

Emergency appeal final report

Republic of Congo: Polio outbreak

Final report
Emergency appeal n° MDRCG006
GLIDE n° [EP-2010-000222-COG](#)
28 March 2012

Period covered by this Final Report: 15 November 2010 to 31 August 2011

Appeal target: CHF 1,505,011.

Appeal coverage: 28%; [click here to go directly to the final financial report](#), or [here to view the contact details](#)

Appeal history:

- This Emergency Appeal was initially launched on a preliminary basis on 15 November 2010 for CHF 1,501,011 for six months to assist 4 million beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 200,000 was allocated by the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the national society's response operation.
- Operations update No1 was published on 29 November 2010 to highlight the progress made during the first round of the anti-polio immunization campaign.
- Operations update No 2 was published on 20 December 2010 to highlight the progress made during the second round of the anti-polio immunization campaign.
- Operations update No 3 was issued on 10 June 2011 to highlight the progress made during round 3 and 4 of the anti-polio immunization campaign, and to extend the timeframe of the operation from May to August 2011. The extension was intended to enable the National Society to continue the operation in a sustainable way, precisely by carrying out actions aimed at consolidating what had been achieved during the various rounds of the anti-polio immunization campaign.
- This final report summarizes the achievements throughout the operation and highlights the impact obtained after Red Cross intervention.



Congolese Red Cross volunteers carried out sanitation activities to help prevent the spread of polio. Congolese Red Cross – Pointe Noire

Summary:

Towards the end of 2010, a serious epidemic of acute flaccid paralysis (AFP) occurred in the Republic of Congo, affecting an estimated 280 people and killing 128 by 15 November 2010, a 42 per cent fatality rate. Government confirmed that the AFP was caused by wild poliovirus type 1. The number of cases increased rapidly as the epidemic spread over new localities in the country, reaching an unprecedented 500 cases and 200 deaths by 30 November 2011.

In response to the outbreak, the Congolese government and its partners planned seven rounds of mass immunization campaigns targeting the entire national territory and population. The first round was conducted

from 12 to 16 November 2010 in Pointe Noire and Kouilou divisions. The seventh and last round of immunizations took place in December 2011 and covered up to 3 million people in the Republic of Congo.

At the onset of the outbreak, the Congolese Red Cross (CRC) sought technical support from IFRC, enabling the National Society to assess the situation and launch this emergency appeal to respond to the polio outbreak nationwide. At the end of this operation, the National Society has completed all activities planned, contributing to a significant reduction in the number of polio cases in the country. Some 512 CRC volunteers were mobilized and trained for the operation. The National Society assisted the Ministry of Public Health (MPH) by conducting social mobilization for all seven rounds of polio immunization campaigns. In between the various rounds, Red Cross volunteers conducted awareness raising and health promotion sessions. Concretely, CRC volunteers carried out social mobilization, sanitation activities including disinfection and the purification of water at community level.

To facilitate the start of the operation, IFRC allocated CHF 200,000 from its disaster relief emergency fund (DREF). Donors to this appeal include British Red Cross, Canadian Red Cross, Japanese Red Cross Society, Monaco Red Cross and Swedish Red Cross.

IFRC, on behalf of the Congolese Red Cross, would like to thank all partners for their kind contributions.

Lessons learned:

The main lesson learned from this operation is the importance of early and organized immunization of the population against polio. In fact, most people affected were aged from 15 to 25 years, differing from the normal age range that is often seen during polio outbreaks, i.e. children under 5 years. This is because the people affected had not been vaccinated during the war and were living with the disease unknowingly.

Another lesson learned is that the most efficient response to polio would be to address it at a regional level and not only national level. It is believed that cross-border activities between countries fuelled the spread of the epidemic, and with little to no coordination of actions between countries, the disease spread quickly.

Furthermore, the number of cases dropped significantly after the first round of the immunization campaign; thereby stressing the importance and effectiveness of a mass immunization campaign in response to the epidemic.

The work carried out by CRC volunteers, particularly in social mobilization, sanitation activities including disinfection and purification of water at community level contributed effectively to the decline of the epidemic. The government acknowledged this contribution and acknowledged CRC as a trustworthy partner in social mobilization.

The situation

An outbreak of acute flaccid paralysis (AFP) started in the Republic of Congo in October 2010 and was later confirmed to have been caused by Wild poliovirus type 1. While the outbreak is considered to have officially begun in Pointe-Noire in May 2010 with the hospitalization of a 22 year old patient with symptoms of an influenza-like illness that resulted in paraplegia and death, no additional cases were detected until 17 October when the number of cases with similar symptoms quickly increased, raising the alarm with health authorities. The symptoms were characterized by an influenza-like illness at first, followed by paralysis of the lower and upper limbs and an attack of nerves which often ended in death after choking. Usually the disease affects young infants of 0 to 5 years; but the epidemic that raged in the Congo was different. Most cases occurred in young adults of 15 to 25 years (11), and only one case involved a child under five. The age range of those affected by the epidemic varied between 14 and 92, and 80 per cent of the cases were male.

The city of Pointe-Noire was hardest hit and thus considered to be the epicentre of the epidemic. Most people affected were registered in the Loandjili 4 and Tsetse districts (64% and 34% respectively). The ever increasing number of cases detected in new locations raised fears that the epidemic would spread to other regions. Brazzaville, the capital and largest metropolis with 1.49 million inhabitants was also threatened with four cases and four deaths recorded by 10 November 2010. Given the population density and overcrowding in Brazzaville, there was the fear that the outbreak could quickly worsen an already dangerous situation. As such, the government, supported by its partners, organized a response to the epidemic by providing free medical care to affected people in the main hospitals of Pointe Noire and Brazzaville and organizing several rounds of anti-polio immunization campaigns. CRC volunteers contributed to the response by carrying out

social mobilization in markets, road and rail stations and schools where they sensitized the populations to the importance and need of getting vaccinated against polio.

Thanks to the rapid response by both government and its partners including the Red Cross, the number of cases dropped rapidly. Since the beginning of the epidemic, some 500 cases and 200 deaths were recorded. Most cases were registered in the localities of Pointe-Noire, Dolisie, Kayes, Mvouiti and Brazzaville. Only two cases of wild poliovirus (WPV) were recorded in the Congo in 2011 and the last case was recorded in January 2011. Since February 2011, no further cases have been registered across the country¹.

Red Cross and Red Crescent action

Achievements against outcomes

Overview

All the activities planned for this operation have been carried out. The timeframe was extended for three months to enable the Congolese Red Cross to provide an efficient assistance to affected people. The operation contributed substantially to strengthening the operational capacities of the Congolese Red Cross with the various trainings, and the intervention materials put at the disposal of the national society with the funds of the operation. Thanks to the government-led intervention of which the Red Cross was a part of, the spread of polio has been stopped, and no new cases have been registered since January 2011. The seventh round of the anti-polio immunization campaign was scheduled for December 2011 as a government-led preventive measure. This campaign was organized by Congolese government and its partners.

Emergency health and care	
Outcome 1: support the Congolese Ministry of Health in the assessment and evaluation of the current disease outbreak.	
Output: Ongoing technical assessments and development of plans of action.	Planned activities: <ul style="list-style-type: none"> Deploy a vaccination campaign and disaster response health specialist for 2 months to support the CRC in implementing and revising the plan of action. Participate in assessments and coordination meetings.
Outcome 2: support the government plan to vaccinate the entire population (3-4 million) with country-wide social mobilization activities and contribute to active case finding and referral.	
Output: 100% of the population is mobilized and attends the country-wide vaccination campaign, and at least 75% of new cases are identified and referred to health care services.	Planned activities: <ul style="list-style-type: none"> Train 86 supervisors in social mobilization activities. Brief some 6,000 volunteers on social mobilization and make arrangements so that they contribute effectively to the vaccination campaign. Support efforts to detect suspect cases to be transferred to the care services; Disinfect or dispose of objects contaminated by patients at home, during transport, and in the health care structures.
Outcome3: Build CRC capacity to manage and control the current outbreak and future occurrences of epidemic diseases	
Output: CRC is able to actively contribute to the prevention and management of epidemic disease outbreaks.	Planned activities: <ul style="list-style-type: none"> Train 86 trainers in epidemic control for volunteers; Deploy those 86 trainers as supervisors to the volunteers providing hygiene promotion in the field.

Impact: Out of the 6,000 volunteers that were planned to be trained, only 512 were actually trained due to a lack of funding. Out of the 512 trained volunteers, 254 were involved in raising awareness and other activities. In order to facilitate the third and fourth rounds of the anti-polio immunization campaign in Congo Brazzaville, Red Cross volunteers conducted door-to-door sensitization as well as mass-sensitization of people in markets, schools, universities, churches and mosques in Pool, Sangha, Impfondo, Lekoumou, Cuvette Ouest and Bouenza. A total of 254 Red Cross volunteers visited 56,625 households and sensitized over 265,852

¹ Source: The Director General of Health, Dr. Alexis Elira Dokekias, at a meeting in Brazzaville on 6 October 2011.

people. The volunteers used 3,363 leaflets for the sensitization. They also contributed to the campaign by actually vaccinating people and marking their fingers with indelible ink, and actively looking for suspected cases and referring them to health centres. During the community activities, 47 cases of paralysis were detected and immediately referred to the health services.

Water, sanitation, and hygiene promotion	
Outcome: support efforts to prevent the further spread of the acute flaccid paralysis disease among the highly exposed population of Pointe Noire through the promotion of health messages to some 4 million beneficiaries.	
Output: 1 million beneficiaries are aware of how to prevent falling ill with the disease.	Planned activities: <ul style="list-style-type: none"> • Recruit and train volunteers in health promotion. • Conduct volunteer training days to carry out hygiene promotion activities. • Monitor and evaluate the health promotion activities.

Impact: A total of 21 CRC members were trained on 8 - 14 February as expert facilitators of the community-based health and first aid (CBHFA) approach in Congo Brazzaville. These trainees then put the skills acquired into the facilitation of the third and fourth rounds of the anti-polio immunization campaign. The training strengthened the operational capacities of the National Society not only for the polio operation, but also for subsequent operation as the CBHFA approach can be applied to all health projects. 19 other members were trained on Epidemic Control Manual for Volunteers (ECMV). After these training of trainers, 280 volunteers in the country were trained on CBHFA and ECMV.

Capacity building, communication, advocacy and public information).	
Outcome: CRC branch capacities are strengthened to facilitate the effective and efficient implementation of planned activities at all levels.	
Output 1: The branch structures of the 12 departmental committees are reinforced, and staff capacities are enhanced. (E.g. operational structures in place).	Planned activities: <ul style="list-style-type: none"> • Support the branches to restructure to support operations. • Support the branches to recruit capable personnel to manage the branch in support of the operation.
Output 2: Offices are appropriately equipped.	<ul style="list-style-type: none"> • Support the three regional branch offices in rehabilitation efforts. • IT equipment and furniture for the three regional branches to support the operation.
Output 3: Staff and volunteers received training and the capacity of three regional committees is improved.	<ul style="list-style-type: none"> • Training of three branch officers in charge of the regional committees on planning and on procedures for administration, logistics and finance. • Training of volunteers of the three regional committees on CBHFA.
Output 4: The activities are planned, implemented, and reported on effectively and efficiently, and branch capacity enhanced (e.g. progress against timelines).	<ul style="list-style-type: none"> • Technical support and training provided in grants administration and reporting, along with specific technical knowledge.
Output 5: The CRC and its volunteer activities are promoted, donors and partners are informed about the progress and adequate resources are generated.	<ul style="list-style-type: none"> • Publishing articles and stories about the operation through national and international media. • Sharing communications bulletins with Embassies in Dakar and Yaoundé. • Posting supplementary news on the IFRC's public website of CRC website and on the Federation's Disaster Management Information System (DMIS) https://www-secure.ifrc.org/dmis/index.htm

Impact: A photo and video footage on the operation was captured by the communications team of the Africa zone office. Two articles and a film were published in international media, leading to increased recognition of the National Society and its work with vulnerable communities.

In addition, two training sessions were organized for 44 members of the CRC on epidemic monitoring and evaluation in Brazzaville and Pointe-Noire. Supervision aids have also been developed during these training sessions. These trainings enable the National Society to increase its capacity in monitoring and evaluation.

Health education support	
Outcome: support the Congolese Ministry of health to improve routine immunization at the community level.	
Output: Maintain or increase coverage to over 90%.	Planned activities: <ul style="list-style-type: none"> Recruit and train volunteers in CBHFA. Organize health education awareness sessions at the community level.

Impact: 26 members of the Congolese Red Cross society were trained as expert facilitators of the community-based health and first aid (CBHFA) approach in Congo Brazzaville. These experts in turn trained 200 Red Cross volunteers from Pointe Noire, Brazzaville, Kouilou, Bouenza, Niari, Lekoumou, Likouala, Plateau and Cuvette. The trained volunteers intensified community-based sensitization in their respective neighbourhoods, which contributed to stopping the progress of polio.

Logistics support	
Outcomes: <ul style="list-style-type: none"> The most urgent and relevant humanitarian goods are procured, delivered and distributed equitably to those in need, in a timely, transparent and cost-efficient manner. The operation obtains and uses effectively an appropriate transport system. Standard logistics procedures are followed and reported upon while providing training & advice to the host National Society and Federation delegates and staff as needed. 	
Outputs: <ul style="list-style-type: none"> The coordinated mobilization of food and relief goods; coordinated reception of all incoming goods; coordinated warehousing, centralized provision of standard vehicles as required; and coordinated and efficient dispatch of goods to the final distribution points. The Federation will also work with the host National Societies to support and build logistics capacity through training, workshops, and providing delegates to support the logistics function. 	Planned activities: <ul style="list-style-type: none"> Conduct rapid emergency needs and capacity assessments. Set-up supply chain and control supply movements from point of dispatch to final distribution point. Monitor and evaluate the supply chain and provide reporting on performance. Mobilisation and procurement activities will be coordinated by the Federation's Dubai-based Regional Logistics Unit (RLU). Develop an exit strategy.

Impact: A thorough evaluation of the situation and the needs by IFRC led to the launching of this emergency appeal. Two vehicles belonging to the National Society were repaired with funds from this appeal, and IFRC-Yaounde sent two additional vehicles to support the operation. This assistance facilitated not only the polio operation, but also other minor emergencies that occurred in 2011, such as the measles, chikungunya and cholera DREF operations.

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis Duffout, IFRC Central Africa Regional Representative, email: denis.duffaut@ifrc.org phone: (Office) +237 22 21 74 37, (Mobile) +237 77 11 77 97; Fax: +237 22 21 74 39
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Selected Parameters	
Reporting Timeframe	2010/11-2011/12
Budget Timeframe	2010/11-2011/8
Appeal	MDRCG006
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget		1,501,010				1,501,010
B. Opening Balance		0				0
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>		74,700				74,700
<i>Japanese Red Cross Society</i>		49,500				49,500
<i>Red Cross of Monaco</i>		18,849				18,849
<i>Swedish Red Cross</i>		50,144				50,144
<i>The Canadian Red Cross Society</i>		29,696				29,696
C1. Cash contributions		222,889				222,889
<u>Other Income</u>						
<i>DREF Allocations</i>		196,859				196,859
C4. Other Income		196,859				196,859
C. Total Income = SUM(C1..C4)		419,748				419,748
D. Total Funding = B + C		419,748				419,748
Appeal Coverage		28%				28%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance		0				0
C. Income		419,748				419,748
E. Expenditure		-419,748				-419,748
F. Closing Balance = (B + C + E)		0				0

International Federation of Red Cross and Red Crescent Societies

MDRCG006 - Congo - Polio Outbreak

Appeal Launch Date: 15 nov 10

Appeal Timeframe: 09 nov 10 to 31 may 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/12
Budget Timeframe	2010/11-2011/8
Appeal	MDRCG006
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		1,501,010					1,501,010	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	14,021		869			869	13,152	
Medical & First Aid	75,318						75,318	
Teaching Materials	59,498		4,484			4,484	55,014	
Total Relief items, Construction, Su	148,837		5,353			5,353	143,484	
Land, vehicles & equipment								
Office & Household Equipment			11,469			11,469	-11,469	
Others Machinery & Equipment			10			10	-10	
Total Land, vehicles & equipment			11,479			11,479	-11,479	
Logistics, Transport & Storage								
Storage			2,375			2,375	-2,375	
Transport & Vehicles Costs	214,770		16,623			16,623	198,147	
Total Logistics, Transport & Storage	214,770		18,998			18,998	195,772	
Personnel								
International Staff	42,000		44,193			44,193	-2,193	
National Staff	9,917		14,231			14,231	-4,314	
National Society Staff	358,556		50,494			50,494	308,062	
Volunteers			60,491			60,491	-60,491	
Total Personnel	410,473		169,409			169,409	241,064	
Consultants & Professional Fees								
Professional Fees			97			97	-97	
Total Consultants & Professional Fe			97			97	-97	
Workshops & Training								
Workshops & Training	570,554		55,199			55,199	515,355	
Total Workshops & Training	570,554		55,199			55,199	515,355	
General Expenditure								
Travel	49,000		43,398			43,398	5,602	
Information & Public Relations			26,952			26,952	-26,952	
Office Costs	2,510		22,613			22,613	-20,103	
Communications	12,000		11,567			11,567	433	
Financial Charges			24,535			24,535	-24,535	
Other General Expenses	1,255		2,576			2,576	-1,321	
Total General Expenditure	64,765		131,641			131,641	-66,876	
Indirect Costs								
Programme & Services Support Recov	91,611		25,491			25,491	66,120	
Total Indirect Costs	91,611		25,491			25,491	66,120	
Pledge Specific Costs								
Pledge Earmarking Fee			681			681	-681	
Pledge Reporting Fees			1,400			1,400	-1,400	
Total Pledge Specific Costs			2,081			2,081	-2,081	
TOTAL EXPENDITURE (D)	1,501,010		419,748			419,748	1,081,262	
VARIANCE (C - D)			1,081,262			1,081,262		