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Emergency appeal operations update

DRC: Epidemics – Yellow Fever, Cholera & Measles

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCD018	Operation start date: 20 July 2016
Operations update n° 1	Timeframe covered by this update: 20 July – 17 August 2016
Date of issue: 29 August 2016	
Disaster Relief Emergency Fund (DREF) allocated: CHF 220,000	Timeframe: 6 months; End date: 20 January 2017
Appeal budget: CHF 2,247,478	Appeal coverage: 51%
N° of people being assisted: 12,327,181 people	
Host National Society(ies) 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: IFRC (Yaoundé Office), Côte d'Ivoire Red Cross (RDRT), and Swedish Red Cross	
Other partner organizations actively involved in the operation: DRC Ministry of Public Health, WHO, UNICEF, JICA, CDC, ECHO, MSF France, MSF Belgium, IOM, Save the Children International	

Summary: A simultaneous outbreak of yellow fever, cholera, and measles is ongoing in the Democratic Republic of Congo (DRC) since the beginning of 2016. From week 1 to week 30 of 2016, 63 cases of Yellow Fever have been confirmed in DRC. The 63 cases include 8 indigenous cases, 3 sylvatic cases, and 49 cases confirmed as being imported, mainly from neighbouring Angola. From week 1 to week 28, some 13 health zones in 8 provinces notified 7,498 cases of measles and 117 deaths. Out of the cases notified, 1,216 cases have been examined, and 106 of them have been confirmed as being cases of Immunoglobulin M (IgM) and measles. From week 1 to week 28, 13,998 cases of cholera and 341 deaths have been notified. While the number of cases were going down until week 24, a new wave of cholera cases and deaths started appearing, particularly during weeks 28 and 29.

While the epidemics started in specific localities of the country, the tendency during this reporting period was to spread all over the national territory. This development has prompted the launching of several immunization campaigns to help contain the epidemics. The country is presently in the rainy season and continued efforts by all humanitarian actors involved are geared towards preventing the further spread of cholera. As far as the Red Cross Red Crescent Movement is concerned, there is strong support from the Swedish Red Cross in DRC, and a memorandum of understanding has been signed between the IFRC Yaoundé and the DRC Red Cross to enable the host National Society to intensify response activities.

The President of DRC Red Cross passed on and the National Society (NS) has been without a President for some months, and this has been affecting operations implementation adversely. IFRC supported the organization of a NS General Assembly (GA), which resulted in the election of a new President for the NS on 17 August 2016. IFRC has also deployed its Regional Health Coordinator, Communications Officer and Finance Officer to help the DRC Red Cross start the operation while the planned delegates are being recruited.

Coordination and partnerships

Since the launching of the operation, IFRC Yaoundé has been maintaining regular contact with the DRC Red Cross and the Swedish Red Cross representative in DRC to make sure that all planned activities will be carried out. An operation monitoring team has been set up and is composed of the host NS, IFRC and the Swedish Red Cross. This team is led by the Red Cross of DRC whose responsibility is to implement planned activities. IFRC and Swedish Red Cross are providing technical support and joining efforts to mobilize resources for the operation. As part of IFRC support, 3 delegate positions have been opened to support the implementation of the operation. These are an Operations Manager, a Logistics Delegate and a Health Coordinator. While these international staff are being recruited, IFRC Yaoundé has already deployed its Health Coordinator, Communications and Finance Officers to DRC to help start the operation smoothly.

On their part, the Ministry of Health has set up 3 coordination teams to manage the 3 epidemics. The members of such teams include WHO, UNICEF, JICA, CDC, ECHO, MSF France, MSF Belgium, IFRC and the Red Cross of DRC. These teams meet regularly every week to discuss the various epidemics and the possible solutions.

WHO and UNICEF have been supporting the notification of suspected cases, providing reactants to the National Institute of Biomedical Research (INRB) laboratory for the screening and confirmation of cases. The two partners are also supporting communications and the preparation and organization of the various immunization campaigns.

JICA supplied reactants to the INRB laboratory for the screening and confirmation of cases. They have also provided experts to help the screening process. This support was particularly important when the laboratory was paralyzed for 3 weeks. JICA has also pledged a non-refundable financial support of 3,500,000 USD to be divided to key partners as follows:

- USD 2,500,000 to WHO
- USD 500,000 to IOM
- USD 500,000 to IFRC

ECHO has facilitated the deployment of a mobile laboratory in Kwango Province. This laboratory has been installed in the Kahemba hospital for the biological test of suspected cases of Yellow Fever.

MSF Belgium has been ensuring the management of suspected and confirmed cases at the Hôpital Sino-Congolais of Kinshasa. They are also taking an active part in vector control by spraying around the places where confirmed cases have been discovered. Another contribution of this actor is to strengthen the capacities of nurses and traditional healers on the clinical signs of Yellow Fever, and the need for early reference of suspected cases in case management centres.

MSF France has been supporting the Kahemba hospital with Yellow Fever case management kits.


Operational implementation

Overview

Following the simultaneous outbreak of yellow fever, cholera, and measles in the Democratic Republic of Congo (DRC) since the beginning of 2016, IFRC has been providing a renewed technical and financial support to the Red Cross of DRC to enable the NS to assist thousands of people exposed to and/or affected by the diseases. The support started in the form of a DREF allocation, but this turned out to be insufficient regarding the scope of the disaster. Thus an emergency appeal has been launched to help expand activities in favour of affected people. The overall objective of this appeal is to contribute to efforts aimed at containing the spread of the diseases. With the first contributions received in support to this appeal, the Red Cross of DRC has already mobilised and trained 3,330 Red Cross volunteers who are presently carrying out social mobilisation activities within the framework of the various immunisation campaigns planned in the country.



In addition, Following the death of the former NS President, program implementation was somehow side-tracked and led to some delay. In reaction to this, IFRC has supported the organization of a NS General Assembly (GA), that resulted in the election of a new President for the NS on 17 August 2016. It is expected that with this fresh resource, the NS will be in a better position to implement the activities planned in this emergency appeal.

IFRC has also deployed its Regional Health Coordinator, Communications Officer and Finance Officer to help the DRC Red Cross start the operation while the planned delegates are being recruited. Planned vehicles, lap tops and other equipment have already been ordered to support the operation. An MoU has already been signed between the NS and IFRC, and the first instalment of funds has already been transferred to the NS for the smooth implementation of the activities of this emergency appeal. A joint IFRC, NS and Swedish Red Cross team has been set up to monitor the implementation of the operation. A KAP survey is planned to be conducted in the Kongo Province to assess the knowledge, attitudes and practice of targeted populations. In addition, a lessons learned workshop will be organized with all the stake holders to capture the best practices of the operation as part of the wider Red Cross and Red Crescent Movement's learning efforts for future planning. There have been some delays in the launching of the immunization campaigns, but it is still very premature to say if this will affect the timeframe of the operation.

 Health and care		
Outcome 1: Targeted populations take measures to reduce yellow fever risks		
Planned interventions	Planned activities	Progress on Implementation
Output 1.1: Volunteers carry out social mobilization activities to targeted communities to promote vaccination campaigns	<ul style="list-style-type: none"> Identify and recruit volunteers Training and supervision of volunteers on social mobilization for yellow fever Supervision of volunteers Awareness raising and door to door social mobilization activities 	<p>3,330 RDC Red Cross volunteers have been identified to participate in social mobilisation activities in 7 provinces during the preventive vaccination campaign against Yellow Fever, Measles and Cholera.</p> <p>These volunteers have been trained on social mobilisation for the preventive vaccination campaign against Yellow Fever in 5 provinces.</p> <p>A team has been set up to supervise the activities being carried out by Red Cross volunteers. This team includes the NS' Yellow Fever Focal Point, the NS' Deputy WATSAN Coordinator, the representative of the Swedish Red Cross in DRC, and the RDRT member who is currently in country.</p> <p>After several postponements, the preventive vaccination campaign against Yellow Fever is now scheduled to take place from 17 to 26 August 2016. Sensitisation and social mobilisation activities started on 15 August and will last until 29 August 2016.</p>
Output 1.2: Volunteers deliver knowledge, understanding and behaviour to prevent, detect and reduce yellow fever, measles and cholera disease in target population	<ul style="list-style-type: none"> Provide key health messages on yellow fever, measles and cholera to communities through radio programmes Adapt key health messages for yellow fever Provide material for training of volunteers, door to door guideline activities and data collection forms Produce and distribute RC T-shirts, IEC and other material to volunteers and staff to improve visibility 	Not yet started

	<p>for DRC at the community level</p> <ul style="list-style-type: none"> Follow up of adverse events following vaccination 	
<p>Outcome 2: Community-based disease surveillance on yellow fever, measles and cholera is provided to the target population</p>		
<p>Output 2.1: Volunteers contribute to early detection and case management of suspected yellow fever, measles and cholera cases in the target population</p>	<ul style="list-style-type: none"> Identify and recruit volunteers Training and supervision of volunteers Hold meetings with community members Conduct community surveillance and encourage active case search in the communities Sensitization of various stakeholders Participation in various coordination meetings Maintain regular meetings with partners Active monitoring and early detection of cases Guidance of cases to nearest health structures First aid and rehydration of all detected cases, especially during referrals for cholera 	<p>Not yet started</p> <p>During the various meetings of the Unit that has been put in place to coordinate the management of cases and fight against Yellow Fever, IFRC and the Red Cross of DRC have informed all the stake holders in details about the contribution the Red Cross is making through this emergency appeal.</p> <p>The RDRT member in country and the NS' Health Director have been participating in all epidemic coordination meetings in DRC. They have also been attending all the meetings of partners supporting the operation.</p> <p>Not yet started</p>
<p>Outcome 3: Target population contributes to vector control and environmental sanitation activities</p>		
<p>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</p>	<ul style="list-style-type: none"> Identify and recruit volunteers Training and supervision of volunteers Collaborate with the MoH in vector control and environmental sanitation activities Provide social mobilization messages to communities through door-to door and mass information activities Support communities to advocate for environmental clean-up with appropriate authorities 	<p>Not yet started</p>

	<ul style="list-style-type: none"> • Carry out community clean-up activities • Buy and distribute cleaning equipment • Buy and distribute safety equipment for volunteers and staff 	
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Planned interventions	Planned activities	Progress on Implementation
 Water, Sanitation, Hygiene promotion		
Outcome 4: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Output 4.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	<ul style="list-style-type: none"> • Train volunteers in water purification at supply points, public places and at home • Demonstration and purification of water at supply points, public places and at home • Test for residual chlorine in household water • Raise awareness on hand washing, personal and collective hygiene • Raise awareness on appropriate use of latrines • Sensitize the community on corpse management • Community management of corpses, with support from health structures 	Not yet started
 National Society capacity building		
Outcome 5: The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards.		
Output 5.1: Enhance preparedness for epidemics and increase volunteers' engagement	<ul style="list-style-type: none"> • Epidemic Control for Volunteers (ECV) manual training • Community Based Health and First Aid(CBHFA) training for volunteers • Finance training for headquarter and branches • Training on logistic procedures for headquarter and branches 	Not yet started

Operations support services

Human resources

The process to recruit the planned delegates (Health Coordinator, Operations Manager and Logistics Delegate) is underway. Interviews are scheduled and the selected candidates will start work in the coming weeks. In the meantime, IFRC Yaoundé has deployed its Finance Assistant to DRC to help the operation. IFRC Yaoundé's Health Coordinator, and Communications Officer are in DRC to support the NS. An RDRT has also been deployed to DRC to help the implementation of the operation.

Logistics and supply chain

The 3 vehicles, lap tops and other equipment planned for the operation have already been ordered and will be supplied in the coming days.

Information technology (IT)

Regular communication between the branch office, HQ and other humanitarian actors is currently being maintained through the use of mobile phones. Additional measures will be taken by IFRC IT team if the need arises.

Communications

A joint IFRC - DRC Red Cross communications mission is currently in the field to produce visibility material in support of the ongoing yellow fever vaccination campaign. So far, a press release has been issued to inform media and potential donors on the launching of the IFRC emergency appeal to fight against yellow fever, cholera and measles. A communication plan for the appeal has been drafted and includes some activities that have already been implemented, and will continue throughout the appeal timeframe. Such activities include:

- Media coverage of the official launching of the vaccination campaign on the 16 of August 2016
- Response to media request (interview granted by IFRC health coordinator for Central Africa to Channel Africa) following the press release issued during the launching of the appeal
- Ongoing production of a programme titled "15 minutes d'action humanitaire" by the communications team to be broadcasted on the national television. A series of three similar programmes will be produced during the timeframe of the operation, each focusing on one of the three epidemics. The first production, which will focus on the activities currently being carried out by the Red Cross to fight against yellow fever will be broadcasted during the week of 22 August 2016.
- A short video with focus on vaccination activities has been produced and shared with the head of communication in Geneva to be published via IFRC website
- A series of human interest stories (web stories) will be shared with IFRC Head of communication for Africa on 22 August 2016 to be published on IFRC website.
- The communication team supported the production of visibility materials for the campaign: TV spot on yellow fever; T-shirt; banners; posters; flyers and photos.
- Planned activities include continuation of field visits to collect materials for communications production: short videos using different angles, web stories; material for the TV programme. In case funding is available, a video will be produced on surveillance activities at borders for these epidemics. Another activity is a communication mission in the Equateur province to support response activities against the cholera outbreak. Response activities against cholera and measles have not started yet.

Update of media contacts in DRC and development of partnership with international media represented in DRC and other media networks.

Security

IFRC is in regular contact with ICRC in country to monitor the security. Adequate and timely solutions will be taken if necessary.

Planning, monitoring, evaluation and reporting (PMER)

A joint DRC Red Cross, IFRC and Swedish Red Cross team has been set up to monitor the implementation of the operation. A KAP survey is planned to be conducted in the Kongo Province to assess the knowledge, attitudes and practice of targeted populations. An IFRC Data Manager from Central African Republic is currently in DRC helping the Host NS to prepare for this survey that will be conducted using mobile phones. In addition, a lessons learned workshop will be organized with all the stake holders to capture the best practices of the operation as part of the wider Red Cross and Red Crescent Movement's learning efforts for future planning.

Administration and Finance

An IFRC Finance Assistant from Yaoundé has been seconded to DRC to help with the implementation of the operation.

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.

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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.