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## Updating of the Emergency Plan of Action (EPoA) of the operation

Country: DRC / CENTRAL AFRICA

Disaster: Response to Polio epidemic in RDC

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF / Emergency appeal / An international call (NS°MDRCD025 – Anti-Polio Campaign in DRC)</b>	<b>GLIDE No.</b> EP-2018-000040-COD
<b>Updating of EPoA No. 1; Date of issue:</b> 20 July 2018	
<b>Date of start of the operation:</b> 20 April 2018	<b>Revised duration of the operation:</b> 2 months' extension requested for a total of 5 months. <b>End date:</b> 20 September 2018
<b>Overall budget in CHF:</b> 328,355	<b>In case of an Emergency call / An international call operation, amount of DREF initially allocated:</b> CHF 328,355
<b>Number of people to be assisted:</b> 852,000 (142,000 households)	
<b>International Red Cross and Red Crescent Movement partners actively involved in the operation:</b> DRC RC and IFRC	
<b>Other partner organizations actively involved in the operation:</b> The Government and its partners, such as WHO, UNICEF, CDC and GAVI.	

### Summary of Key Changes brought to the Emergency Action Plan:

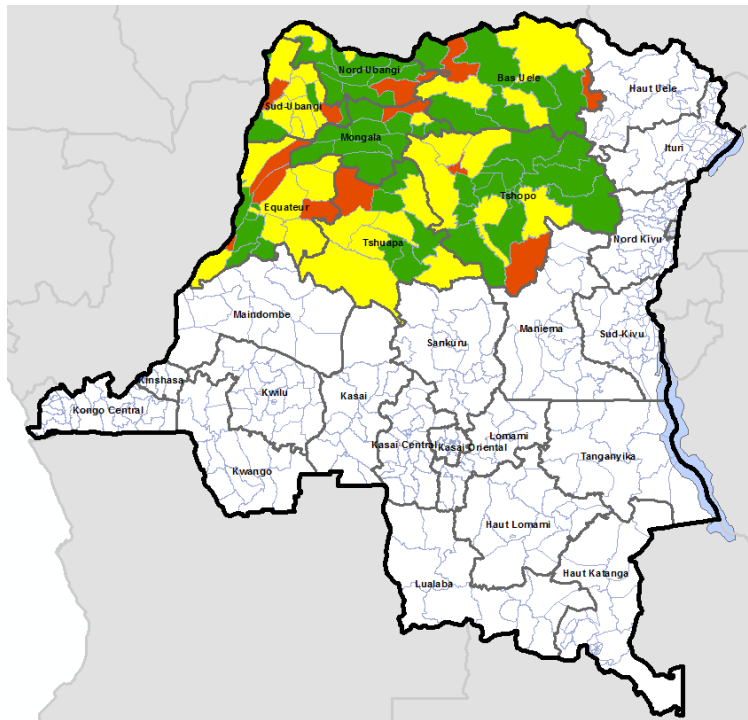
New cases of polio were registered in Kikula and Yamongili in the Province of Mongala. Government quickly organised a response campaign there from 7 to 8 July. The DRC RC could not participate in that campaign because their teams were swamped in the Ebola response operation. However, Government is planning another campaign for 26 July in Gheti health zone. Since this DREF was expected to be completed by 20 July 2018, the NS is requesting a no-cost extension for 2 months to be able to participate fully in the planned campaign in Gheti (Round 0), and to participate in the campaign (Round 1) scheduled one month after the 26 July 2018.

### SITUATION ANALYSIS

Analyses show that cVDPV2 (circulating vaccine-derived poliovirus type 2) is rife mainly in communities where children are not vaccinated with OPV, or when the vaccination coverage is really poor. The cVDPV2 epidemic is affecting provinces where people were reluctant to allow their children to receive OPV because of their religious beliefs.

Given the intensity of population movements, it is easy to imagine how quickly the epidemic can spread not only to neighbouring provinces, but also to neighbouring countries. Therefore, it is urgent to vaccinate all children in these localities to stop the spread of the epidemic. The community monitoring of unvaccinated children will be essentially for this purpose, and Red Cross volunteers and community members will be trained on how to go about it. Sensitization will be carried out before, during and after the campaign to ensure maximum immunization coverage.

In addition, the affected provinces (Upper-Lomami, Lomami and Tanganyika) are mostly accessible only by bicycle due to impassable roads, especially during the current rainy season. Red Cross volunteers will need bicycles to comb the streets of these provinces in order to reach as many households as possible. Each provincial supervisor will also receive a motorcycle to facilitate their work in a context marked by poor road conditions.



### Targeting

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

### Description of the disaster

In early February 2018, suspected cases of poliomyelitis were reported in parts of the Democratic Republic of Congo (DRC). Therefore, laboratory tests were carried out at the National Institute for Biomedical Research (INRB) of Kinshasa, the National Center for Infectious Diseases (NCID) in South Africa and the Center for Disease Control and Prevention (CDC) in the United States of America. All three laboratories confirmed the presence of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the DRC.

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

On 26 November 2015, the African Regional Commission for the Certification of Polio Eradication (ARCCPE) declared in Madagascar that the DRC was free of wild poliovirus (WPV). This decision was based on the fact that in the last 4 years no case had been notified in the country. The last case of WPV was reported on 20 December 2011 in the Lusangi Health Zone (Maniema Province).

However, on 13 February 2018, the Minister of Public Health stated that 21 cases of cVDPV2 had been recorded in provinces where surveillance and coverage indicators have always remained low compared to national averages. The provinces most affected by the current epidemic include the provinces of Upper Lomami, Maniema and Tanganyika.

As of July 2018, new polio cases in Kikula and Yamongili in the Province of Mongala, were identified. The government has started to respond to them between July 7th and 9th.

### Summary of the current response

Since the declaration of the epidemic, the DRC RC has already mobilized about 750 volunteers in the 3 provinces targeted by the planned anti-polio campaigns: Upper-Lomami, Lomami and Tanganyika.

At the Headquarters level in Kinshasa, the NS mobilizes all its staff who have already participated in several anti-polio campaigns.

This working group will participate in the operation alongside the Ministry of Public Health and other actors, including WHO and UNICEF. The DRC RC takes part in all polio coordination meetings.

An initial emergency action plan for DREF will likely be based on the limited evaluation information currently available, but the National Society should conduct continuous assessments during the operation and revise the operational plan accordingly. For this section and the next section of operational planning, two key operational references of the IFRC relate, complement and support this EPoA tool.

Due to the new cases emerging in July 2018, the NS is currently working with the Government on continuing the assistance to new areas as part of an extension of this current DREF.



A Lomami volunteer who picked up a child during the 2nd round, takes him to the vaccination center to get him vaccinated

#### **Overview of Host National Society**

At present, the DRC RC has already mobilized its local branches which also take part in all coordination meetings and training organized on the field. In turn, the heads of RC branches conducted cascaded training of volunteers before their deployment with the support of the Ministry of Health, WHO and UNICEF.

750 volunteers are mobilized for sensitization and vaccination.

Provincial and local supervisors are deployed in health zones.

Partial activity reports are written and forwarded to the Health Manager who in turn sends them to RDRT.

Program Contract under the DREF is signed.

Volunteers' insurance already sent to Yaoundé.

Ongoing compilation and preparations for the 2nd campaign are being organized in Kinshasa by the IFRC and NS.

#### **Overview of Red Cross Red Crescent Movement in the country**

Since the beginning of 2018, the IFRC has an Operations Manager and a Logistics Delegate in the DRC who are implementing an emergency appeal to fight cholera in the Lomami province.

In addition, three RDRT members were deployed in the DRC, 1 for cholera response in Kinshasa and 2 for cholera response in Lomami province. A new IFRC Country Representative has just been appointed in the DRC and will take up office in the coming days. Moreover, the IFRC deployed a Health RDRT to assist the NS in developing the plan of action for this operation in response to the polio epidemic.

The multi-country Cluster for Central Africa based in Yaoundé supported the Kinshasa team in the development of this DREF operation.

Five Partner National Societies (SNPs) are present in the DRC, namely the French, the Spanish, the Swedish, the Canadian and the Belgian Red Cross Societies; they have not yet expressed their willingness to contribute to this operation. Movement Coordination meetings are held monthly and serve as a platform to discuss the challenges facing the host NS and the various strategies to support them.

ICRC effectively contributes to security information by informing the NS about areas of insecurity.

#### **Overview of non-RCRC actors in country**

The government and its partners, such as WHO, UNICEF, CDC and GAVI, have facilitating the preparation of the anti-polio campaigns scheduled for 26-28 April and 10-12 May 2018. Micro-planning and population counts are already complete. An emergency coordination committee under the aegis of the government has been set up, with decentralized branches at provincial and local levels. This committee works closely with the EPI Coordination mechanisms in place (clusters or government coordinating body).

## Needs analysis and scenario planning

The government called on partners to support the campaign to stop the cVDPV2 epidemic and eradicate polio from the DRC. The best scenario is that DRC RC will be supported by government entities, (if any), to implement the planned operation.

Given the intensity of population movements, it is easy to imagine how quickly the epidemic can spread not only to neighbouring provinces, but also to neighbouring countries. Therefore, it is urgent to vaccinate all children in these localities to stop the spread of the epidemic. The community monitoring of unvaccinated children will be essentially for this purpose, and Red Cross volunteers and community members will be trained on how to go about it. Sensitization will be carried out before, during and after the campaign to ensure maximum immunization coverage.

## Operational Risk Assessment

In this response, IFRC, ICRC and DRC Red Cross conducted a serious risk analysis. The IFRC's codes of good conduct and the safer access of the ICRC are prerequisites for operational risk assessment. HZs with difficult access were not selected for completeness and promptness reasons.

Volunteers, supervisors and personnel deployed on the field as part of our operations were covered by insurance, in accordance with the Red Cross and Red Crescent Movement executives' deployment security standards.

The ICRC helped inform us by indicating to us the risk areas and preventing our expatriates from supervising in Tanganyika.

## B. OPERATIONAL STRATEGY

### Proposed strategy

Based on the information available, the strategy of DRC RC is to involve volunteers in:


- ❖ picking up of all unvaccinated children so that they can be vaccinated
- ❖ identification of unvaccinated children through a door-to-door strategy
- ❖ handing of token to each unvaccinated child
- ❖ escorting vaccinators to the homes of unvaccinated children
- ❖ systematic search or picking up of all unvaccinated children.
- ❖ community-based active surveillance

### During door-to-door visits, DRC RC volunteers:

- caught, and referred unvaccinated children to FoSas for appropriate vaccination;
- handed a token to each unvaccinated child;
- made sure that the vaccination team vaccinated all unvaccinated children;
- sensitized households before, during and after the campaign;
- conducted community surveillance in between campaigns to catch unvaccinated children and take them to fixed vaccination points.

## C. DETAILED OPERATIONAL PLAN

- ✓ sensitize households so that children from 0 to 59 months can be vaccinated against polio in HZs targeted in the 2<sup>nd</sup> round
- ✓ 750 volunteers, 75 team leaders and 14 HZ supervisors briefed and do participate in the registration of unvaccinated children
- ✓ Home visits by volunteers to pick up unvaccinated children
- ✓ All uninfected or unvaccinated children were picked up and vaccinated
- ✓ 100% of volunteers actively search for AFP cases
- ✓ Every week, DRC RC participates in teleconferences with the 4 provinces and 34 health zones selected;
- ✓ DRC RC is an integral part of this platform and attends meetings with the IFRC
- IFRC participates in partner meetings that are held at the WHO office in Kinshasa

 <p><b>Health</b> <b>People affected:</b> 3,842,133 <b>Number of people to be assisted:</b> 852,000<sup>2</sup> Men: Women:</p>		
<b>Result 1:</b> <b>Communities receive from the NS services intended to identify and reduce health risks</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
750 volunteers + 75 team leaders + 14 HZ supervisors are trained and deployed in the vaccination campaign, i.e. 839 people.	839	839



SONGA								
MUKANGA								
MULONGO								
MALEMBA -NKULU								
LWAMBA								
KALEMIE								
ANKORO	368	342	291	161	710	633	77	10,85
MANONO								
KIAMBI								
<b>TOTAL</b>								

### Lomami Province

Health zone	HOUSEHOLD VISITS	NUMBER OF WOMEN SENSITIZED	NUMBER OF MEN SENSITIZED	TOTAL NUMBER OF PEOPLE SENSITIZED	CHILDREN OF 0-59 PICKED UP AND VACCINATED	CASES OF RETICENCE (REFUSAL) REPORTED	CASES OF REFUSAL PICKED UP BY THE RED CROSS
EAST-KALONDA HZ -Target expected: 47,408 -Vaccinated children: 48,191 -Children 0 dose: Not reported							
LUBAO HZ -Target expected: 45,116 -Children vaccinated: 46,828 -Children 0 dose: 212							
KALAMBAYI HZ Target expected: 59: 41,080 -Children vaccinated: 41667 -Children 0 dose: Not reported							
<b>TOTAL</b>							

#### Comment:

Volunteers did not participate in the Phase 0 of the response to the Mongala (Yamongili) outbreak due to lack of additional financial means as the budget was planned to be used in rounds 1 and 2 of the campaign.

#### Difficulties:

- Difficulty in reporting due to late submission of data at the provincial level (health zone);
- Lack of network for some health areas;
- Volunteers who worked in the 2nd round are not paid in all provinces.

#### Suggestions:

- - Make funds vouchers available on time to facilitate the timely transfer of tranches;
- - Plan other health zones not taken into account in the DREF and where polio cases were notified (Kikoula, Mongala ...)
- - Extend the polio DREF for 2 months because some planned activities have not been carried out, case of the supervision of the central level and the RDRT not done in Round 1 for security reasons.

According to the provincial committee, this campaign is the first experience of the Red Cross provincial committee of Lomami in this activity;



### Result 2: Influencing others as a leading strategic partner

Indicators: The IFRC DRC Office, in collaboration with the NS via RDRT, uses their privileged position to influence decisions at the local, national and international levels	Target	Actual
The RDRT and the consultant have regular contacts with the MoH, WHO, UNICEF to negotiate for DRC RC to participate in all vaccination campaigns including micro planning.	4 advocacy contacts	3 (The partners accepted the participation of DRC RC after 3 days of advocacy)
The IFRC (RDRT) collaborates with MoH, WHO, UNICEF and GAVI and participates in restricted strategic meetings of partners during the 90 days of DREF (3 months).	3 months of DREF	2 months
Staff security is a priority in all activities and volunteers are insured.	839	750

### Result 3: An effective, credible and accountable IFRC

Indicators: The IFRC country office works in collaboration with the Government, the partners of UNS and PNSs present in the DRC	Target	Actual
Number of partners in the DRC (Govt, UN, CSO and community) cooperating with the IFRC	4	4
Number of Movement partners (5 PNSs present + ICRC in DRC working in co-management with the IFRC)	6	6
Number of regions whose volunteers carry out activities without incident in collaboration with the community or stakeholders (4 provinces + the city of Kinshasa)	5	5

## D. BUDGET

Reference documents



Click here for:

- Previous Appeals and updates
- [Emergency Plan of Action \(EPoA\)](#)

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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 (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.

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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**.

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