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Emergency Plan of Action Final Report

DRC: Epidemic (Yellow Fever)

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRCD017	Date of Issue: 10 November 2016
Date of issue: 18 November 2016	Operation budget: CHF 177,927
Operation start date: 20 May 2016	Operation end date: 19 August 2016
Number of people affected: 2,059,139 people	Number of people 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.	
N° of National Societies involved in the operation: Red Cross of DRC, Belgian Red Cross, Canadian Red Cross, and Netherlands Red Cross	
N° of other partner organizations involved in the operation: Ministry of Public Health, WHO, MSF, UNICEF, IOM, Save the Children International	

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.

Following cross-border population movement from Angola into neighbouring countries, exported cases were 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 had 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. 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 1.9 million people in the most at-risk regions. Vaccination is the most important preventive measure against yellow fever.



DRC RC volunteer sensitizing a community member. Photo credit DRC Red Cross

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On 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 Red Cross and the Ministry of Health conduct social mobilization during the vaccination campaign against yellow fever, from 26 May - 4 June in two health zones in the province of Kinshasa and nine health zones of the province of Kongo Central.

On 18 July, the operation was extended for one additional month, to allow for a Knowledge Attitude and Practice (KAP) survey and lessons learned workshop of this DREF operation to be undertaken. These activities have now concluded. Despite this DREF operation, the number of Yellow Fever cases continued to increase along with cases of measles and cholera. In response to these outbreaks, the IFRC in support of DRC Red Cross launched an Emergency Appeal for the epidemics (MDRCD018).

This DREF has been replenished by the Netherlands Red Cross/Silent Emergencies Fund, the Belgian Red Cross/Government and the Canadian Red Cross/ Government DFATD and other corporate and private donors. The IFRC on behalf of the DRC Red Cross Society would like to express its gratitude to all for their generous contributions. A balance of CHF 878 will be returned to the DREF.

[<click here for the contact details and here for final financial report>](#)

Summary of response

Overview of Host National Society

The Red Cross of the Democratic Republic of Congo is a neutral humanitarian organization, auxiliary to public authorities. At the national headquarters, the operational management structure including six technical departments and professionals trained as part of the National Disaster Response Team (NDRT). The DRC Red Cross 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 Red Cross has a pool of approximately 120,000 registered volunteers, of which 60,000 are active.

Activities of this DREF included community surveillance and vector control through hygiene and sanitation. As such, some 550 volunteers, 55 supervisors, 11 heads of health zones were deployed in the field with the necessary equipment. This team was supported by the National Society through its Director of 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.



Launching of vaccination campaign by the Mayor of Ndjili in the presence of Red Cross and other partners including WHO & UNICEF. Photo: DRC RC

Red Cross volunteers visited 1,010,430 households in which 1,325,595 people, including 379,498 men and 344,068 women, were reached with messages on yellow fever. In total, 602,029 children from 9 months to 14 years were also reached.

In addition, 1,455 cases of referrals were recorded, 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 and referred to nearest health centre. DRC Red Cross 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 continued to spread rapidly within other provinces. This was due to high mobility of the people, refusal to be vaccinated and the other factors including:

- Failure to adhere to the vaccination schedule and vaccines recommended for travel
- The risk associated with storing clean water for longer periods to reduce the breeding conditions for *Ae. Aegypti*. This includes failure to change the water every 2-3 days and to clean the containers properly inside and dry them before refilling
- Non-compliance with measures to clean up the local environment with a priority to eliminate non-biodegradable and discarded containers and used tires etc.

Overview of Red Cross Red Crescent Movement in country

The IFRC Cluster Country Support team (CCST) Yaoundé has supported the DRC Red Cross 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.

Overview of non-RCRC actors in country

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 under the lead of epidemiologists from the Ministry of Health (MoH).

MSF Belgium undertook patient management in the Sino-Congolese Hospital in addition to fumigation of contaminated sites in Kinshasa. MSF also made an ambulance available to the MoH for the transfer of cases that fit the case definition. MSF France provided health care to patients and carried out fumigation of contaminated sites in Kwango.

Needs analysis 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.

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

Health Zone	Number of households visited	Number of women sensitised	Number of men sensitised	Number of children from 09 months to 14 yrs counted	Total number of people sensitized	Number of cases of refusal noted	Number of cases of refusal handled	Number of suspected cases of AEFI detected and oriented	Number of suspected cases of VPD identified	Number of coordination meetings with other actors	Number of cross-border meetings organized	Number of evaluation meetings with other actors
Boma	3229	15548	8987	55066	79601	239	239	37	14	10	0	10
Boma Bungu	5201	19429	11734	12286	43449	94	94	9	2	9	0	9
Kitona	807	3257	1586	4012	8855	14	14	27	9	10	0	10
Muanda	9682	46040	32369	65572	143981	9	9	25	7	10	0	10
Matadi	5971	11724	26658	33763	72145	25	25	2	6	10	0	10
Nsona MPangu	20500	41677	34838	51538	128053	195	195	11	3	11	0	11
Nzanza	2026	29936	27258	1776	58970	64	64	19	0	12	0	12
Kimpangu	1254	10160	16650	15390	42200	2	2	0	0	12	0	12
Kimpese	31018	29998	23180	33291	86469	274	274	13	0	10	0	10
Massina 2	56201	68194	70923	27653	166770	12	12	16	8	1	0	
N'djili	874541	103535	89685	301682	494902	527	451	525	10	2	0	
TOTAL	1010430	379498	343868	602029	1325395	1455	1379	684	59	97	0	94

AEFI = Adverse events following immunization

VPD = Vaccine Preventable Diseases

Table 2: Results of the vaccination campaign organized against Yellow Fever 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%

Table 3: Results of risk evaluation in households in Kongo central during vector control activities

HEALTH ZONES	Number of households visited	Number of households that have covered water containers	Number of households with abandoned containers where mosquitoes can reproduce	Number of breeding sites identified	Number of households that have stored drinking water for over a week.	Number of households that know when mosquitoes bite during the day between 6 am – 9 am and 3 pm – 9 pm outdoors	Number of households that use a treated mosquito net	Number of women sensitised	Number of men sensitised	Total number of persons sensitized
Boma	3101	2782	317	19	487	875	2908	12827	7564	20391
Boma Bungu	4124	2807	1137	17	782	1725	3672	16341	10652	26993
Kitona	634	501	131	2	15	93	461	2469	1163	3632
Muanda	7541	4964	1869	4	702	1478	4872	30762	22617	53379
Matadi	4746	976	835	115	1029	423	771	24113	10043	34162
Nsona Mpangu	4008	1312	1314	2	102	814	325	2905	2508	5413
Nzanza	3110	539	1060	5	33	13	854	33706	31132	64838
Kimpangu	832	423	210	2	0	123	328	1211	1325	2536
Kimpese	1434	210	132	1	19	523	314	1329	1141	2470
TOTAL	29530	14514	7005	167	3169	6067	14505	125663	88145	213814

During these activities, Red Cross Volunteers destroyed 167 breeding sites.

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 but was extended by one month, lasting for a duration of three 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 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 behaviour change in at-risk communities) as well as assisting the MoH with the vaccination process when needed.

- Given rumours of refusals and resistance to vaccine, a knowledge, attitude and practices (KAP) survey was 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) was undertaken in preparation for social mobilization linked to the vaccination campaign.
- Awareness raising / social mobilization was undertaken linked to the vaccination campaign. All volunteers were 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 was produced and hung in each of the 11 health areas.
- Procurement of sanitation kits, consisting of ploughing equipment for environmental hygiene, which were distributed to volunteers in health areas of Kongo Central province, which was identified in need for vector control.
- A workshop was conducted to capture lessons learnt, and inform recommendations for future IFRC and National Society operations.

Operational support services

Human resources (HR)

Some 550 volunteers and 55 supervisors received training/refresher training to carry out social mobilization, vector control and community-based surveillance in connection with the reactive vaccination campaign against yellow fever.

The yellow fever focal point of the National Society, two Provincial Coordinators, 11 zonal supervisors and two drivers took part in the operation. In addition, one Regional Disaster Response Team (RDRT) member was deployed throughout the operation for 45 days. Furthermore, the Regional Health Coordinator as well as the regional finance and administration of the Country Cluster Support Team (CCST) Yaoundé went on a mission to monitor the operation.

Logistics and supply chain

In total, 605 t-shirts, 55 caps were made to ensure the visibility of the Red Cross of the Democratic Republic of Congo during the social mobilization campaign against yellow fever. In addition, 11,000 posters were made to inform people in public spaces and 11,000 flyers enabled volunteers to sensitize people during home door to door visits.

All these tools were produced by the logistics department of the DRC Red Cross in accordance with IFRC procedures clearly stated in the Memorandum of understanding signed between the IFRC and the National Society before the implementation of the operation started.

Communications

Since the launch of the vaccination campaign, the communications department of the National Society was active throughout the operation. The sensitization activities carried out were recorded on video cameras and interviews were conducted with households and former patients (suspected or confirmed cases) now cured gave personal testimonies on the videos. Video reports were later made through a film titled "15 Minutes of Humanitarian Action" and was broadcast on TV channels in the DRC.

Security

Despite the socio-political instability in the DRC and frequent protests, no security incident was reported during the operation.

Planning, monitoring, evaluation, & reporting (PMER)

Missions to monitor activities were undertaken by Provincial Divisions from Kongo Central and Kinshasa, backed by the Ministry of Health. In addition, the Regional Health Coordinator of the CCST Yaoundé went on a monitoring mission in Kongo central to ensure the effective implementation of the activities planned in the DREF.

The RDRT deployed to support the operation also performed monitoring in the relevant health missions in the province of Kinshasa. Weekly updates were regularly forwarded to the Yaoundé CCST office.

Information Technology

Recharge cards for communication (telephone and internet) were bought to enable communication between provincial committees, council committees and the DRC Red Cross head office.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Needs assessment

Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation

Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in implementation areas

Activities planned

- Conduct knowledge, attitudes and practices survey
- Participation in planning and coordination meetings at national, provincial and zone level
- Monitoring with relevant partners (MoH, UNICEF and WHO)

- Reporting on activities planned; including promotion of the DREF operation with relevant in-country partners
- Deployment of a Regional Disaster Response Team Member (RDRT)
- Deployment of IFRC emergency health support
- Deployment of IFRC finance support

Achievements

- To be realized before the social mobilization campaign against yellow fever, the Knowledge, Attitudes and Practices (KAP) was conducted in the province of Kongo Central, where the epidemic first broke out. The KAP lasted for 15 days and was conducted in five health zones (Boma, Nzanza, Matadi, Nsona Mpangu, Kimpese) out of the 9 affected by the epidemic. In total 900 heads of households corresponding to 900 households were surveyed and 87% of them had heard about the vaccination campaign against yellow fever before it started, while 12.4% heard about the vaccination campaign during the campaign itself. Among them, 25.8% were informed by social mobilization agents, 17.7% by public town criers, including those with loud speakers. 92.3% of the persons surveyed had already heard about yellow fever. Among them, 62.4% had some knowledge of the vaccination against yellow fever. As concerns the mode of transmission of the disease, 61.9% knew the main mode of transmission (mosquito bite). 63.6% of the persons surveyed knew the vaccine against yellow fever gives lifelong protection. 2.6% of those vaccinated suffered from **adverse events following immunization (AEFI)**. In 31.6% of cases, these events entailed headaches, in 27.9% fever and in 18.4% persistent pain. As concerns the vaccination campaign, 97.5% of the target population was vaccinated as opposed to 2.1%. Among the persons not vaccinated, in 50% of the cases abstained due to pregnancy or sickness, while 31.8%, abstained due to absence from the area because of travel, while 4.5% of the people were not vaccinated because they did not trust the vaccine.
- An RDRT was deployed from 16 June - 30 July, 2016 by the IFRC to ensure the effective implementation of the activities planned in the DREF. The RDRT and the Health Coordinator of the National Society took part in 19 Coordination meetings [Coordination for the Treatment and Fight Against Yellow Fever (CPEC), National Commission for Coordination (CNC)], at the central level. Other stakeholders, namely WHO, UNICEF, MSF Belgium, MSF France, GAVI, CDC, JICA etc. also took part in these meetings. The DRC RC supervisors and volunteers took part in 94 coordination meetings at the provincial level. Weekly reports on activities carried out were regularly forwarded to the CCST Yaoundé. The Regional Health Coordinator of the CSST Yaoundé carried out two missions to monitor the operation, thereby ensuring effective implementation of the planned activities.
- A finance officer was deployed to the operation for the monitoring and acceleration of the financial procedures.
- A workshop on the lessons learnt from the vaccination campaign for yellow fever was organized by the National Society. It brought together supervisors from local Red Cross committees and those from the health zones of nine localities in the Kongo central and two localities in the province of Kinshasa affected by the yellow fever epidemic. Also, members of the Health Department, the PMER Department of the National Society and the RDRT took part in this workshop. The following issues were highlighted:
 - The presence of bib-wearing Red Cross volunteers contributed to better handling of refusal given the trust that exist between people and the Red Cross.
 - The fear of Yellow Fever made the people more concerned, as people encountered actual cases and the symptoms
 - Proper collaboration with the Provincial Division in health zones enabled volunteers to reach a good number of the target population; even after the campaign ended.

Challenges

- Visa procedures for entry into the DRC delayed the arrival of the RDRT. Consequently, the RDRT arrived when a large part of activities planned in the DREF had already been realized.
- The KAP survey was to be conducted before the vaccination campaign started. However, it was only possible to undertake the KAP at the end of the campaign. In fact, in addition to yellow fever that spread to other provinces, the country experienced a spike in cases of measles and cholera.
- In order to comply with the procedures of the IFRC regarding international money transfer, the National Society had to create a new account after several fruitless attempts to use their usual account located in a local bank.
- There was partial involvement of the National Society in Coordination and Planning meetings for activities related to the fight against yellow fever.

Lessons Learned

The National Society should be more involved in the design, implementation and monitoring of activities. It should reinforce its active participation in the meeting with partners as well as continue and improve on communication, discussions with state structures, partners and other stakeholders.

Health and Care

Needs analysis: 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.

Population to be assisted: Please refer to the original EPoA, which provides an overview of the beneficiary selection for this operation.

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

2.1.1. Refresher training of supervisors/volunteers (Target: 55 supervisors; and 550 volunteers)

2.1.2. 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

2.2.1. Awareness raising/social mobilization - fourteen days (two days before, ten days during and two days after the vaccination campaign).

2.2.2. Follow up of adverse events following vaccination.

2.2.3. Conduct community surveillance (especially in entry points with Angola); and encourage active case search in the communities.

2.2.4. Implement vector control measures to clean the human environment in priority areas of Kongo Central province

Achievements



Volunteers involved in active search for suspected cases and sampling for bioanalysis Photo credit DRC Red Cross



Training/retraining of volunteers in Ndjili Photo credit DRC Red Cross

2.1.1. Overall, 550 Volunteers and 55 Supervisors were trained to carry out social mobilization, community-based surveillance and vector control in the 11 relevant health zones.

2.1.2. 605 T shirts and 55 caps were made to ensure the visibility of volunteers and supervisors during the social mobilization campaign against yellow fever

2.2.1. Volunteers and supervisors carried out social mobilization and sensitization activities directed at the target population two days before the vaccination campaign, ten days during the vaccination campaign and two days after the vaccination campaign. During this campaign, they visited overall 1,010,430 households in which 1,325,595 people, including 344,068 women and 379,498 men were sensitized on the vaccination campaign against yellow fever. In these households, 602,209 children aged 9 to 14 years, who were part of the target population, were counted. The vaccination coverage rates for this vaccination campaign against Yellow Fever in the 11 localities stood at 107%. This figure is accounted for by the fact that since the vaccination campaign did not include all health districts, people in neighbouring health districts were forced to move to be vaccinated.

2.2.2. 684 cases of AEFI were recorded and treated.

2.2.3. DRC Red Cross volunteers and supervisors carried out community-based surveillance activities in their respective localities, after the social mobilization campaign against Yellow Fever.

2.2.4. DRC Red Cross volunteers and supervisors also carried out vector control activities to support the vaccination campaign against yellow fever. During these activities, 29,530 households were visited. In these households, they evaluated on each occasion, the risks of yellow fever transmission before providing information on risks and cleaning up the environment. During these activities, Red Cross volunteers destroyed 167 breeding grounds and discussed with the people about risks. Furthermore, there were 1,455 cases of refusals, with 1379 cases being managed by Red Cross volunteer and referred to local health authorities and 59 cases of vaccine preventable diseases.

Challenges

- Adults in general, and particularly men were absent during the day in the course of social mobilization (due to their presence at work, in the farm etc.). To overcome this challenge, volunteers were instructed to go to homes and conduct their visits later in the afternoons, security permitting.
- The distance between health zones and the poor state of roads created challenges, in addition, insufficient internet network coverage made it difficult to collect data and reports from health zones in the province of Kongo central on a daily and weekly basis.

Lessons learned

- Training/refresher training of Red Cross volunteers in conjunction with health zone counterparts enables them to have the same level of information and address several concerns from health zone officials.
- Social mobilization carried out earlier in the morning or at the end of the day makes it possible to reach a huge segment of the population. Social mobilization after the vaccination campaign makes it possible to recover and vaccinate many of those who were not vaccinated
- Training volunteers on the symptoms of the disease enables them even outside their working hours to identify suspected cases and take them to the closest health facility

Way Forward

Despite all these concerted interventions, the health situation continued to deteriorate. Spread of cases of yellow fever to other provinces, spike in cases of cholera and measles led to the launch of an emergency plan to better meet needs, operation [MDRCD018](#) available on the IFRC website.

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.

Disaster Response Financial Report

MDRCD017 - DR Congo - Yellow Fever

Timeframe: 19 May 16 to 19 Aug 16

Appeal Launch Date: 19 May 16

Final Report

Selected Parameters

Reporting Timeframe	2016/5-2016/12	Programme	MDRCD017
Budget Timeframe	2016/5-2016/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			177,927			177,927	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			177,927			177,927	
C4. Other Income			177,927			177,927	
C. Total Income = SUM(C1..C4)			177,927			177,927	
D. Total Funding = B +C			177,927			177,927	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			177,927			177,927	
E. Expenditure			-177,049			-177,049	
F. Closing Balance = (B + C + E)			878			878	

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Reporting Timeframe	2016/5-2016/12	Programme	MDRCD017
Budget Timeframe	2016/5-2016/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A						B	A - B	
BUDGET (C)				177,927			177,927	
Relief items, Construction, Supplies								
Teaching Materials	11,000			10,983			10,983	17
Other Supplies & Services	4,125			4,035			4,035	90
Total Relief items, Construction, Sup	15,125			15,019			15,019	106
Logistics, Transport & Storage								
Distribution & Monitoring	6,000			5,978			5,978	22
Transport & Vehicles Costs	10,000			9,952			9,952	48
Total Logistics, Transport & Storage	16,000			15,930			15,930	70
Personnel								
International Staff	10,350			9,693			9,693	657
National Staff				18			18	-18
National Society Staff	11,100			11,548			11,548	-448
Volunteers	72,508			72,539			72,539	-31
Total Personnel	93,958			93,797			93,797	160
Workshops & Training								
Workshops & Training	11,810			11,435			11,435	375
Total Workshops & Training	11,810			11,435			11,435	375
General Expenditure								
Travel	10,950			10,207			10,207	743
Information & Public Relations	16,225			16,197			16,197	28
Office Costs	1,000			1,193			1,193	-193
Communications	1,000			1,466			1,466	-466
Financial Charges	1,000			999			999	1
Total General Expenditure	30,175			30,063			30,063	112
Indirect Costs								
Programme & Services Support Recove	10,859			10,806			10,806	54
Total Indirect Costs	10,859			10,806			10,806	54
TOTAL EXPENDITURE (D)	177,927			177,049			177,049	878
VARIANCE (C - D)				878			878	

Disaster Response Financial Report**MDRCD017 - DR Congo - Yellow Fever**

Timeframe: 19 May 16 to 19 Aug 16

Appeal Launch Date: 19 May 16

Final Report

Selected Parameters

Reporting Timeframe	2016/5-2016/12	Programme	MDRCD017
Budget Timeframe	2016/5-2016/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	177,927		177,927	177,927	177,049	878	
Subtotal BL3	177,927		177,927	177,927	177,049	878	
GRAND TOTAL	177,927		177,927	177,927	177,049	878	