

# 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° 3  
10 June, 2011

**Period covered by this Ops Update:** 20 December, 2010 to 18 May, 2011.

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

**Appeal coverage:** Appeal coverage is low, at 28% (including initial DREF allocation) representing contributions from the Canadian, Japanese, British, Swedish and Monaco Red Cross national societies. Additionally, 2 non-Movement partners, namely the Total Oil Company and ECHO, contributed Euro 65,000 and Euro 200,000 respectively through the French Red Cross, to support social mobilization, hygiene promotion and sanitation activities, as well as the training of new Red Cross volunteers in the most affected 4 regions of Congo, namely Kouilou/Pointe Noire, Niari, Bouenza and Brazzaville. The French Red Cross used those contributions on a bilateral basis with the Congolese 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.
- 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.
- This operations update No 3 is intended to highlight the progress made during rounds 3 and 4 of the anti-polio immunization campaign, and to extend the timeframe of the operation from May to August 2011. The extension is intended to enable the national society to continue the operation in a sustainable way, by carrying out actions aimed at consolidating what has been achieved during the various rounds of the anti-polio immunization campaign. Moreover, new cases of polio were registered in May 2011; thus the need to extend the timeframe in order to intensify the response.



Alongside polio victims, Congolese Red Cross volunteers encourage communities to get vaccinated. / Photo IFRC

## Summary:

During the first six weeks of the epidemic, the focus for the National Society was on stopping the spread of the disease through sensitization, vaccination in 5 rounds, and hygiene promotion. Most of the activities planned have been carried out. However, new cases of polio were registered in May 2011; thus the need to extend the timeframe in order to intensify the response.

This operations update No 3 highlights progress made during the anti-polio immunization campaign, and extends the end of the operation from May to August 2011. The extension is intended to enable the national society to continue the operation in a sustainable way, by consolidating what has been achieved during the anti-polio immunization campaign. It is anticipated that during the extension period, the Congolese Red Cross will train additional volunteers on the community-based health and first aid (CBHFA) approach in all the divisions of the country. This will strengthen their operational capacities as a national society, and will enable them to provide permanent and timely assistance to communities in the areas of health and risk management.

## The situation

The five immunization rounds that were planned have now been completed. This has contributed to reducing significantly the number of polio cases. Since the outbreak of the epidemic, 683 cases and 206 deaths have been registered. In some localities, the epidemic has disappeared. However, new cases were registered in Brazzaville in May 2011. This discovery of new cases has shown that the response is not yet completed, thus the need to extend the timeframe from May to August 2011 to enable the Congolese Red Cross to carry out hygiene and sanitation activities, and intensify sensitization as a way of preventing the spread of the disease.

## Coordination and partnerships

The Minister of Health and Population ensures the technical coordination of the response. Technical meetings are organized on a daily basis by the National Crisis Management Commission under the supervision of the Minister of State for Socio-cultural Affaires. The Congolese Red Cross has set up a coordination team with the support of the Regional Resource Person and RDRT member deployed to Congo Brazzaville by CARREP. WHO deployed a monitoring team to evaluate the areas not covered during the immunization campaign. This will enable the vaccination teams to organize catch-up sessions. The Total Congo Company mobilized funds to support the Congolese Red Cross in their social mobilization efforts through the French Red Cross Representation in Congo Brazzaville. ECHO has also supported social mobilization. In Pointe Noire, MSF France trained a few Red Cross volunteers and involved them in epidemiological surveillance.

**National Society Capacity Building:** In between the second and third round of the immunization campaign, 21 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 trainees then put their skills to use to facilitate the third and fourth rounds of the anti-polio immunization campaign. The training strengthened operational capacities of the national society for all health projects.

## Red Cross and Red Crescent action

### Overview

Thanks to the support of the IFRC, the Congolese Red Cross has mobilized more than 1,000 volunteers. These volunteers have facilitated what can be termed "door-to-door" immunization of the population as most people were found near their homes and vaccinated instantly. New volunteers are currently being recruited and will be trained on CBHFA. They will then be in the position to support communities with the organization of community-based activities relating to health and potential risk management on a permanent basis.

## Progress towards outcomes

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> Ongoing technical assessments and	<b>Planned activities:</b>

development of plans of action.	<ul style="list-style-type: none"> <li>• Deploy a vaccination campaign and disaster response health specialist for 2 months to support the CRC 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% 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.	<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>Outcome 3: build CRC capacity to manage and control the current outbreak and future occurrences of epidemic diseases</b>	
<b>Output:</b> the CRC 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 those 86 trainers as supervisors to the volunteers providing hygiene promotion in the field.</li> </ul>

**Progress:**

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, sensitized people in markets, schools, universities, churches and mosques in Pool, Sangha, Impfondo, Lekoumou, Cuvette Ouest and Bouenza. Some 254 Red Cross volunteers visited 56,625 households and sensitized 265,852 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.

<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> 1 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:**

21 members of the Congolese Red Cross society have been trained as expert facilitators of the community-based health and First Aid (CBHFA) approach in Congo Brazzaville. These trainees then put their skills into action to facilitate 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 future operations as the CBHFA approach can be applied to all health projects.

<b>Capacity building, communication, advocacy and public information</b>	
<b>Outcome: CRC 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 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 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"> <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 CRC website and on the Federation's Disaster Management Information System (<a href="#">DMIS</a>)</li> </ul>

#### **Progress:**

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

Two training sessions have been organized to train 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 (NS) need to be covered urgently:
- Support the NS in their process to recruit qualified personnel at the levels of their national headquarters and in local branches
- Rehabilitate structures, especially in local branches (Pointe-Noire and Kouilou)
- Train the executives of the NS 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%.	<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:**

As indicated above, 21 members of the Congolese Red Cross society have been trained as expert facilitators of the community-based health and first aid (CBHFA) approach in Congo Brazzaville.

<b>Logistics support</b>	
<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 &amp; advice to the host National Society and Federation 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 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.</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 Federation's Dubai-based Regional Logistics Unit (RLU).</li> <li>• Develop an exit strategy.</li> </ul>

**Progress:**

A thorough assessment of the situation and the needs by IFRC led to the launching of this emergency appeal. Two vehicles of the NS were repaired with the funds of this appeal, and IFRC-Yaounde has sent two additional vehicles for the operation.

**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 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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[<Interim financial statement attached below; click here to return to title page>](#)

# International Federation of Red Cross and Red Crescent Societies

MDRCG006 - Congo - Polio Outbreak

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/4
Budget Timeframe	2010/11-2011/12
Appeal	mdrcg006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	1,501,011					1,501,011
<b>B. Opening Balance</b>	0					0
<b>Income</b>						
<u>Cash contributions</u>						
<i>British Red Cross</i>	74,700					74,700
<i>Canadian Red Cross</i>	29,696					29,696
<i>Japanese Red Cross</i>	49,500					49,500
<i>Monaco Red Cross</i>	18,849					18,849
<i>Swedish Red Cross</i>	50,144					50,144
<b>C1. Cash contributions</b>	<b>222,889</b>					<b>222,889</b>
<u>Other Income</u>						
<i>DREF Allocations</i>	200,000					200,000
<b>C4. Other Income</b>	<b>200,000</b>					<b>200,000</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>422,889</b>					<b>422,889</b>
<b>D. Total Funding = B + C</b>	<b>422,889</b>					<b>422,889</b>
<b>Appeal Coverage</b>	<b>28%</b>					<b>28%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					0
<b>C. Income</b>	422,889					422,889
<b>E. Expenditure</b>	-344,171					-344,171
<b>F. Closing Balance = (B + C + E)</b>	<b>78,718</b>					<b>78,718</b>

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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>1,501,011</b>					<b>1,501,011</b>	
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	14,021	869				869	13,152	
Medical & First Aid	75,319						75,319	
Teaching Materials	59,507	4,484				4,484	55,022	
<b>Total Relief items, Construction, Supplies</b>	<b>148,847</b>	<b>5,353</b>				<b>5,353</b>	<b>143,494</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage		1,804				1,804	-1,804	
Transport & Vehicle Costs	214,770	11,201				11,201	203,569	
<b>Total Logistics, Transport &amp; Storage</b>	<b>214,770</b>	<b>13,005</b>				<b>13,005</b>	<b>201,765</b>	
<b>Personnel</b>								
International Staff	42,000	16,846				16,846	25,154	
National Staff	9,917	2,418				2,418	7,499	
National Society Staff	358,494	10,163				10,163	348,331	
Volunteers		46,258				46,258	-46,258	
<b>Total Personnel</b>	<b>410,411</b>	<b>75,685</b>				<b>75,685</b>	<b>334,726</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees		97				97	-97	
<b>Total Consultants &amp; Professional Fees</b>		<b>97</b>				<b>97</b>	<b>-97</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	570,554	24,249				24,249	546,305	
<b>Total Workshops &amp; Training</b>	<b>570,554</b>	<b>24,249</b>				<b>24,249</b>	<b>546,305</b>	
<b>General Expenditure</b>								
Travel	49,051	34,787				34,787	14,263	
Information & Public Relation		24,691				24,691	-24,691	
Office Costs	2,510	5,325				5,325	-2,815	
Communications	12,000	7,118				7,118	4,882	
Financial Charges		20,569				20,569	-20,569	
Other General Expenses	1,258						1,258	
<b>Total General Expenditure</b>	<b>64,819</b>	<b>92,490</b>				<b>92,490</b>	<b>-27,672</b>	
<b>Operational Provisions</b>								
Operational Provisions		112,086				112,086	-112,086	
<b>Total Operational Provisions</b>		<b>112,086</b>				<b>112,086</b>	<b>-112,086</b>	
<b>Indirect Costs</b>								
Programme & Service Support	91,611	20,993				20,993	70,618	
<b>Total Indirect Costs</b>	<b>91,611</b>	<b>20,993</b>				<b>20,993</b>	<b>70,618</b>	
<b>Pledge Specific Costs</b>								
Earmarking Fee		213				213	-213	
<b>Total Pledge Specific Costs</b>		<b>213</b>				<b>213</b>	<b>-213</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,501,011</b>	<b>344,171</b>				<b>344,171</b>	<b>1,156,840</b>	
<b>VARIANCE (C - D)</b>		<b>1,156,840</b>				<b>1,156,840</b>		