p>4.1.7 Some 1,166 corpses were treated by volunteers (suspected or confirmed cases) and 6 corpses received SDB.</p>
<p><b>Challenges</b></p> <p>Due to insufficient funding, WATSAN activities could not be implemented as planned in the revised EA. Indeed, the revised EA was approved two months before the end of operation. Out of the targeted 17 health areas, 10 received the full activity package.</p>
<p><b>Lessons Learned</b></p> <ul style="list-style-type: none"> <li>• Having sufficient funding to face epidemic evolutions and/or strategic change</li> <li>• Considering logistics constraints (geographical complexities =&gt; more logistic means=&gt; high costs in terms of accessibility in intervention areas, etc.)</li> </ul>

<p><b>National Society capacity building</b></p>
<p><b>Outcome 5: The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards.</b></p>
<p><b>Output 5.1: Enhance preparedness for epidemics and increase volunteers' engagement</b></p>
<p><b>Activities planned</b></p> <p>5.1.1. Epidemic Control for Volunteers (ECV) manual training</p> <p>5.1.2. Community-based Health and First Aid (CBHFA) training for volunteers</p> <p>5.1.3. Finance training for headquarter and branches</p> <p>5.1.4. Training on logistic procedures for headquarter and branches</p>
<p><b>Achievements</b></p> <p>5.1.1. Not conducted due to limited funding (EA funded at 53%),</p> <p>5.1.2. See 5.1.1</p> <p>5.1.3. Finance training for DRC RC headquarters and branches: See 5.1.3 below:</p> <p>5.1.4. Training on logistic procedures for headquarter and branches: Activity conducted on the first week of May 2017.</p>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Due to limited funding, ECV manual training and CBHFA training for volunteers could not be conducted. The implementing team choose to focus on Finance and Logistics trainings as risks on finance and logistics had been identified at HQs and provincial levels.</li> </ul>
<p><b>Lessons Learned</b></p> <ul style="list-style-type: none"> <li>• Finance and logistics trainings significantly improved the capacities of the DRC RC staff, notably at the finance and logistics department of the HQs. The contents of the trainings were based on identified weaknesses during first months of the implementation of the operation.</li> <li>• 35 people participated in the workshop included the finance and logistics department of the HQs. Finance and logistics people from 6 provincial committees attended these trainings.</li> <li>• The capacity of the local committees in finance and logistics management should be taken into account for future programs</li> </ul>

## D. THE BUDGET

Financial report is annexed

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## Contact information

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[Click here](#)

1. Revised Emergency Appeal budget *(if needed)* [below](#)
2. Click [here](#) to return to the title page

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## 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 (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



s forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.

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

## Disaster Response Financial Report

MDRCD018 - Dem Rep Congo - Epidemics: Yellow Fever, Cholera

Timeframe: 20 Jul 16 to 20 Jul 17

Appeal Launch Date: 21 Jul 16

Final Report

### Selected Parameters

Reporting Timeframe	2016/7-2017/12	Programme	MDRCD018
Budget Timeframe	2016/7-2017/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>			<b>2,247,478</b>			<b>2,247,478</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>British Red Cross</i>			79,261			79,261	
<i>Japanese Government</i>			288,217			288,217	
<i>Japanese Red Cross Society</i>			74,200			74,200	
<i>Norwegian Red Cross</i>			57,298			57,298	
<i>Other</i>			3,266			3,266	
<i>Red Cross of Monaco</i>			10,738			10,738	
<i>Swedish Red Cross</i>			344,525			344,525	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>			63,149			63,149	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>			327,549			327,549	
<b>C1. Cash contributions</b>			<b>1,248,202</b>			<b>1,248,202</b>	
<b>C. Total Income = SUM(C1..C4)</b>			<b>1,248,202</b>			<b>1,248,202</b>	
<b>D. Total Funding = B + C</b>			<b>1,248,202</b>			<b>1,248,202</b>	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>			1,248,202			1,248,202	
<b>E. Expenditure</b>			-1,244,943			-1,244,943	
<b>F. Closing Balance = (B + C + E)</b>			3,259			3,259	

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### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>				<b>2,247,478</b>			<b>2,247,478</b>	
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	174,850			101,186		101,186	73,664	
Medical & First Aid	172,700			210		210	172,490	
Teaching Materials	23,810			9,222		9,222	14,588	
Utensils & Tools	750						750	
<b>Total Relief items, Construction, Sup</b>	<b>372,110</b>			<b>110,618</b>		<b>110,618</b>	<b>261,492</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	79,600						79,600	
Computers & Telecom	7,800			6,125		6,125	1,675	
<b>Total Land, vehicles &amp; equipment</b>	<b>87,400</b>			<b>6,125</b>		<b>6,125</b>	<b>81,275</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	7,000			7,451		7,451	-451	
Distribution & Monitoring	0			3,197		3,197	-3,197	
Transport & Vehicles Costs	44,000			40,467		40,467	3,533	
Logistics Services	0			1,003		1,003	-1,003	
<b>Total Logistics, Transport &amp; Storage</b>	<b>51,000</b>			<b>52,118</b>		<b>52,118</b>	<b>-1,118</b>	
<b>Personnel</b>								
International Staff	199,800			277,095		277,095	-77,295	
National Staff	33,300			35,120		35,120	-1,820	
National Society Staff	224,100			15,657		15,657	208,443	
Volunteers	637,753			256,821		256,821	380,932	
Other Staff Benefits				12,091		12,091	-12,091	
<b>Total Personnel</b>	<b>1,094,953</b>			<b>596,784</b>		<b>596,784</b>	<b>498,169</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees				2,546		2,546	-2,546	
<b>Total Consultants &amp; Professional Fees</b>				<b>2,546</b>		<b>2,546</b>	<b>-2,546</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	271,405			82,533		82,533	188,872	
<b>Total Workshops &amp; Training</b>	<b>271,405</b>			<b>82,533</b>		<b>82,533</b>	<b>188,872</b>	
<b>General Expenditure</b>								
Travel	98,700			67,432		67,432	31,268	
Information & Public Relations	84,420			58,769		58,769	25,651	
Office Costs	19,500			48,889		48,889	-29,389	
Communications	8,700			16,734		16,734	-8,034	
Financial Charges	1,000			14,924		14,924	-13,924	
Other General Expenses	21,120			924		924	20,196	
Shared Office and Services Costs	0			102,376		102,376	-102,376	
<b>Total General Expenditure</b>	<b>233,440</b>			<b>310,048</b>		<b>310,048</b>	<b>-76,608</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	137,170			75,450		75,450	61,720	
<b>Total Indirect Costs</b>	<b>137,170</b>			<b>75,450</b>		<b>75,450</b>	<b>61,720</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	0			7,120		7,120	-7,120	
Pledge Reporting Fees				1,600		1,600	-1,600	
<b>Total Pledge Specific Costs</b>	<b>0</b>			<b>8,720</b>		<b>8,720</b>	<b>-8,720</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>2,247,478</b>			<b>1,244,943</b>		<b>1,244,943</b>	<b>1,002,535</b>	

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Subsector:	*		

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**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>				<b>2,247,478</b>			<b>2,247,478</b>	
<b>VARIANCE (C - D)</b>				<b>1,002,535</b>			<b>1,002,535</b>	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Health	2,247,478		1,248,202	1,248,202	1,244,943	3,259	
Subtotal BL3	2,247,478		1,248,202	1,248,202	1,244,943	3,259	
<b>GRAND TOTAL</b>	<b>2,247,478</b>		<b>1,248,202</b>	<b>1,248,202</b>	<b>1,244,943</b>	<b>3,259</b>	