

# DREF operation



International Federation  
of Red Cross and Red Crescent Societies

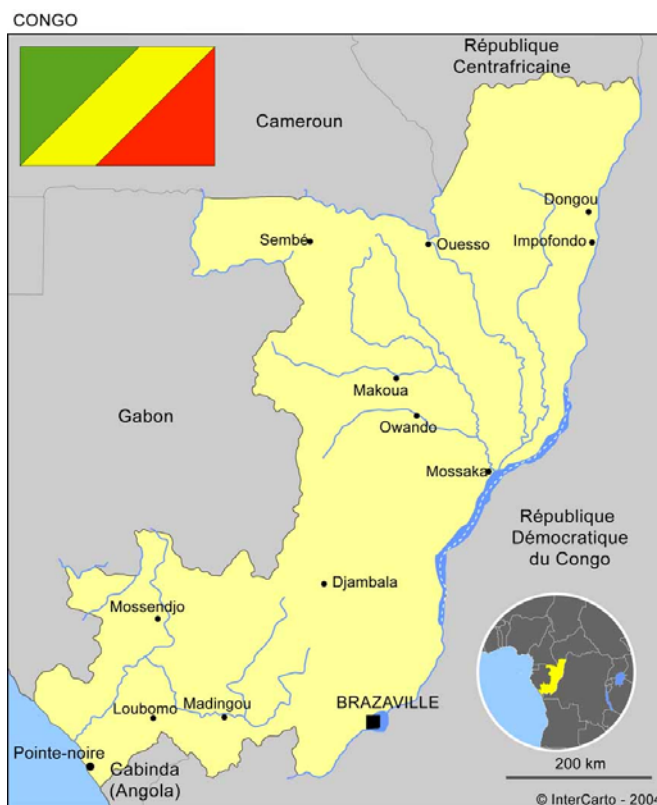
## Republic of Congo: Measles in Pointe-Noire

DREF operation n° MDRCG008  
GLIDE n° EP-2011-000075-COG  
29 June, 2011

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

**CHF 56,281 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 220,000 beneficiaries. Un-earmarked funds to repay DREF are encouraged.**

**Summary:** The city of Pointe Noire is again experiencing an epidemic. After cholera and polio, measles was officially declared June 10, 2011 by the local authorities of Pointe Noire. There are already 687 cases and 32 deaths recorded in various hospitals since the outbreak of the disease. The neighbourhoods south of the city are those most affected by the disease. Positive cases are mostly unvaccinated children under 5 years old. Response activities including a vaccination campaign organized by the Ministry of Health and its partners are under preparation and scheduled for the period from June 22 to July 22. The campaign will target all children from 6 to 8 months living in Pointe Noire and the neighbouring region of Kouilou. A second campaign will be organized in October 2011.



During this operation, the Congolese Red Cross will deploy 150 volunteers already trained on the community-based health and First Aid (CBHFA) approach and on the control of epidemics. During a two-day briefing, they will strengthen their ability to use the tool kits provided during the prior operation against polio. Awareness-raising materials purchased during previous operations will also be used during the vaccination campaign.

This operation is expected to be implemented over 5 months, and will therefore be completed by November 2011. A final report will be made available three months after the end of the operation (by February 2012).

[<click here for the DREF budget, here for contact details, or here for a map of the affected area>](#)

## The situation

Measles re-emerged in Congo - Brazzaville, a country of four million inhabitants. The focus of the outbreak the coastal region, particularly in the city of Pointe-Noire that has recently suffered from epidemics of cholera and polio. Moreover, chikungunya, a viral disease transmitted by mosquitoes, is becoming prevalent in the districts of Brazzaville, the capital. Since early June 2011, there are reports of 900 cases.

According to health authorities of the country, resurgence of measles is due to low vaccination coverage, estimated, between 80% and 85% for all antigens. Vaccination coverage with VAR (measles antigen) is lower and is estimated at 64%. Health officials believe that these last 5-6 years, vaccination was poorly organized primarily in Pointe-Noire and Kouilou region. Congo has experienced supply shortages of vaccines in 2010.

The measles epidemic was officially declared June 10, 2011 by local authorities in Pointe Noire. There are already 800 cases certified including 687 cases and 32 deaths recorded in various hospitals since the outbreak of the disease. The 687 cases that required hospitalization mainly consist of children 6 months to 5 years (624) and patients aged 15 to 49 years (63). The districts most affected by the disease are those located in south of the town. As part of a previous outbreak, in 2006-2007, about 3,000 cases were recorded.

The first cases of the current outbreak were recorded in December 2010 but the disease had been neglected because of an outbreak of polio recorded at the same time. Initially, cases were rare, but they spread over time. All these cases of measles have been attributed to low immunization rates caused by the precarious organization of health services and the sporadic supplies of vaccine in 2010. To relieve Adolphe Sice Hospital, where the majority of infected people are concentrated in Pointe-Noire, some patients were transferred to hospitals in Loandjili and Congo Malembe.

To date, the number of cases continues to increase in Pointe-Noire and in the department of Kouilou with a risk of exports to other departments.

## Coordination and partnerships

In the absence of the crisis committee, several meetings are held in the Departmental Directorate of Health with the participation of a delegation from the capital Brazzaville to support the departmental team. The vaccination campaign was the primary activity retained by the Government. It will be an intensified campaign against measles during one month. The campaign that started this June 22 to July 22 and will go for all children aged between six and eight months in the areas of Pointe-Noire and Kouilou. All stakeholders, namely officials of the Expanded Immunization Program (PEV), neighbourhood leaders, the various religious and other humanitarian partners have also been instructed to assist catch-up for children not vaccinated during the various previous vaccination campaigns .

## Red Cross and Red Crescent action

Before the official declaration of the disease, the volunteers of the Red Cross departmental committee of Pointe Noire began collecting information in the community. This allowed the NS to prepare for the harmonization of actions to be taken with local health authorities. An internal crisis meeting was organized to allow the presidents of 4 districts councils of Pointe Noire to better manage information and mobilizing volunteers for activities to be undertaken.

## The needs

The direct beneficiaries of this operation are 220,000 children under 5 years living in the city of Pointe-Noire, which will be vaccinated during the mass campaign. Needs arise in terms of recruiting 150 volunteers among those recently trained in the operation against polio, including their transportation, lunch and provision of necessary information materials. As auxiliaries of the public services, the National Society must mobilize volunteers to join the government health authorities for the success of the vaccination campaign.

## The proposed operation

### Emergency health

**Objective: Contribute to improving the health of children from 6 to 8 months in the communities of Pointe Noire and Kouilou through social mobilization during the mass vaccination against**

| measles.   |   |
|--|---|
| Expected results   | Activities planned  |
| Coordination is enhanced to support response activities, including social mobilization of population health districts affected during vaccination against measles. | <ul style="list-style-type: none"> <li>• Participation in coordination meetings of the campaign</li> <li>• Recruitment and training of 10 supervisors (coaches)</li> <li>• Recruitment and training of 150 volunteers</li> <li>• Distribution of volunteers by geographic area in each district / area</li> <li>• Awareness of mass awareness outreach (door by door) and focus groups with teaching materials</li> <li>• Orientation of parents to the sites of vaccination</li> <li>• Active monitoring of allergic post-vaccination manifestations</li> <li>• Representation of Congolese RC in the management and supervision team</li> <li>• Participation in the final evaluation meeting of the campaign.</li> </ul> |
| Strengthening of epidemiological surveillance  | <ul style="list-style-type: none"> <li>• Set alert all RC local committees</li> <li>• Dissemination of guidelines for managing outbreaks of measles (case definition, support, conduct, tools)</li> <li>• Support for the investigation of epidemics in the most affected areas particularly in Pointe Noire and the southern regions (Kouilou)</li> <li>• Strengthening of routine immunization in high risk identified health districts.</li> </ul>   |
| Ensure the proper management of measles cases  | <ul style="list-style-type: none"> <li>• Ensure community ownership of measles, including vitamin A supplementation</li> </ul>  |

## How we work

*All International Federation 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 is committed to 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.

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.

## Contact information

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

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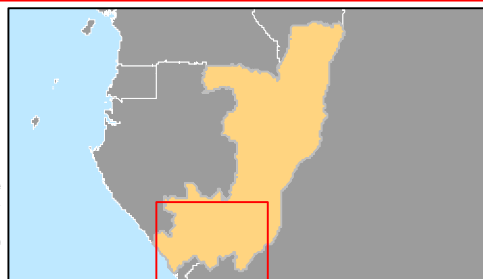
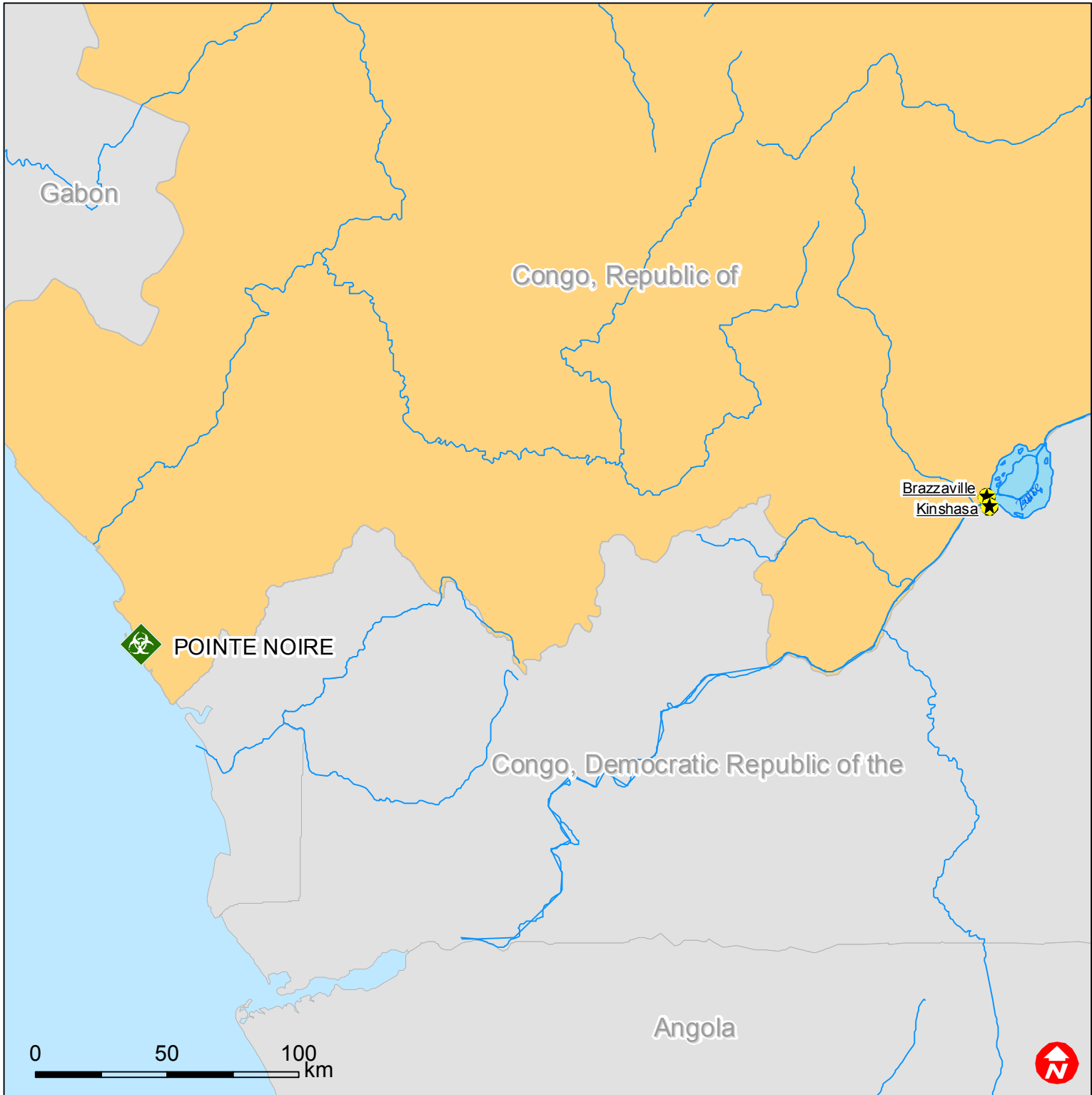
[<DREF budget and map below; click here to return to the title page>](#)


**BUDGET SUMMARY**

| Budget Group                                   | DREF Grant Budget | TOTAL BUDGET CHF |
|--|-------------------|------------------|
| Shelter - Relief                               |                   | 0                |
| Shelter - Transitional                         |                   | 0                |
| Construction - Housing                         |                   | 0                |
| Construction - Facilities / Infrastructure     |                   | 0                |
| Construction - Materials                       |                   | 0                |
| Clothing & Textiles                            |                   | 0                |
| Food   |                   | 0                |
| Seeds & Plants                                 |                   | 0                |
| Water & Sanitation                             | 0                 | 0                |
| Medical & First Aid                            | 0                 | 0                |
| IEC Materials                                  | 10,000            | 10,000           |
| Utensils & Tools                               |                   | 0                |
| Other Supplies & Services & Cash Disbursements |                   | 0                |
| <b>Total Supplies</b>                          | <b>10,000</b>     | <b>10,000</b>    |
| Land & Buildings                               |                   | 0                |
| Vehicles                                       |                   | 0                |
| Computer & Telecom                             |                   | 0                |
| Office/Household Furniture & Equipment         |                   | 0                |
| Medical Equipment                              |                   | 0                |
| Other Machinery & Equipment                    |                   | 0                |
| <b>Total Land, vehicles &amp; equipment</b>    | <b>0</b>          | <b>0</b>         |
| Storage  |                   | 0                |
| Distribution & Monitoring                      |                   | 0                |
| Transport & Vehicle Costs                      | 3,550             | 3,550            |
| <b>Total Transport &amp; Storage</b>           | <b>3,550</b>      | <b>3,550</b>     |
| International Staff                            |                   | 0                |
| Regionally Deployed Staff                      |                   | 0                |
| National Staff                                 | 4,400             | 4,400            |
| National Society Staff                         | 22,900            | 22,900           |
| Other Staff benefits                           |                   | 0                |
| Consultants                                    |                   | 0                |
| <b>Total Personnel</b>                         | <b>27,300</b>     | <b>27,300</b>    |
| Workshops & Training                           | 2,760             | 2,760            |
| <b>Total Workshops &amp; Training</b>          | <b>2,760</b>      | <b>2,760</b>     |
| Travel   | 4,800             | 4,800            |
| Information & Public Relation                  | 1,200             | 1,200            |
| Office Costs                                   | 1,000             | 1,000            |
| Communications                                 | 2,000             | 2,000            |
| Professional Fees                              |                   | 0                |
| Financial Charges                              | 236               | 236              |
| Other General Expenses                         |                   | 0                |
| <b>Total General Expenditure</b>               | <b>9,236</b>      | <b>9,236</b>     |
| Cash Transfers to National Societies           |                   | 0                |
| Cash Transfers to 3rd parties                  |                   | 0                |
| <b>Total Contributions &amp; Transfers</b>     | <b>0</b>          | <b>0</b>         |
| Program Support                                | 3,435             | 3,435            |
| <b>Total Programme Support</b>                 | <b>3,435</b>      | <b>3,435</b>     |
| Services & Recoveries                          |                   | 0                |
| Shared Services                                |                   | 0                |
| <b>Total Services</b>                          | <b>0</b>          | <b>0</b>         |
| <b>TOTAL BUDGET</b>                            | <b>56,281</b>     | <b>56,281</b>    |



# Republic of Congo: Epidemic



 Affected place