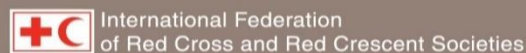




Emergency Plan of Action (EPOA) Democratic Republic of the Congo (DRC): Measles outbreaks



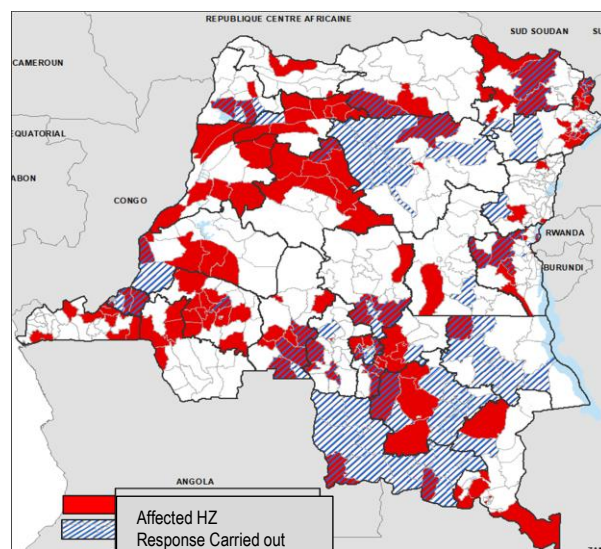
DREF n° MDRCD028 / PCD053	Glide n° EP-2019-000148-COD
Date of launch: 19 November 2019	Expected timeframe: 04 months, Expected end date: 19 March 2020
Category allocated to the disaster or crisis: Yellow	
DREF allocated: CHF 344,125	
Total number of people affected: 9,110,984	Number of people to be assisted: 1,539,754
Host National Society presence (n° of volunteers, staff, branches): 130,000 volunteers, 26 provincial branches and 150 staff members	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, DRC Red Cross, American Red Cross ¹	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), World Health Organization (WHO), United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF)	

A. Situation analysis

Description of the disaster

In addition to the Ebola Virus Disease (EVD) outbreak that has been raging in the Democratic Republic of Congo since 2018, the country is facing two other major outbreaks, including measles and cholera as evidenced by the Outbreak Observatory in an article published in [July 2019](#) on the DRC. The details provided hereafter only refer to measles as other strategies will be used to respond to cholera.

The DRC's Ministry of Health declared a measles outbreak in the country on 10 June 2019, presenting it as the deadliest outbreak in the country since the 2010-2011 outbreak which caused at least 210 deaths according to [Médecins Sans Frontières](#). As such, this response is being proposed due to insufficient capacities on the ground, as government and other partners are now overwhelmed with the extension of the epidemic to all provinces of the country, to support immunization campaigns which have been moved forward to November and December 2019 due to the emergency situation. Indeed, between January and August 2019, measles infected more than 145,000 people and killed 2,758 people; more deaths in seven months than the EVD in one year as reported by the Ministry of Health. According to the World Health Organization (WHO) in a presentation made in Kinshasa in late September 2019, the 2019 outbreak affects all 26 provinces of the DRC, exactly 192 of the 519 health zones in the country. In week 36 of the current year alone, 5,387 suspected cases of measles were reported, with 134 deaths (2.5% lethality), while from week 1 to week 36, the affected health zones recorded 183,837 suspected cases and 3,667 deaths, with a lethality of 2.0%. The provinces that reported most cases are Tshopo and Kasai. Although all provinces are affected, response campaigns and other interventions have so far targeted only the provinces in red on the map at the left. There is an urgent need to strengthen response activities in the provinces that have already



In red, the health zones (HZ) affected by measles, in stripes the response campaigns already carried out until September 2019. Source: WHO September 2019

¹ American Red Cross is planning to cover 15 health zones in Kinshasa working bilaterally with DRC Red Cross
MDRCD028 – DRC Measles Outbreak – DREF EPOA

benefited from the interventions, and especially to intervene in the affected provinces that are still waiting for humanitarian action. To note, an intervention would be more relevant now as immunization campaign dates have been moved forward from December to November, because during the first phase, the lack of community health workers had a negative impact on the campaign results, which DRC RC with its experience in social mobilisation aims to improve through the deployment of trained volunteers.

Summary of the current response

Overview of Host National Society

As part of the response to the measles outbreak, the DRC Red Cross is integrated into various organizing committees for measles vaccination campaign and participates in all related meetings at the national, provincial and Health zones levels. In addition, as part of the routine activities of the Expanded Program on Immunization (EPI), including the implementation of GAVI²-RSS2³-OSC⁴ project, the DRC Red Cross is already working in the awareness and recovery of unimmunized or inadequately immunized children and pregnant women in targeted health areas.

Overview of Red Cross Red Crescent Movement in country

Since 2018 in the provinces of Equateur, then Nord-Kivu, Ituri and Sud-Kivu, the Country Representation of the International Federation of Red Cross and Red Crescent Societies (IFRC) in the DRC has been supporting the National Society (NS) in four (4) essential pillars of Ebola control, which are safe and dignified burial (SDB), psycho social support (PSS), risk communication and community engagement (RCCE), Infection prevention and control (IPC). In addition, the IFRC provides capacity building for the DRC Red Cross in the same provinces. From December 2017, the IFRC contributed to the cholera response in Lomami province through a cholera and population movement emergency appeal that ended in May 2019. The IFRC is also supporting the NS through the Community Epidemic and Pandemic Preparedness Program (CP3) in the Kinshasa province (health zones (HZ) of Binza-Météo and Maluku) and Kongo Central province (Health zone of Nsona-Pangu and Kimpese). The USAID-funded CP3 program, implemented by the NS with technical support from the IFRC, has already trained 300 volunteers in the two provinces targeted by CP3. These volunteers actively contribute to the CP3 intervention zones to strengthen epidemic preparedness capacity and strengthen community-based surveillance activities as per the strategic guidelines of the health zones. CP3 is based on the concepts of "One Health" and "All Risks". In this regard, volunteers and communities are involved in zoonotic disease preparedness activities and in collaboration with the Disaster Management Department, CDRT-Community Disaster Response Teams are being set up in CP3 health zones. CP3 volunteers, whose activities are continuing in the health zones, have acquired skills and knowledge of various IFRC tools to respond to epidemics such as the Community-based health and first aid (CBHFA), epidemic control for volunteers (ECV), Community engagement and accountability (CEA), Community-based surveillance (CBS) and many others. The DRC RC thus aims to tap into the pool of community volunteers trained by the CP3 programme, to ensure maximum coverage during the upcoming campaigns. They will equally ensure community-based surveillance in their areas, which will allow RC teams to identify target children and because they already work in collaboration with the health services, they bring in an added value, especially in the Kongo Central province.

Partner National Societies (PNSs) present in the country, including the Belgian Red Cross, the Spanish Red Cross, the Swedish Red Cross, the French Red Cross and the Norwegian Red Cross participate in Movement coordination meetings and advocate with their respective headquarters for the mobilization of potential resources. These partners and the NS are developing programs in several provinces of the country. The American Red Cross is planning to support measles campaign in 15 health zones in Kinshasa, working bilaterally with DRC RC. No other partner has engaged in the measles campaign. However, volunteers trained through the various projects supported by the PNSs will be involved in the target areas so as to capitalize on their various experiences in this response.

The International Committee of the Red Cross (ICRC) has been active in the eastern provinces of the DRC for 25 years, leading large-scale protection and assistance activities in response to the various conflicts and other situations of violence, as well as in the Kasai, and provides security analysis for Movement partners in these areas and the operating framework for international components. As such, IFRC will work in close coordination with the ICRC, and on the basis of the L3 Agreement, in any provinces considered conflict affected – notably South Kivu.

Overview of non-RCRC actors in country

The DRC Ministry of Health declared an outbreak of measles and called on the humanitarian community to help respond to these outbreaks. The Ministry of Health has also established an outbreak management system. The Government and

² Global Alliance for Vaccines and Immunization

³ Strengthening the health system

⁴ Civil society Organization

its partners are making every effort, with concrete commitments, to stop the spread of measles outbreaks and to start quality preventive campaigns, in line with the work undertaken by both national and provincial authorities throughout the Mashako plan for the revival of routine immunization against measles. Weekly meetings to monitor the progress of measles outbreaks are organized to strengthen national and provincial coordination. Emergency immunization campaigns in the health zones affected by the measles outbreak in other high-risk areas began in January 2019. Between February and August 2019, at least 93 of the 172 affected health zones have already benefited from a total or partial immunization response, covering more than 3 million children from 6 to 59 months and the medical management of cases, with the support of partners such as ADRA, ALIMA, MRI, MSF, WHO and UNICEF. The Expanded Program on Immunization (EPI) and partners are currently planning the measles follow-up campaign, due to the expansion of the outbreak, which is now affecting all provinces of the country. There is thus a need to support the campaign efforts to ensure maximum participation by communities in order to curb the rising trend of the disease. The consolidation of the micro-plans from the provinces is done gradually according to the defined blocks. The EPI also continues with routine immunization, even if the results are not conclusive. In fact, only 57% of targeted children are covered by the different antigens. The Minister of Health has called on its collaborators to strengthen epidemiological and biological surveillance in the affected provinces.

Since 06 August 2019, WHO has placed the current measles outbreak in the DRC at Grade 2 of its health emergencies. Advocacy meetings have been organized by WHO and OCHA in the DRC to accelerate resource mobilization and partners called upon to help control the measles outbreak. Although funding exists through the Ministry of Health, it is now insufficient given the scale of the disaster and the rising trend of the disease. To note, the overall response is being coordinated by the MoH with support from WHO through the advocacy meeting.

Coordination

Coordination meetings are held daily at the EPI and the advocacy meeting at WHO. The head of the health department of the DRC RC participates in these various meetings. At the field level, coordination is carried out at the level of the provincial coordination of the EPI. The Provincial Division Head of the DRC RC attends these meetings.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

With regards to measles, WHO has already supported the Ministry of Health of the DRC in organizing several response campaigns since January 2019. However, some health zones are still not covered for various reasons, including the lack of funding and insufficient commitment by humanitarian partners. The success of an immunization campaign against measles depends on the enthusiasm of people to immunize their children. New campaigns are planned by the end of the year and even in 2020. Social mobilization activities are needed to encourage this keen interest for parents to immunize their children from 0 to 59 months and although no campaigns are planned for 2020 at the moment, DRC RC advocacy will be for community mobilization to continue through the various projects supported by the IFRC and PNSs at Movement level, but also by community care givers supported by other partners.

The measles outbreak is currently raging in all 26 provinces of the DRC. Among the most affected provinces, there are by order of cases reported: Tshopo, Kasai, Haut-Lomami, Lualaba, Kasai-Oriental, South Kivu, Tanganyika and Lomami. This situation is mainly due to routine immunization coverage that is extremely low (57%, MICS 2017 -2018), to the absence of the second dose of routine measles vaccine capable of stopping the virus, and to the accumulation of the number of unimmunized children. Due to the Ebola outbreak in the provinces of Nord-Kivu and Ituri since August 2018, health facilities are poorly attended by the population, exacerbating the weakness of routine immunization in these areas. As the Ministry of Health's goal is to reach at least 95% of children in each health zone, the main challenge remains the micro-planning and social mobilization activities, because we do not often manage to reach all the children. To that effect, it is extremely important that the DRC Red Cross participates in the campaign to hope to create a collective immunity and overcome the measles outbreak. This participation will enable volunteers to raise awareness of the population for behaviour change during home visits and the recovery of all non-vaccinated children during the various planned measles immunization campaigns.

Targeting

As noted above, the ongoing measles outbreak in the DRC affects all 26 provinces of the country, while cholera affects 20 of the 26 provinces. Since the DRC Red Cross does not have the capacity to intervene in all provinces at the same time, the NS has targeted some provinces for this operation. The choice was made by taking into account the EPI's planning for the measles response. The EPI intended to conduct a response campaign in December 2019 but dates have now been moved forward to November as indicated in *Table 1* (on the right) with detailed programme contained in *Table 2* in annex.

The provinces of Kongo Central, Kwilu, and Sud-Kivu in Block 2, as well as the provinces of Equateur and Kasai Oriental in Block 3 are targeted by the NS for the measles response. The other selection criterion of the provinces relate to the conditions of access. The NS has limited itself to the provinces whose access is not easy, but is not as difficult as in the other provinces not selected.

N°	BLOC 1	BLOC 2	BLOC 3
1	Ituri	Kasai Central	Bas Uélé
2	Kasai	Kinshasa	Equateur
3	Lomami	Kongo Central	Haut Katanga
4	Nord-Ubangi	Kwango	Haut Lomami
5	Sankuru	Kwilu	Haut Uélé
6	Tanganyika	Mai Ndombe	Kasai Oriental
7	Tshopo	Nord Kivu	Lualaba
8		Sud Kivu	Maniema
9		Sud Ubangi	Mongala
10			Tshuapa
Dates proposed for immunization campaign			
	Bloc 1	22 to 26 October 2019	
	Bloc 2	25 to 29 November 2019	
	Bloc 3	5 to 9 December 2019	

The national EPI target for measles vaccine represents 17% of the country's total population. On this basis, the DRC Red Cross will help the EPI to cover 2,078,318 children from 0 to 59 months in the selected provinces during the response campaigns. To this end, the NS will organize a social mobilization targeting a total of 415,664 households. These households will be covered by 2 053 volunteers, 103 team leaders, 42 zone supervisors and 15 provincial supervisors. It is difficult at this stage to allocate sex-targeted people, even though we know that this will be the age range from 0 to 59 months for the measles response. Data disaggregated by age group and sex will be provided in the various reports of this operation. Table 2 (in annex) summarizes the different targets of the DRC Red Cross for measles response.

Scenario planning

The best scenario

Donors provide considerable funding for the measles control in the DRC. Humanitarian actors including DRC RC coordinate their actions and the disease is controlled within a few months.

Most likely scenario

The response campaigns already carried out and those planned help to curb the rising trend of the disease in the coming months. As such, DRC RC, through this plan, will intensify social mobilization so that the maximum number of children aged 0 to 59 months are immunized.

The worst scenario

WHO and other humanitarian actors in the DRC do not obtain sufficient attention and funding to fight the measles outbreak, which is killing as much as EVD at the moment in the country. The disease continues to spread and no action is taken against the outbreak. The disease might reach uncontrollable proportions.

Operation Risk Assessment

First of all, the provinces targeted by this plan of action do not present any particular risk outside Nord-Kivu where EVD and insecurity prevail. In any case, the DRC Red Cross is widely accepted and is present in all the provinces of the country. It will not be necessary to move people from one region to another. The actors come from the different communities concerned. In addition, there is an agreement on the security of people and property with a particular focus in Nord-Kivu between the components of the Movement present in the DRC.

The selected provinces are not all affected by the EVD. There will therefore be no risk of spreading EVD. In Sud-Kivu affected by EVD, volunteers selected for the response to measles will have a refresher training on preventive measures and hygiene to avoid EVD. We are talking about refresher training here because most DRC Red Cross volunteers in Sud-Kivu have already received training on how to prevent and respond to EVD. In addition, access to targeted provinces is easy by road, river or air. The rural paths are also passable in general.

B. Operational strategy

Overall Operational objective:

The overall objective of the operation is to contribute to the control of measles outbreak within 04 months in the targeted provinces in the DRC (Kongo Central, Kwilu, Sud-Kivu, Equateur and Kasai-Oriental).

Proposed Strategy

All IFRC interventions in the DRC in support of the NS take into account the vision of the DRC Red Cross. These interventions refer to the IFRC support strategy in the DRC whose sources are the NS 2019-2023 Strategic Development Plan (SDP), the NS 2019-2020 operational plan and the 2019/2020 country plan of the IFRC country office in the DRC. The response to measles outbreaks is part of this dynamic of action and capacity building of the DRC Red Cross.

In the context of the measles response, the DRC Red Cross intends to mobilize the parents of children from 0 to 59 months in order to encourage their interest to take their offspring to the immunization sites. Red Cross volunteers will conduct door-to-door sensitization to reach as many parents as possible. Risk Communication and Community Engagement (RCCE) activities will be conducted by volunteers to facilitate rumour management and community feedback, as well as ensure that messaging addresses community concerns and beliefs. These activities will take place before, during and after the immunization campaigns to reach the maximum number of people and thus contribute to the national goal of immunizing at least 95% of targeted children.

Volunteers from the DRC RC will be integrated into the Ministry of Health teams based on the Ministry's planning. From planning to implementation, there will be close collaboration between the DRC RC and health authorities at both national and provincial levels. Supervision will be done at various levels including:

- The Provincial Supervisor DRC RC
- The supervisor of the health zone DRC RC
- The team leader at the health area level

At the level of the sites or vaccination area, RC volunteers will ensure sensitization to households. The training of all these people will be ensured by MoH in collaboration with DRC RC.

Operational support

Human Resources

Some 2050 volunteers will be deployed through this operation to ensure community mobilisation. They will receive appropriate visibility equipment and will all be insured through the operation. To note, although a high number of volunteers are already engaged in the EVD response, the areas targeted for this operation do not include North Kivu and Ituri provinces, which are the provinces where RC teams are working to stop spread of EVD. In addition, the DRC RC has a pool of 130,000 volunteers, 80,000 of whom are duly registered and can be mobilized at any time.

However, DRC Office of the IFRC has a dedicated team with 90% focused on EVD response. This leaves limited resources to handle additional operations. Consequently, a Health RDRT (1) will be deployed and missions for communications (1) and PMER (1) experts will be required to help implement this operation.

Logistics and Procurement

For logistics and procurement, the major items are productions of T-shirts and IEC materials material. The Country Office will actively supervise this to ensure compliance to IFRC/NS procedures. In addition, Africa Regional Office (DCPRR and Health) will ensure oversight and monitoring of activities.

Communications

To help position DRC Red Cross within the country as a leading humanitarian actor, it is critical to build public awareness and visibility for their role in responding to those affected by flooding. This not only helps build the brand and credibility of DRC Red Cross, but also provides an opportunity for further funding and support.

DRC Red Cross will work with national media to provide updates on the response and the needs from communities as well as collect stories of impact from people who receive much-needed support. IFRC will support the National Society in these efforts and if needed, will look to engage media at regional/international levels. A surge deployment will be

arranged to support opportunities for visibility and collect visually rich material for National Societies globally, donors, media and other important stakeholders.

It is also a great opportunity to showcase the responders and volunteers on the frontline of the response and their important role in helping communities. The Communications Unit at the IFRC Africa Regional Office and Central Africa Cluster Office will provide support to the DRC Red Cross in building their visibility around this response.

DRC Red Cross will track and document all media releases, engagement and communications content on this operation for reporting at the end of the response. IFRC can provide support in media tracking as necessary if picked up by regional and international media houses.

Security Management:

To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures must be adopted. This includes permanent situation monitoring and communication between field teams as well as development and implementation of minimum security standards for the specific implementation areas.

Road travel safety being important, this should be addressed appropriately by at least ensuring that all passengers aboard operations vehicle are clearly identified and allowed to board. Strict IFRC/NS security regulations will be observed in this regard.

All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

For IFRC personnel, IFRC security policies and procedures apply. In North Kivu, the IFRC works on the basis of a security management support agreement with the ICRC (L3 Agreement) For all the other areas, close coordination will be ensured with ICRC for information sharing on security threats and/or analysis.

Finance and Administration

IFRC Country Office, with support from RFU, will ensure proper finance monitoring and a DREF Project Framework Agreement will be duly signed NS, detailing responsibilities.

Risk Communication and Community Engagement (RCCE)

Participation of target communities will be ensured in all activities and their feedback collected regularly. An emphasis will be laid on cultural specificities and community structures, on the integration of gender and diversity as well as the promotion of DRC RC's actions and its mission within the communities. Engaging with communities will also involve informing them of their rights to complain and provide feedbacks in the course of the operation. The NS will as much as possible use preferred channels of communication to act on information needs while introducing, where possible and accepted, innovative two-way communication tools to provide life-saving information as well as communicate with communities.

Coordination

At the national level, a Movement coordination mechanism will be set up and will bring together the ICRC, the IFRC, the DRC RC and the PNS who will meet regularly to monitor the implementation and outline the main orientations of the operation. The operation team will participate in all coordination meetings and technical meetings at all levels of the pyramid. Activities will be carried out by the territorial committees under the coordination of the provincial committee of targeted provinces, with the supervision of the national headquarters. A national coordinator of the operation will be appointed, and will work in collaboration with provincial, health zones and team leaders in targeted localities. Joint supervision missions will be carried out by ICRC, IFRC and CR DRC technical teams.

C. Detailed Operational Plan



Health

People targeted: 1 539 754 ⁵

Male:

Female:

Requirements (CHF): 260,827

Needs analysis: With regard to measles, WHO has already supported the DRC Ministry of Health in organizing several response campaigns since January 2019. However, some health zones are still not covered for various reasons, including lack of funding and lack of commitment of humanitarian partners. The success of the measles immunization campaign depends on the enthusiasm of people to immunize their offspring. New campaigns are planned by the end of the year and even in 2020. Social mobilization activities are needed to encourage this keen interest for parents to immunize their children from 0 to 59 months.

The measles outbreak is currently raging in all 26 provinces of the DRC. Among the most affected provinces, there are by order of case reported: Tshopo, Kasai, Haut-Lomami, Lualaba, Kasai-Oriental, South Kivu, Tanganyika and Lomami. This situation is mainly due to routine immunization coverage that is too low (57%, MICS 2017 -2018), to the absence of the second dose of routine measles vaccine capable of stopping the virus, and to the accumulation of the number of unimmunized children. As the Ministry of Health's goal is to reach at least 95% of children in each health zone, the main challenge remains the micro-planning and social mobilization activities, because we do not often manage to reach all the children. To that effect, it is extremely important that the DRC Red Cross participates in the campaign to hope to create a collective immunity and overcome the measles outbreak. This participation will enable volunteers to raise awareness for behavior change during home visits and the recovery of all non-vaccinated children during the various planned measles immunization campaigns.

Population to be assisted: This plan of action targets children aged 0 to 59 months in the following provinces: Kongo Central, Kwilu, Sud-Kivu, Equateur and Kasai-Oriental. Based on the national rate of 17% of the population, this target is estimated at 1 539 754 children aged 0 to 59 months in the targeted provinces. DRC Red Cross volunteers will cover these children by door-to-door sensitization in 307 951 households in targeted provinces.

Programme standards/benchmarks: The activities planned here will be conducted in accordance with the WHO and the Ministry of Health of the DRC standards.

P&B Output Code	Health Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services in targeted health zones of Kongo Central, Kwilu, Sud-Kivu, Equateur and Kasai-Oriental provinces of the DRC by February 2020.	% of children from 0 to 59 months reached with measles vaccine in targeted health zones Target: 95%
-----------------------	---	--

⁵ This is the number of people targeted by DR Congo's social mobilization activities as part of the measles response. The 2 078 318 children aged 0 to 59 months are the target of the EPI. The NS will help the EPI to achieve 95% immunization coverage rate of these children with measles vaccine, but we did not include them in the Red Cross target to avoid double counting. Indeed, these same children are among the people in households targeted by the DRC Red Cross.

Health Output 1.1: Communities in targeted health zones of Kongo Central, Kwilu, Sud-Kivu, Equateur and Kasai-Oriental provinces of the DRC are supported to effectively detect and respond to infectious disease outbreaks (measles) by February 2020.								# of people reached with DRC RC social mobilization activities Target: 1,539,754					
Activities planned Month		1	2	3	4	5	6	7	8	9	10	11	12
AP021	Adaptation and multiplication of awareness and visibility media												
AP021	Production of data collection and visibility tools												
AP024	Identification and recruitment of 2,053 volunteers in targeted health zones and health areas. Volunteers will be selected from the targeted communities on the basis of their community status, availability, literacy, communication skills and willingness to adhere to the principles of the Movement												
AP021	Training of 2 053 volunteers on the importance of the immunization, RCCE, social mobilization and community monitoring of unimmunized children												
AP021	Participation in coordination meetings at all levels of the measles response immunization campaign												
AP021	Organization of meetings with community and institutional leaders on the immunization.												
AP021	Sensitization of households through the door-to-door approach and the fixed strategy on measles.												
AP021	Identification of children aged 6 to 59 months in households based on a pre-established mapping.												
AP021	Delivery of tokens to households for children immunization												
AP021	Management of measles vaccine refusal cases and people lost from sight within the community												
AP021	Broadcasting of measles vaccine messages on the radio, through print advertising, and other awareness raising materials on measles.												
	Organize interactive radio shows in target localities												
AP021	Active search for unimmunized children during and after the campaign and referral to vaccination sites												
AP021	Identify cases of AEFI ⁶ and refer them to the nearest health centres (HC).												

⁶ Adverse event following immunization

AP021	Active search for vaccine-preventable diseases (focus on measles) and referral to the nearest HC.														
-------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Strategies for Implementation
Requirements (CHF): 83,298

SFI 1: Strengthen National Society																							
P&B Output Code	S1.1: DRC RC capacity building and organizational development objectives are facilitated to ensure that they have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform										# of DRC RC volunteers insured Target: 2,053												
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																						
	Activities planned Month										1	2	3	4	5	6	7	8	9	10	11	12	
AP040	Ensure that volunteers are insured																						
AP040	Provide complete briefings on volunteers' roles and the risks they face																						
AP040	Provide psychosocial support to volunteers																						
AP040	Ensure volunteers are aware of their rights and responsibilities																						
AP040	Ensure volunteers' safety and wellbeing																						
AP040	Ensure volunteers are properly trained																						
AP040	Provide visibility equipment for volunteers (Red Cross aprons and caps)																						

SFI 2: International Disaster Response																							
P&B Output Code	S2.1: Effective and coordinated international disaster response is ensured										# of surge staff deployed to support DRC RC with the operation Target: 3												
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained																						
	Activities planned Month										1	2	3	4	5	6	7	8	9	10	11	12	
AP046	Deploy 1 surge staff with 2 people from another's profiles (i.e 1 Health, 1 Communication and 1 PMER) for 2 months																						

SFI 3: Influence others as leading strategic partner													
P&B Output Code	S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable					<ul style="list-style-type: none"> # of communications products published on the operation Target: 2 # of lessons learned workshops conducted Target: 6 							
	Output S3.1.1: IFRC and DRC RC are visible, trusted and effective advocates on humanitarian issues					# of communications products published on the operation Target: 2							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12
AP053	Communications work												
AP053	Deploy a surge communications person to DRC for support the operation												
P&B Output Code	Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.					# of lessons learned workshops conducted Target: 6							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12
AP055	Work on needs and capacity assessments, rapid assessments for markets, planned and budgeted monitoring and evaluation activities and learning opportunities other assessments, evaluations and research												
AP055	Conduct 6 lessons learned workshops, 1 in each province targeted and 1 in Kinshasa (final)												

Budget

The overall budget for this operation is set at CHF 344,125 as detailed in budget below.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRCD028 - DEMOCRATIC REPUBLIC OF THE CONGO

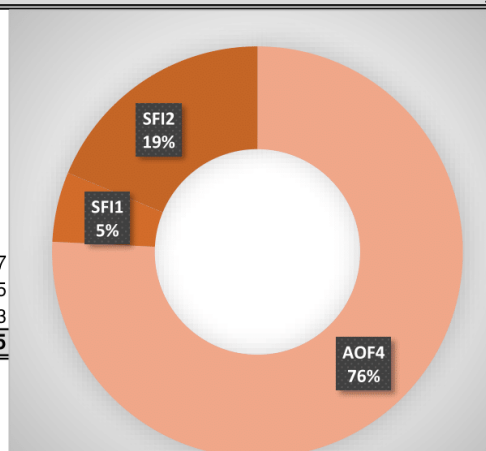
19/11/2019

Budget by Resource

Budget Group	Budget
Teaching Materials	4,170
Relief items, Construction, Supplies	4,170
Transport & Vehicles Costs	1,430
Logistics, Transport & Storage	1,430
International Staff	50,038
National Society Staff	131,564
Volunteers	14,276
Personnel	195,878
Professional Fees	993
Consultants & Professional Fees	993
Workshops & Training	27,032
Workshops & Training	27,032
Information & Public Relations	77,639
Office Costs	894
Communications	11,612
Financial Charges	3,475
General Expenditure	93,619
DIRECT COSTS	323,122
INDIRECT COSTS	21,003
TOTAL BUDGET	344,125

Budget by Area of Intervention

AOF4	Health	260,827
SF11	Strengthen National Societies	18,905
SF12	Effective International Disaster Manage	64,393
TOTAL		344,125

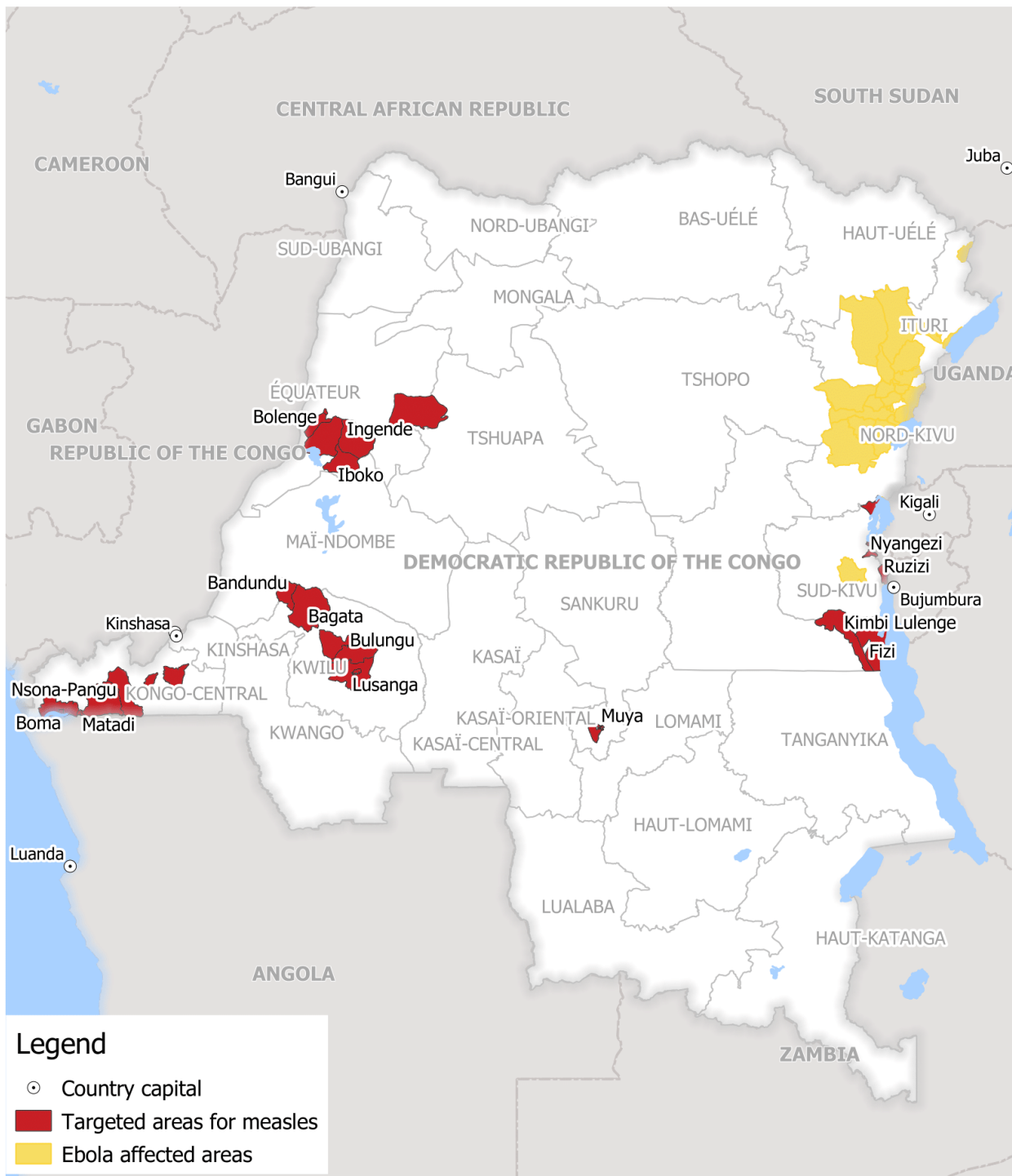




International Federation of Red Cross and Red Crescent Societies

13 November 2019
EP-2019-000148-COD

Democratic Republic of Congo - Measles
Disaster Emergency Relief Fund



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: IFRC, DRC RC, GADM, RCG,



Reference documents



Click here for:

- Previous Appeals and updates

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

In the DRC RC

- Dr Jacques KATSHITSHI N'SAL , Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
- Dr BALELIA WEMA Jean Faustin, DRC Red Cross National Director for Health Action; email: j.balelia@croix-rouge-rdc.org ; Phone: +243 8989155544, +243 822 951 182

IFRC Country Office, Kinshasa:

- Momodou Lamin FYE, Head of DRC Country Office; Email: momodoulamin.fye@ifrc.org

IFRC Office for Africa Region:

- Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.org ,
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org

In IFRC Geneva :

- Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: Nicolas.boyrie@ifrc.org
- Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Franciscah Cherotich Kilel, Senior Officer Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org;

For In-Kind donations and Mobilization table support:

- 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: Illah Ouma, Acting PMER Coordinator; email: illah.ouma@ifrc.org ; phone: +254 732 203081

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**.

Annex 1: Table 2 – Detailed table of various targets of the DRC Red Cross response for measles

DRC Red Cross targets for measles response November to December 2019											
Provinces	Antenna	Health zones	Total Population	Measles vaccine targets	Households	Number of sites	Targeted sites	Number of volunteers	Number of team leaders	Number of zone supervisors	Number of provincial supervisors
Bloc 2 from 25 to 29 November 2019											
Kongo Central	Boma	Boma	240 213	40 596	8 119	54	27	54	3	1	1
		Boma Bungu	107 877	18 231	3 646	24	12	24	1	1	
		Muanda	183 441	31 002	6 200	41	21	41	2	1	
	Matadi	Matadi	277 535	46 903	9 381	63	32	63	3	1	1
		Nsona-Pangu ⁷	111 685	18 875	3 775	25	13	25	1	1	
		Nzanza	168 989	28 559	5 712	38	19	38	2	1	
	Mbanza-Ngungu	Kimpese ⁸	182 326	30 813	6 163	41	21	41	2	1	1
		Kisantu	202 450	34 214	6 843	46	23	46	2	1	
		Mbanza-Ngungu	146 749	24 801	4 960	33	17	33	2	1	1
Sub-total Kongo Central		9	1 621 265	273 994	54 799	365	183	365	18	9	4
Kwilu	Bandundu	Bagata	187 393	31 669	6 334	42	21	42	2	1	1
		Bandundu	211 448	35 735	7 147	48	24	48	2	1	
		Vanga	168 437	28 466	5 693	38	19	38	2	1	
	Kikwit	Bulungu	242 036	40 904	8 181	55	28	55	3	1	1
		Kikwit-Nord	325 102	54 942	10 988	73	37	73	4	1	
		Kikwit-sud	222 187	37 550	7 510	50	25	50	3	1	1
		Lusanga	115 845	19 578	3 916	26	13	26	1	1	
		Masi-manimba	217 357	36 733	7 347	49	25	49	2	1	
Sub-total Kwilu		8	1 689 805	285 577	57 116	381	191	381	19	8	3
Sud-Kivu	Bukavu	Bagira-Kasha	171 343	28 957	5 791	39	20	39	2	1	
		Ibanda	231 411	39 108	7 822	52	26	52	3	1	1
		Kadutu	194 084	32 800	6 560	44	22	44	2	1	

⁷ Health Zone with some health areas covered by CP3⁸ Health Zone with some health areas covered by CP3

		Minova	170 941	28 889	5 778	39	20	39	2	1	
		Miti-Murhessa	149 586	25 280	5 056	34	17	34	2	1	1
		Nyangezi	222 611	37 621	7 524	50	25	50	3	1	
	Uvira	Fizi	555 300	93 846	18 769	125	63	125	6	1	1
		Kimbi Lulenge	289 850	48 985	9 797	65	33	65	3	1	
		Ruzizi	98 849	16 705	3 341	22	11	22	1	1	
Sub-total Sud Kivu		9	2 083 975	352 191	70 438	470	235	470	24	9	3
Sub-Total Bloc 2		26	5 395 045	911 762	182 353	1 216	608	1 216	61	26	10
Bloc 3 from 05 to 09 December 2019											
Equateur	Bandaka	Basankusu	284 644	48 105	9 621	64	32	64	3	1	1
		Bikoro	172 996	29 236	5 847	39	20	39	2	1	
		Bolenge	108 286	18 300	3 660	24	12	24	1	1	
		Iboko	131 959	22 301	4 460	30	15	30	2	1	
		Ingende	168 771	28 522	5 704	38	19	38	2	1	1
		Mbandaka	199 398	33 698	6 740	45	23	45	2	1	1
		Monieka	89 042	15 048	3 010	20	10	20	1	1	
		Wangata	186 294	31 484	6 297	42	21	42	2	1	
Sub-total Equateur		8	1 341 390	226 694	45 339	302	151	302	15	8	3
Kasai-Oriental	Mbuji Mayi	Bibanga	171 056	28 908	5 782	39	20	39	2	1	1
		Bipemba	399 723	67 553	13 511	90	45	90	5	1	
		Bonzola	201 496	34 053	6 811	45	23	45	2	1	
		Dibindi	301 581	50 967	10 193	68	34	68	3	1	
		Diulu	416 102	70 321	14 064	94	47	94	5	1	1
		Lukalenge	308 207	52 087	10 417	69	35	69	3	1	
		Muya	373 946	63 197	12 639	84	42	84	4	1	
		Tshishimbi	202 438	34 212	6 842	46	23	46	2	1	
Sub-total Kasai-Oriental		8	2 374 549	401 298	80 259	535	268	535	27	8	2
Sub-total bloc 3		16	3 715 939	627 992	125 598	837	419	837	42	16	5
Grand Total		42	9 110 984	1 539 754	307 951	2 053	1 027	2 053	103	42	15