

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Republic of Congo: Wild poliovirus outbreak

Emergency appeal n° MDRCG006  
GLIDE n° EP-2010-000222-COG  
Operations update n° 1  
29 November, 2010

**Period covered by this Ops Update:**  
15 to 22 November, 2010.

**Appeal target (current):**  
CHF 1,501,011; [<click here to view the attached Preliminary Emergency Appeal Budget>](#)

**Appeal coverage:** The appeal is currently 2 per cent covered and there are further indication of support from the British Red Cross and the Japanese Red Cross;  
[<click here to go directly to the updated donor response report, or here to link to contact details >](#)

### Appeal history:

- This Emergency Appeal was initially launched on a preliminary basis on 15 November 2010 for CHF 1,501,011 for 6 months to assist 4 million beneficiaries.
- Disaster Relief Emergency Fund (DREF): CHF 200,000 was initially allocated by the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the National Society's response operation.



**Congolese Red Cross volunteers facilitated the vaccination of people passing in the street:**  
Photo: IFRC Central Africa Region

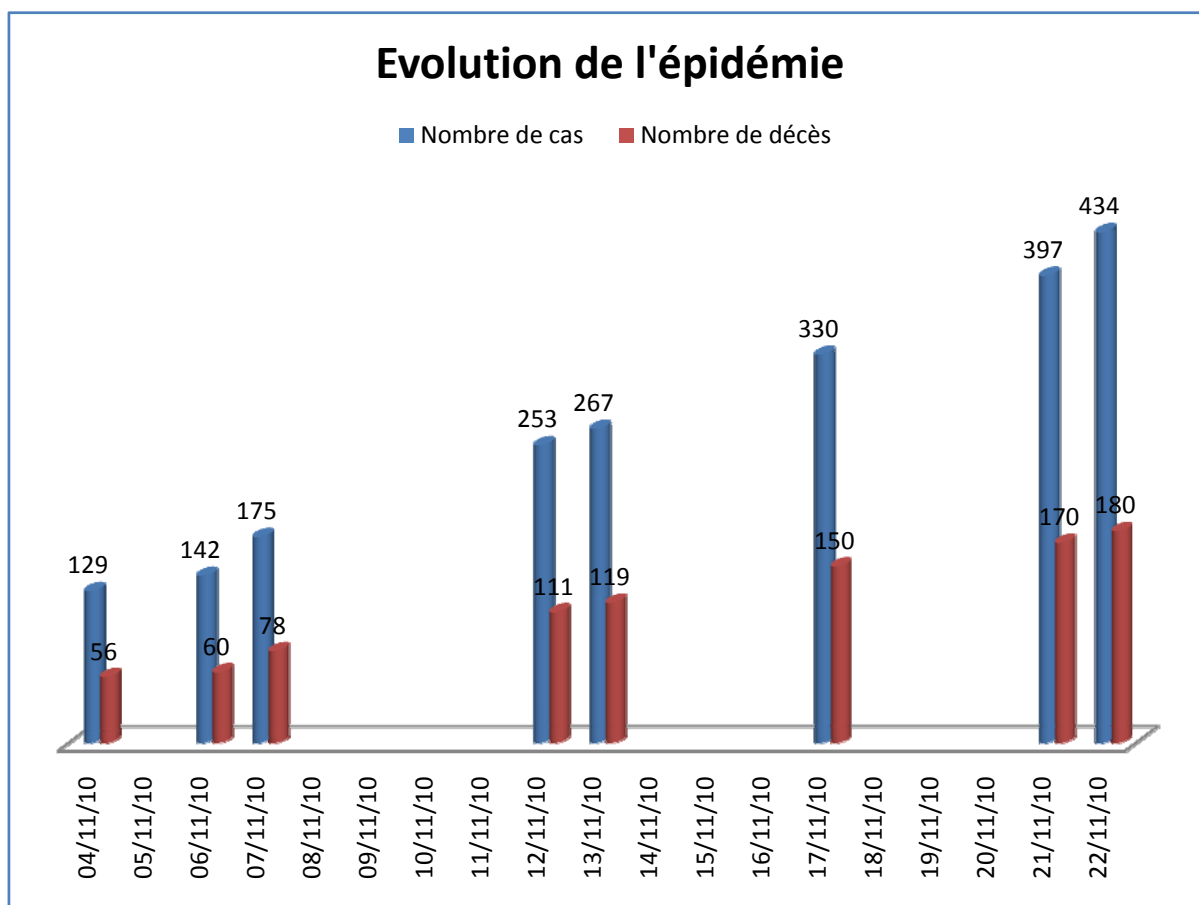
**Summary:** On 4 November 2010, the government confirmed the outbreak of wild poliovirus in the Republic of Congo. So far, the epidemic has already affected 434 people, killing about 180; i.e. an average lethality rate of 41 per cent. In order to support the Congolese Red Cross and government to respond to the epidemic, IFRC released some funds from its DREF and deployed its Central Africa Regional programme coordinator to cover the early hours of the disaster. Round 1 of the three anti-polio immunization rounds that were planned by government and its partners has now been completed. The timely intervention of Congolese Red Cross volunteers ensured 132 per cent vaccination coverage in Pointe Noire during part 1 of the first round of the campaign. Part 2 of this round in Brazzaville and the rest of the country started on 18 November to be completed on 24 November 2010. On day one of this part 2, 37.6 per cent of the people targeted were already vaccinated. So far, close to 500 Red Cross volunteers have been mobilized and are actually working for the operation.

## The situation

For about two months now, the Republic of Congo (RoC) has been facing a serious acute flaccid paralysis disaster, which has been confirmed by Government and CDC Atlanta as a poliovirus epidemic outbreak. So far, the epidemic has already affected 434 people, killing about 180; i.e. an average lethality rate of 41 per cent. The ages of the people affected by the epidemic ranges from 1 to 92 years; but the most affected range is 20 to 29 years, and 80 per cent of the cases registered are males. It is believed that this epidemic comes as a result of the fact that most children (who today are adults) failed to be vaccinated against poliomyelitis during the 1993-2000 war in the country. Pointe Noire is the epicentre of the outbreak, with 64 per cent of the cases coming from the Loandjili 4 subdivision, and 34 per cent from the Tié-Tié district. New cases are registered on a daily basis. By 22 November 2010, 16 cases and 10 deaths were registered in Brazzaville alone, the capital city of RoC. From 21 to 22 November 2010, 15 new cases were registered, on the basis of 11 in Pointe-Noire, 3 in Dolisie and 1 in Brazzaville. The following table summarizes the epidemiological situation as of 22 November 2010:

Cities/Divisions	Cumulated number of cases	Cumulated number of deaths	Lethality (%)
City of Pointe-Noire	381	155	41.95
Kouilou division	2		100.00
Niari division	11	5	37.50
Bouenza division	23	9	36.36
Likouala division	1	1	100.00
City of Brazzaville	16	10	62.50
<b>TOTAL RoC</b>	<b>434</b>	<b>180</b>	<b>41%</b>

The evolution of the epidemic in November 2010 is represented in the following diagram:



After investigation, the Ministry of Health, WHO and UNICEF have concluded that the outbreak can be blamed on unhealthy environment, poor quality of water and the non respect of hygiene rules. In fact, the majority of the cases in Pointe-Noire come from the unhealthiest places of the city, mainly subdivisions 3 and 4. These same localities were the most affected by cholera in 2009. This picture gives an idea of where the population lives in subdivision 3 and 4.



Area where most cases have been registered in subdivision 4 (Loandjili, Pointe Noire):  
Photo: IFRC Central Africa Region

Measures have been taken by government for the management of cases. Medical care is provided by the two main hospitals of Pointe-Noire, the personnel of which are now inundated with the workload. In Brazzaville, the cases are managed at CHU and Hospital Central des Armées.

Government decided to launch a four-round anti-polio immunization campaign aimed at putting the outbreak under control. The first round lasted from 12 to 18, and 18 to 24 November 2010. The second round will be from 3 to 7 December; and round 3 will be from 26 to 30 December 2010.

## Coordination and partnerships

A National Crisis Committee meeting headed by the Minister of State for Socio-cultural Development was convened on 26 October and brings together all relevant government ministries, national and international partners (UN Agencies, NGOs, Red Cross) and representatives of various ministries and stakeholders. A national technical committee comprising representatives of ministries and partners meet every day under the direction of the Minister of Health. The technical aspects are managed by the Technical Coordination Committee, under the responsibility of the Minister of Public Health and Population. In the Pointe-Noire and Kouilou departments, the epicentre of the epidemic, a Departmental Committee of Crisis, created on 28 October 2010 and headed by the Prefect of the department, coordinates activities. It brings together the heads of technical services, and consists of four sub-committees, namely medical care, epidemiological surveillance, hygiene and health promotion and sentinel surveillance.

So far, WHO has been ensuring the medical treatment of patients and epidemiological surveillance. The WHO also made available part of the vaccines needed for the operation. UNICEF, IFRC and the Congolese Red Cross have been ensuring the social mobilization aspect of the operation. In addition to supporting social mobilization, UNICEF has also made available part of the vaccines used. Rotary International also made available part of the vaccines and information and communication aids such as banners, T-shirts and megaphones.

Congolese Red Cross and IFRC representatives have participated in all the coordination meetings organized so far. The Congolese Red Cross also set up a crisis committee, which is headed by the national president himself, and meets on a daily basis.

**National Society Capacity Building:** During the first round of the immunization campaign in Pointe Noire, 276 Congolese Red Cross volunteers were mobilized and trained on how to sensitize the populations. The following table summarizes the number of volunteers that have been mobilized and trained in other localities of RoC:

City/Divisions	Planned number of volunteers	Number of volunteers actually deployed	Percentage
Brazzaville	900	294	32.67
Bouenza	106	87	82.08
Cuvette	80	50	62.50
Cuvette-Ouest	-	-	-
Lekoumou	-	-	-
Likouala	35	10	28.57
Niari	-	-	-
Plateaux	50	0	0.00
Pool	50	32	64.00
Sangha	-	-	-
<b>Total</b>	<b>1,221</b>	<b>473</b>	<b>38.74</b>

Note: The data from other divisions were not yet available at the time of writing this report!

These volunteers and many more will be trained on epidemic management by a regional resource person deployed to RoC by IFRC (Central Africa Regional Representation) to complement the work of the programme coordinator. The regional resource person is well-trained and has extensive experience in epidemic management in most countries of Central Africa.

In addition, a health/measles delegate of the American Red Cross and a communications team from the Africa Zone's Office in Johannesburg travelled to ROC to support the National Society in the response to the epidemic. The supporting team also facilitated contacts with potential donors for this appeal.

## Red Cross and Red Crescent action

### Overview

With the support of the IFRC, the Congolese Red Cross mobilized close to 500 volunteers for the operation. The volunteers have facilitated and conducted a "door-to-door" immunization of the population as well as instant roadside immunization for mobile people.

### Progress towards objectives

Emergency health and care	
<b>Outcome 1: support the Congolese Ministry of Health in the assessment and evaluation of the current disease outbreak.</b>	
<b>Output:</b> On-going technical assessments and development of plans of action.	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>Deploy a vaccination campaign and disaster response health specialist for two months to support the Congolese Red Cross in implementing and revising the plan of action.</li> <li>Participate in assessments and coordination meetings.</li> </ul>
<b>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.</b>	
<b>Output:</b> 100 per cent of the population is mobilized and attends the country-wide vaccination campaign, and at least 75 per cent of new cases are identified and referred to health care services.	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>Train 86 supervisors in social mobilization activities.</li> <li>Brief some 6,000 volunteers on social mobilization and make arrangements so that they contribute effectively to the vaccination campaign.</li> <li>Support efforts to detect suspect cases to be transferred to the care services;</li> <li>Disinfect or dispose of objects contaminated by patients at home, during transport, and in the health care structures.</li> </ul>

<b>Outcome3: Build Congolese Red Cross capacity to manage and control the current outbreak and future occurrences of epidemic diseases</b>	
<b>Output:</b> The Congolese Red Cross is able to actively contribute to the prevention and management of epidemic disease outbreaks.	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>• Train 86 trainers in epidemic control for volunteers;</li> <li>• Deploy the 86 trainers as supervisors to the volunteers providing hygiene promotion in the field.</li> </ul>

**Progress:**

In Pointe Noire and Kouilou, 27 supervisors have been briefed and deployed to the field to follow up the activities of the volunteers during the immunization campaign. Out of the 512 volunteers as initially planned, 276 (54 per cent) have been mobilized, briefed and deployed to the field to conduct social mobilization. About 139 of these volunteers, i.e. 50.4 per cent, were totally managed by the Ministry of Health. Through the intervention of these volunteers, 132 per cent immunization coverage has been reached. This figure exceeds the total number of the Pointe-Noire population because foreigners have also been vaccinated. Ten Red Cross volunteers who are also health agents (nurses and medical doctors) have been mobilized and deployed to strengthen the operational capacity of the A.Cissé Hospital of Pointe-Noire, one of the two hospitals in charge of the case management of polio patients.

In Brazzaville and in the remaining 9 regions of the RoC, an additional 17 supervisors have been briefed and will be deployed in the various regions as from the second round of the immunization campaign, which starts on 3 December 2010. During the first round of the campaign, 473 Red Cross volunteers out of the 1,221 that were initially planned have been briefed on social mobilization and on how to vaccinate, and have been deployed. This represents 39 per cent coverage. On the first day of the campaign in Brazzaville, a 37.6 per cent coverage rate was reached.

**Challenges:**

A few cases of people refusing to be vaccinated have been registered, mostly in Brazzaville. There is therefore the need to plan for sensitization campaigns in between the various phases of the campaign in order to mobilize the greater number of people. There is also the need to actively look for “zero dose” people and get them vaccinated. This will help vaccinate all those who failed to get vaccinated during the campaign.

The deployment of national supervisors in the various divisions will facilitate the integration of Red Cross volunteers in the joint Ministry of Health/Congolese Red Cross teams. This will also enable the mobilization of a greater number of volunteers and increase the coverage rate.

<b>Water, sanitation, and hygiene promotion</b>	
<b>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.</b>	
<b>Output:</b> One million beneficiaries are aware of how to prevent falling ill with the disease.	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>• Recruit and train volunteers in health promotion.</li> <li>• Conduct volunteer training days to carry out hygiene promotion activities.</li> <li>• Monitor and evaluate the health promotion activities.</li> </ul>

**Progress:**

So far, no activity has been carried out in this sector. Two regional resource persons (from the Central African Republic (CAR) Red Cross and Cameroon Red Cross) have now been deployed to RoC to support the host National Society in the implementation of the operation. The resource person from CAR is a medical doctor, and the one from Cameroon is a IFRC-trained water and sanitation specialist.

**Challenges:**

Due to the current poor state of hygiene, there is the need to deploy 912 volunteers for hygiene promotion and sanitation activities in the most exposed neighbourhoods of Brazzaville, Pointe-Noire and other divisions.

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

**Progress:**

A photo and video reportage on the operation has been produced by the communications team of the IFRC Africa zone office in Johannesburg. Two articles and a film will be published in international media.

Two training sessions have been organized for 44 members of the Congolese Red Cross on epidemic monitoring and evaluation in Brazzaville and Pointe-Noire. Supervision aids have also been developed during these training sessions.

**Challenges:**

The following urgent needs of the National Society need to be covered urgently:

- Support the recruitment of qualified personnel at national headquarters and in local branches;
- Rehabilitate structures, especially in local branches (Pointe-Noire and Kouilou);
- Train Red Cross volunteers on CBHFA;
- Strengthen the capacity of the National Society executives on administrative, logistics and financial procedures.

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

**Progress:**

The selection of the volunteers to be trained on CBHFA is on-going in all the divisions of the country.

**Challenges:**

There is the need to start door-to-door sensitization activities in all the divisions in order to increase coverage and reduce the risk and impact of polio.

Logistics support	
<b>Outcomes:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The operation obtains and uses effectively an appropriate transport system.</li> <li>• Standard logistics procedures are followed and reported upon while providing training and advice to the host National Society and IFRC delegates and staff as needed.</li> </ul>	
<b>Outputs:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The IFRC 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.</li> </ul>	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>• Conduct rapid emergency needs and capacity assessments.</li> <li>• Set-up supply chain and control supply movements from point of dispatch to final distribution point.</li> <li>• Monitor and evaluate the supply chain and provide reporting on performance.</li> <li>• Mobilisation and procurement activities will be coordinated by the IFRC's Dubai-based Regional Logistics Unit (RLU).</li> <li>• Develop an exit strategy.</li> </ul>

**Progress:**

A thorough evaluation of the situation and the needs by IFRC led to the launch of this emergency appeal. Funding support to the emergency operation has facilitated the repair of the two vehicles, whilst the IFRC Central Africa Regional Representation is sourcing for two additional vehicles for the operation.

**Communications – Advocacy and Public Information**

A communications mission was recently undertaken to Brazzaville and Pointe Noire to capture video footage and photographs of the polio situation and the Red Cross response. The objective was to raise public awareness (via the media) and donor awareness of the severity of the outbreak with a view to mobilising resources. The mission was successful: photos can be viewed on the IFRC [audio visual site](#) and the video footage (which has been produced for the media to re-produce) can be seen on the [IFRC newsroom](#). In addition a [news story](#) was posted on the IFRC website.

Communications on the progress of the subsequent phases of the vaccination campaign needs to be maintained, both in written form and through photographs. The IFRC will work closely with the Congolese Red Cross to achieve this.

## 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 \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation'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 International Federation'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

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