DREF Operation-Final Report

Democratic Republic of Congo | Plague Outbreak

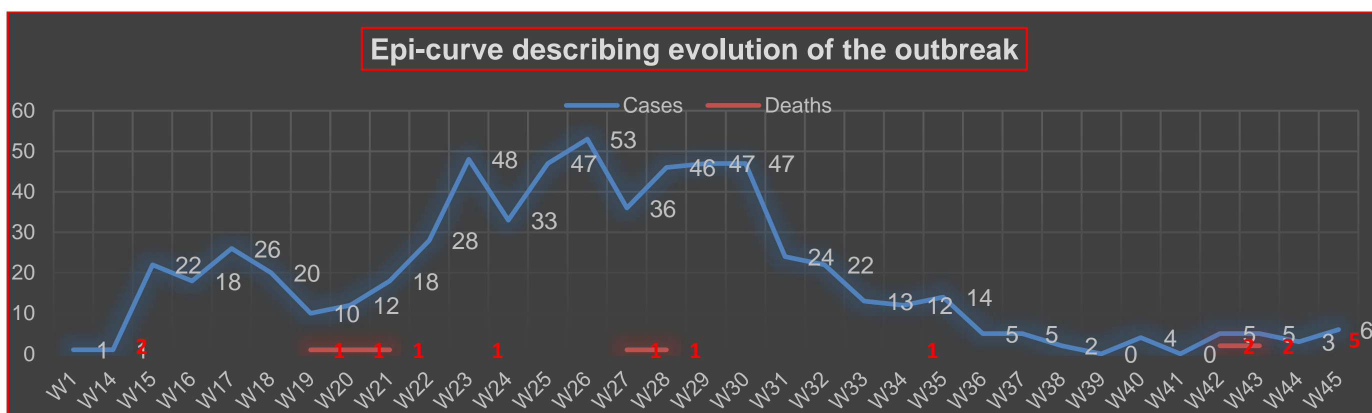
DREF n° MDRCD035	GLIDE n° EP-2022-000202-COD
Operation start date: April 22, 2022	**Operation timeframe: 6 months and end date October 31, 2022**
Funding requirements (CHF): 312,460	
N° of people reached: 213,474 people in 21 Health areas in Rethy health zone and surrounding. 8 health areas for response (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo, Libi, Terali) and for preparedness 6 Health area in Rethy (Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo) and 7 health areas in surrounding Health Zone (Angumu, Kambala, Mangala, Fataki, Logo, Linga and Rimba).	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC)	
Other partner organizations actively involved in the operation: Ministry of Health: National Institute for Biomedical Research (INRB) OCHA, WHO, UNICEF, MEDAIR and MALTESER	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. DG ECHO and the Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Burundi Red Cross Society (BRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

The Provincial Health Division (DPS) of Ituri in the Democratic Republic of Congo (DRC) announced a plague outbreak on 4 April 2022 in the health zone of Rethy in Djugu territory. Plague is endemic in this part of the country and regularly occurs in 14 of the 36 health zones in Ituri province.
According to the Rethy health zone, epidemiological data based on the number of clinically diagnosed positive cases and the number of deaths up to week 45 show a decreasing trend as shown in the graph below. This decrease in the number of cases is observed from week 31 onwards after the peak in week 25.
The lack of diagnostic tests for the confirmation of cases was noted, however the Rethy health zone made a communication to explain the trend of the evolution of cases. Thus, it was noted in relation to the epidemiological situation that from week 1 to week 45, a total of 633 cases were notified, including 15 deaths recorded (2.36% lethality). However, the month of October was the month that recorded a large number of deaths compared to the previous months with a lethality rate of 31.58%.



As of 31 October 2022, information communicated by the Health Zone on the epidemiological situation showed a suspected cumulative number of 633 cases with one (04) case of pneumonic plague (of which 1 in Lokpa, 2 in Kpandroma and 1 in Libi) compared to 58 cases on 22 April at the time of the publication of the Emergency Action Plan (EPoA) of the Red Cross DRC.

Summary of current response

Overview of Host National Society

9th Epidemic of Plague-Ituri

Key results achieved

- (75%) of the 20 burial alerts received were successfully addressed by DRC RC teams. Sustained burials were carried out for **100%** of the bodies that tested positive (15 cases).

- **240** volunteers in charge of sensitization (community health and RCCE) reached **231,719** people from the target population through home visits and **18,245** people through **297** mass sensitization events
- 74563 community feedback data points were collected by volunteers and analyzed for informed decision making in all intervention areas.

- **28,856** households were disinfected, and **8** health facilities (FOSA) were decontaminated

- PSS teams joined staff and volunteers and **3824** people were reached in **459** PSS activities.

- A total of 240 volunteers trained in the integrated EpiC (Epidemic Preparedness in Community) approach were mobilised in the health zone of Rethy and its surroundings. The volunteers regularly organised awareness sessions on plague prevention. This included awareness of the signs and symptoms of the disease and referral of those sensitised to the health centre for appropriate medical management of cases. The messages disseminated were developed within the RCCE ("Risk Communication and Community Engagement") sub-committee, in collaboration with the health zone managers.
- Overall, 15 appropriate burials for plague-positive deaths were carried out in collaboration with the health zone, in the health zones of Lokpa (7 cases), Uketha (1 case), Kpandroma (5 cases), Rethy (1 case), Gudjo (1 case);
- There were 40 radio broadcasts. The Red Cross produced and broadcast an average of 4 interactive radio programmes on a weekly basis on various plague-related topics, inspired by community feedback trends.
- A total of 4530 contact cases were tracked by volunteers based on the list provided by the Health Zone to the DRCRC,
- A total of 190 volunteers were trained and mobilised from among the 240 to carry out safe burials.
- In terms of materials, the Ituri branch of the DRC Red Cross had an emergency stock of 2020 for Ebola. This stock was exhausted after allocation to the plague response teams.

- In terms of human resources, the Ituri Red Cross branch mobilized 240 volunteers for the response. They were trained at different levels to better integrate the new situation of the EPiC1 approach around a range of diseases with epidemic potential in the Rethy health zone and surrounding areas.
- The field teams used the skills acquired during the training and experience in managing epidemics (Ebola, Covid-19 and Plague) to carry out disinfection, burial and awareness raising activities. The awareness-raising messages are mainly those on sanitation and awareness of vaccination as a means of preventing epidemics, including Covid-19.
- At the logistical level, the DRCRC has contributed to the transport of inputs from other actors in the response and in the framework of the coordination in place.

Overview of Red Cross Red Crescent Movement in country

The IFRC has offices in Kinshasa and Goma. In addition to these locations, the IFRC has staff in Bunia who managed operations in the east of the country in collaboration with the DRCRC and the ICRC. During this epidemic, technical, financial and material support from the IFRC was put in place and continues to be provided for more effective interventions by the DRC Red Cross.
The IFRC office in DRC supports the DRCRC in the coordination of all disaster management activities including this DREF operation. This support includes emergency preparedness and response planning, implementation, monitoring and reporting, and participation in monitoring/evaluation.
As part of this humanitarian response, the ICRC has continued to work closely with the DRCRC through its sub-delegation in Bunia. It helped to facilitate DRCRC and IFRC interventions in the region through operational coordination, monitoring of staff and volunteer movements and regular information sharing on safety and security issues.

Overview of non-RCRC actors in country

Details of the activities of other actors can be found in the EPoA. However, it is noted that coordination of activities was organised at provincial and local level in the Rethy health zone. The DRCRC participated in these coordination meetings at the health zone level (3 meetings per week) and provincial level (2 meetings per week).

Needs analysis and scenario planning

Needs analysis

The response activities were conducted in Rethy health zone (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo, Libi and Terali) and the preparation of activities were conducted in the following localities of Rethy (Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo) and then in 7 neighbouring health zones of Rethy (Angumu, Kambala, Mangala, Fataki, Logo, Linga and Rimba).
The main needs related to this epidemic were as follows:

Surveillance needs

The strategy put in place resulted in an increase in the target during the course of the operation. Surveillance was increased from 7 neighbouring health areas to be covered initially to 14 in the Rethy health zone. This strengthened case identification, contact tracing, referral activities in the Rethy health zone, and reinforced measures to reduce the vector population and the risk of flea bites. This resulted in a significant decrease in notified cases.

Community health and Risk Communication and Community Engagement (RCCE) need

The question of the choice between traditional bed-making and the separation of the granaries with the cattle shelters was the subject of various meetings with community leaders. This identified the essential need for local making of wooden beds by the community. To achieve this the DRCRC should help to provide the most vulnerable people in the communities with a special mat. A need to assist 2,000 households with mats was identified during the course of the operation, compared to the 1,000 initially planned.
As communication is an essential pillar of the response to an epidemic, there was need to cover all 14 health areas in the Rethy health zone and 7 health areas in the neighbouring health zones of Rethy, as part of the barrier measures for the prevention of pneumonic and bubonic plague.

WASH needs

WASH activity needs were identified with stakeholders to help stop the spread of the epidemic.
These are mainly :

- Intensifying sanitation activities in affected villages, environmental hygiene and improving household hygiene to control insects.

- The establishment of hygiene and sanitation committees in the affected villages. This exit strategy was successful in this operation and the target population felt empowered;
- Sensitisation of the community so that granaries in each household in the affected health zones are separated from the houses. Indeed, agricultural products could attract rodents in the households and this separation of the granary from the house was an effective solution to contribute to stop the chain of propagation of the epidemic;
- The availability of disinsectisation product appreciated by the community (Ant killer). This product is used for domestic disinsectisation in order to eliminate fleas, which are the main vectors of transmission of the bubonic plague;
- The organisation of rodent elimination and cleaning campaigns in all affected health areas (priority and nearby health areas in second place).

Psychosocial support (PSS) needs

This plague outbreak affected the psychosocial well-being of many individuals, families and response personnel (volunteers, medical staff and other actors). Given the scale of the epidemic, PSS activity needs were identified. These are mainly the intensification of care activities (educational interviews, individual listening, community integration of recovered persons and aftercare of recovered persons) in the affected health areas.

Coordination of activities needs

The Rethy health zone coordinated the response to the plague epidemic. It is important to note that the involvement of the Red Cross in the organisation of community structures, such as hygiene committees, could contribute in the medium and long term to the prevention of a resurgence of the plague epidemic, given that it is endemic in the area.

Needs on the humanitarian and security situation

Frequent population movements were observed in Ituri. This was identified by stakeholders as a possible aggravating factor for the epidemic. Living conditions in the target area are still difficult. It was noted that access to health centres was rarely a priority in this context of insecurity. There is a lack of availability of health care, households have limited income and live in poor hygienic conditions.
The vulnerability of the target populations was high with a recurrent risk of epidemics of vaccine-preventable diseases. In terms of security, violence against the population in and around Djugu territory was regularly reported as being attributed to militias/armed groups. This sometimes made it impossible for other partners to provide humanitarian assistance.
More details on the needs analysis can be found in the EPoA and Operation Update 1.

Operation Risk Assessment

The operational risks remained the same as those mentioned in the Emergency Action Plan (EPoA) and the means of mitigation are explained there.
Ituri is one of the two provinces in eastern DRC where there has been a state of siege since May 2021, with armed groups regularly carrying out attacks against security forces and civilians, including in IDP camps. The security and safety problems affected the areas targeted by the operation.
This situation hindered humanitarian assistance interventions, but the DRCRC has been able to carry out its response activities to the plague epidemic thanks to its acceptance by stakeholders and communities.
The DRCRC's contribution to the plague response has further enhanced its acceptance in the area. This might facilitate the implementation of other projects/programmes in the same area and areas with a similar security context. It is noted that one of the mitigation measures has been the non-deployment of international staff (Surge) in Ituri province.

B. OPERATIONAL STRATEGY

Proposed strategy

The main objective of this operation was to ensure coordination with the actions of other partners and the Ministry of Health and based on existing information, to contribute to the containment of the plague epidemic by Reducing the spread and limiting the morbidity and mortality resulting from the plague epidemic in Rethy.

The strategy of the DRC Red Cross in the affected area contributed to the strengthening of community structures to make them viable to support the population to take care of themselves and then contribute to stop the chain of contamination. The strategy revolved around two intervention zones:

- Zone A, covering Health Zone of Rethy was considered for a response intervention.

- Zone B, was considered the preparedness zone, with reference to the strategy put in place by the Ministry of Health.

In both zones (A and B), community health promotion education and community engagement activities were planned to be operational through the DRCRC teams. The intervention focused on hygiene committees that benefited from coaching by the DRCRC team and then close monitoring to support future actions during the outbreaks. In the response zones, the teams also planned to support activities such as adapted burials, sanitation activities, community health/RCCE, PSS and contact tracing. During the implementation, the evolution of the outbreak with occurrence of Bubonic cases and spreading of the disease have prompt some adjustement to the initial planned intervention. The successive operation update 1 and 2 have contributed to implement the following changes to the initial strategy:

- The operation lasted for 6 months instead of 3 initially to ensure a better impact as the outbreak was still ongoing and support from NS was an added value in the prevention of transmission. As such, the operation initially planned for 3 months, was extended twice to allow for a 6-month implementation period.

- The activities as revised in the update 1 and 2 have allowed to tackle more people exposed to the risk of contamination and contributed to prevent a deterioration of the epidemic situation. The total target of the operation was increased from 91,738 people to 241,162 people. Details as 21 Health areas
  - For the response: 88,087 people was finally set as a reasonable minimum target in the Rethy health zone. The actions of the NS were focus in priority to the following 8 health areas: Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo, Libi, Terali.
  - For preparation: 153,075 people was target in the Rethy health zone (Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo health areas targeted), then the 7 neighbouring health zones of Rethy (Angumu, Kambala, Mangala, Fataki, Logo, Linga and Rimba).

- The expansion of DRC RC actions has followed the spread of the disease nearly two months after the launch of the operation. The NS aside of the Government increased the support to 21 health areas instead of 3 initially planned.
- There was the deployment of a CRDC Information Management (IM) focal point in Bunia (Ituri)
- An additional allocation of CHF 125,337 was made to the initial budget (CHF 187,123), for a total of CHF 312,460, to cover the costs of modifications to the operational plan.

In Zone A - Response in 8 health areas with reported cases from Rethy health area

All the DRC volunteers mobilised for this operation had to work according to the integrated approach, and therefore carry out various tasks on the ground according to their availability.

- Community health
- Risks Communication and Community Engagement (RCCE)
- Psychosocial Support (PSS)
- Water, Sanitation and Hygiene (WASH)

In Zone B - Preparation in 13 health areas, 6 of which are in the Rethy zone and 7 others in the seven health zones neighbouring Rethy

DRC RC has maintained the same above pilars with only minimum teams trained in the community health approach (EPiC), including risk communication and community engagement. The minimum team consisted of 5 volunteers and 1 supervisor per health area in the preparedness zones. The activities carried out by the volunteers in terms of preparedness consisted of

- Raising awareness of behaviour change in these communities through door-to-door visits, group discussions and community facilitation.
- Volunteers also carried out lost contact tracing.

More details on the detailed initial plan and changes operated due to field imperative and outbreak evolution can be found in the Operation Update 1 and operation Update 2.

Support services

- **IM (Information/Data Manager)**

In terms of information and data management, given the changing trend of the epidemic and some difficulties in reporting activities at the beginning of the response, the DRCRC had deployed a support staff to ensure the compilation,

organisation and management of the database. This resource also supported the necessary sharing of information internally and with partners.

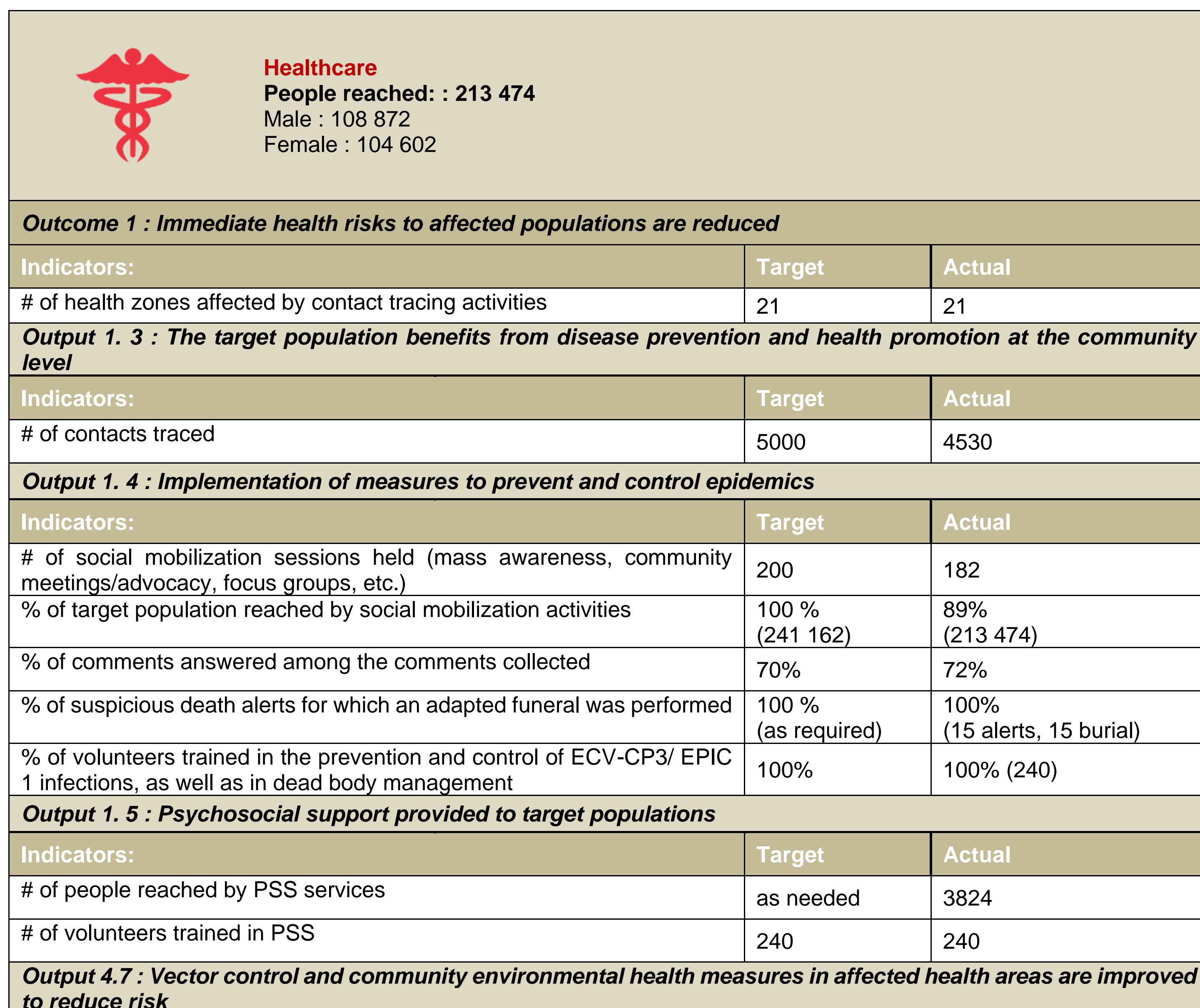
- **Logistics**

In terms of logistics, the IFRC provided the DRCRC with two vehicles for the current operation. According to IFRC Fleet standards, three drivers were allocated for the two vehicles. The drivers were selected from among the industry volunteers at the local level to promote acceptance.

- **Security**

Ituri province is a red zone, except for the city of Bunia which is orange in terms of security and safety. Therefore, the operations/presence of the IFRC and other partners are still conditioned.
To reduce the risk of DRCRC staff becoming victims of violence or road hazards, active risk mitigation measures were put in place: A security orientation and briefing for all teams prior to deployment was systematically carried out to ensure the safety and security of the response teams. Standard security protocols on general standards, cultural sensitivity and a comprehensive code of conduct were in place. Staff should comply with state of siege security measures (to be provided at the security briefing).

C. DETAILED OPERATIONAL PLAN



Healthcare
People reached: : 213 474
Male : 108 872
Female : 104 602

Outcome 1 : Immediate health risks to affected populations are reduced		
Indicators:	**Target**	**Actual**
# of health zones affected by contact tracing activities	21	21
Output 1. 3 : The target population benefits from disease prevention and health promotion at the community level		
Indicators:	**Target**	**Actual**
# of contacts traced	5000	4530
Output 1. 4 : Implementation of measures to prevent and control epidemics		
Indicators:	**Target**	**Actual**
# of social mobilization sessions held (mass awareness, community meetings/advocacy, focus groups, etc.)	200	182
% of target population reached by social mobilization activities	100 % (241 162)	89% (213 474)
% of comments answered among the comments collected	70%	72%
% of suspicious death alerts for which an adapted funeral was performed	100 % (as required)	100% (15 alerts, 15 burial)
% of volunteers trained in the prevention and control of ECV-CP3/ EPIC 1 infections, as well as in dead body management	100%	100% (240)
Output 1. 5 : Psychosocial support provided to target populations		
Indicators:	**Target**	**Actual**
# of people reached by PSS services	as needed	3824
# of volunteers trained in PSS	240	240
Output 4.7 : Vector control and community environmental health measures in affected health areas are improved to reduce risk		

Indicators:	Target	Actual
# of volunteers retrained to decontaminate (disinfection/deratting) households as part of sanitation activities	190	190
% of decontamination requests completed on time	100 %	66 % (18919)
# of households that received partitions/beds	1000	2 000

Narrative description of achievements

❖ **Community health**

- The operation allowed to train 240 volunteers in the EPiC1 approach. This included knowledge of plague signs and symptoms, outbreak management, surveillance, community contact tracing and community engagement.
- In total, the volunteers contributed to the follow-up of 4530 contact cases.
- Mobilising volunteers to raise awareness of the prevention of the bubonic and pneumonic plague epidemic was also successfully conducted in the 21 Health Areas. Volunteers supporting the Rethy Health Zone alert have been extended to the field to continue the support of community alerts; health promotion, including risk communication and community engagement (RCCE) actions with collaboration of community health committees in different village

❖ **Risks Communication and Community Engagement (RCCE)**

- In total, the volunteers conducted **42,605** home visits, reaching **213,474** people, of whom 22% were men, 20% were women, 29% were boys and 29% were girls. In addition, they carried out **297** mass awareness sessions, reaching **18,245** people.
- An intensification of sensitisation activities in the 21 health areas was ensured following the bubonic type identified and accent was specifically focused on safe intervention, barrier measures and the prevention of lung and bubonic plague in the communities.
- Maintain focus of RCCE was on: community feedback system management and effective communication channel with adapted messages. Radio and communication skills of volunteers were used as main assets to reach deliver the messages to the communities.
- During these sensitisation activities, volunteers collected and responded to 74,563 comments from the community. These community comments were analysed for informed decision making in the areas of intervention of the operation. In all, the most frequent rumours and some comments were related to the demand for care. There were also doubts about the treatment and questions about the vaccine. The vaccine was perceived by some people as the source of the disease. There was also confusion with the Covid-19 vaccine that was administered during the campaigns, which some people had heard of. Volunteer communication and information was always relevant in these cases to clear up confusion. The DRCRC also requested real people who had been cured to give testimonies that could reassure their community and reduce reticence. In fact, the DRCRC teams involved the cured people in community awareness-raising on the existence of the epidemic. These people were testimonies that represented evidence to break down rumours and reticence among the communities most at risk, as they belong to the villages with suspected or confirmed cases.

❖ **Psychosocial Support (PSS)**

- Overall, the DRC PSS team carried out 459 sessions reaching 3,824 people through various activities including awareness raising for prevention and education (1%), psychological first aid (16%), individual listening (14%), psychosocial support (21%), discussion groups (21%), psycho-education (5%) for Red Cross volunteers mobilised in the different pillars, as well as awareness raising sessions for the community in support of the teams.
- The DRC RC team also contributed to the aftercare of 164 people recovered from plague and the community reintegration of 36 people. The support to ensure stygma are not backed to the affected people has been provided with sensitisation in the families and communities.

N°	ACTIVITIES	SESSION	M	F	CHILDREN		TOTAL	COMMENT
					M	F		
1	INTERVIEW	1	3	2	0	0	5	• Interviews with people living with physical disabilities against stigma or discrimination. • The other interviews were with the different heads of the localities.
2	LISTINING	130	237	146	85	80	548	• Listening to people affected by the plague. • Listening focused on volunteers with difficult situations.
3	FOCUS GROUP	47	438	136	148	79	801	• Discussion on stigma or discrimination, but also on stress management among volunteers and some people in the community.
4	PSP	118	164	195	126	140	625	• Monitoring of suspected or confirmed cases in different health areas of Rethy
5	INDIVIDUAL PSS	70	265	202	135	187	789	• Belief in the existence of the plague epidemic. • Supporting infected people to integrate into the community,
6	PSYCHO EDUCATION	29	77	45	27	53	202	• Existence of plague epidemic in the area.
7	PSS	59	483	203	41	80	807	• Relieved the various communities that have experienced the problems of gender-based violence
8	SENSITASATION	5	19	18	6	4	47	• On the plague with different messages adapted following feedback received.
TOTAL		459	1686	947	568	623	3824	

Visit of a survivor by the PSS focal point for a good family reinsertion© DRC RC

❖ WASH

- Red Cross volunteers carried out sanitation activities in the community. This resulted in the sanitation of the surroundings of 4938 houses.
- They also actively participated in the disinsectisation of 28,856 houses in the different health areas, of which 1,919 (66%) were completed in time on the same day of the alert.
- In Lokpa, around 90% of the targeted houses were disinsected (spraying with Ant killer for insect control), 73% of the houses in Rassia were disinsected and 92% of the houses in Uketha were disinsected. It should be noted that this disinsectisation activity has contributed to a significant reduction in the mass of fleas in this area and has effectively contributed to the reduction of contamination. This is the basis for the decrease in the epidemiological curve.
- Decontamination was also carried out in 8 health facilities in Lokpa, Uketha, Aboro and Rethy (BCZ)
- In view of the end of the Red Cross operation and taking into account the trend of the epidemiological curve decreasing in October 2023, an exit strategy has been initiated through the hygiene committees installed in the different villages.

Health area	Decontaminated health centres	Sanitised houses	Disinsectised houses	Burial
Gudjo	0	0	0	1
Kpandroma	1	704	3812	5
Lokpa	2	485	3737	7
Rassia	0	622	1906	0
Rethy	1	0	29	1
Terali	0	8	0	0
Uketha	0	581	4835	1
Zali	0	18	37	0
Autre	4	2520	14500	0
Total	**8**	**4938**	**28856**	**15**

Disinsectisation team in activity at LOKPA© DRC RC

- Efforts have been made on the field at the initiative of the community dialogue on the choice of assistance to vulnerable communities by the Red Cross. The community leaders chose the beds, which they themselves contributed to making, and then the DRCRC bought the material (mats) to put on them. This enabled the Red Cross team to increase its assistance to 2000 households beneficiaries of beds with mats against 1000 planned at the beginning of the operation. Thus the sharing of responsibilities with the communities enabled the assistance to be doubled to reach more households.

Challenges

- Limited presence of humanitarian actors in the areas of operation due to insecurity
- Similarly, the lack of equipment has severely limited the response and the establishment of an effective disease control and containment system. According to the DPS, the lack of laboratory tests for the diagnosis of plague, but also the lack of medicines for the treatment of patients and the logistical problem of transporting tests and then equipment was the weakness of this response. With the spread of the disease in 8 health zones, the vulnerability of the population will remain high and there is an urgent need to maintain this response capacity with effective community actions, until the plague disease is completely eradicated in this zone and its surroundings.
- The use of certain products (Delta Metri) for disinsectisation has not produced a good result as the conditions in the environement still bring rodents, flies, animals.

Lessons Learned

- The zonal approach of using volunteers in their home communities contributed to the massive community acceptance of the initiatives put in place (increased acceptance of the Red Cross).
- The empowerment and consultation of local communities at all levels of decision-making contributed to the rapid control of the epidemic through community-based activities. Empowerment of members at the local level was a factor that could positively influence the empowerment of managers at the local level
- Community members requested the disinsectisation of their houses due to the effectiveness of the new product (Ant killer). This is a factor that has enabled community members to take ownership of the activities

Protection, Gender, and Inclusion (PGI)

People Reached : 25 040
Male : 12 270
Female : 12 770

Outcome 1: Communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, due to violence, discrimination and exclusion.

Indicators :	Target	Actual
# of people affected by protection activities, gender and inclusion (Disaggregation of data in SADDD)	as needed	25 040

Output 1.1: PGI Output 1.1 NS programs improve equitable access to basic services by considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
# of needs assessments, including PGI	1	1
# of employees and volunteers who have strengthened their PGI minimum standards capacity	240	240

Output 1.2: Emergency response operations prevent sexual and gender-based violence and all forms of violence against children

Indicators:	Target	Actual
# of employees and volunteers trained in the fight against sexual and gender-based violence.	240	240
# of employees and volunteers of the National Society who signed the code of conduct and received information about it.	240	240
# of volunteers, staff and service providers who have adhered to and been informed about the child protection policy and guidelines and who are provided with information on the child protection policy and guidelines.	240	240

Narrative description of achievements

- A total of 240 volunteers were involved in Gender Protection and Inclusion (GPI) activities. They were trained on the minimum commitments to PGI, including DAPS (Dignity, Access, Participation, Security). They were also briefed on combating sexual and gender-based violence. Overall they all signed the IFRC code of conduct after being briefed on it. Overall, the PGI activities reached 25,040 affected people in the response.
- The highlight was a family assisted by the Red Cross team in the psychological care of a 13-year-old girl who had been raped by one of the family members.

Challenges

- The lack of visibility at the beginning of the interventions was a factor in the exposure of volunteers to armed groups

Lessons Learned

- No key lessons reported under this sector.

Strengthen National Society

Outcome S1.1: Capacity building and organizational development objectives of the National society are facilitated to ensure that National Societies have the legal, ethical, and financial foundations, systems and structures, skills, and capacities necessary to plan and implement projects.

Output S1.1.1: The National Society has effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers mobilised	240	240
# of volunteers trained insured	240	240
# of volunteers informed about PSEA and CEA	240	240

Output S1.1.6: The National Societies have put in place the infrastructure and systems necessary for their operation.		
Indicators:	**Target**	**Actual**
# Supervision mission of the DRC RC	6	7
Outcome S2.1: An effective and coordinated international intervention in case of a catastrophe is ensured		
Output 2.1.1: Effective and respected surge capacity mechanism is maintained.		
Indicators:	**Target**	**Actual**
# of high-tech personnel deployed for the operation	1	0
# of people in the coordination team of the National Society	3	4
# of workshops on lessons learned organized	1	1
Output 2.1.3: Improving NS compliance with humanitarian aid principles and rules		
Indicators:	**Target**	**Actual**
SOP on procurement procedures	1	1
Inventory and Inventory Management SOP	1	1
Outcome S3.1: The IFRC Secretariat, as well as National Societies, use their unique position to influence decisions at the local, national, and international levels that affect the most vulnerable.		
Output S3.1.1: The IFRC and the National Society are visible, reliable, and effective defenders of humanitarian issues.		
Indicators:	**Target**	**Actual**
# of radio broadcasts	40	40
# of documentary films produced	2	2
Output S3.1.2: The IFRC produces high quality research and evaluations that inform advocacy, resource mobilization and programming.		
Indicators:	**Target**	**Actual**
# of MSR (Minimum Safety Rule) developed for volunteers for activities in Ituri	1	1

Narrative description of achievements

- The various supports (coordination, health, finance, CEA, PMER, logistics, security, etc) provided by the IFRC to the DRCRC through its local branch in Ituri have contributed effectively to the response to the 9th plague epidemic in Rethy, however there is a need to continue strengthening the capacity of the local branch in terms of logistics to deal with possible disasters/crises. This could contribute to ensure an effective and efficient response for the benefit of the community. The deployment of an international staff (Surge) with a health profile to strengthen the DRC Red Cross in the framework of this operation has not been completed due to the insecurity situation in the humanitarian intervention zones. Indeed, according to the security and safety rules in place in Bunia, international staff are still not allowed to carry out activities in the health zones beyond the city of Bunia. The Surge Health deployment was therefore cancelled, however the IFRC team based in Kinshasa and Bunia provided the necessary support to the DRCRC in this operation. The DRCRC for its part deployed four (4) national staff, including an operations coordinator, a finance officer and a security officer, and an MI to support the Ituri Provincial Branch team.
- Overall, 40 radio programmes were produced. These programmes, developed in partnership with two community radio stations broadcasting in the Rethy health zone and with a large audience in the surrounding areas, were a platform to address the main concerns of the community regarding the epidemic, while ensuring that rumours circulating around the resurgence were dispelled with up-to-date information relevant to the population and shared by experts from the Ministry of Health as well as influential people from the community.
- Good coordination between humanitarian partners, the Red Cross and the Ministry of Health enabled synergy of action, pooling of resources and control of the epidemic with limited resources
- Overall, minimum security requirements were strictly maintained and regular security briefings were given to Red Cross teams.

Challenges

- The health zones were difficult to access, as the roads are very deteriorated
- The intervention areas were insecure due to the presence of armed groups

- There was a lack of banking infrastructure and limited access to the communication network, delaying transactions.
- The delay in the transmission of data for the remote health areas.
- The community members themselves carried out their own community diagnosis with the support of the Red Cross team. This served as a basis for community dialogue and ownership of the response to the epidemic.

Lessons Learned

- The popularisation of the Red Cross activities among the political and administrative authorities and all levels of the community has contributed to the acceptance of the volunteers
- It is important to provide the volunteer supervisors with essential means (transport, Smartphone,...) to facilitate the transmission of data within a reasonable time.

D. Financial Report

The total budget and allocation for this DREF operation was CHF 312,460 for a 6-month implementation period (22 April to 31 October 2022). The total expenditure reported in this operation is CHF 312,287 with a closing balance of CHF 173 i.e. a budget implementation rate of 99.94 %. Explanations for variances of 10% or more are provided below by category and budget group:

Description	Budget	Expenditure	Variance	Variance percentage	Variances explanation from 10%
Consultants & Professional Fees	1,191	994	197	16.54%	Overestimated budget for this line given several cash flows to be managed.
Workshops & Training	41,738	48,505	-6,767	-16.21%	Many of the needs in terms of capacity building of field workers required us to spend more on this line
General Expenditure	58,956	42,590	16,366	27.75%	Part of the funds was used to cover the training costs of the field teams and was also allocated to bank charges to cover the deficit

Selected Parameters			
Reporting Timeframe	2022/4-12	Operation	MDRCD035
Budget Timeframe	2022/4-12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 02/Feb/2023

All figures are in Swiss Francs (CHF)

MDRCD035 - DR Congo - Plague Outbreak Ituri

Operating Timeframe: 22 Apr 2022 to 31 Oct 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**312,460**
DREF Allocations	312,460
Expenditure	**-312,287**
Closing Balance	**173**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	219,781	217,094	**2,687**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**219,781**	**217,094**	**2,687**
EA01 - Coordination and Partnerships	6,873	16,654	**-9,781**
EA02 - Secretariat Services	21,285	7,448	**13,836**
EA03 - National Society Strengthening	64,522	71,090	**-6,568**
Enabling Approaches Total	**92,679**	**95,193**	**-2,513**
Grand Total	**312,460**	**312,287**	**174**

Selected Parameters			
Reporting Timeframe	2022/4-12	Operation	MDRCD035
Budget Timeframe	2022/4-12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 02/Feb/2023

All figures are in Swiss Francs (CHF)

MDRCD035 - DR Congo - Plague Outbreak Ituri

Operating Timeframe: 22 Apr 2022 to 31 Oct 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**34,729**	**34,088**	**641**
Water, Sanitation & Hygiene	1,986	1,899	86
Medical & First Aid	7,148	7,470	-321
Teaching Materials	4,746	4,433	313
Other Supplies & Services	20,849	20,286	563
Logistics, Transport & Storage	**15,021**	**16,364**	**-1,342**
Transport & Vehicles Costs	15,021	16,364	-1,342
Personnel	**141,755**	**150,540**	**-8,786**
International Staff		1,870	-1,870
National Society Staff	141,397	148,266	-6,869
Volunteers	357	404	-47
Consultants & Professional Fees	**1,191**	**994**	**197**
Professional Fees	1,191	994	197
Workshops & Training	**41,738**	**48,505**	**-6,767**
Workshops & Training	41,738	48,505	-6,767
General Expenditure	**58,956**	**42,590**	**16,366**
Travel	9,928	7,992	1,936
Information & Public Relations	10,425	4,429	5,995
Office Costs	2,383	2,209	174
Communications	14,217	8,331	5,886
Financial Charges	2,978	4,056	-1,078
Other General Expenses	19,024	15,572	3,452
Indirect Costs	**19,070**	**19,205**	**-135**
Programme & Services Support Recover	19,070	19,205	-135
Grand Total	**312,460**	**312,287**	**174**

Reference documents

Click here for:

- Previous Appeals and updates

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

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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.