

www.ifrc.org
Saving lives,
changing minds.

Emergency Appeal Operations Update

DRC: Epidemics – Yellow Fever, Cholera & Measles

 International Federation
of Red Cross and Red Crescent Societies

| | |
|---|---|
| Emergency Appeal: MDRCD018 | Glide n°: XXXXX |
| Operations update n° 3 | Timeframe covered by this update: 9 September 2016 - 28 April 2017 |
| Date of Issue: 06 May 2017 | Operation timeframe: 16 months, New end date: 20 July 2017 |
| Overall operation budget: CHF 2,247,478 | DREF amount initially allocated: CHF 177,927 Appeal coverage funding): 53% |
| Number of people affected: 23,970,327 people | Number of people assisted: 12,327,181 people |
| Host National Society: Red Cross of the Democratic Republic of Congo, with its 11 provincial committees, 54 district committees and 244 territorial/local committees and their 60,000 active volunteers out of the 120,000 registered volunteers | |
| Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) | |
| N° of other partner organizations involved in the operation: Ministry of Public Health, WHO, MSF, UNICEF, IOM, Save the Children International | |

Summary

This Operational update seeks to support exceptional reopening of IFRC DRC Epidemics Emergency Appeal for the next six months (20 July 2017). This will enable the DRC RC meet humanitarian needs resulting from an outbreak of cholera (ongoing), dating back from December 2016. Primarily through social mobilization activities linked to vaccination campaigns, in addition to emergency health, water, sanitation and hygiene promotion and to support National Society capacity building.

A. Situation analysis

Description of the disaster

A yellow fever outbreak was declared in DRC in March 2016. The epidemics originated from neighbouring Angola and initially affected 11 health zones, 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 Central Province. In response to this outbreak, the Government conducted yellow fever vaccination campaign, which took place from 24 May - 4 June 2016. Thanks to an initial DREF allocation of 177,927 Swiss francs. The DRC Red Cross contributed to the success of that campaign by engaging its volunteers in activities including social mobilization, communication on the risks of yellow fever, vector control, active case search for yellow fever cases, and community surveillance of suspected cases.

Measles and cholera outbreaks were also declared in some health zones and had the tendency to spread all over the country. From week 1 - week 43 2016, Seventy-eight (78) cases of Yellow Fever were confirmed in DRC. The 78

cases included 13 indigenous cases, 8 sylvatic cases, and 57 cases confirmed as importation from neighbouring Angola.

From week 1 - week 43, Twenty-one (21) health zones in 10 provinces reported 13 817 suspected cases of measles and 178 deaths. Out of the cases reported, 1 807 cases were examined, and 248 of them were confirmed as being IGM+. During the same period, 13,998 cases of cholera and 341 deaths were reported. While the number of cases was going down until week 24, a new wave of cholera cases and deaths started appearing, particularly during weeks 28 - 29.

The situation could no longer be managed through the initial DREF operation. 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 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 came in from potential donors.

Summary of response

Overview of Host National Society

The Democratic Republic of Congo Red Cross (DRCRC) is a neutral humanitarian organization, auxiliary to the public authorities. At the national HQ, there is an operational management structure including six technical departments and professionals trained as part of the National Disaster Response Team (NDRT). The DRCRC has provincial disaster response intervention teams (PDRT) with 110 members, a national disaster response intervention teams (NDRT) with 30 members, and 10 staff members (RDRT) trained. Moreover, the DRCRC has a pool of approximately 120,000 registered volunteers (one of the largest voluntary networks in the world), of which 60,000 are active.

Activities of the yellow fever DREF included, social mobilization, community surveillance and vector control through hygiene and sanitation. As such, 550 volunteers, 55 supervisors, 11 heads of health zones were deployed in the field with the necessary equipment. This team was supported by the NS through its director for health, finance and communication officers, as well as the IFRC's Yaoundé CCST health coordinator and finance team. An Operations update on yellow fever operation published in September 2016, indicated that volunteers visited 404,723 households in which 1,039,510 people (601,545 men and 437,965 women), were reached with messages on yellow fever. 877,137 children from 9 - 14 years were also reached. 1,916,647 people directly reached by the DRCRC volunteers during the vaccination campaign which took place from 26 May - 4 June 2016, in 11 health zones of the Kinshasa and Kongo Central provinces, representing a coverage rate of 96.91% for social mobilization.

Overview of Red Cross Red Crescent Movement in country

From the launch of the operation, IFRC Yaoundé maintained regular contact with the DRC Red Cross and the Swedish Red Cross representative in DRC, making sure that all planned activities were carried out. An operation monitoring team was set up, composed of the Host NS, IFRC and the Swedish Red Cross. The team was led by DRC Red Cross, which is responsible for implementing planned activities. IFRC and Swedish Red Cross providing technical support and joined efforts to mobilize resources for the operation. As part of IFRC support, two delegates were deployed to support the implementation of the operation (operations manager delegate and logistics delegate).

Overview of non-RCRC actors in country

Ministry of Health set up three coordination teams to manage the three outbreaks. The members of these teams included WHO, UNICEF, JICA, CDC, ECHO, MSF France, MSF Belgium, IFRC and the Red Cross of DRC. These teams meet every week to share information on the epidemic and coordination between partners (3W).

WHO and UNICEF provided support in reporting suspected cases in close coordination with the Ministry of Public Health (MoPH), providing reactants to the INRB laboratory (national public health laboratory) to screen and confirm cases. The two partners equally supported communication as well as the preparation and organization of the various immunization campaigns.

MSF Belgium, through the MSF Congo Emergency Pool, took an active part in vector control by spraying around the premises where confirmed cases were found out. In addition, MSF contributed by: Building the capacities of nurses and traditional healers on the clinical signs of Yellow Fever, and the need for early referral of suspected cases to case management centres; Ensuring epidemiological surveillance and case detection through five offices in Kinshasa, Kisangani, Kindu, Mbandaka and Mbuji-Mayi to monitor health alerts in the country.

The main actors involved in the cholera epidemic mainly carried out actions for medical treatment of cases (curative). However, promotion and sensitization actions were quite limited. Activities planned included: Transporting patients from the communities to structures for the treatment of cholera (CTC, CTU), Sampling and laboratory analysis, management

of cholera cases, sensitization for inpatients and their family, disinfection of households of patients recovered from cholera.

Regarding hygiene promotion and sensitization, Oxfam was a major actor of Wash and PhP in Equateur and Mongala provinces. However, after many discussions with partners (Oxfam, Unicef, etc.), they reported that it was very difficult or impossible to cover all those provinces, in addition to Congo river Islets.

Another important aspect was that financial resources became very limited for partners involved in the Cholera Epidemics. Indeed, the main and only funder in DRC is the Poolfund (UN). All NGOs working in the fight against Cholera are funded by this financial tool. Most contracts signed between the Poolfund and local NGO'S ended in February 2017. UNICEF is pushing UNDP to fund NGOs until end of march.

Consequently, there is a real need in terms of intervention for hygiene promotion and sensitization, notably in health zones affected by cholera but also in islets along the Congo River, which is the main vector for the spread of the epidemic.



DRC RC volunteers during social mobilisation © DRC RC

Table 8: Partners involved in the Cholera outbreak

| PROVINCE | WASH | Communication | Health | Congo River (health and wash) | Coordination |
|---------------|---------------------|--------------------------|-------------|-------------------------------|----------------------------------|
| Kongo Central | ADRA | ADRA | ADRA/MS F-B | | No actors to manage coordination |
| Kinshasa | DPS Kinshasa, AGAPE | DPS Kinshasa, AGAPE, CBS | | | No actors to manage coordination |
| Mai-Ndombe | ADRA | ADRA | ADRA | ADRA | No actors to manage coordination |
| Equateur | Oxfam GB | Oxfam GB | ADRA | | UNICEF |
| Mongala | Oxfam GB | Oxfam GB | ---- | | UNICEF |
| Tshopo | LWF (30.11) | LWF (30.11) | ALIMA, | ALIMA | UNICEF, DPS |
| Maniema | DPS, IRC-RRMP | DPS, IRC-RRMP | ALIMA, DPS | ALIMA | DPS |

Source WHO – on 11/11/2016

Moreover, the intervention of the DRC RC in promotion activities and sensitization was appreciated especially in complex geographical provinces such as Equateur and Mongala as well as in Islets of the Congo River. According to UNICEF and Oxfam, the involvement of the Red Cross movement was added value, given its capacity to mobilize volunteers at national, provincial and local levels.

Needs analysis and scenario planning

As of 20 January 2017, 3.3 million people needed health assistance, up from 3 million people in 2016. The increase was due to a high incidence of cholera and suspected yellow fever cases in 2016, and the influx of IDPs and refugees,

which strained health services. Cholera and measles outbreaks are ongoing. In the Eastern part of the country, continued armed group activity and inter-ethnic violence is affecting health service provision. As of early March 2017, over 165,000 IDPs in Kasai, Kasai-Central, and Kasai-Oriental, are in need of health assistance. Ongoing violence by Kamuina Nsapu militias has restricted access to health services. Since mid-August 2016, the surge in violence between Luba and Batwa communities in Tanganyika has resulted in a high number of injuries: in mid-November 2016, hospitals in the area were overwhelmed and requesting humanitarian and government assistance.

The ongoing cholera and measles outbreak is likely to continue in most of the affected health zones. Continued armed group activity and intercommunal violence in the eastern provinces of the country is likely to hinder health service provision and constrain humanitarian access to affected populations. Displacement is also likely to increase the spread of communicable diseases.

Cholera:

In 2016, 28,162 cholera cases were reported, including 772 deaths, 48% more cases than in 2015. The outbreaks occurred in Tanganyika, Haut-Katanga, Kongo-Central, Maniema, Equateur, Mongala, and Mai-Ndombe. From the start of the rainy season in October 2016, transmission increased and over 7,000 new cases were reported between the end of September and December 2016. The rainy season is due to end in June

From 1 January to early March 2017, 3,365 suspected cholera cases, including 103 deaths, were reported (CFR: 2.8%), compared to 3,039 suspected cases during the same period in 2016 (Unicef, March 2017).

Yellow Fever:

On 14 February 2017, the Government declared an end to the yellow fever outbreak. No new confirmed cases have been reported since July 2016. Confirmed cases had primarily been reported in Kongo-Central, Kinshasa, Kwango, Bas-Uele, Tshuapa, Sud-Ubangi. Some 2,987 suspected cases were reported in 2016, including 81 confirmed cases of which 16 deaths. The case fatality rate (CFR) was 21.

From 1 January - 30 November 2016, 159 suspected cases of yellow fever, including seven deaths, were reported in Lualaba. The preventive vaccination campaign ended on 16 September 2016, with over 10 million people vaccinated in Kinshasa, Kasai-Central, Kongo-Central, Kasai, Kwango, and Lualaba.



Yellow fever vaccination campaign © DRC RC

Measles:

In 2016, a measles outbreak was declared in 13 health zones of the DRC. Sixteen thousand nine hundred and twenty-nine (16,929) cases and 230 deaths were reported (CFR: 1.6%), down from over 35,000 cases in 2015. The decline was reportedly due to improved access to health services, and the provision of measles vaccines in affected health zones. In former Katanga, from January to November 2016, over 4,500 cases were reported, in comparison to 39,200 cases in 2015. One thousand four hundred (1,400) measles cases were recorded in the provinces of Haut-Lomami, Haut-Katanga, and Lualaba - 10 times fewer than in 2015.

In Kindu health zone in Maniema province, 254 cases were reported between June - December 2016. On 26 October 2016, an outbreak was declared in Tanganyika, in five health zones: Nyunzu, Kongolo, Kiambi, Kalemie, and Kabalo. By 14 November 2016, 2,415 cases, including 55 deaths, had been reported (CFR: 2.6%). Nyunzu was the most affected in the province, with 756 cases and 29 deaths recorded on 9 October 2016.

From 1 January- 5 February 2017, over 80 suspected measles cases have been reported in Mafunga Sampwe health zone in Mitwaba territory (Haut-Katanga).

Risk Analysis

Cholera:

The conditions of access to potable water, hygiene and sanitation in the villages affected by the cholera epidemic are precarious. WatSan needs are vital. All the villages have similar problems, which can quickly be generalised. Seventy five percent (75%) of the population in the DRC does not have access to drinking water. This situation causes several water-borne diseases (such as diarrhoea, typhoid fever, etc.) and epidemics (cholera), worsened during the rainy season when periodic or illegal latrines overflow or by open air defecation.

In addition, it was estimated that 80- 90% of the population does not have access to appropriate toilet facilities. Only 14% of households use improved toilet infrastructure. Basic sanitation and hygiene were equally considered priority problems, which cause, like access to water, numerous diseases including diarrhoea and cholera amongst others. Poor management of faecal matter, poor water drainage, no management of waste that pollutes water points, defecating in the wild, and the lack of hygienic latrines contribute to the spread of epidemics.

As such, the gaps remaining in the collective response are as follows:

- With the rainy season, it is difficult to access some areas due to the rise in water levels. This situation could delay the provision of assistance to affected populations and consequently significantly worsened/increased cholera cases, notably on the islands along the river in the provinces of l'Equateur, Mongala, Sud and Nord Ubangui as well as Tshopo. Along the Congo river, there are many islets and camps with limited access where many cases of cholera were reported.
- Lack of drinking water, individual and collective hygiene, lack of adequate monitoring and prevention systems, lack of community resilience and limited local knowledge are many factors that contributed to spread the epidemic.
- Insufficiency of WASH prevention interventions in the provinces affected by the epidemics;
- Insufficiency in activities for risk communication, social mobilisation and community participation in all the health zones where there are reports of cholera;
- Insufficiency in resources for the implementation of monitoring activities for coordination;
- Insufficient preparation of the health system in the western part of the country;
- Low compliance with individual and collective hygiene measures (key vector in the spread of the disease in villages and households);
- Low rate of access to potable water and sanitation structures – structural;
- Existence of numerous remote islands and camps (Ports and boats where hygiene conditions are quite poor);
- Insufficient human, logistics and financial resources for the implementation of short, medium and long term interventions.

B. Operational strategy and plan

Overall Objective

This Emergency Appeal aimed at contributing to stop the outbreaks, thereby reducing the mortality and morbidity rates related to yellow fever, cholera and measles amongst the people of the Democratic Republic of Congo (DRC).

Proposed strategy

Based on the success of initial response, the plan focused on the following key activities to stop and reduce the morbidity and mortality related to yellow fever, cholera, and measles epidemics in the Democratic Republic of Congo (DRC): Vaccinations ,Case Management ,Community engagement through Social Mobilization and health promotion activities ,Vector control and environmental sanitation and Disease surveillance

This Emergency Appeal seeks to support social mobilisation during the preventive vaccination campaign for yellow fever in the provinces of Kinshasa, Kongo Central, Kwango, Kasai and Kasai Central, to bring the disease under control, thereby preventing a national (and perhaps international) spread of the epidemic.

Regarding the vaccination campaign against measles, the DRC RC (through an IFRC/UNICEF pledge) focused its support on social mobilization during the vaccination campaign in the Equateur province (Priority 1) which is the province requiring the most immediate attention from partners and government. That said, in order to capitalize on the achievements of the campaign, this Emergency Appeal operation intended to provide support in community surveillance, referral and first aid for measles and cholera. Through the emergency appeal, volunteers were able to strengthen the achievements of the vaccination campaign through monitoring, epidemiological surveillance, first aid and reference both in Equateur and in other target provinces (Kinshasa, Kongo Central, Kwango Kasai and Kasai Central).

In the cholera-affected provinces of Equateur, Kinshasa and Mongala, in addition to monitoring and first aid, the DRC Red Cross ensured referral, rehydration, water purification and the management of dead bodies. All targeted provinces conducted hygiene, sanitation and vector control activities.

Operational support services

Human resources (HR)

- Three thousand and 24 (3,424) volunteers and 342 supervisors (to support volunteers with the planned activities) had been mobilized for a period of 15 days, two days before the vaccination campaign to raise awareness; 10 days during the campaign; three days after the campaign for both yellow fever and measles for a sweep operation.
- The Appeal implementation teams were supported by the National Society director for health, finance and communication officers, and the IFRC's Yaoundé Country Cluster's health coordinator and finance team.
- An Operations manager and Logistics Delegate were hired to ensure the smooth implementation of the operation. They have both been providing technical support to NS, ensuring that IFRC procedures are followed, thereby keeping at the lowest the risks of fraud and corruption.
- Two drivers have been recruited by IFRC for six months to support the implementation of activities and provide technical support to the National Society.
- An IFRC Regional Disaster Response Team (RDRT) team member (health profile) was deployed for five months to support the effective implementation of the Appeal.
- Additional technical support on Health, Support Services, PMER and Communication has also been provided by the IFRC Yaoundé CSST office, a percentage full time equivalent of each technical staff will be included in the appeal budget.
- All NS provincial branches concerned by this operation have provided necessary staff to coordinate and follow up activities.

For the relaunch of this Appeal operation, the following human resources is required:

- A health coordinator (3 months) to collaborate and support the technical implementation of the operation.
- A Finance and Administration Officer for support services, especially finance.
- Supportive technical mission from HQ and IFRC region (Nairobi) given the complexity of the situation.

Logistics and supply chain

Procurement plans: Procurement of items required (IEC tools, visibility items for volunteers etc.) was carried out by a logistic delegate based in Kinshasa in collaboration with counterparts of the DRC RC and with the support of IFRC Yaoundé CSST office logistics unit. The warehouse of DRCRC was used to store chlorine, sanitation kits as well as first aid kits among other items which has been procured for use in the operation.

Transport and fleet needs: Due to the distance of the affected areas from Kinshasa, rental, fuel and maintenance costs have been budgeted for four vehicles (for six months), as well as a truck to transport items to the health areas in 6 other provinces.

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 Congolese) 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

As part of the relaunch, planned activities include:

- Continuity of field visits to collect material for communication 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/>

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

All Red Cross Red Crescent personnel involved in the response must complete the respective security e-trainings (i.e. Stay Safe Personal Security, Stay Safe Security Management, Stay Safe Volunteer Security). The updated and approved security documentation (i.e. security and contingency plans) must be shared with IFRC Regional Office (RSC) and the Geneva based Security Unit. The IFRC and NS must monitor the security environment closely, and advise management and field personnel in case of any changes. RCRC Movement security meetings must take place in regular intervals. All field movements must be tracked and monitored, and regular communications must be ensured.

Furthermore, ICRC formalise their support to PNS and IFRC through a “Note Informative” in sharing security information and evacuation of delegates in case of deterioration of the security situation.

Planning, monitoring, evaluation, & reporting (PMER)

A joint DRC Red Cross, IFRC and Swedish Red Cross team has been set up to monitor the implementation of the operation. In addition, a lesson learned workshop will be organized with all the stakeholders 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.

C. DETAILED OPERATIONAL PLAN

| 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 in targeted communities to promote vaccination campaigns | 100 % |
| | 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? | | % progress100% (estimate) |
|---|--|----------------------------|----|------------------------------|
| | | Yes | No | |
| 1.1.1 Identify and recruit volunteers | | X | | 100 % |
| 1.1.2 Training and supervision of volunteers on social mobilization for yellow fever | | X | | 100 % |
| 1.1.3 Supervision of volunteers | | X | | 100 % |
| 1.1.4 Awareness raising and door to door social mobilization activities | | X | | 100 % |
| 1.2.1 Provide key health messages on yellow fever, measles and cholera to communities through radio programs | | X | | 100 % |
| 1.2.2 Adapt key health messages for yellow fever | | X | | 100 % |
| 1.2.3 Provide material for training of volunteers, door to door guideline activities and data collection forms | | | | 100 % |
| 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 | | 100 % |
| 1.2.5 Follow up of adverse events following vaccination | | X | | 100 % |
| Outcome 2: Community-based disease surveillance on yellow fever, measles and cholera is provided to the target population. | Outputs | | | % progress (estimate) |
| | 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 | 0 % |
| 2.1.2. Training and supervision of volunteers | | | X | 0 % |
| 2.1.3. Hold meetings with community members | | | X | 0 % |
| 2.1.4. Conduct community surveillance and encourage active case search in the communities | | | X | 0 % |
| 2.1.5. Sensitization of various stakeholders | | X | | 100 % |
| 2.1.6. Participation in various coordination meetings | | X | | 100 % |
| 2.1.7. Maintain regular meetings with partners | | X | | 100 % |
| 2.1.8. Active monitoring and early detection of cases | | X | | 100 % |
| 2.1.9. Guidance of cases to nearest health structures | | | X | 0 % |
| 2.1.10. First aid and rehydration of all detected cases, especially during referrals for cholera | | | X | 0 % |
| Outcome 3: Target population contributes to | Outputs | | | % progress (estimate) |

| vector control and environmental sanitation activities | 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 | | 0 % |
|--|--|----|-----------------------|
| Activities | Is implementation on time? | | % progress (estimate) |
| | Yes | No | |
| 3.1.1 Identify and recruit volunteers | | X | 0 % |
| 3.1.2 Training and supervision of volunteers | | X | 0 % |
| 3.1.3 Collaborate with the MoH in vector control and environmental sanitation activities | | X | 0 % |
| 3.1.4 Provide social mobilization messages to communities through door-to door and mass information activities | | X | 0 % |
| 3.1.5 Support communities to advocate for environmental clean-up with appropriate authorities | | X | 0 % |
| 3.1.6 Carry out community clean-up activities | | X | 0 % |
| 3.1.7 Buy and distribute cleaning equipment | | X | 0 % |
| 3.1.8 Buy and distribute safety equipment for volunteers and staff | | X | 0 % |
| Progress towards outcomes | | | |
| <p>1.1.1 Some 3,424 RDC Red Cross volunteers and 342 supervisors were identified by the NS to participate in social mobilization activities in 8 provinces during the preventive vaccination campaign against Yellow Fever, Measles and Cholera.</p> <p>1.1.2 3,329 volunteers and 333 supervisors were trained on social mobilization for the preventive vaccination campaign against Yellow Fever in 6 provinces.</p> <p>1.1.3 A team was set up to supervise activities carried out by Red Cross volunteers. This team included the NS' Health Coordinator; NS appeal focal person, the NS' Deputy WATSAN Coordinator, and the RDRT member.</p> <p>1.1.4 After several postponements, the preventive vaccination campaign against Yellow Fever took place from 17 to 28 August 2016, including two sweep days. Sensitization and social mobilization activities were conducted from 15 to 29 August 2016. These activities were delayed for 3 days during which Red Cross volunteers managed the crowd following a recommendation by the MoPH.</p> <p>1.2.1 This activity was conducted during vaccination campaigns</p> <p>1.2.2 See 1.2.1</p> <p>1.2.3 See 1.2.1</p> <p>1.2.4 Some 1,326 T-shirts were purchased for the anti-measles vaccination campaign in Equateur province.</p> <p>1.2.5 Some 576 cases of post injection manifestations were registered.</p> <p>2.1.1 Although planned in the Emergency Appeal, Community surveillance could not be conducted due to insufficient funding. Indeed, the Appeal was only funded at 53%, and as such the operations team chose to prioritize Yellow fever vaccination campaigns and the preparation of cholera activities.</p> <p>2.1.2 Not conducted due to lack insufficient funding.</p> <p>2.1.3 See 2.1.2 above</p> <p>2.1.4 See 2.1.2 above</p> <p>2.1.5 During the various meetings of the Unit set up to coordinate the management of cases and the fight against Yellow Fever, IFRC (through the Canadian Red Cross delegate) and the Red Cross of DRC informed all stakeholders in details about the contribution the Red Cross is making through this Emergency Appeal.</p> | | | |

- 2.1.6 See 2.15 above
- 2.1.7 The operation manager met with several sectorial authorities and partners, including WHO, UNICEF, OCHA Country Representative on the role of DRCRC volunteers during vaccination campaigns and activities which were carried out within the Emergency Appeal.
- The operation manager, the national focal point appeal, the national wash of DRCRC participated in all meetings related with epidemic coordination in DRC. They also attended the meetings organised by partners (clusters, cholera subcommittee, etc.).
- Bilateral meetings with NGOs were equally held regularly to find solutions to specific problems such as coordination in health zones, etc.).
- Participation to various coordination meetings (health cluster, Watsan Cluster).
- 2.1.8 20 suspected cases of measles detected during the vaccination campaign in Equateur province and referred to nearest health centre.
- 2.1.9 See 2.1.8 above
- 3.1.1 Awaiting discussions with Directorate for Disease Control (DLM). However, due to limited funding (appeal funded at 53%), we choose to focus on cholera activities as there was a real need in terms of hygiene promotion and sensitization activities in health zones affected by cholera and in islets along the Congo River (which remains the main vector for the spread of the epidemic).
- 3.1.2 See 3.1.1 above
- 3.1.3 See 3.1.1 above
- 3.1.4 See 3.1.1 above
- 3.1.5 See 3.1.1 above
- 3.1.6 See 3.1.1 above
- 3.1.7 See 3.1.1 above
- 3.1.8 See 3.1.1 above

| Water, Sanitation & 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 | | 53 % |
| 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 | | 72 % |
| 4.1.2. Demonstration and purification of water at supply points, public places and at home | X | | 50 % |
| 4.1.3. Test for residual chlorine in household water | X | | 50 % |
| 4.1.4. Raise awareness on hand washing, personal and collective hygiene | X | | 50 % |
| 4.1.5. Raise awareness on appropriate use of latrines | X | | 50 % |
| 4.1.6. Sensitize the community on corpse management | X | | 50 % |

| | | | |
|--|---|--|------|
| 4.1.7. Community management of corpses, with support from health structures | X | | 50 % |
| Progress towards outcomes | | | |
| <p>4.1.1. Though it was initially planned to 430 volunteers and 43 supervisors, it was finally 339 volunteers that were trained in Kinshasa, Mongala, Equateur and Kongo Central provinces. For funding reasons, trainings in exposed health zones in Mongala, Kinshasa, Equateur and Kongo Central were prioritized (high risk of propagation of cholera).</p> <p>4.1.2 On going activity. All activities related to outcome 4 have been planned for 16 days. To date, the volunteers have already worked for 8 days (activity planned twice a week).</p> <p>4.1.3 See 4.1.2 above / Ongoing activity</p> <p>4.1.4 See 4.1.2 above / Ongoing activity</p> <p>4.1.5 See 4.1.2 above / Ongoing activity</p> <p>4.1.6 See 4.1.2 above / Ongoing activity</p> <p>4.1.7 See 4.1.2 above / Ongoing activity</p> | | | |

| 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 | 0 % |
| 5.1.2. Community Based Health and First Aid(CBHFA) training for volunteers | | X | 0 % |
| 5.1.3. Finance training for headquarter and branches | | X | 0 % |
| 5.1.4. Training on logistic procedures for headquarter and branches | | X | 0 % |
| Progress towards outcomes | | | |
| <p>5.1.1. To be planned after community surveillance activities start and availability of funds</p> <p>5.1.2. To be planned after community surveillance activities start and availability of funds</p> <p>5.1.3. See below to be planned together with logistic training</p> <p>5.1.4. To be planned on the first week of May 2017 at HQ</p> | | | |

D. THE BUDGET

See the attached interim financial budget below.

Contact information

For further information specifically related to this operation please contact:

- **DRC Red Cross:**
 - MITANTA MAKUSU Mamie, Secretary General DRC RC; email: sgcrrdc@croixrouge-rdc.org
 - Dr Balelia Wema Jean-Faustin, Health Manager DRC RC; email: j.balelia@croixrouge-rdc.org
- **IFRC Regional Representation:**
 - Andrei Engstrand Neacsu, Head of Cluster, IFRC Yaoundé Country Cluster Support Office for Central Africa; email: ANDREI.ENGSTRANDNEACSU@ifrc.org
 - Zinedine KADA, Operations Manager, IFRC DRC; phone: +243 853 468 057; email: zinedine.kada@ifrc.org
- **In Geneva:** Cristina Estrada, Response / Recovery Lead, DCPRR, Phone: +41 227304260, email: Cristina.estrada@ifrc.org

IFRC Region:

- Farid Abdulkadir, Head of DCPRR Unit, Nairobi, Kenya; phone +254731067489; email: farid.aiywar@ifrc.org
- Rishi Ramrakha, Head of regional logistics unit; phone: +254733888022; fax: +254202712777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254 731 984 117; email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- Yusuf Ibrahim, Acting PMER Coordinator; phone: +254731067277; email: yusuf.ibrahim@ifrc.org

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 (NGO's) 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.

www.ifrc.org
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.

Disaster Response Financial Report

MDRCD018 - Dem Rep Congo - Epidemics: Yellow Fever, Cholera

Timeframe: 20 Jul 16 to 21 Jan 17

Appeal Launch Date: 21 Jul 16

Interim Report

Selected Parameters

| | | | |
|-------------------------|---------------|-----------|----------|
| Reporting Timeframe | 2016/7-2017/3 | Programme | MDRCD018 |
| Budget Timeframe | 2016/7-2017/1 | 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 | | | 2,247,478 | | | 2,247,478 | |
| B. Opening Balance | | | | | | | |
| Income | | | | | | | |
| Cash contributions | | | | | | | |
| <i>British Red Cross</i> | | | 80,000 | | | 80,000 | |
| <i>Japanese Government</i> | | | 224,181 | | | 224,181 | 63,864 |
| <i>Japanese Red Cross Society</i> | | | 74,200 | | | 74,200 | |
| <i>Red Cross of Monaco</i> | | | 10,738 | | | 10,738 | |
| <i>Swedish Red Cross</i> | | | 347,223 | | | 347,223 | |
| <i>The Canadian Red Cross Society (from Canadian Government*)</i> | | | 63,149 | | | 63,149 | |
| <i>The Netherlands Red Cross (from Netherlands Government*)</i> | | | 327,549 | | | 327,549 | |
| C1. Cash contributions | | | 1,127,040 | | | 1,127,040 | 63,864 |
| C. Total Income = SUM(C1..C4) | | | 1,127,040 | | | 1,127,040 | 63,864 |
| D. Total Funding = B + C | | | 1,127,040 | | | 1,127,040 | 63,864 |

* 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 | | | 1,127,040 | | | 1,127,040 | 63,864 |
| E. Expenditure | | | -1,074,745 | | | -1,074,745 | |
| F. Closing Balance = (B + C + E) | | | 52,295 | | | 52,295 | 63,864 |

Disaster Response Financial Report

MDRCD018 - Dem Rep Congo - Epidemics: Yellow Fever, Cholera

Timeframe: 20 Jul 16 to 21 Jan 17

Appeal Launch Date: 21 Jul 16

Interim Report

Selected Parameters

| | | | |
|-------------------------|---------------|-----------|----------|
| Reporting Timeframe | 2016/7-2017/3 | Programme | MDRCD018 |
| Budget Timeframe | 2016/7-2017/1 | 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) | | | | 2,247,478 | | 2,247,478 | | |
| Relief items, Construction, Supplies | | | | | | | | |
| Water, Sanitation & Hygiene | 174,850 | | | 30,122 | | 30,122 | 144,728 | |
| Medical & First Aid | 172,700 | | | 210 | | 210 | 172,490 | |
| Teaching Materials | 23,810 | | | 9,222 | | 9,222 | 14,588 | |
| Utensils & Tools | 750 | | | | | | 750 | |
| Total Relief items, Construction, Sup | 372,110 | | | 39,554 | | 39,554 | 332,556 | |
| Land, vehicles & equipment | | | | | | | | |
| Vehicles | 79,600 | | | | | | 79,600 | |
| Computers & Telecom | 7,800 | | | 6,125 | | 6,125 | 1,675 | |
| Total Land, vehicles & equipment | 87,400 | | | 6,125 | | 6,125 | 81,275 | |
| Logistics, Transport & Storage | | | | | | | | |
| Storage | 7,000 | | | 4,152 | | 4,152 | 2,848 | |
| Distribution & Monitoring | 0 | | | 2,770 | | 2,770 | -2,770 | |
| Transport & Vehicles Costs | 44,000 | | | 41,925 | | 41,925 | 2,075 | |
| Logistics Services | 0 | | | 1,003 | | 1,003 | -1,003 | |
| Total Logistics, Transport & Storage | 51,000 | | | 49,850 | | 49,850 | 1,150 | |
| Personnel | | | | | | | | |
| International Staff | 199,800 | | | 164,193 | | 164,193 | 35,607 | |
| National Staff | 33,300 | | | 19,584 | | 19,584 | 13,716 | |
| National Society Staff | 224,100 | | | 9,426 | | 9,426 | 214,674 | |
| Volunteers | 637,753 | | | 148,447 | | 148,447 | 489,306 | |
| Other Staff Benefits | | | | 12,091 | | 12,091 | -12,091 | |
| Total Personnel | 1,094,953 | | | 353,742 | | 353,742 | 741,211 | |
| Consultants & Professional Fees | | | | | | | | |
| Professional Fees | | | | 2,546 | | 2,546 | -2,546 | |
| Total Consultants & Professional Fees | | | | 2,546 | | 2,546 | -2,546 | |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 271,405 | | | 13,864 | | 13,864 | 257,541 | |
| Total Workshops & Training | 271,405 | | | 13,864 | | 13,864 | 257,541 | |
| General Expenditure | | | | | | | | |
| Travel | 98,700 | | | 54,146 | | 54,146 | 44,554 | |
| Information & Public Relations | 84,420 | | | 58,175 | | 58,175 | 26,245 | |
| Office Costs | 19,500 | | | 29,562 | | 29,562 | -10,062 | |
| Communications | 8,700 | | | 10,475 | | 10,475 | -1,775 | |
| Financial Charges | 1,000 | | | 121,774 | | 121,774 | -120,774 | |
| Other General Expenses | 21,120 | | | 110 | | 110 | 21,010 | |
| Shared Office and Services Costs | 0 | | | 70,328 | | 70,328 | -70,328 | |
| Total General Expenditure | 233,440 | | | 344,571 | | 344,571 | -111,131 | |
| Operational Provisions | | | | | | | | |
| Operational Provisions | | | | 193,007 | | 193,007 | -193,007 | |
| Total Operational Provisions | | | | 193,007 | | 193,007 | -193,007 | |
| Indirect Costs | | | | | | | | |
| Programme & Services Support Recover | 137,170 | | | 65,212 | | 65,212 | 71,958 | |
| Total Indirect Costs | 137,170 | | | 65,212 | | 65,212 | 71,958 | |
| Pledge Specific Costs | | | | | | | | |
| Pledge Earmarking Fee | 0 | | | 5,573 | | 5,573 | -5,573 | |

Disaster Response Financial Report

MDRCD018 - Dem Rep Congo - Epidemics: Yellow Fever, Cholera

Timeframe: 20 Jul 16 to 21 Jan 17

Appeal Launch Date: 21 Jul 16

Interim Report

Selected Parameters

| | | | |
|-------------------------|---------------|-----------|----------|
| Reporting Timeframe | 2016/7-2017/3 | Programme | MDRCD018 |
| Budget Timeframe | 2016/7-2017/1 | 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) | | | | 2,247,478 | | | 2,247,478 | |
| Pledge Reporting Fees | | | | 700 | | | 700 | -700 |
| Total Pledge Specific Costs | 0 | | | 6,273 | | | 6,273 | -6,273 |
| TOTAL EXPENDITURE (D) | 2,247,478 | | | 1,074,745 | | | 1,074,745 | 1,172,733 |
| VARIANCE (C - D) | | | | 1,172,733 | | | 1,172,733 | |

Disaster Response Financial Report

MDRCD018 - Dem Rep Congo - Epidemics: Yellow Fever, Cholera

Timeframe: 20 Jul 16 to 21 Jan 17

Appeal Launch Date: 21 Jul 16

Interim Report

Selected Parameters

| | | | |
|-------------------------|---------------|-----------|----------|
| Reporting Timeframe | 2016/7-2017/3 | Programme | MDRCD018 |
| Budget Timeframe | 2016/7-2017/1 | 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 | 2,247,478 | | 1,127,040 | 1,127,040 | 1,074,745 | 52,295 | 63,864 |
| Subtotal BL3 | 2,247,478 | | 1,127,040 | 1,127,040 | 1,074,745 | 52,295 | 63,864 |
| GRAND TOTAL | 2,247,478 | | 1,127,040 | 1,127,040 | 1,074,745 | 52,295 | 63,864 |