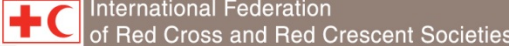


Emergency Plan of Action (EPoA) Democratic Republic of the Congo: Polio outbreak



| | |
|---|--|
| DREF n° MDRCD025 | Glide n° EP-2018-000040-COD |
| Date of issue: 23 April 2018 | Expected timeframe: 03 months |
| Operation start date: 20 April 2018 | Operation end date: 20 July 2018 |
| Category allocated to the country of the disaster or crisis: Yellow / Orange / Red | |
| DREF allocated: CHF 328,355 | |
| Budget Holder/project Manager IFRC: Momodou Lamin Fye, Head of DRC Country Office, is Project Manager and responsible for this operation. | NS point of Contact: Dr Balelia Wema Jean Faustin; DRC Red Cross National Director for Health and Social Action |
| Total number of people affected: 3,842,133 ¹ | Number of people to be assisted: 852,000 ² (142,000 households) |
| Host National Society presence (n° of volunteers, staff, branches): The DRC RC has over 130,000 trained volunteers, 70,000 of them active in all 26 provinces of the country, including in Haut-Lomami, Maniema and Tanganyika provinces that are currently most affected by the polio outbreak. | |
| Red Cross Red Crescent Movement partners actively involved in the operation: IFRC | |
| Other partner organizations actively involved in the operation: Ministry of Public Health (MoPH), WHO, UNICEF, CDC, GAVI | |

A. Situation analysis

Description of the disaster

In early February 2018, suspected cases of poliomyelitis were registered in some parts of the Democratic Republic of the Congo (DRC). This prompted laboratory tests at the *Institut National de la Recherche Biomédicale* (INRB) in Kinshasa, the National Centre for Infectious Diseases (NCID) in South Africa, and the Centres for Disease Control and Prevention (CDC) in the United States. All three laboratories confirmed the presence of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the DRC.

In conformity with the guidelines of the World Health Organization (WHO) and its 2005 International Health Regulations, the Minister of Public Health of the DRC declared cVDPV2 as a national public health emergency on 13 February 2018.

On 26 November 2015, the Africa Regional Commission for the Certification of Poliomyelitis Eradication (ARCCPE) had declared in Madagascar that the DRC was free of wild poliovirus (WPV). This decision was based on the fact that the country had gone for about 4 years with no case notified. The last case of WPV was notified on 20 December 2011 in Lusangi health zone (Maniema province).

However, on 13 February 2018, the Minister of Public Health declared that 21 cases of cVDPV2 had been registered in provinces where surveillance and coverage indicators have always remained low as compared to national averages.

Those provinces, which are mostly affected by the current outbreak, include Haut-Lomami, Maniema and Tanganyika provinces. The following table summarizes the number of cases registered in each province:

¹ Population of Haut-Lomami, Lomami and Tanganyika provinces targeted by the DRC RC with this operation. (see table below)

² 142 000 households targeted, 6 people per households.

| Provinces | Health zones | cVDPV2 cases |
|--------------|---------------|--------------|
| Haut-Lomami | Mukanga | 3 |
| | Butumba | 2 |
| | Malemba-Nkulu | 1 |
| | Lwamba | 2 |
| Maniema | Kunda | 2 |
| Tanganyika | Ankoro | 7 |
| | Manono | 4 |
| Total | | 21 |

In these provinces, most children, as the Minister said, are either not vaccinated or access to oral poliomyelitis vaccine (OPV) is limited. In most cases, children are not vaccinated because their parents prevented them from receiving the OPV on the account of religious beliefs. However, access to health services is also very limited in most parts of the country. Considering that people are constantly moving from one place to another for various reasons, there is an urgent need to organize polio response campaigns to help stop the spread of the epidemic. This will entail intensifying sensitization of parents to the need of getting their children aged 0 to 59 months vaccinated, with the objective of leaving no child unvaccinated.

The anti-polio campaigns, scheduled for 26-28 April and 10 -12 May 2018, are targeting 1,531,321 children aged 0 to 59 months in 34 health zones of 4 provinces, namely Haut-Katanga, Lomami, Haut-Lomami and Tanganyika provinces, and the DRC RC intends to contribute in 3 of the 4 provinces, namely Haut-Lomami, Lomami and Tanganyika provinces. The government has already completed an anti-polio campaign in the Maniema province; which is why it is not in this document. The following table shows the provinces and health zones targeted by the DRC RC with the planned anti-polio campaign:

| Provinces | | Health Zone | Population | Target population | | Existing households | Households to be covered by Red Cross volunteers (30/day/volunteer x 5 days) | Number of planned Red Cross volunteers ³ by Health area |
|--------------------------|----------------|----------------|------------------|--|--|---------------------|--|--|
| | | | | OPV target (0-59 months) = 18.9% of the population | Vitamin A target (6-59 months) = 16.9% of the population | | | |
| Haut-Lomami ⁴ | Kabondo-Dianda | Bukama | 362,675 | 68,546 | 61,292 | 60,446 | 9,000 | 50 |
| | | Butumba | 180,570 | 34,128 | 30,514 | 30,095 | 9,000 | 50 |
| | | Kabondo-Dianda | 254,230 | 48,049 | 42,965 | 42,372 | 9,000 | 50 |
| | | Kinkondja | 262,670 | 49,645 | 44,391 | 43,778 | 9,000 | 50 |
| | Bukama | Kabongo | 387,567 | 73,250 | 65,499 | 64,595 | 9,000 | 50 |
| | | Kamina | 313,057 | 59,168 | 52,907 | 52,176 | 9,000 | 50 |
| | | Kaniama | 299,109 | 56,532 | 50,549 | 49,852 | 9,000 | 50 |
| | | Songa | 196,651 | 37,167 | 33,234 | 32,775 | 9,000 | 50 |
| Total Haut-Lomami | 2 | 8 | 2,256,529 | 426,485 | 381,351 | 376,089 | 72,000 | 400 |
| Lomami | Kabinda | Kalambayi | 156,195 | 29,521 | 26,397 | 26,033 | 10,000 | 50 |
| | | Kalonda-Est | 87,034 | 16,449 | 14,709 | 14,506 | 10,000 | 50 |
| | | Lubao | 154,448 | 29,191 | 26,102 | 25,741 | 10,000 | 50 |
| Total Lomami | 1 | 3 | 397,677 | 75,161 | 67,207 | 66,280 | 30,000 | 150 |
| Tanganyika | Kalemie | Kalemie | 350,916 | 66,323 | 59,305 | 58,486 | 10,000 | 50 |
| | | Kansimba | 171,349 | 32,385 | 28,958 | 28,558 | 10,000 | 50 |
| | | Moba | 337,963 | 63,875 | 57,116 | 56,327 | 10,000 | 50 |
| | | Nyemba | 327,699 | 61,935 | 55,381 | 54,617 | 10,000 | 50 |
| Total Tanganyika | 1 | 4 | 1,187,927 | 224,518 | 200,760 | 197,988 | 40,000 | 200 |
| Grand Total | 4 | 14 | 3,842,133 | 726,164 | 649,318 | 640,357 | 142,000 | 750 |

³ Note that volunteers will be working with MoH teams

⁴ Province targeted by the DRC RC

Summary of the current response

Overview of Host National Society

Since the declaration of the outbreak, the DRC RC has already mobilized about 500 volunteers in the 3 provinces targeted by the planned anti-polio campaigns, namely Haut-Lomami, Lomami and Tanganyika. At headquarters level in Kinshasa, the NS is mobilizing all of their staff who have participated in several anti-polio campaigns before. That task force will be involved in the operation, alongside with the Ministry of Public Health and other actors, including WHO and UNICEF. The DRC RC is participating in all polio coordination meetings.

At the moment, DRC has already mobilized its local branches which are also participating in all coordination meetings and trainings held at field levels. In turn, the RC branch leads will cascade these trainings to the volunteers before deployment.

Overview of Red Cross Red Crescent Movement in country

Since early 2018, IFRC has an Operations Manager and a Logistics Delegate in DRC implementing an emergency appeal to respond to cholera in Lomami province. In addition, 3 RDRT members have been deployed to DRC, 1 for cholera response in Kinshasa, and 2 for cholera response in Lomami province. A new IFRC Country Representative has just been appointed to DRC and will start work in the coming days. Moreover, IFRC has deployed a RDRT member to DRC to support NS to develop the EPoA for this DREF operation to respond to the polio outbreak. The Yaoundé Country Cluster supported the team in Kinshasa with the development of this DREF operation.

Five partner NS (PNSs) are present in DRC, namely French, Spanish, Swedish, Canadian and Belgium Red Cross Societies; they are yet to express their willingness to contribute to this operation. Movement coordination meetings are held on a monthly basis and serve as a platform for discussing the challenges ahead of the host NS and the various strategies to support them.

Overview of non-RCRC actors in country

The government and partners, such as WHO, UNICEF, CDC, and GAVI, are facilitating the preparation of the anti-polio campaigns which are scheduled for 26-28 April and 10-12 May 2018. Microplanning and population counting has been completed already. A Government-led emergency coordination committee has been put in place, with decentralized branches at provincial and local levels. This committee is working in close collaboration with the EPI.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Analyses show that cVDPV2 mostly exists in communities where children are not vaccinated with OPV, or where vaccination coverage is very poor. The cVDPV2 epidemic is affecting provinces where the populations have proven to be reluctant to let their children receive OPV because of religious beliefs.

Considering the intensity of population movements, one can easily imagine how fast the epidemic can spread not only to neighbouring provinces, but also to neighbouring countries. Thus, there is an urgent need to get all the children living in those localities vaccinated, with the aim of stopping the spread of the epidemic. Community-led monitoring of unvaccinated children will be key to that effect, and both Red Cross volunteers and community members will be trained on how to do that. Sensitization will be conducted before, during and after the campaign to ensure a maximum vaccination coverage rate is obtained.

Moreover, affected provinces (Haut-Lomami, Lomami and Tanganyika) are mostly accessible only by bicycle due to impassable roads, especially during the ongoing rainy season. Red Cross volunteers will require bicycles to be able to rove the streets of these provinces, with the aim of reaching the maximum number of households. Each provincial supervisor will also be provided with a motorbike to facilitate their work in a context of bad roads.

Targeting

The total population of the three provinces targeted is 3,842,133, and Government is targeting all the children aged 0 to 59 months in these provinces, i.e. 762,164 children with OPV, and 649,318 children with vitamin A. As a contribution to helping the Government reach this goal, DRC RC is targeting 142,000 households (852,000 people).

Scenario planning

Government has called on partners to support the campaign aimed at stopping the cVDPV2 outbreak and eradicating poliomyelitis from the DRC. The best scenario is that the DRC RC will be supported by Government entities where necessary to implement the planned operation.

Operation Risk Assessment

Since the beginning of 2018, there have been several civil unrest events in the DRC, all associated with the presidential elections. This operation is assuming that the relative calm observed for some time now will prevail until the end of the anti-polio campaigns. If this is not the case, it will be difficult to implement planned activities.

Moreover, some health zones affected are in areas with poor security. DRC RC will not intervene in such locations. DRC RC volunteers and staff deployed for the operation will be covered by an insurance in line with IFRC regulations. In addition, a security delegate is being recruited for DRC as part of the ongoing Emergency Appeal and will be key in monitoring security during this operation. Funds will be made available through this operation to enable the security delegate to travel to these locations to carry out a security risk assessment (SRA) and develop the necessary security and contingency plans.

B. Operational strategy

During door-to-door visits, DRC RC volunteers will register all unvaccinated children and report them to health personnel for proper vaccination. A receipt to be given back to health personnel will be given to each unvaccinated child registered by Red Cross volunteers, and the Red Cross will also make sure that the vaccination team has actually vaccinated every unvaccinated child reported by the Red Cross volunteers. This will be done during and after the campaign, and missing cases will be reported for vaccination. Considering bad roads, three motorbikes will be purchased for the supervision of the campaign; one for each province targeted.

Overall Operational objective:

The overall objective of the DRC RC is to support the Ministry of Health before, during and after the anti-polio campaigns, with the view of increasing vaccination coverage in targeted provinces.

In addition, between rounds (SIA⁵ 1 and SIA 2), work on implementable lessons learned in order to improve any errors or oversights from the first round of the campaign.

Specific objectives

Before the campaign

- Provide appropriate tools to complement the training of community volunteers, team leaders and health zone supervisors
- Make sure that community volunteers are hired in the most remote health zones (HZ) and health areas (HA) where access is difficult and within the religious communities which are unwilling to present their children for vaccination
- Make available to team leaders a map of vaccination areas and a volunteer daily progress plan
- Make sure that RC volunteers actually carry out their activities in the 14 HZ targeted
- Develop a communication plan, in collaboration with community members, based on an analysis of resistance strongholds, rumours and difficult access to populations, making sure that planned activities are focused on HZ and HA with resistance cases and difficult to access populations
- Make sure that the strategies used are specific to each HZ and will facilitate access to populations
- Make sure that the social mobilisation commission has appointed a representative to attend to all briefing meetings with the view of strengthening communication
- Ensure active search for AFP cases as this is a key activity throughout the campaign

During the campaign

- Ensure that teams of community volunteers are deployed to communicate with the populations in their households, as well as market places and other public squares with high concentration of people such as water points, marriage and baptism ceremonies, etc.

⁵ Supplementary Immunization Activities (SIA)

- Make sure that the community volunteers that are involved in community monitoring are actually in the field and are registering all unvaccinated children in the most remote and difficult to access HA and villages. Ensure that reports on this activity are available for each HA and HZ.
- Make sure that all rumours are identified and well managed, with response strategies discussed and adjusted accordingly during briefing sessions
- Support sensitisation sessions by organising open discussions with the populations in markets and other public gatherings
- Ensure that cases of refusal are well managed. This will be done through dialogue, active listening and exchange. Make sure that force is not used
- Ensure active search for AFP cases
- Make sure that volunteers and community relays are hired in the most remote health zones (HZ) and health areas (HA) where access is difficult. Make sure that these volunteers are integrated with heads of neighbourhoods, streets, blocs, etc.)
- Make sure that plans for the supervision of vaccination teams exist at the level of the head of HZ for each proximity supervisor, alongside with an overall HZ supervision plan
- Ensure that planned transport means are available and are used for the implementation of activities
- Ensure that communication activities are implemented in each HZ
- Ensure that the social mobilisation team has a plan for the organisation of sensitisation sessions in market places
- Develop a communication plan, in collaboration with community members, based on an analysis of resistance strongholds, rumours and difficult access to populations, making sure that planned activities are focused on HZ and HA with resistance cases and difficult to access populations
- Ensure that cases notified are actually entered on the daily data collection sheet.

After the campaign

- Conduct an assessment of the social mobilisation, and discuss this during the campaign evaluation meeting
- Conduct an assessment of the registration by Red Cross volunteers of missing children, ensure that the data of this activity are presented and analysed
- Train volunteers on searching for adverse reactions and side effects in children and to ensure appropriate actions are taken to address such cases
- Document social mobilisation experiences (successes and challenges) in reports, including images
- Ensure active search for AFP cases
- Participate in the planning of sweep activities
- Implement sweep activities in poorly covered health areas
- Analyse independent monitoring data to draw a list of poorly covered streets
- Participate in the campaign evaluation meeting
- Push the entities supervised to submit pending financial supporting documents
- Participate in data compilation, cleaning and analysis to identify problems and conduct corrective actions, especially in poorly covered HZ and cases of resistance
- Organise active collection of pending supporting documents
- Conduct random selection of 3 streets per day and survey 10 households in there using an appropriate tool, and provide feedback during the daily evaluation meeting
- Ensure supervision of teams and proximity supervisors
- Check the list of planned and deployed team leaders and supervisors
- Check the use of supervision sheets, team visit sheets (signature on the attendance sheet)
- Randomly select a street and monitor the supervisor assigned to that street
- Compare the data provided by the supervisor with the data provided by vaccination teams.

Methodology

1. Establish contact with health authorities and Red Cross local committees
2. Hold working sessions with the coordination committee (level of preparedness of volunteers, community relays, and their assignment in the various HA targeted for the vaccination)
3. Supervision (visit HA, ensure that community relays are present, compile vaccination data, participate actively in meetings at HZ and HA levels)
4. Participate in the meeting to evaluate the response campaign in the HZ.

Management team

The project will be implemented in ~14 HZ of 3 provinces (Haut-Lomami, Lomami and Tanganyika).

The DRC RC will implement the project in close collaboration with the Expanded Programme on Immunisation (EPI) in targeted HZ, with financial support from the IFRC. The implementation team is composed as follows:

| Levels | Staff | NOMBRE |
|-------------------------|---------------------------------------|------------|
| National | National coordinator | 1 |
| | National supervisor | 1 |
| Provincial | Provincial supervisors | 3 |
| | Pool supervisors | 3 |
| Local/Territory/Commune | HZ supervisors | 14 |
| | Red Cross volunteers/Community relays | 750 |
| TOTAL | | 772 |

Expected results

- 726,164 children aged 0 to 59 months are vaccinated against polio in targeted HZ
- 750 volunteers, 75 team leaders and 14 HZ supervisors are trained and involved in the registration of unvaccinated children
- 142,000 households are visited by volunteers to recover unvaccinated children
- All children not reached or unvaccinated have been recovered and vaccinated
- Ensure active search for AFP cases
- Solutions are found by the coordination team to the problems encountered during the implementation of activities
- Household survey is conducted and is used to help recover unvaccinated or not covered children, and the related data is submitted to the HZ on a daily basis
- The final data on the recovery of unvaccinated or not covered children are submitted to each HZ
- Debriefing of the supervision mission is conducted with the provincial or local team
- Quality Supplementary Immunization Activities (SIA) are organised and evaluated
- Distribution and management of funds at provincial and HZ levels are done in line with existing instructions.

Supervision tools

- Campaign ToR
- Supervision sheets
- Recovery sheets
- Job description for community volunteers

Profile of the supervisory team

DRC RC staff and volunteers with experience in the implementation of immunisation campaigns.

Funding

The operation is funded by IFRC. The first phase of the campaign will last for 6 days (from 26 to 30 April 2018). The second phase will take place between the first and second rounds. The third phase will last from five days (from 10 to 12 May 2018). Volunteers will work 1 day before the start of the campaign to map the households to be visited, 3 days during the campaign and 2 days after the campaign for recovery of unvaccinated children or sweep.

Reporting

It is critical that there be close monitoring (that is documented) at both provincial and local levels.

Documentation will include

- Photos and other images relating to the active search for unvaccinated children
- Short quotations from parents, volunteers, health personnel or authorities relating to the recovery of unvaccinated children by the Red Cross
- Activity reports focussing on the following data:
 1. Number of unvaccinated children identified and referred or oriented by community volunteers
 2. Number of unvaccinated children identified by community volunteers and actually recovered

Budget

Overall budget for this operation is CHF 328,355 as seen in attached detailed budget.

19 April 2018

DRC: Polio vaccination campaigns

| Budget Group | | DREF Grant | Expenditures CHF |
|--|--|----------------|------------------|
| 500 | Shelter - Relief | 0 | |
| 501 | Shelter - Transitional | 0 | |
| 502 | Construction - Housing | 0 | |
| 503 | Construction - Facilities | 0 | |
| 505 | Construction - Materials | 0 | |
| 510 | Clothing & Textiles | 0 | |
| 520 | Food | 0 | |
| 523 | Seeds & Plants | 0 | |
| 530 | Water, Sanitation & Hygiene | 0 | |
| 540 | Medical & First Aid | 0 | |
| 550 | Teaching Materials | 3,750 | |
| 560 | Utensils & Tools | 0 | |
| 570 | Other Supplies & Services | 0 | |
| 571 | Emergency Response Units | 0 | |
| 578 | Cash Disbursements | 0 | |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | | 3,750 | 0 |
| 580 | Land & Buildings | 0 | |
| 581 | Vehicles | 4,200 | |
| 582 | Computer & Telecom Equipment | 0 | |
| 584 | Office/Household Furniture & Equipment | 0 | |
| 587 | Medical Equipment | 0 | |
| 589 | Other Machinery & Equipment | 0 | |
| Total LAND, VEHICLES AND EQUIPMENT | | 4,200 | 0 |
| 590 | Storage, Warehousing | 0 | |
| 592 | Distribution & Monitoring | 0 | |
| 593 | Transport & Vehicle Costs | 10,020 | |
| 594 | Logistics Services | 0 | |
| Total LOGISTICS, TRANSPORT AND STORAGE | | 10,020 | 0 |
| 640 | International Staff (RDRT WASH) | 16,000 | |
| 661 | National Staff | 0 | |
| 662 | National Society Staff | 36,325 | |
| 667 | Volunteers | 126,000 | |
| 669 | Other Staff Benefits | 0 | |
| Total PERSONNEL | | 178,325 | 0 |
| 670 | Consultants | 3,420 | |
| 750 | Professional Fees | 0 | |
| Total CONSULTANTS & PROFESSIONAL FEES | | 3,420 | 0 |
| 680 | Workshops & Training | 73,800 | |
| Total WORKSHOP & TRAINING | | 73,800 | 0 |
| 700 | Travel | 6,000 | |

| | | | |
|-----------------------------------|---|----------------|----------|
| 710 | Information & Public Relations | 18,300 | |
| 730 | Office Costs | 3,000 | |
| 740 | Communications | 6,000 | |
| 760 | Financial Charges | 1,500 | |
| 790 | Other General Expenses | 0 | |
| 799 | Shared Office and Services Costs | 0 | |
| Total GENERAL EXPENDITURES | | 34,800 | 0 |
| 830 | Partner National Societies | 0 | |
| 831 | Other Partners (NGOs, UN, other) | 0 | |
| Total TRANSFER TO PARTNERS | | | 0 |
| 599 | Programme and Services Support Recovery | 20,040 | 0 |
| Total INDIRECT COSTS | | 20,040 | 0 |
| TOTAL BUDGET | | 328,355 | 0 |

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email. Fiona.gatere@ifrc.org, phone: +254 780 771 139

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 Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



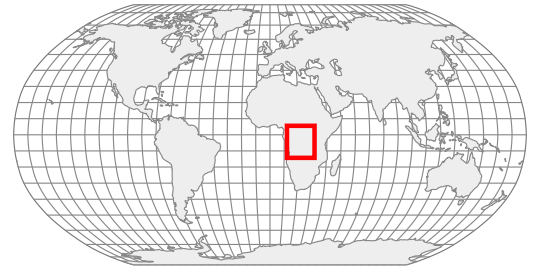
Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.

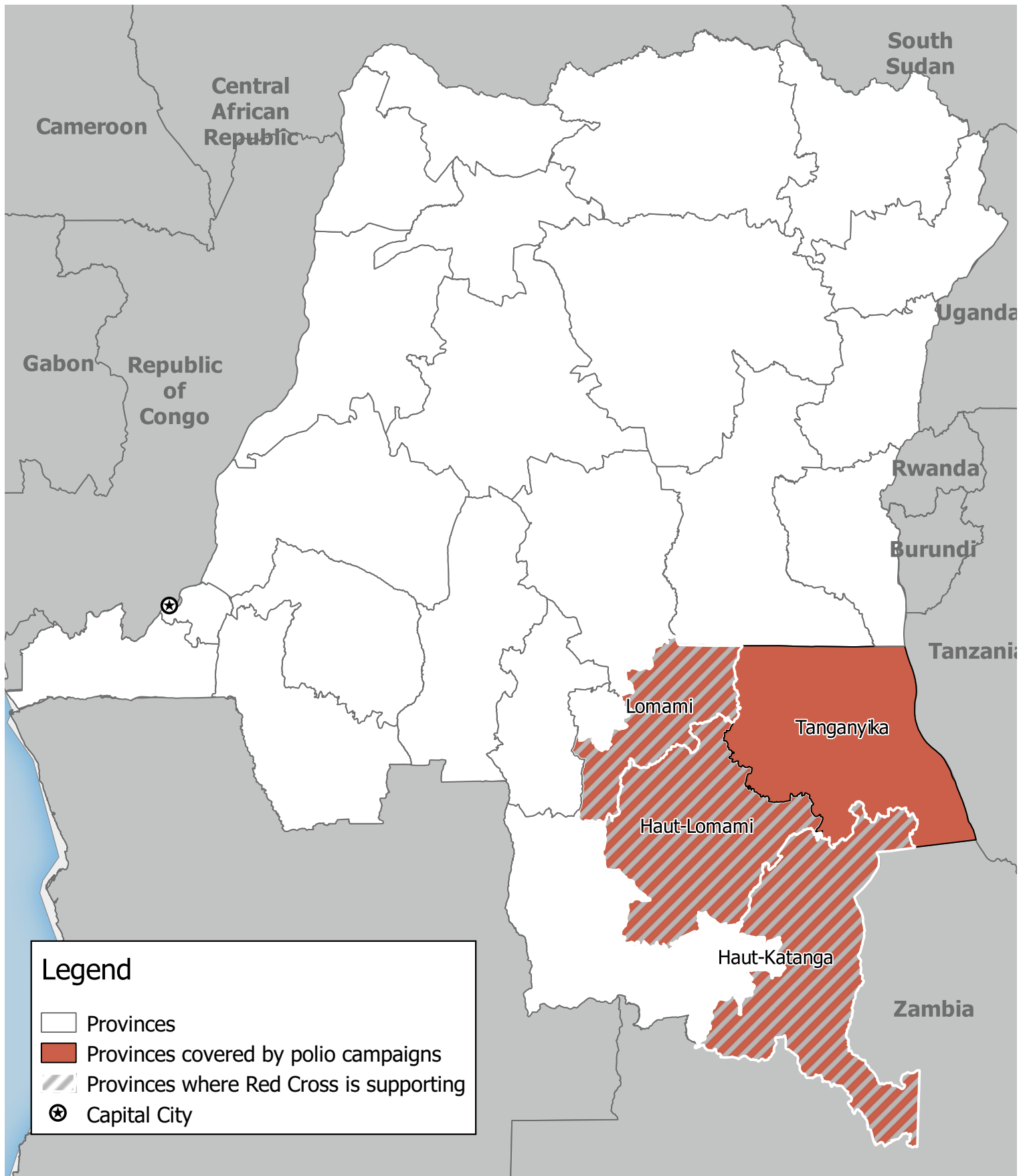


International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



DR of Congo: Polio Outbreak

19 April 2018 • EP-2018-000040-COD



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: IFRC, OCHA. Map produced by: IFRC Africa Regional Office, Nairobi.

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