

Operations Update

DRC Epidemic (Yellow Fever)

DREF Operation n° MDRCD017	Operations Update n° 1
Date of issue: 18 July 2016	Operation start date: 20 May 2016
Timeframe covered by this update: 20 May to 30 June 2016	Expected timeframe: 3 months (original 2 months) End date: 19 July 2016 New end date: 19 August 2016
Overall budget allocation: CHF 177,927	
N° of people affected: 2,059,139 people	N° of people being assisted: 1,976,773 people
Host National Society: 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: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other Partner Organizations actively involved in The Operation: Ministry of Public Health, WHO, MSF, UNICEF, IOM, Save the Children International	

This Operations Update presents the implementation of the activities of the DREF operation launched in May to tackle the Yellow Fever outbreak in DRC. Needs still remain in the country, as the Yellow Fever outbreak is not entirely under control and outbreaks of measles and cholera have been recorded in different areas. An Emergency Appeal to address the continuing and emerging needs is under development. An extension of 1 month has been requested to carry out KAP survey and Lessons Learned workshop of this DREF operation.

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 percent 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 were confirmed with 551 suspected cases reported including 167 in Kongo Central and 133 in Kinshasa.



DRC RC volunteer sensitizing a disabled person © DRC RC

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 decided to undertake an emergency vaccination campaign targeting 1.9m people in the most at-risk regions. Vaccination is the most important preventive measure against yellow fever.

Since 20 May 2016, the IFRC allocated a total of CHF 177,927 from its Disaster Relief Emergency Fund (DREF) to contribute to the response to the yellow fever epidemic in the DRC. This DREF allocation was to support the DRC RC and the Ministry of health conduct social mobilization during the vaccination campaign against yellow fever, from 26 May to 4 June in two (2) health zones in the province of Kinshasa and nine (9) health zones of the province of Kongo Central.

Major donors and partners of the current DREF include the Belgian Red Cross / Govt., Canadian Red Cross / Govt., and Netherlands Red Cross/Silent Emergencies Fund and other corporate and private donors. This DREF has been replenished by the Netherlands RC/SEF, the Belgian RC/Government and the Canadian RC/ Government DFATD. The IFRC on behalf on the RDC Red Cross society would like to express its gratitude to all for their generous contributions.

[<click here for contact details>](#)

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 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 approx. 120,000 registered volunteers (one of the largest voluntary networks in the world), of which 60,000 are active.

Activities of the current DREF include community surveillance and vector control by hygiene and sanitation. As such, some 550 volunteers, 55 supervisors, 11 heads of health zones have been 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. The vaccination campaign was carried out successfully with a vaccination coverage of 107 per cent, compared to a target of 95 percent. This high vaccination rate is justified by the fact that the vaccination campaign was not carried out in all affected health districts, and as such, populations of neighbouring health districts came to the areas where the campaigns were being held to benefit from vaccination.

As of this operation update, volunteers have 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. Some 877,137 children from 9 months 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.

In addition, 1,455 cases of refusal were noted, amongst whom 1,379 were managed while 684 cases of AEFI were identified and taken in charge by *Médecins Sans Frontières* (MSF). Some 59 cases of vaccine preventable diseases were also identified. DRC RC volunteers participated in 97 coordination meetings and conducted 94 evaluation missions with other actors.

Please, note that despite the activities carried out through the DREF operation, the epidemic is continuing to spread rapidly within other provinces. This is the consequence of the high mobility of the people, refusal to be vaccinated and the persistence of bad behavioural habits. Also on 22 June 2016, at the Coordination meeting with the others actors, the results presented revealed one new province where cases of yellow fever have been detected. It is the province of Kwango (Kahemba: 7 confirmed cases including 2 indigenous; Kajiji: 1 confirmed case and Kisandji: 1 confirmed case). In

total, 9 new cases detected June 22, 2016 after vaccination organized by the Government and partners in the 11 localities.

Table 1: Results of the outreach and social mobilization campaign in 11 health districts of the provinces of Kongo central and Kinshasa from 24 May to 6 June 2016

Health districts	Total population	Targeted population	Number of households visited	Number of women reached out	Number of men reached out	Number of children aged 9 months to 14 years counted	Total number of people reached out	Total number of affected people counted	Number of reported cases of refusal	Number of refusal cases managed	Number of suspected AEFI cases identified and referred	Number of suspected VPD cases identified	Number of coordination meetings with other actors	Number of trans border meetings held	Number of evaluation missions carried out with other partners
Boma	219 208	210 440	42 023	47 400	66 102	94 342	113 502	207 844	239	239	37	14	10	0	10
Boma Bungu	98 722	94 773	19 102	16 915	25 371	42 286	49 133	91 419	94	94	9	2	9	0	9
Kitona	96 590	92 726	18 709	22 045	31 559	46 985	43 604	90 589	14	14	27	9	10	0	10
Muanda	167 875	161 160	32 891	41 804	39 004	75 865	80 808	156 673	9	9	25	7	10	0	10
Matadi	253 984	243 825	50 121	55 842	83 761	99 598	139 603	239 201	25	25	2	6	10	0	10
Nsona Mpangu	102 208	98 120	19 987	16 520	24 780	54 168	41300	95 468	195	195	11	3	11	0	11
Nzanza	154 550	148 368	30 402	34 028	51 042	58902	85 070	143 972	64	64	19	0	12	0	12
Kimpangu	117 756	113 046	21 632	31 169	20 779	58 306	51 948	110 254	2	2	0	0	12	0	12
Kimpese	166 854	160 180	32 342	31 325	46 987	79 896	78 312	158 208	274	274	13	0	10	0	10
Massina 2	336 148	322 702	68 167	66 316	99 865	137 867	166 181	304 048	12	12	16	8	1	0	
N'djili	345 244	332 394	69 347	74 601	112 295	128 922	186 896	315 818	527	451	525	10	2	0	
TOTAL	2,059,139	1,977,734	404,723	437,965	601,545	877,137	1,039,510	1,913,494	1,455	1,379	684	59	97	0	94

AEFI = Adverse events following immunization
 VPD = Vaccine Preventable Diseases

Table 2: Results of the vaccination campaign organized in 11 health districts from 26 May to 4 June 2016

Health zone	Target population	Number of targets vaccinated					Total	Coverage percentage
		9 – 11 months	1 – 4 years	5 – 14 years	15 years and more			
Kongo Central	1 322 637	21 031	191 954	408 293	746 347	1 367 625	103%	
Boma	210 440	3 408	28 454	65 334	123 891	221 087	105%	
Boma Bungu	94 773	1 564	14 872	28 071	51 026	95 533	101%	
Kitona	92 726	3 938	15 477	31 250	47 423	98 088	106%	
Muanda	161 160	3 190	23 631	50 890	81 771	159 482	99%	
Matadi	243 825	1 737	31 601	67 584	142 185	243 107	100%	
Nsona-Pangu	98 120	965	14 609	28 969	59 405	103 948	106%	
Nzanza	148 368	1 506	17 713	40 455	85 059	144 733	98%	
Kimpangu	113 046	2 797	19 474	38 278	54 995	115 544	102%	
Kimpese	160 180	1 926	26 123	57 462	100 592	186 103	116%	
Kinshasa	655 096	10 870	106 045	230 862	396 103	743 880	114%	
Masina 2	322 702	4 398	56 072	119 161	189 113	368 744	114%	
Ndjili	332 394	6 472	49 973	111 701	206 990	375 136	113%	
Total	1 977 733	31 901	297 999	639 155	1 142 450	2 111 505	107%	

Overview of Red Cross Red Crescent Movement in country

The IFRC Cluster Country Support team (CCST) Yaoundé has supported the DRC RC with the coordination of all activities within the DREF operation, including the approval of all planning, implementation, monitoring and reporting, as well as participating in monitoring/evaluation missions in the localities.

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.

Coordination and Partnerships

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 was setup and meets on Mondays, Wednesdays and Fridays at 10:00 under the lead of epidemiologists from the Ministry of Health.

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, on its part provides health care to patients and carries out fumigation in sites around contaminated or deceased patients that match the case definition in Kwango.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Please refer to the original EPoA, which provides an overview of the needs analysis, beneficiary selection, risk assessment and scenario planning for this DREF operation.

B. Operational strategy and plan

Overall objective

Contribute to vaccinate 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 an initial 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 supported the vaccination campaign initiated by the MoH and its partners. Given the emergency aspect of the situation, the focus was on social mobilization campaign (raising awareness and supporting the behaviours 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 was to 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 to 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.
- 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.
- 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 was to be carried out, and depending on the evolution of the outbreak the expansion of the DREF operation may be required, and additional interventions (community based surveillance and vector control) carried out.

Operational support services

Please refer to the original EPoA, which provides an overview of the assistance from Operational support services required for this DREF operation.

As at now, the following is yet to be carried out:

- 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.

C. DETAILED OPERATIONAL PLAN

Quality programming/ Areas common to all sectors				
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation	Outputs			% of achievement
	Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in implementation areas			62.5%
Activities		Is implementation on time?		% progress (estimate)
		Yes	No	
1.1.1	Conduct knowledge, attitudes and practices survey		X	10%
1.1.2	Participation in planning and coordination meetings at national, provincial and zone level	X		100%
1.1.3	Monitoring with relevant partners (MoH, UNICEF and WHO)	X		80%
1.1.4	Reporting on activities planned; including promotion of the DREF operation with relevant in-country partners	X		90%
1.1.5	Deployment of a Regional Disaster Response Team Member (RDRT)	X		100%
1.1.6	Deployment of IFRC emergency health support	X		100%
1.1.7	Deployment of IFRC finance support	X		100%
1.1.8	Conduct lessons learned workshop		X	0%
Progress towards outcomes				
1.1.1 The terms of reference of the survey are being developed				
1.1.2 The Yellow Fever coordination team of the DRC RC participated in 94 meetings. The RDRT and the Health coordinator of the DRC RC participated in two CCPEC meetings and 1 CNC meeting on 24 June 2016, led by the Advisor to the Minister. All other partners attended this meeting (WHO, MSF, UNICEF, CDC among others). It is at this meeting with all the partners that the decision to vaccinate all localities of Kinshasa and border towns with Angola as well as fractionated vaccine doses was analysed.				
1.1.3 Monitoring of activities and the situation is conducted on Mondays, Wednesdays and Fridays with all partners during Coordination meeting for the treatment of yellow fever. However, to date there has been no formal contact with the WHO despite many reminders.				
1.1.4 Weekly operations updates are issued by the Yaoundé CCST. Similarly, all parties were informed of the granting of the IFRC DREF to the DRC RC, to support awareness raising activities; social mobilization, vector control and community supervision				
1.1.5 A RDRT was deployed from 16 June 2016 to support the DREF operation.				
1.1.6 Two activities monitoring missions were carried out by the Regional Health Coordinator of the Yaoundé CCST. The first mission was in Central Kong, where the health districts of Matadi, Nzanza, Boma, Boma Bungu and Nsona Mpangu were visited in order to track the activities and suggest possible changes to improve the action of volunteers. A second mission was carried out in Kinshasa to understand the evolution of the situation and assist the coordination team to prepare the extension of the operation.				
1.1.7 The Regional Finance and Administration Delegate conducted a mission to support the NS end of May, to ensure that administrative, financial and above all logistics procedures, including purchases, were strictly observed.				
1.1.8 This activity is planned to be carried out at the end of the operation.				

Health and care

Outcome 1: Immediate risk of yellow fever to the health of the population is reduced through social mobilization activities in Kinshasa and Kongo Central provinces	Outputs		% of achievement
	Output 1.1: Capacity of the Red Cross Society of DRC to respond to the areas affected by the yellow fever outbreak is strengthened		100%
	Output 1.2: Target population mobilized for Ministry of Health immunization against yellow fever (Target: coverage >95% - 1,976,773 people)		
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1 Refresher training of supervisors/volunteers (Target: 55 supervisors; and 550 volunteers).	X		100%
1.1.2 Procurement of visibility items for supervisors and volunteers (Aprons, bibs, caps and t-shirts) (Target: 55 supervisors; and 550 Volunteers).	X		100%
1.2.1 Awareness raising/social mobilization - fourteen days (two days before, ten days during and two days after the vaccination campaign).	X		100%
1.2.2 Follow up of adverse events following vaccination.	X		100%
1.2.3 Conduct community surveillance (especially in entry points with Angola); and encourage active case search in the communities.	X		100%
1.2.4 Implement vector control measures to clean the human environment in priority areas of Kongo Central province	X		100%
Progress towards outcomes			
1.1.1	55 supervisors and 550 Volunteers were refreshed / trained and involved in the operation.		
1.1.2	Some 605 bibs and caps were produced to identify volunteers and supervisors while 55 jackets were produced for supervisors		
1.2.1	Some 55 supervisors and 550 Volunteers (equipped with megaphones) conducted social mobilization and awareness activities two days before the vaccination campaign, 10 days during the campaign and two days after with the following results: Some 79,688 households were visited in which 391,229 people including 207,769 women and 183,460 men were sensitized; 272,694 children aged 9 months to 14 years were counted, 916 cases of refusal were encountered and managed, bringing to 107 percent, the total vaccine coverage rate achieved.		
1.2.2	143 suspected cases of adverse events following vaccination were identified and 41 cases of vaccines preventable diseases through vaccination encountered.		
1.2.3	These activities are mainly carried out in the nine health zones of Kongo Central Province.		
1.2.4	Sanitation kits were made available to volunteers in 9 health zones of Kongo Central Province, thereby motivating the beneficiaries to carry out activities.		



Training/retraining of volunteers in Ndjili



Training/retraining of volunteers in Masina 2



Launching of vaccination campaign by the Mayor of Ndjili in the presence of RC and other partners (WHO & UNICEF)



The municipal president of the Ndjili Red Cross and colleagues present at the campaign launch



Volunteers involved in active search for suspected cases and sampling for bioanalysis



Daily review meeting with the supervisor

Contact information

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

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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.



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.