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Emergency Plan of Action: Democratic Republic of Congo: Yellow Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation N° MDRCD017	
Date of issue: 20 May 2016	Date of Disaster : NA
Operation manager (responsible for this EPoA): Dr. Viviane NZEUSSEU, Regional Health Coordinator, IFRC Yaoundé Multi-country Cluster Support office	Point of Contact: Dr. Balelia Wema Jean Faustin, Health Manager, CR DRC
Operation start date : 19 May 2016	Expected timeframe : Two months (End date: 19 July 2016)
Overall operation budget : CHF 177,927	
Number of people affected: 2,059,139	Number of people to be assisted: 1,976,773
Host National Society presence (n° of volunteers, staff, branches): 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.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partners actively involved in the operation: International Organization for Migration (IOM), Médecins sans Frontières (MSF) Belgium, Save the Children International, World Health Organization (WHO),	

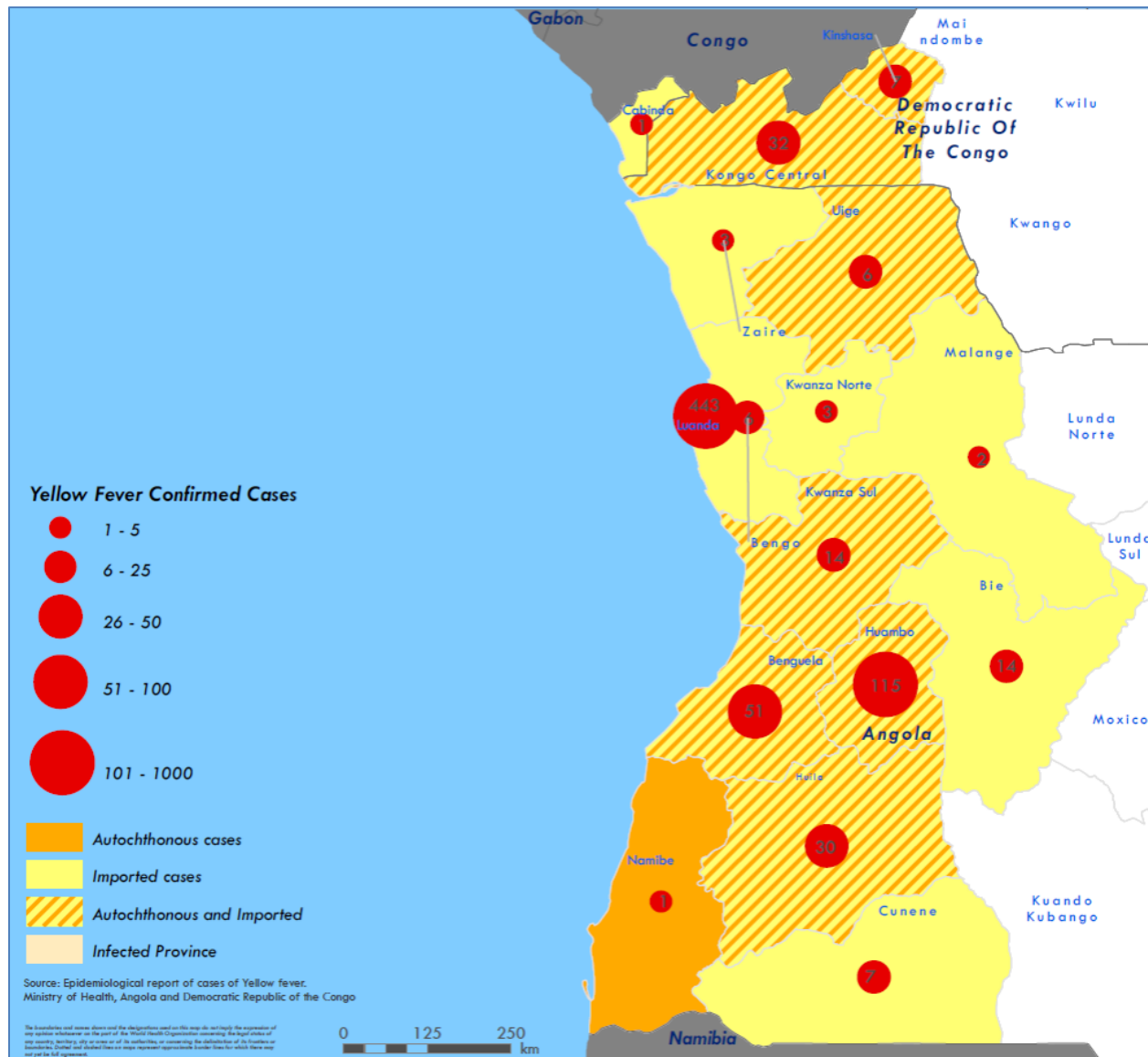
A. Situation analysis

Description of the disaster

In January 2016, a yellow fever outbreak was detected and confirmed in Angola, Southern Africa. Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. There are an estimated 130,000 cases of yellow fever reported yearly, causing 44,000 deaths worldwide each year, with 90 per cent occurring in Africa.¹ Following cross-border population movement from Angola into neighbouring countries, exported cases were later reported in the Democratic Republic of Congo (DRC). On 23 March 2016, the DRC Ministry of Health (MoH) declared an official yellow fever outbreak, with a total of 39 imported cases from Angola reported in Kongo Central and Kinshasa provinces. According to the World Health Organization (WHO), some autochthonous transmission cases have been also reported in Ndjili, Kinshasa and in Matadi, Kongo Central province. As of 11 May 2016, a total of 44 yellow fever cases have been confirmed; with 551 suspected cases reported including 167 in Kongo Central and 133 in Kinshasa. Please refer to “Figure 1: Map of yellow fever situation in the region (WHO Sit Rep)”, which provides a visual of the yellow fever situation in the Angola, which is the current epicentre of the outbreak, and the proximity with DRC.

Given the risk of spread to other areas of the DRC as well as to other neighbouring African countries, the MoH of DRC with the support of the international community have decided to undertake an emergency vaccination campaign targeting 1.9 million people in the most at-risk regions. Vaccination is the most important preventive measure against yellow fever.

Figure 1: Map of yellow fever situation in the region (WHO SitRep)



Summary of the current response

Overview of Host National Society

The Red Cross of the Democratic Republic of Congo (DRC RC) is a neutral humanitarian organization, auxiliary to the public authorities. At the national HQ, 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 team (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.

Following the yellow fever outbreak, the DRC RC has carried out the following interventions:

- Identified a resource person who will be based in Kongo Central to support the implementation of activities related to the prevention and response to the yellow fever outbreak.
- Held coordination and preparation meetings related to the upcoming immunization campaign against yellow fever.
- Held volunteer briefings on yellow fever in affected health areas;

- Carried out public outreach on the risks related to the disease and behaviour to be adopted;
- Ran active search for cases within the community and referrals to the nearest health centres;
- Participated in epidemiological surveillance meetings: SURVEPI (DPS, CLUSTER);
- Focused on early detection of cases for immediate care in corresponding health areas.

Since 2014, the National Society has been developing community resilience activities in the Kongo Central province, which has been affected by the yellow fever outbreak, specifically in Nsona-Mpagu and Sekebanza, which supported the training of supervisors and volunteers in the epidemic control for volunteers (ECV) manual. Through community resilience activities, the capacity of the Kongo Central CR DRC committee has also been strengthened through the purchase of logistical assets including bicycles, motorcycles, etc.

Since 2013, Disaster Relief Emergency Fund (DREF) operations have been carried out in response to a Population Movement (MDRCD014), an Ebola Virus Disease outbreak (MDRCD015) and Floods (MDRCD016) – as such, the National Society (NS) will ensure that any lessons learned from these operations are applied (as relevant) in the response to the yellow fever outbreak.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) Yaoundé Country Cluster Support Team (CSST) office, and the Africa regional office, which is based in Nairobi, Kenya, have been following the situation in DRC since the declaration of the yellow fever outbreak. On 4 May 2016 an operational strategy call was convened with colleagues from the Yaoundé CCST office, Africa region, and Geneva level. It was agreed that DREF could be considered an appropriate modality to support the DRC RC respond to the yellow fever outbreak, specifically linked to the emergency vaccination campaign planned by the MoH. On 16 May 2016, an alert was issued using the IFRC disaster management information system (DMIS), which confirmed the dates of the immunization campaign (from 26 May 2016 to 4 June 2016).

Partner National Societies (PNS) include the Belgian Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross societies. In addition, the International Committee of the Red Cross (ICRC) also has extensive presence in DRC.

Overview of non-RCRC actors in country

Since the outbreak of the yellow fever epidemic, the WHO has undertaken the following actions in the country:

- Since 10 May 2016, a team has been deployed to Matadi to support the local coordination in assessing the level of preparation of the campaign and ensure the support of the WHO sub office in finalizing and validating the micro-plans;
- The National Coordinating Committee arranged a successful immunization campaign in two targeted districts of Kinshasa;
- On 10 May 2016, the WHO headquarters (HQ) focal point for yellow fever arrived in the field (Kinshasa) to support the response;
- Two logisticians from WHO HQ are also expected to arrive in the field on 13 May 2016;
- Two experts from the Higher Institute of Technology (IST), including an epidemiologist and an expert in social mobilization are also being deployed;
- Support has also been provided to various Provincial Health Divisions (DPS) in the needs assessment (vaccines and other inputs), in view of an efficient response to this outbreak.
- Technical and financial support is being provided to the Ministry of Public Health (MoPH) through multidisciplinary investigative missions;
- Monitoring and public outreach activities are being strengthened in Kinshasa and Kongo Central provinces.

The International Coordinating Group on Vaccine (ICG) has approved the request of the country for vaccines and operational costs and some 900,000 doses of vaccine arrived in Kinshasa on 13 May 2016. The remaining doses will be sent on 20 May 2016. It is expected that the immunization campaign will begin on 26 May 2016 and to last ten days (until 4 June 2016). Other partners such as Médecins sans Frontières (MSF) Belgium have committed to support epidemic

control interventions (including a fight back campaign) in two health areas in Kongo Central (Nzanza and Matadi), as well as in the two health areas of Kinshasa. Save the Children International has equally committed to support the fight back campaign in Boma and Boma Bungu health areas in the Kongo Central province. The International Organization for Migration (IOM) shall be providing support in social mobilization with a focus on border areas.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs Analysis

Yellow fever is a serious and contagious disease with serious consequences, which can however, be curbed by vaccination. Indeed, the yellow fever vaccine remains a safe and effective means of protection against this viral disease, as there is no treatment to date.

- Based on the results of the National Laboratory and the confirmation by the Regional Reference Laboratory of Dakar and the field investigation of cases (although not yet tested), the great majority of the cases are imported from Angola;
- An estimated 30 per cent of the cases were still exhibiting viremia when entering DRC territory;
- None of the suspected cases reported any yellow fever vaccination at the time of emigration from neighbouring Angola;
- Despite the effort of the health authorities to provide hospitalized cases with impregnated bed nets in the care units, health personnel complain that patients were not always staying or sleeping under these protection materials;
- Only a few suspected cases (one in Matadi, three in Kimpese, two in Muanda, three in Kinshasa) with no history of travel to Angola (autochthonous cases) were recorded in the field;
- Population movement between Angola and DRC at Lufu entry post occurs, especially on market day (Saturday) during which there is a flow of thousands of people in and out, increasing the risk of importation of yellow fever cases from Angola;
- Some of the suspected cases are upon arrival at the border, picked up by their relatives and taken directly to Kinshasa sometimes without leaving any contact address with the health personnel;
- A great majority of the adult population is not immunized; only children less than 13 years are immunized through routine EPI, introduced in 2003;
- In all the health areas investigated, the entomological risk indices were above the threshold and the yellow fever epidemic vector

Beneficiary Selection:

In the DRC, vaccination coverage has always been below 80 per cent, which means that significant parts of the population are currently at risk. For the emergency vaccination campaign to be effective, coverage should remain above 80 per cent. This DREF operation is targeting a total of 1,976,773 people (> 95 per cent of the at-risk population), of which 747,423 people are expected to be vaccinated in rural areas and 1,229,350 people in urban areas. The DREF operation will be based in 11 health areas of Kinshasa and Kongo Central provinces, which have been identified as the most affected, including: Boma, Boma Bungu, Kitona, Muanda (Boma Antenna), Matadi, Nsona Pangu, Nzanza (Matadi Antenna), Kimpangu, Kimpese (Mbanza-Ngungu Antenna) in the province of Kongo Central; as well as Massina 2 and Ndjili in Kinshasa Province.

Efforts will be made as appropriate to ensure that the DREF operation is aligned with the IFRC's commitment to realize gender equality and diversity; by adapting beneficiary selection criteria to those targets (women headed-households, people with disabilities). Other aspects considered will include prevention of sexual violence and gender-based violence, and the protection of children; as well as those that are particularly vulnerable including those suffering from chronic diseases, the elderly, but also pregnant women, particularly those approaching their delivery date.

Risk Assessment:

The DRC is located in an endemic geographic area, prone to yellow fever and has regularly reported indigenous cases. Since January 2016, indigenous suspected cases have been recorded in the provinces of Bas-Uele, Equateur, Kasai Central and Tshuapa. The report indicating cases of yellow fever amongst DRC nationals returning from Angola highlights the risk of an international spread of the disease. This all the more when considering risk factors such as:

- The Urban yellow fever outbreak in Angola: A total of 215 deaths of the 600 cases in Luanda and other provinces (Mbanza Kongo, Wambo, Cabinda and Uije) have been reported; with a mortality rate of 35;
- The intense trans-border traffic between the DRC and Angola;
- The very significant multiplication of mosquitoes (*Aedes Aegypti*), especially now, when rivers are flooding and major rivers provide breeding ground;
- The low herd immunity, which is due to the anti-yellow fever immunization coverage only affecting the young population (that is children under 15 years).

At this point, available information does not indicate the establishment of a contamination cycle in the DRC because the epidemic is still confined to the health areas that reported suspected cases of yellow fever: Moanda, Nsona Mpangu, Kimpese Nzanza Matadi and Kimpangu. Although the Kimpangu health zone has not notified any case to date, it is, however, at risk given its intense border traffic with Angola. Nevertheless, the presence of a competent vector (mosquitoes of the *Aedes Aegypti* specie), the proportion of people susceptible to infection and the intensity of population movements to and from Angola, are a risk of a further spread of the disease in the DRC. As such, the monitoring of the epidemiological situation should continue and a risk assessment based on the latest information should be carried out.

B. Operational strategy and plan

Overall objective

Contribute to the vaccination of at least 95% of the total population of the 11 health areas targeted in the provinces of Kongo Central and Kinshasa against yellow fever, for a period of two months.

Specific objectives include:

- Provide information to at least 90% of the population of the 11 targeted health areas on the organization of the campaign;
- Raise awareness of at least 90% of the population of the provinces of Kinshasa and Kongo Central to adopt individual and collective awareness for the prevention of yellow fever.

Proposed strategy

The DREF will support the vaccination campaign initiated by the MoH and its partners. Given the emergency aspect of the situation, the focus will be on social mobilization campaign (raising awareness and supporting behaviour change in at-risk communities) as well as on helping the MoH with the vaccination process if needed.

- Given rumours of refusals and resistance to vaccine, a knowledge, attitude and practices (KAP) survey will be conducted at the beginning of the operation in Kongo Central province.
- Refresher training (one-day) of volunteers (50 per health areas / 550 in total) and supervisors (Five per health area / 55 in total at a ratio of one supervisor for 10 volunteers) in preparation for social mobilization linked to the vaccination campaign.
- Conduct awareness raising/social mobilization linked to the vaccination campaign. All of the volunteers will be equipped with visibility items (aprons, caps and t-shirts), information, education and communications (IEC) materials comprising leaflets (1,000 per health area/11,000 in total), posters (1,000 per health area/11,000 in total) and megaphones with batteries to support the awareness raising/social mobilization activities planned. A banner will be produced and hung in each of the 11 health areas.
- Conduct community surveillance (especially in entry points with Angola); and encourage active case search in the communities.
- Procurement of 45 sanitation kits, consisting of ploughing equipment for environmental hygiene, which will be distributed to volunteers in health areas of Kongo Central province where it has been identified that there is a need for vector control activities.
- Conduct a lessons learned workshop at the end of the timeframe to identify what went well and what did not go well for future DREF operations.

- A workshop will be conducted to capture lessons learnt, and inform recommendations for future IFRC and NS operations.

Close monitoring of the situation will be carried out, and depending on the evolution of the outbreak the expansion of the DREF operation may be required, and additional interventions (increased awareness raising/social mobilization, community based surveillance and vector control) carried out. This will be reflected in a revised DREF request as needed.

Operational support services

Human Resources

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

- Regional coordinator will be designated to supervise the implementation of the DREF operation; and a contribution will be made to support his/her costs for a period of two months.
- Head of operation will be recruited for two months to act as a focal point for the DREF operation.
- 550 volunteers and 55 supervisors (to support volunteers with the activities planned) will be mobilized for a period of 20 days, two days before the vaccination campaign to raise awareness; 10 days during the campaign; two days after the campaign for a sweep operation; and a further six days to search for adverse events following immunization (AEFI), carrying out community surveillance, referral and vector control if required. Each volunteer and supervisor will receive a daily per diem, as well as travel allowance if required. All DRC RC volunteers and supervisors mobilized for this DREF operation will be covered by insurance according to the regulations of IFRC global insurance.
- Two DRC RC drivers will be recruited for two months (one per province).
- An IFRC Regional Disaster Response Team (RDRT) team member (health profile) will be deployed for six weeks to support the effective implementation of the DREF
- IFRC emergency health surge support will be deployed to monitor the implementation of the activities planned in the DREF operation; and assess if an expanded response to the outbreak is required beyond the period of the vaccination campaign.
- Additional technical support will also be provided by the IFRC Yaoundé CSST office through its regional health coordinator and finance.

Logistics and supply chain

- Procurement plans: 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 two vehicles (for two months), as well as a truck to transport items to the health areas in Kongo Central.

Information technology (TI)

The DRC RC will use the Internet for communications, which will allow for NHQ and regional level staff to keep in contact with supervisors and volunteers involved in the implementation of the activities planned, as well as relevant partners (MoH, UNICEF and WHO). The Provincial Committees of the DRC RC 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. Internet connectivity in these areas is available through mobile USB sticks provided by mobile communication operators.

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 production of a banner, bibs, caps and t-shirts, which will all contain the Red Cross emblem. In addition, case studies of best practices, photographs, key messages, and human interest stories for use on the IFRC websites, and social media platforms will be prepared. In

Conduct lessons learned workshop									

Health and Care

Outcome 2: Immediate risk of yellow fever to the health of the population is reduced through social mobilization activities in Kinshasa and Kongo Central provinces									
Output 2.1: Capacity of the Red cross Society of DRC to respond to the areas affected by the yellow fever outbreak is strengthened									
Activities planned	Week / Month	1	2	3	4	5	6	7	8
Refresher training of supervisors/volunteers (Target: 55 supervisors; and 550 volunteers)									
Procurement of visibility items for supervisors and volunteers (Aprons, bibs, caps and t-shirts) (Target: 55 supervisors; and 550 volunteers)									
Output 2.2: Target population mobilized for Ministry of Health immunization against yellow fever (Target: coverage >95% - 1,976,773 people)									
Activities planned	Week / Month	1	2	3	4	5	6	7	8
Awareness raising/social mobilization - fourteen days (two days before, ten days during and two days after the vaccination campaign).									
Follow up of adverse events following vaccination.									
Conduct community surveillance (especially in entry points with Angola); and encourage active case search in the communities.									
Implement vector control measures to clean the human environment in priority areas of Kongo Central province									

D. BUDGET

See attached budget.

Contact information

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
- **DRC Red Cross:** Dr. Jean-Faustin Balelia, Director in charge of Health; email: j.balelia@croixrouge-rdc.org
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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 (NGOs) 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.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

20/05/2016

DRC Yellow Fever (MDRCD017)

Budget Group	DREF Grant Budget	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	0	0
Medical & First Aid	0	0
Teaching Materials	11,000	11,000
Utensils & Tools	0	0
Other Supplies & Services	4,125	4,125
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	15,125	15,125
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	0
Storage, Warehousing	0	0
Distribution & Monitoring	6,000	6,000
Transport & Vehicle Costs	10,000	10,000
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	16,000	16,000
International Staff	10,350	10,350
National Staff	0	0
National Society Staff	11,100	11,100
Volunteers	72,508	72,508
Total PERSONNEL	93,958	93,958
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	11,810	11,810
Total WORKSHOP & TRAINING	11,810	11,810
Travel	10,950	10,950
Information & Public Relations	16,225	16,225
Office Costs	1,000	1,000
Communications	1,000	1,000
Financial Charges	1,000	1,000
Other General Expenses	0	0
Shared Support Services		
Total GENERAL EXPENDITURES	30,175	30,175
Programme and Supplementary Services Recovery	10,859	10,859
Total INDIRECT COSTS	10,859	10,859
TOTAL BUDGET	177,927	177,927