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Emergency Action Plan (EPoA) DRC: Meningitis Outbreak

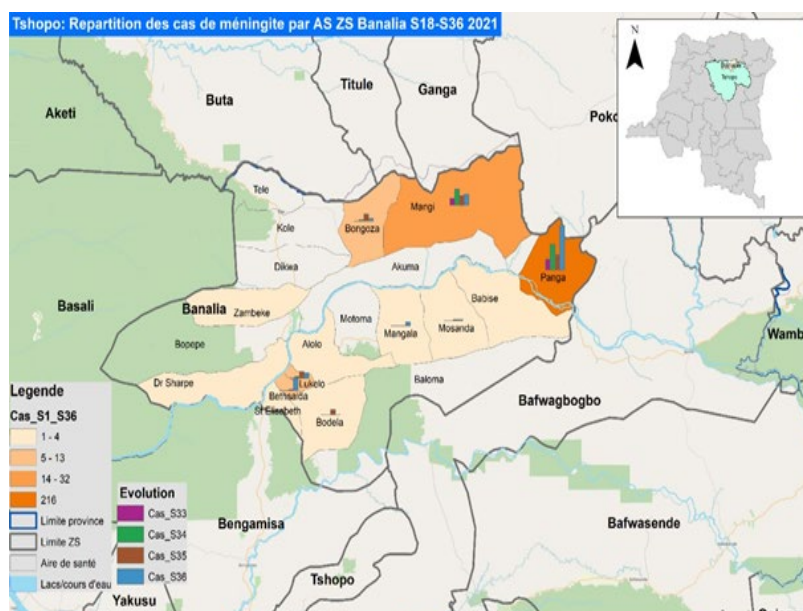
 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRCD033	Glide n°:	EP-2021-000138-COD
Date of issue:	23 September 2021	Expected timeframe:	04 months
Operation start date:	21 September 2021	Expected end date:	31 January 2021
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 207,685			
Total number of people affected:	301 suspected cases and 131 deaths. Approximately 162,723 persons or 32,545 households at risk	Number of people to be assisted: 162,723	97,634 or 60% of the affected population
Provinces affected:	Tshopo Province	Provinces/Regions targeted: 01	Tshopo Province
Host National Society presence (n° of volunteers, staff, branches): The Red Cross of the DRC (RC DRC) will intervene as part of this response through the Provincial Committee of Tshopo (6 communes and 7 territories) which has 4,875 volunteers			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: Ministry of Health, WHO, and UNICEF			

A. Situation Analysis

Description of the Disaster

On 7 September 2021, the National Minister of Public Health declared a [meningitis epidemic](#) in the DRC. This declaration follows confirmation by the National Institute for Biomedical Research (INRB) and the Pasteur Institute in Paris of the presence of meningococcal meningitis type W in the samples collected from some patients in the Tshopo province. The epidemiological events that aroused suspicion date back to early July 2021 following an increase in deaths in a clinical context of fever, headache, stiff neck, suggestive of meningitis. However, preliminary investigations helped to establish that the health events observed date back to the beginning of June 2021 (S23) in two mining sites in the health area (AS) of Panga, health zone (ZS) of Banalia, located north of Kisangani, capital of Tshopo province. According to the WHO epidemiological bulletin dated 13 September 2021, 301 suspected cases of meningitis, including 131 deaths, i.e., a case-fatality rate of 48.8%, have been recorded since the beginning of the epidemic. WHO further highlights the notification of 39 new suspected cases between 10 and 11 September 2021.



Breakdown of meningitis cases by health area, in Banalia Health Zone (Weeks 18 to 36, 2021)

A few observations have emerged at this stage:

- The outbreak remains confined to the Banalia health zone as 13/20 health areas (65%) have reported suspected cases

- Panga Health Area remains the epicentre of the disease as 72% of suspected cases have been reported (216/301)
- The epidemic is progressing because a new health area (St Elisabeth Health Area) has been affected in the past week according to the WHO epidemiological bulletin of 13 September 2021
- Lethality appears to be slightly elevated (48.8%) indicating the need for rapid action at the community level.

As of 11 September 2021, 18 patients were hospitalized and treated for meningitis, including 7 in Panga, 6 in Bethsaida, 3 in Banalia General Hospital of Reference and 2 in Lukelo. According to an expert opinion from the Ministry of Health, all age groups are vulnerable to meningitis. However, the National Committee for the Fight against the disease in the DRC states in its latest report dated 8 September 2021 that the age group most affected by the current meningitis epidemic is 15 years and above. The population exposed to this meningitis epidemic resides in Banalia health zone in Tshopo province. The total population of Banalia health zone is 162,723 people, spread over 20 health areas. At present, 13 of the 20 health areas in this health zone are affected.

It is clear from the above elements, that the DRC is once more faced with the emergence of a meningitis epidemic, the latest dating back to November 2009 with 214 cases and 18 deaths (a case-fatality rate of 8%) in the town of Kisangani, still in the Province of Tshopo. For the moment, the epidemic is confined to the Banalia health zone, but is showing an evolving trend. This situation puts additional pressure on the DRC's health system already weakened by multiple health risks, the most current are the Ebola virus disease (EVD), cholera, measles and COVID-19. The situation requires the rapid involvement of RC DRC volunteers in Tshopo to slow down the progression of meningitis within communities and mitigate its impact.

Summary of current response

Overview of Host National Society Response Action

As soon as the Tshopo health zone was notified of the emergence of suspected cases of meningitis, initial actions were set up by the government with the support of its technical partners. These include the re activation of the local health crisis management committee in Tshopo province and in the Banalia health zone, the establishment of a coordination sub-committee in the Panga health area, which is the epicentre of the epidemic, and the organization of joint investigation missions and the management of identified cases.

The actions undertaken are organized around six pillars, namely (1) Coordination, (2) Surveillance through active search for contact cases and suspected cases at community level, (3) Laboratory, (4) Management, (5) Infection Prevention and Control, (6) Risk Communication and Community Engagement (RCCE) through sensitization in churches and communities in Banalia and in the surrounding quarries and villages of Panga.

The RC DRC through its Panga and Banalia branches rapidly deployed 55 volunteers. Since end of July 2021, these volunteers have been working with the health authorities to raise awareness, refer suspected cases to the health centres and manage mortal remains. A few volunteers with nursing diplomas support medical care upon request from health zone. The first reports on the activities of the RC DRC show that 7,901 people have been reached by RCCE activities; 47 suspected cases were referred to health centres and the RC DRC has carried out 84 burials in addition to its daily participation in coordination meetings at all levels.

Overview of Red Cross and Red Crescent Movement Actions in country

The RC DRC is supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) through its Kinshasa Country Cluster Delegation. With no field office in Tshopo Province, IFRC technical support is directly provided from Kinshasa office. In the area of health, IFRC is supporting the National Society (NS) through the Community Epidemic and Pandemic Preparedness Programme (CP3) in the Kinshasa province (health zones (HZ) of Binza-Météo and Maluku) and Kongo Central province (health zones of Nsona-Pangu and Kimpese). The USAID-funded CP3 programme, implemented by the NS with technical support from the IFRC, has already trained more than 300 volunteers in the two provinces targeted by CP3. In the past, IFRC has supported the NS in four (4) essential pillars of Ebola control, which are safe and dignified burial (SDB), psychosocial support (PSS), risk communication and community engagement (RCCE), and Infection prevention and control (IPC). IFRC also provides capacity building for the RC DRC in the same provinces.

The International Committee of the Red Cross (ICRC) has been active in DRC for several decades, leading large-scale protection and assistance activities in response to the various conflicts and other situations of violence and providing security analysis for Movement partners in these areas and the operating framework for international components. As such, IFRC will work in close coordination with ICRC that supports Tshopo provincial branch through its office in Bunia.

The local branch of the RC DRC in Tshopo has a provincial committee composed of six members, a provincial secretariat composed of five technical divisions (Health, Risk and Disaster Management, Organizational Development, Finance and Logistics, Administration, Communication and Public Relations). There are currently

4,875 active volunteers in the province, including 216 volunteers in the territory of Banalia. Of these volunteers in the province, 66 are in rapid response teams, 60 are trained in PCI/WASH/SDB and 5 are specialized in PSS. The branch has a mobile land cruiser and two functional tricycles in Kisangani.

Partner National Societies (PNSs) present in the country, including the Belgian, Spanish, Swedish, French and the Norwegian Red Cross Societies participate in Movement coordination meetings and advocate with their respective headquarters for the mobilization of potential resources. These partners and the NS are developing programmes in several provinces of the country. 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. For the time being, no PNS is involved in the response to this meningitis epidemic.

Overview of other actors in the country

The Ministry of Health, with the support of other partners (WHO, UNICEF, MSF), carries out the following activities:

Coordination

- ✓ Organization of video conferences with all stakeholders;
- ✓ Organization of the meeting of the local committee for the management of health emergencies in Banalia;
- ✓ Organization of a contact meeting with DES-INRB-WHO support from the central level;
- ✓ Listing of additional requirements for the field team;
- ✓ Development of a meningitis response plan (ongoing);

Epidemiological surveillance and laboratory

- ✓ Active search for suspected cases in quarries and in the community;
- ✓ Follow-up of cases at home;
- ✓ Investigation of suspected cases of meningitis in Mangi Health Area;
- ✓ Strengthening community-based surveillance;

Case management

- ✓ Free treatment of suspected cases on site at Panga and at the HGR Banalia ;
- ✓ Establishment of a patient referral system
- ✓ Provision of treatment kits (JEP) for suspected cases (at least 20 cases/site) in four identified sites

Infection prevention and control

- ✓ Disinfection of latrines and wells in the Mopepe and Kin Bisengo quarries
- ✓ Continued awareness raising in churches and communities by town criers in Banalia and surrounding quarries and villages around Panga.
- ✓ Animation of the radio show with the participation of the administrator of the territory of Banalia.

In addition to the above-mentioned actions, WHO supports the training of health personnel in affected and at-risk areas, epidemiological monitoring and plans to make medicines and vaccines available. The country is waiting for a decision on the granting of vaccines against meningitis in the coming days to start the vaccination campaign against meningitis. However, dates for vaccination campaign are not yet fixed by the Ministry of Health.

As for UNICEF, it supports risk communication and community engagement (CREC) and WASH activities in some health areas.

MSF Switzerland is supporting the Ministry of Health in measles vaccination and case management in the same area affected by meningitis.

The Ministry of Health has set up coordination structures at different administrative levels. The provincial coordination that coordinates all response activities is located in Kisangani, capital of Tshopo. However, to be as close as possible to the affected areas and vulnerable populations, the Ministry of Health has also set up coordination cell at the health zone of Banalia and a sub-coordination cell at the health area of Panga, which is the epicentre of the epidemic. This coordination mechanism is led by the Ministry of Health with its partners WHO, UNICEF, the RC DRC and other civil society organizations. The RC DRC is an integral part of all these coordination structures but does not currently have the lead on any of the response pillars. However, it has been formally requested by the Ministry of health to manage the bodies.

Needs analysis, selection of beneficiaries, scenario planning and risk assessment

Needs analysis

The needs are categorized as follows:

- 1- **Active case finding:** Since epidemiological week 32, there has been a significant increase in the notification of cases and a decrease in the lethality of meningitis. Week 36 is the culmination point according to the

statistics, with 55% of cases (231/421) in the Panga health area, the epicentre of the epidemic. This increase in case notification is the result of intensified case finding. This observation shows that in terms of immediate needs, active case finding can improve understanding of the magnitude of the epidemic and facilitate its rapid control. Active case finding at community level is also supported by population movement mapping recommended by the health authorities to take into account travelers and mobile populations. The province of Tshopo has approximately 200,000 displaced inhabitants as a result of multiple factors, including ongoing inter-community conflicts and the activities of armed groups. It is imperative to determine the profile of travelers/mobile populations in the Banalia health zone and above all to direct active case-finding by also taking into account the identified axes of mobility of the populations. Consequently, the health authorities recommend that active case-finding efforts be intensified in all Banalia health areas, including isolated areas and even in health areas neighboring Banalia.

This active search for cases is currently confronted with insufficient human, material and logistical resources, difficult access in the health areas and mining quarries, the epicentre of the epidemic, because of the poor state of the roads, the lack of telephone and internet coverage in Banalia and Panga; the inability of the actors already mobilized to cover some affected health areas and, above all, according to the WHO epidemiological bulletin of 15 September 2021, a "low level of community awareness of the disease due to a lack of materials (batteries, megaphones, etc.)". In other words, health authorities wish to associate all response actions, including case management, with reinforced risk communication so that the exposed populations are better informed and stop believing that meningitis is sorcery, but rather a transmissible disease that can be prevented with vaccination.

- 2- **Increasing diagnostic capacity and strengthening management capacity:** The medical facilities are insufficient in the health area of Panga (lack of a health centre accommodate patients, lack of lumbar puncture sampling kits, unavailability of drugs, etc.). In addition to improving diagnostic capacity, as the sample analysis services available are only at the provincial laboratory in Kisangani, the government considers it necessary to strengthen the capacity to manage meningitis in the Banalia health zone, to strengthen ICP at community level through the implementation of hygiene measures in public places, and also to strengthen ICP at health centres to reduce the spread of diseases, in particular COVID-19, within the communities.
- 3- **Nutrition:** Health authorities believe that the deterioration of the health situation will exacerbate the nutritional crisis in the affected health zones. Thus, it is essential to strengthen infant and young child feeding in the context of the meningitis epidemic because malnutrition is a factor of vulnerability to the epidemic because of its harmful effect on the development of the child's immune system, which does not allow him or her to better resist to infectious diseases. The Tshopo provincial committee does not have the capacity to carry out nutrition activities for now. Furthermore, given the urgency of focusing on reducing the outbreak of the epidemic, the NS will only focus on activities related to reducing the impact of the disease in the affected health zone.
- 4- **Vaccination awareness:** Vaccination is an important strategy in the fight against meningitis, as the disease can be prevented through vaccination. During this response, the health authorities wish to vaccinate the 1- to 29-year-old age group, which represents 70% of the population of the Banalia health zone, i.e., 117,324 people to be vaccinated out of the 167,605 people in the Banalia health zone. The Ministry of Health, which is leading the response, intends to deploy fixed, mobile and advanced strategies to ensure the immunization coverage of the identified target. A request for vaccines to the International Coordinating Group for the supply of meningococcal vaccine (ICG) has been made and preparatory activities for the vaccine response are underway, including micro-planning of the vaccine response. The Ministry of Health is yet to receive the vaccines and as mentioned above, is working on the dates of the vaccination campaigns, which have not yet been set.
- 5- **Community access to information on the disease:** In terms of communication, there is a community radio station, Arwimi, broadcasting from the territory of Banalia and covering 7 of the 13 health areas affected by the emergency. Two other radio stations, namely Canal Orient and the provincial station of the national radio RTNC, broadcast in the territory of Banalia. But these radio stations only partially cover the affected health area. These radio stations will be used to broadcast key information on meningitis, answer questions and concerns from the community, collect comments and rumours from the community, etc.

The presence of Orange, Vodacom and Airtel mobile phone networks favours the use of the telephone as a means of communication within the communities, with a preference for calls and messaging. However, in the health area of Panga, the epicentre of the epidemic, there is no communication network; the usual means of communication will be exploited to compensate for the lack of modern means of communication.

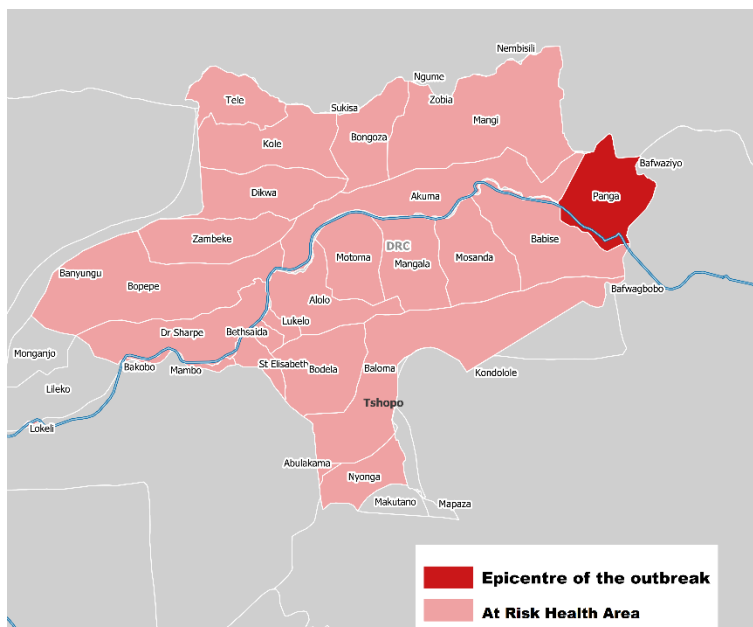
Targeting

The Banalia Health Zone has 162,723 inhabitants, or 32,545 households. Of the 20 health areas in the zone, 13 are affected and constitute the target of the RC DRC through this DREF operation. With the evolution of population movements, we expect that at least 60% of the population could be reached, i.e. 97,634 inhabitants targeted by the various actions, in particular the CREC, support to the Ministry of Health and immunization awareness.

Scenario Planning

The scenario plan of this DREF operation is closely linked to the planning assumptions of the health authorities that structured the development of the response plan. The response interventions target the affected health zone for three months based on the national response plan for the implementation of interventions aimed at breaking all chains of transmission of the disease in the province.

The duration proposed by the Ministry of Health takes into account the experience of the response to previous meningitis epidemics in the country and in Tshopo province. However, our DREF extends over a period of four months to allow the branch to finalize its activity report if the initial hypothesis of a possible rapid break in the transmission chains proves to be convincing. In addition, the four-month implementation period of this DREF operation will allow the NS to cover sensitization activities ahead the vaccination campaigns, the dates of which are not yet fixed. All partners involved are invited to closely monitor the dynamics of the epidemic and formulate the necessary adjustments that may influence the implementation period and the geographical coverage in case new health zones are affected.



Map of Banalia Health Zone, highlighting epicentre and at-risk health areas
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The government is currently advocating for a response in Banalia and preparedness in neighbouring health zones. There is a significant risk of spread to neighbouring health zones by river and land. The outbreaks could also significantly slow down the disease control efforts in its current epicentre. However, the RC DRC is focusing more on the response in the Banalia health zone for the time being and will try to adjust its intervention according to the evolution of the epidemic and the response mechanisms established by health authorities.

The following three scenarios, based on the above, will inform the RC DRC on the approach to be followed during the response.

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Scenario	Humanitarian consequences	Potential response
In the best case: The incidence rate is decreasing, and the number of healed patients are increasing. The disease has not spread to other <i>nearby</i> areas and health areas in the next three months. The strike of health personnel ends in a week, allowing them to contribute to the control of the disease in an effective way.	<ul style="list-style-type: none"> - Decrease in the rate of lethality - No spread of the disease to other health areas, or even Kisangani. - The disease mastered within 3 months. - The health system can manage the disease. 	The response will be limited to the implementation of this <i>DREF</i> operation as described in <i>this Emergency Action Plan</i> .
Most likely scenario: The epidemic spreads to <i>nearby health</i> areas, but the incidence remains lower than <i>the target</i> of this operation. The strike of the health staff continues for one month. The health system is overwhelmed as cases increase and struggles to control the <i>epidemic</i> in the next three months.	<ul style="list-style-type: none"> - Increase in the rate of lethality to 50% - Spread of the disease <i>through</i> the 20 <i>health</i> areas of the Banalia health zone, or even Kisangani, capital of the province of Tshopo. - The health system is struggling to control the epidemic 	<p>The RC DRC will update the emergency action plan to cover the neighbouring Health Zones of Banalia.</p> <p>The NS will continue to monitor the situation <i>by standing</i> ready to move up the response.</p>
In the worst case: Insecurity leads to a significant increase in mass displacement through Banalia, Kisangani and Goma, <i>spreading</i> the epidemic beyond <i>the province</i> of Tshopo, <i>towards North-Kivu</i> . The	<ul style="list-style-type: none"> - The health system is overwhelmed - The epidemic is co-occurring with other crises (displacements, EVD, measles epidemic, malnutrition, etc.) 	The RC DRC will launch an Appeal to address increased humanitarian needs through the mobilization of domestic and international resources.

burden on health personnel continues for the <i>next</i> three months, if not more, leading to the deterioration of the health situation. Several regions are affected by outbreaks.	<p>increasing the <i>rate</i> of lethality to 60% or more</p> <ul style="list-style-type: none"> - The disease has <i>such an impact that heads of households</i> become unable to bear the burden. 	
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Assessment of the risks related to the Operation and means of mitigation:

The RC DRC will ensure the engagement of local staff and volunteers, continue security monitoring using the opportunities offered by its acceptability on the ground. This will promote the successful implementation of the proposed activities. Ongoing security briefings will be provided to staff and volunteers to ensure continuous monitoring. The following operational risks will be managed by the RC DRC as follows:

1- Infection of RC DRC staff or volunteers

- Insurance of DRC volunteers
- Vaccination or confirmation of vaccination status of volunteers

2- Close contact of RC DRC employees or volunteers with a case of meningitis

- Establishment of health care service corridors for RC DRC employees or volunteers
- Provision of PPE (personal protective equipment)

3- Deterioration of the security situation in the area

- Implementation of security protocols
- Visibility

4- Transmission of COVID-19

- As of 14 September 2021, there are 885 confirmed cases of COVID-19 across Tshopo province, representing a risk of spread in addition to the current crisis. As auxiliaries to the government, National Red Cross and Red Crescent Societies have an important role to play in supporting national operations focused on pandemic preparedness, containment and mitigation. This places the RC DRC in a favourable position to facilitate the continuity and maintenance of COVID-19 activities supported within the Movement. This is summarized in the activities of ensuring the health and safety of staff and volunteers, developing specific plans for emergency health services. As such, the NS's actions dedicated to COVID-19 and those carried out in the framework of this ongoing DREF will be mutually beneficial and will build on common synergies.
- This DREF operation is aligned with and will contribute to the current global strategy and Regional Contingency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. The NS will continue to closely monitor the situation with a focus on health risks, and revise accordingly, if necessary, taking into account the evolving COVID-19 situation and operational risks that may develop.

5- Health system dysfunction

- Engage in advocacy with the Ministry of Health for the smooth running of the epidemic response activities

B. Strategy of the Operation

Overall objective

To contribute to the control of the epidemic in the affected health areas of the Banalia health zone and to the reduction of the risks of spreading meningitis to 60% of the population (97,634 inhabitants) of the Banalia Territory, in the province of Tshopo.

Lessons learned from previous interventions

- Need to integrate community-based first aid and health approaches (CBHFA) that allow for outreach, coupled with active case finding and community surveillance.
- Integration of risk communication and community engagement (RCE) to support CBHSS actions so that volunteers, members of the affected community, can share good information about the disease in the community, while collecting and addressing disease information within the community. The CREC also helps to understand the best ways to get community buy-in for the health measures that the epidemic imposes.

- The need to deploy volunteers throughout the operation to cover the entire affected health zone, to raise awareness of the disease and to vaccinate against it, as behavioural changes are observed over time.

Proposed strategy

The proposed response strategy derives from the needs identified, and mainly from the response plan against meningitis epidemic in the Banalia health zone validated by the government and all the technical and financial partners. It is also reinforced by the lessons learned from past interventions. Identified needs are related to:

- Active case finding;
- Increasing diagnostic capacities;
- Strengthening management capacities;
- Infant and young child feeding support;
- Awareness of reactive vaccination;
- Communication about the disease.

In view of these needs, the RC DRC, as auxiliary to the public authorities and based on its mandate to assist vulnerable populations and its commitment to the various health crises that have affected the DRC, wishes to support the response plan against meningitis in the Banalia health zone by helping to meet the above-mentioned needs targeting all the population in the affected zone.

First and foremost, the RC DRC will ensure its participation in all response coordination bodies set up by health authorities. There are two levels of coordination of the response. In the affected health zone, and more precisely at the epicentre of the epidemic, which is the Panga Health Area, supported by a secondary coordination at the capital of the Banalia health zone and finally, a wider coordination body at the provincial level in Kisangani.

All these activities will also respect infection prevention and control (IPC) measures for COVID-19 and all the protocols on Meningitis from the Ministry of Health. The activities will be organized around the following main health areas and will be based on risk communication and community engagement (RCE) techniques and approaches as cross cutting aspects in the response.

1- Establishment of Community-based First Aid and Health (PSSBC) teams

This activity will target all patients attending health centres in the Banalia zone through the establishment of teams. They will contribute to the prevention and identification of cases of meningitis and Covid-19 at community level and will involve volunteers trained in previous operations. The sessions will include:

- Conduct refresher training for 150 identified volunteers on standard operating procedures (SOPs), community case definition and use of the activity sheets developed by the health authorities as part of the meningitis response. The same volunteers will also be trained in community-based first aid and health (CBFH), modules 1, 2, 3 & 6.
- Participate in active case finding according to the action plan of the Banalia Health Zone, Panga Health Area. This activity will be strongly supported by risk communication through home visits and focus group discussions. The RC DRC will be engaged in disseminating information and updates on meningitis with a focus on recognition of signs, symptoms, prevention and management. A total of 60 volunteers will be engaged in this activity in groups of 5 across 12 health areas in Banalia during the intervention period. They will be supervised by 12 supervisors (1 supervisor per health area).
- Participate in the real time alert notification system (active case finding) set up by the health authorities in the affected areas. In the event of a case discovery, facilitate the movement of volunteers to the patient and then to the nearest health facility. Volunteers already deployed to case finding will be responsible for surveillance.
- Participate in the mapping of population movements in the Banalia health zone that the government plans to organize to contain the spread of the epidemic.
- Set up hand washing facilities in key public places such as health centres, churches, markets, administrative services and hand washing demonstrations, etc. The RC DRC will set up 10 handwashing stations in the 12 target health areas.
- Ensure that temperatures are taken in the above-mentioned places. This will require the provision of thermo-flashes to at least 12 health centres in the 12 target health areas. Each health centre will receive 3 thermo-flashes to support case identification.
- Protect volunteers from Covid-19 by providing masks to the 150 volunteers engaged in the response, and also protect them from collateral effects related to Covid-19. Each volunteer will receive three packs of masks.
- Carry out training sessions for traditional healers and community leaders in the knowledge of the disease and its prevention, so that they can recognize the signs and symptoms and contribute to the referral of cases.

- Conduct training sessions for volunteers in radio production and broadcasting. For this activity, the RC RDC will call on professional journalists to be facilitators. This will enable volunteers to produce and broadcast one awareness-raising programme per week for the duration of the operation. The radio stations will be selected from those with good coverage in the Banalia health zone.
- Carry out mass awareness of the disease was conducted by 90 volunteers and 12 supervisors (1 supervisor per health area) once a week during the implementation period.

2- Support for vaccination against meningitis

The health authorities plan to implement a vaccination campaign targeting 70% of the population in the 1 to 29 age group in the Banalia health zone. The vaccination micro plan is still being developed. The managers of the Tshopo Red Cross branch will actively participate in the finalization of this plan to determine the role of volunteers in the reactive vaccination against meningitis. The request for vaccines is submitted to the International Coordination Group (ICG) for the supply of meningococcal vaccine. However, from the start of this operation, RC DRC volunteers will engage in mass sensitization to encourage acceptance of vaccination for the indicated age group. The following activities will be implemented:

- Training of 150 volunteers on key messages about immunization
- Production of communication tools and materials (picture boxes and posters) to support disease and immunization awareness. The posters will be translated from French into Lingala and Swahili, local languages spoken in Tshopo.
- Organization of an awareness campaign in key places in the community (Banalia health zone) one week before the start of vaccination activities. The 150 volunteers will be engaged using megaphones.
- During the vaccination, volunteers will continue awareness raising activities, reinforced by door-to-door visits and focus groups.
- After the vaccination, a recovery campaign will be conducted by the volunteers in all villages to identify people who have missed the vaccination and refer them to the nearest vaccination site.

3- Risk Communication and Community Engagement (RCCE)

There is no capacity in community engagement and empowerment (CEA) within the Banalia committee. However, in the capital, Kisangani, located more than 120 kilometres from Banalia, a team of 48 volunteers has been trained in CEA during previous operations. In coordination with the NS AEC at the central level, some of these resources will be requested to support the training of volunteers in the Banalia health zone. The CEA strategy, which is aligned with the national response plan, is based on the training of 150 volunteers (integrated with the PSSBC training) and the implementation and management of the feedback system.

The Tshopo Red Cross branch can rely on community radio stations, in particular Arwimi, broadcasting from the Banalia territory. While appropriating the tools and support of the CEA already approved by the health authorities and following previous experiences, we will update the training modules for volunteers on RCCE but also on community-based surveillance. Activities are as follows:

- Identify and train 150 volunteers in the Banalia health zone (budgeted in health activities) in RCCE, to enable them to integrate this approach across the entire response.
- Organize advocacy sessions with community leaders, neighbourhood/village chiefs, street chiefs and traditional healers to ensure their adherence to the meningitis epidemic control measures and to promote and strengthen community leadership in the response.
- Organize community dialogue sessions, focus groups in public places and within community structures
- Produce and broadcast weekly interactive radio programmes and spots on the disease. These Red Cross programmes will be produced in coordination with the Banalia Health Zone to benefit from local and community expertise. A pool of ten volunteers to be trained will be mobilized to support the production of radio content.

Protection, Gender and Inclusion (PGI)

To preserve the dignity of the affected population, the RC DRC aims to integrate gender and inclusion into all operations. The RC DRC will ensure that inclusion is integrated throughout this response by ensuring that priority is given to people living with disabilities and elderly. The registration document will include specifically for people with disabilities their age and gender to ensure that categories are identified and prioritized. Awareness of sexual and gender-based violence will be integrated into awareness-raising platforms through health-related interventions. The respective groups will receive information on reference routes for all cases to improve accessibility to the care service as soon as possible. The RC DRC will use existing research capacity to ensure that children who have been separated from their parents and guardians during displacement are reunited.

An ongoing dialogue between the different stakeholders will be pursued to ensure that programmes have the general approach to dignity, access, participation and security (DAPS) that is relevant to the needs and priorities of humanitarian imperatives on the ground. The following activities will be implemented:

- Information sessions for all NS staff and volunteers involved in the prevention of sexual exploitation and abuse, child protection and the Code of Conduct,
- Ensure that all staff and volunteers are informed and have signed the Code of Conduct,
- Ensure gender and diversity analysis in all evaluations,
- Conduct PGI training for staff and volunteers,
- Provide protection services to vulnerable groups.

Support and Operational Support Services

Human resources: Under the responsibility of the health director of the RC DRC, an operations coordinator will be made available throughout the period of the operation to supervise the activities and supervise the volunteers of the local branch. The deployment costs of this NS staff will be covered by the operation.

The NS will mobilize 150 volunteers in the Banalia health zone, and 12 supervisors (1 per health area). Motorcycles will be made available to supervisors to facilitate travel throughout the health zone. All expenses related to their participation in the implementation have been budgeted. The IFRC will support the coordination and mobilization for the response through the deployment of a public health surge, with skills in coordination of operations for three months.

Communication: The NS has a dissemination and communication unit that will cover the project. All actions and information will be made available to both internal and external media for the visibility of the Red Cross. The manager will maintain a close working relationship and share information with the communication managers about the project to conduct a massive communication campaign. The RC DRC will make sure to involve the media for the popularization of the NS's actions and will produce a documentary on the coverage of the vaccination campaign.

Planning, Monitoring, Evaluation and Reporting (PMER): The PMER team of the RC DRC will provide support to ensure adequate monitoring of this operation. An operations focal point of the RC DRC National Level Delegation in collaboration with the IFRC will support the monitoring of activities to comply with established planning.

Three monitoring missions will be carried out by the Director of the Health Department, the Communication Officer and the Reporting Officer of the RC DRC. The Director of the Health Department of the RC DRC will conduct a supervision mission during implementation to support the coordinator and guide activities as needed. The National Society's communication officer will also conduct a monitoring mission of the CREC activities, which represent a large part of the operational strategy, and ensure that the activities are implemented according to the Ministry of Health's RCCE pillar, while the NS's PMER officer will ensure that the necessary data is collected for the various reports of the operation.

Three monitoring missions will also be carried out by the PMER, Operations and Finance departments of the IFRC Delegation in Kinshasa. The finance officer will ensure that the financial justifications are in line with the DREF budget and procedures, while the PMER officer will support his NS counterpart in monitoring activities, collecting data for the DREF final report and facilitating the lessons learned workshop. The DREF project manager will also conduct a coordination mission to review operational priorities as necessary.

A one-day lessons learned workshop will be held at the end of the operation. This workshop will bring together beneficiaries, local authorities, partners, volunteers, the management team and RC DRC officials. It will allow the NS to evaluate the operation and identify lessons for future operations.

Administration and finance: The RC DRC has a permanent administrative and financial system that ensures the proper use of financial resources in accordance with the conditions set out in the Memorandum of Understanding between the NS and the IFRC. The procedures specific to the NS will align to the process of justifying expenses and this will be done according to the guidelines of the DREF.

Logistics and supply chain: The NS has its structure for the purchase of goods and services, with procedures, which for the most part are compatible with the IFRC and the Movement system. All purchases planned by the NS will be made in Kisangani.

Due to the difficulties of travel in the province of Tshelo, the NS will engage the rental of a vehicle throughout the duration of the operation, which will accompany the coordinator of operations to all strategic meetings at the provincial level (in Kisangani). Similarly, the local branch will need to rent 12 motorcycles for the 12 supervisors (1 per health area of the Banalia area) during the operation. These motorcycles will be used to supervise activities, transport teams of vaccinators in case the sites are remote.

In addition, the local branch of Banalia will need a motorized canoe for the crossing of the Arwimi River that crosses the entire health area of Banalia. This will potentially avoid them spending nights outside to wait for the commercial canoes.

Security: Crime, banditry and community resistance pose a risk to staff. Armed groups operate in the eastern provinces due to lawlessness and sporadic conflict. The country's air safety record is poor and most private carriers are not up to international standards.

Most of the staff and volunteers have undergone safety and security training, which will enhance their safety and security during this operation. The NS will also use existing robust security structures within and outside the company.

To reduce the risk of RCRC staff becoming victims of crime, violence or road hazards, active risk mitigation measures should be adopted. This includes monitoring the situation and implementing minimum security standards. Security plans should be in place prior to any deployment, and confirmation of the implementation of the IFRC's COVID BCP plans. All RCRC personnel actively involved in operations should have completed the IFRC online security training courses (personal security, security management or volunteer security).

IT and IM Information Technology: The RC DRC will also use mobile data collection and social media platforms to support monitoring and evaluation, and community outreach.

C. Detailed plan of the operation



Health

Targeted persons: 97,634 persons or 19,527 households

Male: 58,580

Female: 39,054

Needs (CHF): 100,979

P&B Product Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	% reduction in meningitis transmission in the Targeted Health Area (Target: at least 60%)															
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	<ul style="list-style-type: none"> • % of cases identified referred to health centers by the volunteers of the RC DRC (Target: 100%) • # of handwashing devices put in place (Target: 120 devices) • # of radio broadcasts produced and disseminated (Target: 16 broadcasts) • Mass awareness # organized (Target: 16 sessions) • # of boxes of images produced (Target: 100) • % of community returns processed within 24 hours (Target: at least 70%) • # of people reached with health promotion activities and messages • # of committed and trained traditional practitioners and community leaders • # of volunteers formed on PSSBC and CREC (Target: 150 volunteers) 															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Integrated training (retraining) of 150 volunteers identified on PSSBC and CREC with a focus on the feedback system																
AP021	Provision of first aid services to affected individuals in need and referral of patients and suspected cases to the treatment centre																

MDRCD033 – DRC Meningitis Outbreak – DREF EPoA

AP084	Based on needs assessment results or secondary data, identify trusted communication channels from communities to listen to their perceptions and concerns about the outbreak																		
AP084	Develop/adapt a feedback registration form to document community feedback																		
AP084	Collect analyze and produce on a weekly basis a report on community feedback based on trusted channels including radio and interpersonal communication (key informant interviews, community discussions)																		
AP084	Solicit the support of the IM of the North Kivu branch for the analysis and production of a dashboard on community feedback trends on the epidemic																		
AP084	Adapt messages keys and Q&A files on the epidemic and according to the salient topics reported by the communities																		
AP084	Organize weekly consultations with communities to discuss their concerns related to the epidemic with a view to supporting and promoting community-based solutions including advocacy																		
AP084	Participate in coordination meetings within the RCCE commission set up as part of the response. Share/discuss within this platform community feedback																		
AP084	Deploy CEA tools and participate in the follow-up needs assessments/ interim and final evaluation of the operation																		
P&B Product Code	Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns <ul style="list-style-type: none"> • # of volunteers trained on the key messages vaccination (Target: 150 volunteers) • % of houses reached in the health zone reached through door-to-door (Target: at least 60%) • # of vaccination campaign against meningitis in which RC DRC is involved • % of persons recovered • # (and %) of people reached with vaccination services compared to target 																		
		Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP024	Training of 150 volunteers in key messages on vaccination																		
AP084	Production of communication tools and media (image boxes and posters) to support awareness of the disease and vaccination.																		

AP024	Organization of an awareness campaign in key places of the community (Banalia health zone) one week before the start of vaccinations																	
AP024	Door-to-door and focus groups during vaccination																	
AP024	Recovery campaign to identify children who will have missed vaccination and refer them to the nearest vaccination site.																	

Strategies for Implementation

Requirements (CHF): 106,706

P&B Product Code	S1.1: RC DRC 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 RC DRC volunteers insured (Target: 100%)															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face																
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)																
P P&B Product Code	S2.1: Effective and coordinated international disaster response is ensured	# of surge staff deployed to support RC DRC with the operation Target: 01															
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained																
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Deploy 1 surge staff with public health profile with Ops coordination capacities for 3 months																
P&B	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	# of communications products published on the operation (Target: 1)															

MDRCD033 – DRC Meningitis Outbreak – DREF EPoA

Product Code	Output S3.1.1: IFRC and RC DRC are visible, trusted and effective advocates on humanitarian issues																
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP053	Media coverage of RC DRC response																
AP053	Production of a documentary on RC DRC's coverage of vaccination campaign																
	Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	# of lessons learned workshops conducted (Target: 1)															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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 a lessons learned workshop																

Budget

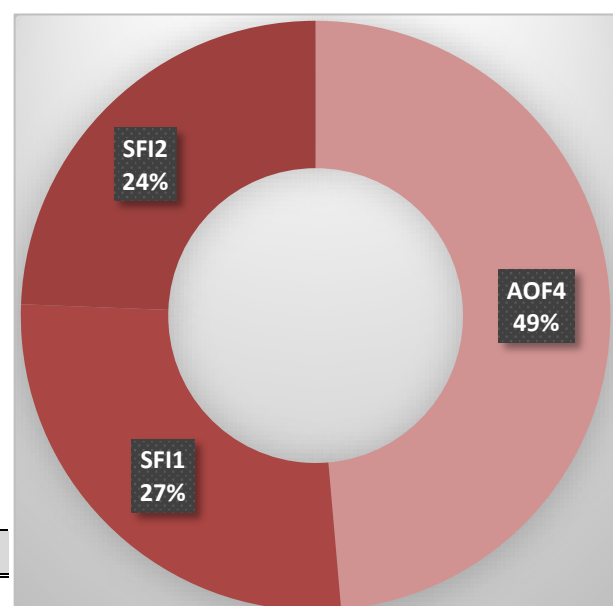
The overall budget for this operation is CHF 207,685 as detailed in attached budget.

DREF OPERATION

MDRCD033 - DEMOCARTIC REPUBLIC OF CONGO - MENINGITIS OUTBREAK

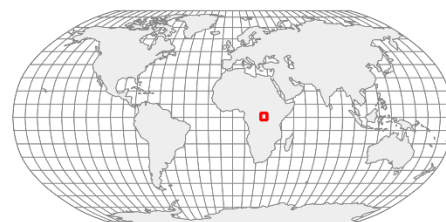
Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	2,238
Medical & First Aid	4,476
Teaching Materials	3,264
Relief items, Construction, Supplies	9,978
Transport & Vehicles Costs	15,815
Logistics, Transport & Storage	15,815
International Staff	22,380
National Society Staff	30,138
Volunteers	72,670
Personnel	125,188
Professional Fees	932
Consultants & Professional Fees	932
Workshops & Training	10,500
Workshops & Training	10,500
Travel	6,994
Information & Public Relations	6,527
Communications	6,527
Financial Charges	3,264
Other General Expenses	9,284
General Expenditure	32,596
DIRECT COSTS	195,009
INDIRECT COSTS	12,676
TOTAL BUDGET	207,685



Budget by Area of Intervention

AOF4	Health	100,979
SF11	Strengthen National Societies	56,058
	Effective International Disaster	
SF12	Management	50,648
TOTAL		207,685



DRC : Meningitis Outbreak

17 September 2021 • EP-2021-000138-COD



301
Suspected cases
as of 13 September



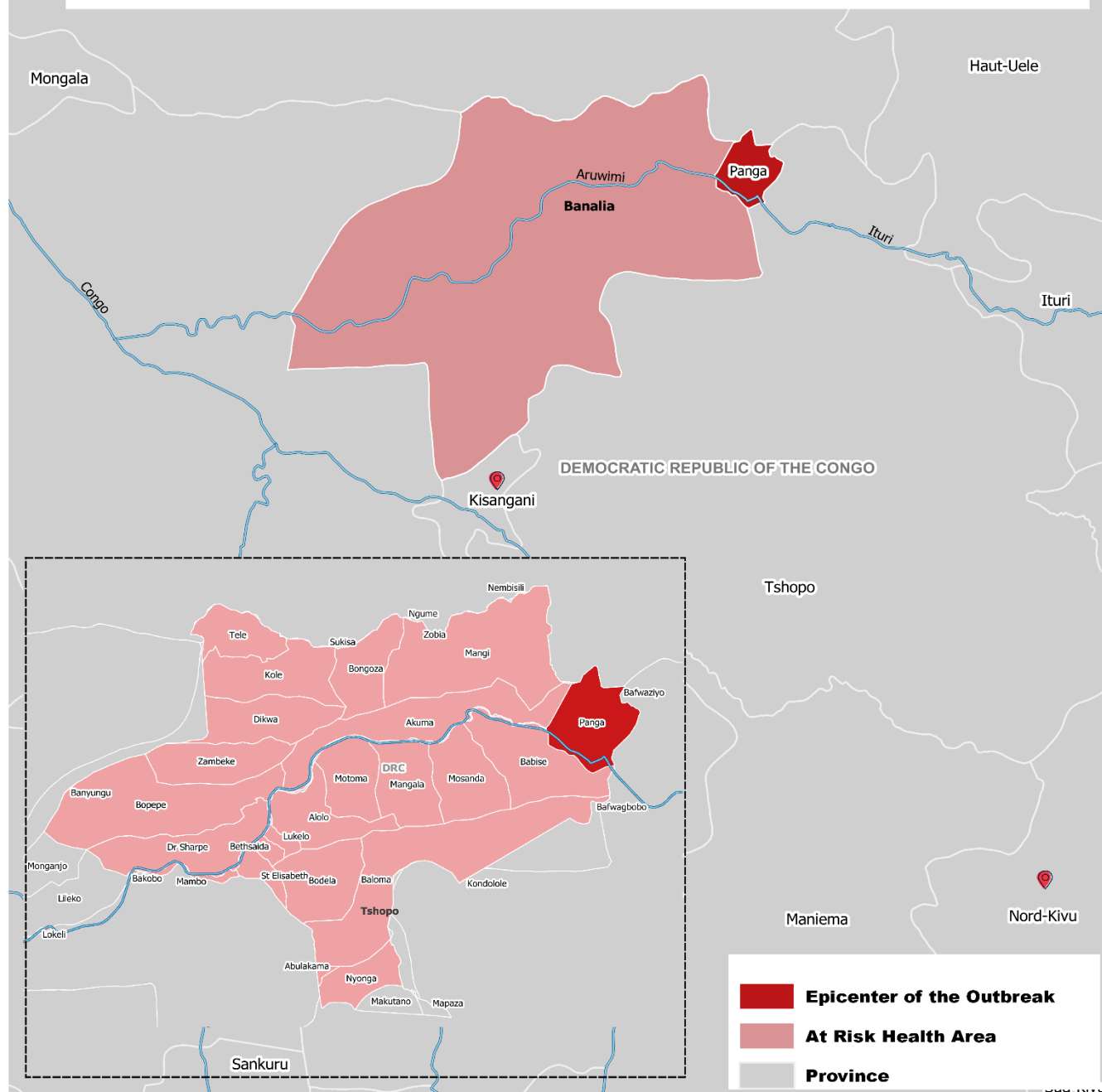
131
Deaths



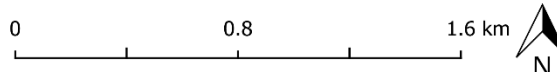
162,723
PP at Risk



97,634
PP Targeted



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: GADM, South Africa RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



Reference documents



Click here for:

- Previous Appeals and updates

For further information, specifically related to this operation please contact:**In the RC DRC**

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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)

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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.

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**.