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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	Operations update n° 2
Date of issue: 19 September 2016	Timeframe covered by this update: 18 August – 9 September 2016
Emergency Appeal operation start date: 20 July 2016	Timeframe: 6 months and end date: 20 January 2017
Appeal budget: CHF 2,247,478	Disaster Relief Emergency Fund (DREF) allocated: CHF 220,000
N° of people being assisted: 12,823,808 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), Swedish Red Cross, Canadian Red Cross, Netherlands Red Cross, and Japanese 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, Japanese government	

Summary: An outbreak of yellow fever 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 centrale 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, which was made on 20 May 2016, the DRC Red Cross contributed to the success of that campaign by engaging their volunteers in the following activities: social mobilization, communication on the risks of yellow fever, vector control, active search for yellow fever cases, and community surveillance of suspected cases.



DRC Red Cross volunteers identified physically impaired people who could not move on their own and conducted them to vaccination sites. © DRC Red Cross

While the vaccination campaign was on-going, the epidemic affected new localities, namely the Kahemba, Kajiji and Kisandji health zones of Kwango Province, as well as the Kinsenzo health zone of Kinshasa Province. This prompted the Minister of Public Health (MoPH) to officially declare the outbreak of the yellow fever epidemic in the Kinshasa, Kongo Centrale and Kwango provinces of DRC on 20 June 2016. Two immunization campaigns were then planned: the first one, a reactive campaign in the Kahemba, Kajiji, Kisandji and Kinsenzo health zones, and a second one, a

preventive vaccination campaign in the 32 health zones of Kinshasa and in 15 health zones along the borders with Angola, all in a bit to prevent the spread of the epidemics in the remaining health zones and provinces of DRC.

Simultaneously, measles and cholera outbreaks were declared in some health zones with a risk of spreading across the country. From week 1 to week 30 of 2016, 63 cases of Yellow Fever had 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 suspected 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 IGM+ measles. During the same period, 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.

The situation could no longer be managed through the initial DREF operation. Thus, 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 Red Cross volunteers to 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 are coming in from potential donors.

While the yellow fever vaccination campaign was being prepared, 1 case of yellow fever was reported and confirmed in Dilolo health zone of Lualaba Province of DRC. Consequently, MoPH decided to include 4 health zones of Lualaba Province in the campaign, and this brought the total number of people concerned by the yellow fever vaccination campaign from 23,970,327 to 25,647,615 people, and increased the number of people being assisted by the emergency appeal from 12,327,181 to 12,823,808 people as described in the following table.

Table 1: Provinces and populations targeted by the preventive yellow fever vaccination campaign that took place in DRC from 17 to 26 August 2016

Provinces	Population	Target Population 50%
Kinshasa	12,071,000	6,035,500
Kongo Central	3,734,594	1,867,297
Kasai Central	2,976,806	1,488,403
Kasai	3,193,891	1,596,946
Kwango	1,994,036	997,018
Lualaba	1,677,288	838,644
TOTAL	25,647,615	12,823,808

The planned social mobilization activities have been carried out, with no modification to the budget.

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. Shortlisting has been done and interviews are completed. The best candidates will be deployed to DRC in the coming days.

To date, this Emergency Appeal has received financial and human resources support from Swedish RC, Canadian RC, Netherlands RC, Japanese government and Japanese RC. IFRC on behalf of DRC Red Cross express gratitude to those partners who have so far contributed to this emergency appeal.

Situation analysis

Yellow fever

The first cases of yellow fever originating from neighbouring Angola were confirmed in DRC in March 2016. In Kongo Centrale and Kinshasa Provinces, 44 cases were confirmed. A reactive vaccination campaign was then organized in 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 centrale Province, with 106% of the targeted population vaccinated.

In June 2016, the epidemics affected new localities, namely the Kahemba, Kajiji and Kisandji health zones of Kwango Province, as well as the Kinsenzo health zone of Kinshasa Province. This new development prompted the Minister of Public Health (MoPH) to officially declare the outbreak of yellow fever epidemics in the Kinshasa, Kongo Centrale and Kwango provinces of DRC on 20 June 2016. Two immunization campaigns were then planned: the first one, a reactive campaign in the Kahemba, Kajiji, Kisandji and Kinsenzo health zones, and a second one, a preventive vaccination campaign in the 32 health zones of Kinshasa and in 15 health zones along the borders with Angola, all in a bid to prevent the spread of the epidemics in the remaining health zones and provinces of DRC. The vaccination campaign took place from 21st to 31st July 2016 in the Kinsenzo, Kahemba, Kajiji and Kisandji health zones, with the following results registered: Kinsenzo (104.19% coverage), Kahemba (97.55% coverage), Kajiji (98.38% coverage) and Kisandji (101.2% coverage), i.e. a total coverage of 101.6%.

The preventive vaccination campaign in the 32 health zones of Kinshasa and in 15 health zones along the borders with Angola took place from 17 August to 2 September 2016 and was scheduled differently from one location to the other depending on the date of arrival of vaccines and other inputs in the health zones concerned. Partial results of that campaign indicate a coverage rate of 102% in Kinshasa and 74% in the 15 health zones along the borders with Angola as described in the following table.

Table 2: Partial results of the preventive vaccination campaign in the 32 health zones of Kinshasa as of 1st September 2016

PROVINCES	Zone de santé	Cible VAA (9 mois et plus)	Vacciné VAA									Couverture vaccinale
			Dose complète 0,5 ml			Dose minimale 0,1 ml			Total Vacciné			
			9-23 mois et femmes enceintes			2 ans et plus						
	M	F	T	M	F	T	M	F	T			
	Bumbu	382 490	10 626	14 126	24 752	168 609	193 027	361 636	179 235	207 153	386 388	101,0%
	Kalamu I	163 490	2 627	6 842	9 469	70 052	88 831	158 883	72 679	95 673	168 352	103,0%
	Kalamu II	143 042	3 479	6 189	9 668	52 093	83 237	135 330	55 572	89 426	144 998	101,4%
	Kasa-Vubu	146 324	11 015	9 391	20 406	64 843	63 097	127 940	75 858	72 488	148 346	101,4%
	Kingabwa	246 157	6 138	7 972	14 110	112 472	117 113	229 585	118 610	125 085	243 695	99,0%
	Lemba	242 463	4 210	6 316	10 526	115 766	117 940	233 706	119 976	124 256	244 232	100,7%
	Limete	271 887	7 204	9 928	17 132	119 012	124 552	243 564	126 216	134 480	260 696	95,9%
	Makala	328 611	7 198	9 242	16 440	146 506	163 857	310 363	153 704	173 099	326 803	99,4%
	Matete	287 897	2 806	4 887	7 693	122 373	132 068	254 441	125 179	136 955	262 134	91,1%
	Ngaba	187 708	3 625	5 259	8 884	84 772	99 760	184 532	88 397	105 019	193 416	103,0%
	Ngiri-Ngiri	191 797	3 764	4 715	8 479	88 234	91 255	179 489	91 998	95 970	187 968	98,0%
	Total	2 591 868	62 692	84 867	147 559	1 144 732	1 274 737	2 419 469	1 207 424	1 359 604	2 567 028	99,0%
KINSHASA	Bandalungwa	160 611	2 855	4 121	6 976	76 287	82 567	158 854	79 142	86 688	165 830	103,2%
	Barumbu	166 108	3 385	4 578	7 963	86 148	76 330	162 478	89 533	80 908	170 441	102,6%
	Binza-Meteo	439 422	10 233	13 790	24 023	197 511	226 992	424 503	207 744	240 782	448 526	102,1%
	Binza-Ozone	342 992	7 453	10 353	17 806	166 096	170 189	336 285	173 549	180 542	354 091	103,2%
	Gombe	97 471	2 578	4 290	6 868	118 423	136 127	254 550	121 001	140 417	261 418	268,2%
	Kinshasa	180 288	2 755	3 756	6 511	90 641	103 951	194 592	93 396	107 707	201 303	111,5%
	Kintambo	83 765	1 259	1 873	3 132	36 965	38 814	75 779	38 224	40 687	78 911	94,2%
	Kokolo	294 322	8 090	10 553	18 643	130 015	134 818	264 833	138 105	145 371	283 476	96,3%
	Lingwala	93 333	1 251	1 946	3 197	44 230	57 710	101 940	45 481	59 656	105 137	112,6%
	Mont-Ngafula I	283 232	6 959	10 060	17 019	125 809	142 299	268 108	132 768	152 359	285 127	100,7%
	Mont-Ngafula II	209 784	6 433	8 965	15 398	117 988	130 493	248 481	124 421	139 458	263 879	125,8%
	Police	125 253	2 358	3 594	5 952	58 904	61 148	120 052	61 262	64 742	126 004	100,6%
	Selembao	402 677	6 463	8 858	15 321	151 259	167 342	318 601	157 722	176 200	333 922	82,9%
	Total	2 879 256	62 072	86 737	148 809	1 400 276	1 528 780	2 929 056	1 462 348	1 615 517	3 077 865	106,9%
		Biyela	226 739	5 862	8 027	13 889	106 128	116 683	222 811	111 990	124 710	236 700
	Kikimi	291 404	6 760	9 843	16 603	120 179	131 819	251 998	126 939	141 662	268 601	92,2%
	Kimbanseke	302 766	2 126	3 264	5 390	148 674	147 947	296 621	150 800	151 211	302 011	99,8%
	Kingasani	241 561	5 722	7 516	13 238	109 418	110 840	220 258	115 140	118 356	233 496	96,7%
	Maluku I	224 400	5 560	8 203	13 763	88 327	94 124	182 451	93 887	102 327	196 214	87,4%
	Maluku II	71 790	2 311	3 964	6 275	36 400	34 994	71 394	38 711	38 958	77 669	108,2%
	Masina I	365 411	10 888	16 585	27 473	152 400	171 690	324 090	163 288	188 275	351 563	96,2%
	Nsele	391 207	13 594	18 911	32 505	205 968	258 033	464 001	219 562	276 944	496 506	126,9%
	Total	2 115 276	52 823	76 313	129 136	967 494	1 066 130	2 033 624	1 020 317	1 142 443	2 162 760	102,2%
TOTAL GENERAL Kinshasa		7 586 400	177 587	247 917	425 504	3 512 502	3 869 647	7 382 149	3 690 089	4 117 564	7 807 653	102,9%

DRC Red Cross volunteers were mobilized and deployed during that campaign. The partial results from 29 health zones indicate that Red Cross volunteers mobilized 53% of the populations in Kinshasa for the campaign as of 28 August 2016, see table 3 below

Health Zones	29
Number of households visited	673,176
Number of women sensitised	763,381
Number of men sensitised	565,290
Number of male children aged between 9 months and 14 years identified in households	582,050
Number of female children aged between 9 months and 14 years identified in households	1,242,209
Total number of people reached	3,152,930

During the campaign, Red Cross volunteers identified physically impaired people who were unable to move to vaccination places and did two things. They either conducted them to vaccination sites, or gave the references to their homes to the nearest vaccination sites managers to ensure that these vulnerable people could have access to the vaccines.

The 53% coverage, though a partial result, can be explained by the fact that following a recommendation by the MoPH, Red Cross volunteers spent the first 3 days of the campaign managing the crowd, which delayed their social mobilization activities.

Table 4: Partial results of the yellow fever preventive vaccination campaign in the 15 health zones along the borders with Angola as of 1st September 2016.

PROVINCES	Zone de santé	Cible VAA (9 mois et plus)	9-11 mois vaccinés			12-59 mois vaccinés			5 ans et plus vaccinés	Total vaccinés	Couverture vaccinale
			0 dose	1 dose+	Total 9-11 mois	0 dose	1 dose+	Total 12-59 mois			
KONGO CENTRAL	Kimvula	76 548	136	1 236	1 372	-	16 156	16 156	60 793	78 321	102,3%
	Ngidlinga	135 792	428	2 583	3 011	18	23 318	23 336	103 968	130 315	96,0%
	Total	212 340	564	3 819	4 383	18	39 474	39 492	164 761	208 636	98,3%
KWANGO	Tembo	94 948	150	2 762	2 912	88	12 593	12 681	39 751	55 344	58,3%
	Kasongolunda	167 278	330	1 880	2 210	-	16 311	16 311	76 075	94 596	56,6%
	Kitenda	150 748	617	5 223	5 840	254	19 893	20 147	62 255	88 242	58,5%
	Popokabaka	178 981	314	1 308	1 622	-	12 379	12 379	47 594	61 595	34,4%
	Wamba Luadi	112 046	424	2 207	2 631	287	11 378	11 665	62 575	76 871	68,6%
	Total	704 002	1 835	13 380	15 215	629	72 554	73 183	288 250	376 648	53,5%
KASAI CENTRAL	Luambo	273 039	1 016	6 712	7 728	5	54 343	54 348	200 389	262 465	96,1%
	Total	273 039	1 016	6 712	7 728	5	54 343	54 348	200 389	262 465	96,1%
KASAI	Kamonia	406 154	1 508	16 498	18 006	845	65 701	66 546	225 565	310 117	76,4%
	Kitangwa	259 094	155	3 799	3 954	25	47 224	47 249	160 469	211 672	81,7%
	Mutena	281 014	941	6 994	7 935	1 320	31 131	32 451	104 058	144 444	51,4%
	Total	946 262	2 604	27 291	29 895	2 190	144 056	146 246	490 092	666 233	70,4%
LUALABA	Dilolo	177 929	764	7 969	8 733	490	33 368	33 858	125 302	167 893	94,4%
	Kapanga	147 030	328	1 871	2 199	26	19 740	19 766	78 731	100 696	68,5%
	Kasaji	255 563	1 170	10 151	11 321	1 033	44 423	45 456	176 622	233 399	91,3%
	Sandoa	213 025	861	3 822	4 683	145	30 793	30 938	116 520	152 141	71,4%
	Total	793 547	3 123	23 813	26 936	1 694	128 324	130 018	497 175	654 129	82,4%
TOTAL GENERAL	Prces Ptlères	2 929 189	9 142	75 015	84 157	4 536	438 751	443 287	1 640 667	2 168 111	74,0%

Information/updates related to the social mobilization activities carried out by Red Cross volunteers in the health zones along the borders with Angola are not yet available because of the difficult access to the localities (bad roads) and the poor telephone and internet coverage.

The epidemiological situation of yellow fever shows that no new cases have been registered in the past 3 weeks see table 5:

Table 5: Yellow fever epidemiological situation as of 2 September 2016

Provinces	CAS CONFIRMES					EN COURS		noncas_ Vaccinal	Grand Total IgM (+)
	confir. autochtones	confir. Autocht. Selvatiques	confir. Importés	Total conf.	Confir. décédés	investigation en cours	Labo en cours		
Bas Uele		1		1			1		2
Kasai		1		1	1				1
Kongo Central	2		35	37	8			1	59
Kinshasa	6		11	17	2	4	3	28	52
Kwango	5		10	15	4	1		2	18
Lualaba			1	1					1
Tshuapa		3		3	1				3
Sud Ubangi						1			1
Grand Total	13	5	57	75	16	7	4	51	137

Source: Directorate for Diseases Control at the MoPH

The yellow fever case notification rate is dropping, and all suspected cases that were hospitalised have been discharged. The following table shows the number of days spent without registering a single case since the last case was confirmed in each province.

Table 6: Number of days since the last case was confirmed, by province

Provinces	Date last case confirmed	Number of days with no case
Kongo Central	27/06/2016	67
Kinshasa	22/06/2016	72
Kwango	12/07/2016	52
Lualaba	20/06/2016	74

Source: Directorate for Diseases Control at the MoPH

Measles

From week 1 to week 30, the epidemiological situation of measles is as follows: 8,283 suspected cases notified in 13 health zones of 8 provinces, and 131 deaths. Out of those, 1,225 cases have been screened, and 106 have been confirmed as IGM+ measles cases.

A team composed of an IFRC staff member from Geneva, the IFRC health coordinator from Yaoundé, an RDRT member and a data manager travelled to Equateur province to strengthen the capacities of Red Cross volunteers and help them conduct the following activities: social mobilisation during the anti-measles immunisation campaign, vector control, community surveillance, and active search of cases using mobile phones.

The anti-measles vaccination campaign took place from 23 to 27 August 2016. During that campaign, Red Cross volunteers conducted social mobilisation activities and achieved the following results: 18,640 households visited, 112,266 people sensitised (including 52,746 men, 59,806 women), 25,432 children aged between 6 and 59 months registered and vaccinated, 508 zero-dose- children aged between 12 and 59 months identified, 82 reticence cases registered, and 43 cases of rejection well managed. The volunteers also registered 69 suspected cases of post-injection allergic manifestations, 20 suspected cases of measles, 2 acute flaccid paralysis and 16 suspected cases of yellow fever.

The next anti-measles vaccination campaign is scheduled to take place from 26 September in Kinshasa.

Cholera

From week 1 to week 34, the epidemiological situation of cholera is as follows: 18,252 suspected cases notified, and 516 deaths. The most affected provinces are Equateur, Tanganyika, Mongala, Mayi-Ndombé and Tshopo.

The ICG request has been approved and the cholera preventive vaccination campaign is scheduled to begin on 20 September in 5 health zones of Kinshasa.

Cases of cholera imported from neighbouring Central African Republic have been registered in Nord and South Ubangi.

Three suspected cases of cholera and 1 death were registered in the same family in the Kingaboua health zone of Kinshasa, precisely in the Ndanou neighbourhood.

The Red Cross of DRC is preparing their teams to conduct social mobilisation and hygiene promotion activities during the forthcoming cholera preventive vaccination campaign in Equateur, Kinshasa, Mongala, North and South Ubangi provinces.

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 weekly to discuss the various epidemics and the possible solutions.

WHO and UNICEF have been supporting the notification of suspected cases, providing reactants to the 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 (DRC and Angola)

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 Sino-Congolais Hospital 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 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 disasters. 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 3,329 Red Cross volunteers and 333 supervisors who are presently carrying out social mobilisation activities in support to the various immunisation campaigns planned in the country.

In addition, Following the death of the former NS President, program implementation was somehow slowed down. In reaction to this, IFRC has supported the organization of a NS General Assembly (GA), which has 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. The NS has appointed one of their staff as the focal point for the implementation of this appeal. The latter is working hand in hand with the RDRT member and all other supporting teams deployed to DRC for the operation.

The Canadian Red Cross has deployed a health delegate to DRC to support the operation from 27 August to 7 September 2016. The latter has already met with MoPH partners such as WHO, UNICEF, MSF and ICRC to have a better understanding of what is being done by each partner. The delegate also participated in several coordination meetings organized by the MoPH. Before ending her mission, the Canadian delegate made recommendations to help improve operation implementation. This was done in the presence of the newly elected President of the Red Cross of DRC.

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	Outputs		% of achievement	
	Output 1.1: Volunteers carry out social mobilization activities to targeted communities to promote vaccination campaigns			
	Output 1.2: Volunteers deliver knowledge, understanding and behaviour to prevent, detect and reduce yellow fever, measles and cholera disease in target population			
Activities		Is implementation on time?		% progress (estimate)
		Yes	No	
1.1.1	Identify and recruit volunteers	X		3,424 RDC Red Cross volunteers and 342 supervisors have been identified by the NS to participate in social mobilisation activities in 8 provinces during the preventive vaccination campaign against Yellow Fever, Measles and Cholera.
1.1.2	Training and supervision of volunteers on social mobilization for yellow fever	X		3,329 volunteers and 333 supervisors have been trained on social mobilisation for the preventive vaccination campaign against Yellow Fever in 6 provinces.
1.1.3	Supervision of volunteers	X		A team has been set up to supervise the activities being carried out by Red Cross volunteers. This team includes the NS' Health coordinator, NS appeal focal person, the NS' Deputy WATSAN Coordinator, and the RDRT member who is currently in country.
1.1.4	Awareness raising and door to door social mobilization activities	X		After several postponements, the preventive vaccination campaign against Yellow Fever took place from 17 to 28 August 2016, including two sweep days. Sensitisation and social mobilisation activities were conducted from 15 to 29 August 2016. These activities were delayed for 3 days during which Red Cross volunteers were managing the crowd following a recommendation by the MoPH.
The vaccination campaign achieved a 102% coverage rate (partial results) in the 47 health zones concerned.				

<p>Social mobilisation activities took place from 15 to 16 August, and from 20 August to 3 September 2016. The partial results of these activities in Kinshasa indicate are as follows: 18,640 households visited, 112,266 people sensitised (including 52,746 men, 59,806 women), 25,432 children aged between 6 and 59 months registered and vaccinated, 508 zero-dose- children aged between 12 and 59 months identified, 82 reticence cases registered, and 43 cases of rejection well managed. The volunteers also registered 69 suspected cases of post-injection allergic manifestations, 20 suspected cases of measles, 2 acute flaccid paralysis and 16 suspected cases of yellow fever. A total of 3,199,657 people have been reached in Kinshasa, i.e. 53% coverage.</p>				
1.2.1	Provide key health messages on yellow fever, measles and cholera to communities through radio programmes	X	Ongoing	
1.2.2	Adapt key health messages for yellow fever	X	Ongoing	
1.2.3	Provide material for training of volunteers, door to door guideline activities and data collection forms	X	Ongoing	
1.2.4	Produce and distribute RC T-shirts, IEC and other material to volunteers and staff to improve visibility for DRC at the community level	X	1,326 T-shirts were purchased for the anti-measles vaccination campaign in Equateur province.	
1.2.5	Follow up of adverse events following vaccination	X	576 cases of post injection manifestations were registered.	
Outcome 2: Community-based disease surveillance on yellow fever, measles and cholera is provided to the target population		Outputs		% of achievement
		Output 2.1: Volunteers contribute to early detection and case management of suspected yellow fever, measles and cholera cases in the target population		
Activities		Is implementation on time?		% progress (estimate)
		Yes	No	
2.1.1.	Identify and recruit volunteers		X	Not yet started, Funding not yet available
2.1.2.	Training and supervision of volunteers		X	Not yet started, Funding not yet available
2.1.3.	Hold meetings with community members		X	Not yet started, Funding not yet available
2.1.4.	Conduct community surveillance and encourage active case search in the communities		X	Not yet started, Funding not yet available
2.1.5.	Sensitization of various stakeholders		X	Not yet started, Funding not yet available
2.1.6.	Participation in various coordination meetings	X		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 (through the Canadian Red Cross delegate) 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.
2.1.6. Maintain regular meetings with partners	X		<p>The IFRC Central Africa Regional Health Coordinator and the Geneva-based Immunisation Officer met with several political authorities and partners, including WHO Country Representative to reach an agreement on the role of Red Cross volunteers during vaccination campaigns.</p> <p>The Canadian Health delegate and 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>Meetings with partners were organised regularly to find solutions to specific problems such as communications.</p>
2.1.7. Active monitoring and early detection of cases	X		20 suspected cases of measles during the vaccination campaign in Equateur province.
2.1. 8. Guidance of cases to nearest health structures	X		Ongoing
2.1.9. First aid and rehydration of all detected cases, especially during referrals for cholera		X	Not yet started, Funding not yet available
Outcome 3: Target population contributes to vector control and environmental sanitation activities	Outputs		% of achievement
	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	Is implementation on time?		% progress (estimate)
	Yes	No	
3.1.1. Identify and recruit volunteers		X	Not yet started, Funding not yet available
3.1.2. Training and supervision of volunteers		X	

3.1.3. Collaborate with the MoH in vector control and environmental sanitation activities		X	
3.1.4. Provide social mobilization messages to communities through door-to-door and mass information activities		X	
3.1.5. Support communities to advocate for environmental clean-up with appropriate authorities		X	
3.1.6. Carry out community clean-up activities		X	
3.1.7. Buy and distribute cleaning equipment		X	
3.1.8. Buy and distribute safety equipment for volunteers and staff		X	
Water, Sanitation and Hygiene Promotion			
Outcome 4: Immediate reduction in risk of waterborne and water related diseases in targeted communities	Outputs		% of achievement
	Output 4.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
4.1.1. Train volunteers in water purification at supply points, public places and at home		X	Not yet started. This activity will start when the newly recruited logistics delegate will arrive in DRC; hopefully in the coming days. Access to beneficiaries is very challenging, needing experienced support from logistics.
4.1.2. Demonstration and purification of water at supply points, public places and at home		X	
4.1.3. Test for residual chlorine in household water		X	
4.1.4. Raise awareness on hand washing, personal and collective hygiene		X	
4.1.5. Raise awareness on appropriate use of latrines		X	
4.1.6. Sensitize the community on corpse management		X	
4.1.7. Community management of corpses, with support from health structures		X	
National Society capacity building			
Outcome 5: The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards.	Outputs		% of achievement
	Output 5.1: Enhance preparedness for epidemics and increase volunteers' engagement		
Activities	Is implementation on time?		% progress (estimate)

	Yes	No	
5.1.1. Epidemic Control for Volunteers (ECV) manual training	X		Not yet started, even if funding is not yet available, these activities were planned after the 2 nd month of implementation.
5.1.2. Community Based Health and First Aid(CBHFA) training for volunteers	X		
5.1.3. Finance training for headquarter and branches	X		
5.1.4. Training on logistic procedures for headquarter and branches	X		

IFRC seizes this opportunity to express gratitude to those partners who have so far contributed to this emergency appeal. The following table highlights the most important gaps that are still to be covered in this operation.

Outcome Description	Budget	Committed	Gap	Target Population	Reach (incl commitment)	Comments
Targeted populations in 5 provinces take measures to reduce Yellow fever (YF) risks	501,063	501,063	0	12,327,181	102%	All activities related to Yellow Fever vaccination campaign have been conducted
Community-based disease surveillance is provided to the target population in 7 provinces	380,099	4,760	375,339	2,739,050	25%	IEC Materials available in-country and will be distributed in targeted provinces. Additional IEC Materials, Sensitization campaign including deployment of volunteer and awareness session to be conducted if additional funding is received
Target population in 7 provinces contributes to vector control and environmental sanitation activities	172,120	27,016	145,104	2,739,050	50%	Volunteers protection kits is to be procured and they will be used on activities of other outcomes. Deployments of the volunteers which will contribute to the achievement of this outcome is conditioned by reception of additional funding.
Immediate reduction in risk of waterborne and water related diseases in targeted communities (Kinshasa, Equateur, Mongala)	219,837	139,587	80,250	1,549,117	75%	Part of water treatment and sanitation activities will be conducted within the timeframe. The remaining activities will take place if additional funding is received.

The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards	261,300	17,550	243,750	NA 280 health staff and volunteers on ECV and CBHFA 20 Finance and management staff 20 logistic and management staff	Depending on funding received	Capacity Building of the DRC RC on Health, Finance and Logistic are still to be fundraised for.
National Society operation support costs (where not included in sector based activities)	235,500	35,200	200,300	NA 151 Health Zone Coordinators in 7 provinces.	98	Around CHF 50k of NS operational cost is covered by other IFRC on-going projects. However, the budget (CHF 151,000) for deployment of 151 Health Zones Coordinator in the 7 targeted provinces is not covered. It is important that these staff are soon in place to facilitate coordination of remaining activities as well as monitoring and data collection.
IFRC operation support costs	340,390	302,717	37,673	3 delegates (Ops Coord, Log, Health)	NA	IFRC is deploying 3 Delegates and other resources to support the DRC RC to increase its capacity to respond. CHF 37k is needed to cover the full cost. This is in addition to costs for the 3 current staff (liaison officer – DRC based, Health RDRT – Côte d'Ivoire RC, to be replaced by Health delegate and Finance/Admin deployed from IFRC Yaoundé) since the onset of the operation – whose costs are covered by already made contributions.
Total	2,110,308	1,027,893	1,082,416			

Human resources

The process to recruit the planned delegates (Health Coordinator, Operations Manager and Logistics Delegate) is underway. Interviews are completed 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. The Canadian Red Cross deployed a health delegate to DRC to support the operation from 27 August to 7 September 2016.

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 days ahead.

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 was in the field and produced visibility material in support of the ongoing yellow fever vaccination campaign. So far 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 have been 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
- 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
- Planned activities involve:
- Continuity of field visits to collect material for communications productions: short videos using different angles, web stories; material for two more TV programme focusing on cholera and measles response activities;
- In case funding is available, a video will be produced on surveillance activities at borders for these epidemics.
- Communication mission in the Equateur province to support response activities against the cholera outbreak as they start.
- Continuity in developing partnerships with international and local media represented in DRC.

For details on the material that has been 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/) <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/) : <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

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 was deployed to DRC to help the Host NS 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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For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

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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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Saving lives, changing minds.



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.