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Final report

DRC / Equateur: Ebola Virus Disease Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation n° MDRCD036**
Date of issue: 31 December 2022	**Glide number:** EP-2022-000205-COD
Operation start date: April 28, 2022	**Operation end date: September 30, 2022**
Host National Society: DRC Red Cross	**Operation budget: CHF487,605**
Number of people affected: 489,542 people	**Number of people assisted:** 421,321 people
Number of National Societies participating in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Number of partner organizations taking part in the operation: 20 authors present, including 6 United Nations agencies, 6 international cooperation agencies and NGOs, 4 State services, 2 Red Cross Movement and 2 national NGOs.	

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 Democratic Republic of Congo Red Cross Society (DRCRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On April 23, 2022, the 14th outbreak of Ebola Virus Disease (EVD) was declared in Democratic Republic of the Congo (DRC) in Equateur Province.
The epicentre of this 14th EVD outbreak was the city of Mbandaka. It has 3 health zones (Mbandaka, Wangata and Bolenge). It is bordered to the northwest by the Congo River, which forms a natural border with the Republic of Congo, then to the northeast by the Ruki River. Mbandaka is a port city due to its geographical position. It is a transit point linking the South-East and the North-West of the country by river.
Mbandaka is also a destination / departure point for trade with the cities located upstream and downstream of the Congo River and on the rivers surrounding the city.

Under the leadership of the Ministry of Health and with the collaboration of humanitarian actors, the response to the epidemic has been implemented. This helped to stop its spread quite quickly, because after about 10 weeks of response activity, i.e. July 4, 2022, the end of the epidemic was announced by the Minister of Health.
Overall, 5 cases have been recorded in 2 Health Zones (ZS) of Equateur Province, particularly in Mbandaka (3 cases) and Wangata (2 cases). Of the

SDB carried out at the CTE © DRC RC

5 EVD cases that were recorded, there were 4 confirmed cases and 1 probable case. All of these notified cases died, giving a case fatality rate of 100%.
The Red Cross of the Democratic Republic of Congo (DRC RC) contributed to the humanitarian response through its emergency action plan (EPoA) which was launched on April 28, 2022 for 4 months and then extended by 1 month to cover the 90 days of post-epidemic surveillance. Thus, at the end of the DRC RC operation, on September 30, 2022, the epidemiological situation was as follows:

Health Zone	Health area	Confirmed cases	Probable cases	Death Case	Contacts
Wangata	Bosomba (Mama Balako)	2	0	2	145
Mbandaka	Motema pembe	0	1	1	0
	Libiki	2	0	2	0
Total		**4**	**1**	**5**	**1076**

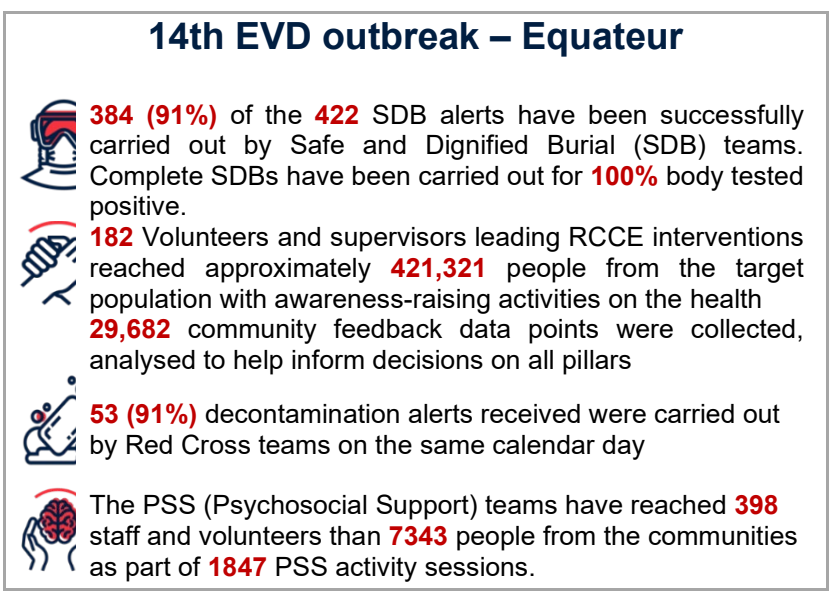
It is recalled that the 9th epidemic of EVD which occurred in 2018 in the Equateur province had recorded 54 cases (16 probable) and 21 deaths (i.e., 61.1% lethality) then the 11th epidemic which occurred in 2020 had recorded 130 cases (11 probable) and 55 deaths (i.e., 57.7% lethality).

Summary of response

Overview of Host National Society

A total of 403 volunteers and supervisors were mobilized by the DRC Red Cross for the response to the epidemic. A summary of their main achievements is presented as below:

- 60 volunteers trained/retrained on Safe and Dignified Burial (SDB).
- 100% of Red Cross SDB volunteers have been vaccinated.
- 100% of suspected and confirmed deceased cases buried within 24 hours of initial alert
- 242 (63%) Swabs were successfully performed for deaths reported to the Red Cross.
- As part of the Risk Communication and Community Engagement (RCCE), approximately 421,321 members of the targeted communities were reached by health messages including 364,842 in outbreak response areas and 56,479 in areas in preparation.
- 32 interactive radio programs and 40 rediffusions were produced. For this, the Red Cross team benefited from the support of experts from the DPS (Provincial Health Division) as well as community expertise and then testimonies were made by affected people and families in order to fight against the denial and stigma. These programs recorded a total of 2,508 direct interactions, including 1,268 phone calls and 1,240 text messages.
- The DRC Red Cross assumed its co-lead role in the community feedback working group. She benefited from the expertise of Anthrologica (an organization specialized in social science research) to receive technical assistance to ensure the proper use of community feedback data in the epidemic.
- In terms of Psychosocial Support (PSS), 100% of staff and volunteers felt supported in their activities by the PSS team.
- 311 Red Cross volunteers and staff were trained on the minimum standard commitments in terms of PGI (Gender Protection and Inclusion) and PSEA (Prevention of Sexual Exploitation and Abuse). Overall, they conducted response activities following DAPS (Dignity, Access, Participation, Security) standards.



SDB of a Community death © DRC RC

Overview of Red Cross Red Crescent Movement in country

As part of this operation, the IFRC deployed different support and has keep close communication and coordination with DRC RC.
A surge team was constituted and deployed to Mbandaka to provide technical support to the DRC RC staff and volunteers. This Surge team was made up of an Operation Manager, a Health Coordinator, and a Finance Coordinator. They worked in coordination with the technical referents of the IFRC Cluster (CEA, finance, PMER, etc.) to provide technical support to their counterparts from the DRC RC.
Continuous monitoring was also ensured as well as remote support done by the Red Cross Headquarters in Kinshasa which conducted technical support through a multidisciplinary team (management, finance, logistics, CEA and IM) to the Provincial Committee of the Red Cross in Equateur for the technical management of the operation.
There were thus two levels of coordination: at the headquarters level in Kinshasa and at the provincial level in Mbandaka. This made it possible to communicate frequently on the operation and to jointly monitor the progress of activities in the field. At the logistical level, the IFRC made available to the operations five (07) vehicles as well as a contingency stock of 2000 kg made available to the field teams of the DRC RC.

Overview of non-RCRC actors in country

The Ministry of Health had set up coordination at the National and Provincial Level in Mbandaka with a response that was zonal, and community based. At the local level, the coordination of the response met regularly (03 times a week) under the coordination of IM (Information Manager) and the Head of the Provincial Health Division (DPS) then the provincial Minister of Health as well as the technical commissions. The DRC RC intervened in sectors related to SDB, RCCE, Community Health, PSS and PSEA.

In total, 20 actors (6 from the United Nations system, 5 INGOs, 5 state, 2 Red Cross, 2 NGOs) took part in the operation. The operational presence of partners by pillar and by health zone/area is presented by the 3W board (OCHA).
This resurgence of Ebola was declared just after the official launch of the post-Ebola health system project (REDISSE IV) in Equateur on April 16 by the Minister of Public Health, Hygiene and Prevention.

This province which had just started the implementation of this post-11th EVD epidemic resilience project which took place in 2020 thus found itself confronted with a new epidemic. This plan has signalled that the province's ecosystem is susceptible to an upsurge in Ebola Virus Disease (EVD).

Needs analysis and scenario planning

Needs Analysis

Response activities were carried out in the three health zones (Wangata, Bolenge and Mbandaka) in the city of Mbandaka and then preparedness activities were carried out in seven (7) other health zones in Equateur province., in particular: Bikoro, Iboko, Ntondo, Lolanga-Mampoko, Ingende, Lilanga Bobangi, Bolomba.

- **Epidemiological situation overview**

Total of 489,542 people were at risk as below:

- **Priority zone 1: 408,265** people in the 3 health zones (Mbandaka, Wangata and Bolenge), in particular in the following 11 health zones: Bogondé, Bolenge, Secli, Libiki, Motema-Mpembé, Mama Elikya, Basoko, Mama Balako, Bosomba, Wangata, and Artisanal.
- **Priority zone 2: 81,277** people in the 4 health zones (Bikoro, Ingende, Lolanga-Mampoko, Ntondo), particularly in the following 09 health zones: Ntondo, Mabali, Ingendé, Bokatola, Bikoro, Nkalamba, Ikoko-Impenge, Lolanga and Mampoko.

Until September 30, 2022, the epidemic was limited to the health zones of Mbandaka, Wangata and Bolenge. Overall, 5 cases have been recorded in 2 Health Zones (ZS) of Equateur Province, particularly in Mbandaka (3 cases) and Wangata (2 cases)
The disease has not spread to other neighbouring health areas and zones. No positive cases were notified during the period of reinforced surveillance in the response health zones in the other neighbouring health areas and zones within 90 days (3 months). The post-Ebola response of the DRC Red Cross was thus limited to the implementation of this DREF operation as described in the update of the operation (Op Update 1) following the 90-day enhanced monitoring actions.
This corresponds to scenario 1 described in the EPoA.

The main needs related to this epidemic were as follows:

- **Needs related to community-based surveillance and community health**

The priorities were established by the Provincial Health Division (DPS) in 10 health zones of the Equateur province, in particular the three response zones and the seven preparedness zones. There was the need to emphasize active case finding at the community level in order to make early detection to limit the spread of the epidemic.

- **Needs related to Risk Communication and Community Engagement (RCCE)**

Emergency health zones and preparedness zones have some communication infrastructure, including community and commercial radio, television, telecommunication networks (Vodacom and Orange). However, the city of Mbandaka has an electricity gap. This means that the use of generators is a common practice there, including for traditional media.
Since the radio is one of the trusted sources of information for people in Equateur province, there was a need to use it, especially in rural areas.
Halfway through the operation, it was necessary to strengthen prevention around diseases with epidemic potential monitored by the country in the ten (10) target health zones.
RCCE's approaches have also taken into account the specific needs of groups in their diversity by favouring their trusted sources of communication.

- **Safe and Dignified Burials (SDB/RRT)**

During the Response, there was a need for the DRC Red Cross in its role as an auxiliary to the public authorities to help maintain the SDB/RRT pillar of which it was the leader in the province. This is all the more so since a decree from the Governor asked for a systematic Swab to be carried out around all deaths and to secure the bodies in the event of suspicion.
To achieve this, there was a need for SDB kits, protective equipment, hoes and shovels to dig the pits, sprayer, chlorine, etc., to accompany the Rapid Response Teams (RRT) in the field. The population made requests for coffins, but unfortunately this was not taken into account for the budget of the operation.

Risk Analysis

The operational risks mentioned in the EPoA as well as the means of mitigation which are explained there remained the same during the operation. The DRC RC teams have regularly analysed these risks and then adopted the appropriate mitigation measures as explained in the EPoA.

B. OPERATIONAL STRATEGY

Operational objective

Collaborate with external partners for the prevention, reduction of morbidity and mortality resulting from the Ebola Virus Disease (EVD) epidemic in Equateur Province in affected areas in Mbandaka and areas in preparation.

As auxiliary to the public authorities, it was for the DRC to continue to engage in awareness-raising activities in three (3) health zones (Wangata, Mbandaka and Bolenge) of the city of Mbandaka then to carry out training in EPiC level 1 in the 4 preparation zones with 20 volunteers per zone.

In the three affected health zones (Wangata, Mbandaka and Bolenge) and surrounding areas, the strategy also consisted of providing volunteers with a training package on community-based health activities and level 1 in EPIC (PSSBC/ECV/ CEA/PFA) so that they contribute to limiting health risks within their communities.

Proposed strategy

In detail, the strategy for which the Red Cross had opted to contribute to the humanitarian response to the Ebola epidemic is presented as below:

- A two parallel phasis of intervention with a response intervention in Priority zone 1 and a preparedness intervention in the priority zone 2. Details of target was followed as planned in operation update 1. 489,542 people direct target.
- The DRC RC's humanitarian response had targeted twenty (20) health areas, including 11 in the 3 response health zones and 9 in the 4 health zones in preparation.
- After the declaration of the end of the epidemic, the direct target of the operation, which was 408,265 people, was increased to in order to take into account the population of the 20 target health areas in this post-epidemic surveillance phase.
- Strengthened the active surveillance system in the 11 health areas that notified contact cases and in the 9 health areas of preparation zones on passive surveillance as well as the establishment of an EPiC team based in the health zones of: Bikoro, Ingende, Ntondo and Lolanga Mampoko.
- Ensured the follow-up of affected and infected families who required psycho-social support for their reintegration into active life.
- Ensured an adequate response regarding SDB, WASH/IPC and SWAB related activities. Regarding the Swab, this had become mandatory for any death following the governor's decree.
- Trained 20 volunteers in EPIC in each of 4 health zones in preparation.
- Trained 20 volunteers in PSEA/PGI in each of 4 health zones in preparation.
- Trained 20 volunteers on the feedback system in the response and good practices during interventions in each of 4 health zones in preparation.

Clearly, it was a question of carrying out the following interventions:

1. Mobilize teams (RCCE and CBS pairs) of 126 volunteers, 3 supervisors and 1 pillar manager in the 11 health areas that have notified contact cases and in the 9 health areas of health zones in preparation to carry out surveillance activities: community listening, alert reporting, and health promotion based on RCCE approaches on the Ebola epidemic but also Covid-19, the level of exposure of the communities of which remained high. Regarding Covid-19, the country has developed a Vaccination Acceleration Plan. The key messages were to promote preventive measures against Covid19 with a focus on vaccination and its inclusive deployment.
2. For the continuation of the transfer of skills in the use of community feedback, the data management support teams have been planned, namely: 2 data entry operators, 2 translators and 1 information manager).
3. Mobilize 3 Rapid Intervention Teams (RRT/SDB) (36 volunteers and 03 supervisors and 1 pillar head) divided into teams of 12 people/day, working in rotation to ensure an adequate response concerning activities related to SDB, WASH /IPC, and the SWAB
4. Mobilize 18 volunteers and 3 PSS supervisors to monitor psycho-social support for families who are victims of cases of illness and volunteers who are victims of community stigmatization.
5. Mobilize 3 supervisors to promote the practice of gender protection and inclusion in the selection of volunteers, referring to the stigmatization of any kind on the victims of the disease and their families. Also mobilize volunteers in the context of prevention and support for victims of gender-based violence and prevention against sexual abuse and exploitation.
6. Training of traditional healers and community leaders in knowledge of the disease to support the community RCCE

In addition, the operation was intended to provide support for the response interventions of the DRC RC in the 3 affected areas and the 4 neighbouring health zones at risk having deployed resource personnel from other provinces to support the action in Equateur Province in areas where gaps have been identified (information management, for example).
Overall, the DRC Red Cross mobilized 403 volunteers/supervisors in the response to the epidemic. They are distributed as follows by sector: 182 volunteers for Risk Communication and Community Engagement-RCCE, 60 volunteers for Safe and Dignified Burials-SDB, 62 for Psychosocial Support -PSS, 78 for Community Based Surveillance-CBS and 21 volunteers for support services (Logistics, finance, Security, IM, Drivers). The number of volunteers was regularly readjusted according to operational needs. Thus, after the declaration of the end of the epidemic, 195 volunteers and supervisors were maintained to continue activities during the 90-day post-Ebola phase.

The strategy also provided volunteers specialized in community health and RCCE, responsible for finding cases, specialized retraining in coordination with the WHO, the Ministry of Health and the FOSAs to relaunch case alert activities. suspicious illnesses and/or deaths.

Support services

Overall, this intervention has benefited from delegation technical support in place locally and experience of EVD outbreak response gained from past intervention in the Equateur Province where Red Cross has 5,425 volunteers active (including 1,553 women and 3,862 men). In Mbandaka there were a total of 1905 volunteers including 1203 men and 702 women.
The DRC RC used the teams trained and mobilized during the last resurgences of EVD in the city of Mbandaka in 2018 and 2020. They were operational from April 21, 2022. The achievements of this response have allowed a better integration of the EPiC approach to community-based surveillance around a set of diseases with epidemic potential. In terms of material capacities, the local branch of the Equateur Red Cross had a contingency stock acquired during past epidemics which was used until the arrival of material from a stock in Goma of 2000 kg and new supplies.

Security:
Monitoring of the security situation was regular, and the implementation of minimum-security standards included in the security brief as planned was effective. More details in the plan.[1]
The IFRC regional security unit and the security officer in Kinshasa provided active support by carrying out security analyses to enable the team to implement risk management measures taking into account the evolution of the situation, monitoring the security environment, providing technical advice and ensuring that any internal/external security incident or emergency is immediately and appropriately managed and reported to the security unit and the regional director.

C.DETAILED OPERATIONAL PLAN

Health

Beneficiaries:421,321
Men: 187,345
Women: 233,976

Health Outcome 1: The spread and impact of the epidemic is reduced through case finding and sensitization of communities in affected health zones		
Indicators:	**Targets**	**Actual**
% Of contacts that were successfully monitored in the previous 24 hours	100%	53.8%
Health Output 1.1: The Government is assisted by the DRC RC volunteers for surveillance and contact finding.		
Indicators:	**Targets**	**Actual**
# Of volunteers trained in EPiC level 1 during this response	311	311
% Of lost contacts	0%	0.8%
Health Outcome 2: The psychosocial consequences of the outbreak are reduced by the direct support to the exposed and infected populations in the health zones of Wangata, Bolenge and Mbandaka		
Indicators:	**Targets**	**Actual**
% Of people confirmed or suspected to have been affected by EVD receiving PSS support	100%	98.7%
Health Output 2.1: The population of the affected areas of the city of Mbandaka receives psychosocial support during and after the epidemic.		
Indicators:	**Targets**	**Actual**
# Of supervisors and volunteers trained in PSS	33	33
% Of staff and volunteers who feel supported (PSS) in their activities	100%	100%
Health Outcome 3: Social mobilization, risk communication and community engagement activities are carried out to limit the spread and impact of EVD		

[1] EPoA and operation update accessible here.

Indicators:	Targets	Actual
% Of members of targeted communities who have been reached by health messages	100%	86%
Health Output 3.1: Preparation work is carried out to ensure that approximately 30% of the population of the affected areas of the city of Mbandaka will be sensitized on the social mobilization campaign of the DRC Red Cross and in the MVE operation in the broad sense.		
Indicators:	**Targets**	**Actual**
% Of community suggestions and feedback considered or answered	80%	80%
# Radio broadcasts	32	32
# Social mobilization sessions organized	N / A	144
Health Outcome 4: The spread of Ebola is limited by carrying out preparatory work for and carrying out DHS in cultural and optimal security conditions in the area of the city of Mbandaka.		
Indicators:	**Targets**	**Actual**
% Of deceased people for whom SDB were successfully carried out	100%	91%
% Of suspected and confirmed deceased cases that are buried within 24 hours of initial alert	100%	100%
Health Output 4.1: Affected population is assisted with safe and dignified burial and decontamination activities		
Indicators:	**Targets**	**Actual**
# Of volunteers trained/retrained on the SDB	42	60
% Of Swab successfully completed for deaths reported to the Red Cross	100%	63%
% Of Red Cross SDB volunteers who are vaccinated	100%	100%
% Of decontamination alerts that were completed by RC teams within the same calendar day.	100%	91%

Narrative description of achievements

i. Active case finding

During the response to this Ebola epidemic, volunteers from the Red Cross in Equateur Province in charge of community health activities and RCCE contributed to the search for cases in coordination with the WHO, the Ministry of Health and the FOSA. According to OCHA, the surveillance teams followed up 53.8% of the 1076 contacts identified. This average contact follow-up performance is the result of a ten-day strike by service providers during which contacts were not followed up.

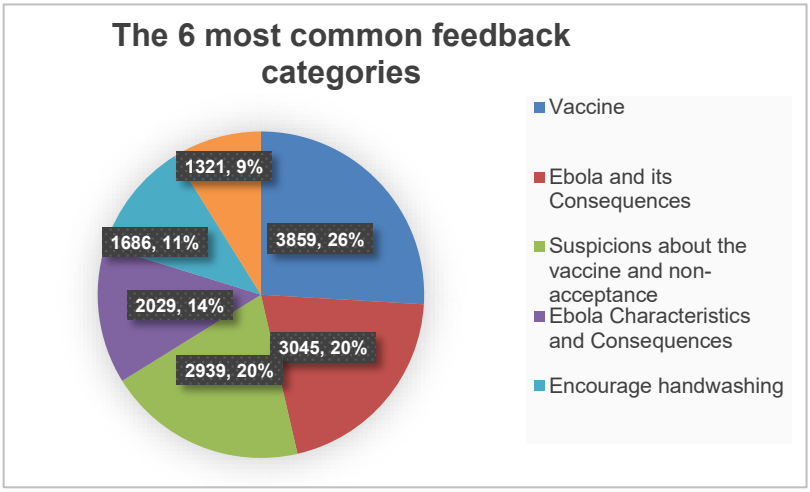
ii. RCCE (Risk Communication and Community Engagement)

- Cascade training helped build the capacities of 311 volunteers in EPiC.
- The RCCE pillar was a central pillar in terms of communication and social mobilization before, during and after the epidemics. The volunteers carried out several activities at this level, including home visits, mass awareness, radio broadcasts, setting up a mechanism for collecting and managing community feedback, etc. This pillar had 166 volunteers and 16 supervisors, including 04 feedback translators distributed in the target health zones and covering the 20 health areas covered by the operation. They did three outings a week on a rotating basis. These activities mainly affected households, youth and women's associations, community leaders and opinion leaders, practitioners and traditional healers.
- They also aimed at the acceptance of the disease within the community, given that rumours of the non-existence of EVD remain one of the main obstacles to the adoption of healthy behaviours. Also, in RCCE approaches, volunteers used two-way communication channels to listen to and take into account the perceptions and expectations of communities through the communication materials and key messages that were developed. They have contributed to the promotion of healthy practices in the prevention of EVD, the recognition of signs and symptoms for early medical management. The DRC Red Cross through its local branch in Equateur drew on its expertise in managing community feedback to support the establishment of a common community feedback system within the RCCE coordination. It made sure to maintain her co-lead role in the community feedback working group.
- In the context of the response, the DRC RC sought the expertise of Anthrologica (organization specialized in research in Social Sciences) to receive technical assistance to improve the use of community data in the epidemic of EVD in the province of Equateur. This technical support action gave the DRC RC as well as the other actors in

the response, in particular the DPS, the inter-agency coordination, more advanced skills in the use of qualitative feedback data.

- The implementation of the activities of the EPoA were accompanied by a weekly plan in order to reach the targets. Overall volunteers reached approximately 421,321 people (187,345 men and 233,976 women) through at least one awareness-raising activity.
- The radio broadcasts made it possible to indirectly reach around 60% of the target population, then made it possible to collect feedback from the community through SMS and telephone calls. Red Cross teams produced 32 interactive radio programs and 40 rediffusions were made. During the radio broadcasts, the teams responded to 1,240 text messages and 1,268 phone calls received.
- Generally, 29,682 Community feedback data points were collected, analysed to assist in informed decision making across all pillars. Indeed, the activities of collection and management of feedback called community feedback allowed the teams to collect the impression of the community vis-à-vis the activities carried out through a pre-established collection sheet. Each volunteer at the end of the day shared their sheet with their team leader and supervisors. This data was then entered/encoded in order to be analysed by the IM and then a presentation was made regularly to the RCCE sub-committee so that messages could be developed and validated to allow an adequate response at the community level. Following the analysis of rumours collected by the volunteers,
- In addition to this, the Red Cross teams have trained representatives of community influencer groups and traditional healers (100) in EVD knowledge as well as RCCE approaches in order to support community solutions within their networks.
- The RCCE Pillar through the mass mobilization approach to carry out 144 mass awareness sessions with several target groups. Overall, it is estimated that 86% of members of targeted communities were reached by health messages.

Data points collected	
Questions	11,128
Suggestions or requests	7,383
Rumours, beliefs, observations	10372
Thanks, or encouragement	799
Total	**29,682**



Interactive radio broadcast on radio zoé in the commune of Mbandaka ©DRC RC

Raising awareness of the Seccli market in the health zone of Bolenge ©DRC RC

iii. PSS (Psychosocial Support)

The PSS pillar was necessary in the response to this Ebola epidemic. The activities carried out focused on psychological first aid, group psychosocial support with the community and with the volunteers, individual psychosocial support with the community and with the volunteers and then the support group. The Red Cross PSS team covered a total of 06 health areas. It made 3 outings for activities per week and that in a rotating way. These activities mainly affected the families of positive and probable cases who were victims of discrimination and

stigmatization in their usual environments, the internees of the CTE (Ebola Treatment Center), then the staff and volunteers involved in the response.

- **Group psychosocial support:**
  This activity consisted in assisting the community and the volunteers through a theme well centered on the psychological reactions of the members of the community, in relation to the impact of the epidemic and their adaptations to humanitarian emergencies.
- **Individual psychosocial support with volunteers and with the community:**
  During the activity, the PSS team organized a one-on-one meeting with the beneficiary in order to assist him/her on the various issues relating to the psychosocial aspect. This was done confidentially to build trust.
- **Psychological first aid**
  It consisted in observing, listening, calming and putting in contact the people affected by the serious events or by the obstacles having affected their psychosocial well-being.

- **Visit to the CTE (Ebola Treatment Center)**
  The volunteers accompanied the internees of the CTE during their stays of observation. If necessary, they accompanied the psychologists when the lab results were announced and provided psychological support to the families affected. In addition, they accompanied the medical staff of the CTE in order to boost the moral of suspected or probable persons.

- **Referral:**
  This consisted in identifying during the activities, contact people or suspects of the disease for whom the volunteers provided initial individual psychosocial support and then referred them to the CTE care structures for adequate care.

- **Speaking group:**
  In this activity, a discussion session is opened with the volunteers or members of the community to know the difficulties on the ground, identify the needs and some suggestions to improve and direct the activities.
  Clearly, it was also a kind of debriefing of weekly activities.

In total, the PSS teams reached 398 staff and the volunteers of the Red Cross and 7343 people from communities through **1847** PSS activity sessions. The chart below presents the details of the achievements.

Activities	Number of sessions	Men	Women	Boys	Girls	Total
Psychological first aid	176	151	147	10	12	320
Group psychosocial support session	1272	1422	1651	215	227	3515
Individual psychosocial support sessions	333	1770	1624	1	2	3397
Other (CTE visit/Parliament group)	64	220	264	12	9	505
Referral of cases	2	2	0	0	0	4
Total	**1847**	**3565**	**3686**	**238**	**250**	**7741**

Psychosocial support session for EVD volunteers at the operational base ©DRC RC

Group psychosocial support in the community of Bosomba ©DRC RC

iv. SDB (Safe and Dignified Burial)

- The SDB pillar being a central pillar of the response to the epidemic. The teams of the branch of the Red Cross of Equateur Province ensured the lead of the activities of this pillar from the beginning of the epidemic with the burial

of the first case of positive death in collaboration with the coordination of the activities of the Provincial Division of Health (DPS). The DRC government had demanded the securing of each remains. For the SDB, there were 60 volunteers who covered the three health zones of the response. They were recycled on the SDB theme. They worked in teams of 12 volunteers, i.e., two teams a day and this in a rotating way in order to respect the principles of volunteering. These activities mainly affected the community, the households of all suspected/probable and confirmed cases.

- The interventions of the volunteers contributed to breaking the chain of propagation of EVD, through activities in terms of dignified and secure burial, post-mortem collection, decontamination, as well as the transfer of patients.
- In total, the Red Cross teams received 422 death alerts, for which 384 (91%) SDB were successfully completed. For the 5 cases, i.e., 4 confirmed cases and 1 probable case, SDB were carried out within 24 hours of the alert, i.e., a total of 100%. Overall, Red Cross teams performed 242 Swabs with death-related success, or 63%. Other SWABs have been carried out in the FOSAs; however, it should be noted that the teams have often been confronted with cases of refusal, community resistance or opposition because of the lack of the granting of a coffin. These resistances have decreased in intensity following sensitivity and the activities of the RCCE team.
- In the end, 100% of SDB volunteers on the front line were vaccinated with the ERVEBO vaccine against EVD.

Dressing at the CTE in the Wangata health zone before the intervention ©DRC RC

Securing a case of community death ©DRC RC

v. Decontamination (Wash)

- Among the SDB teams, there were hygienists who contributed to the response to the epidemic through the decontamination activities of SDB team members during operations, the decontamination of houses with suspected and confirmed cases, then health and school establishments infected. This was done in compliance with the decontamination strategy defined by the coordination of the response.
- The priority was on the houses where the confirmed cases lived as well as the houses of neighbours. The activity was done gradually in the homes of the sick and around the health structures at risk according to the measures of IPC
- Red Cross teams received 58 decontamination alerts and were able to carry out 53 or 91%withto the satisfaction of the beneficiaries on the same day calendar.

Hygienist team after decontamination in the Mbamanya health center in Mbandaka © DRC RC

Challenges

- Intervention equipment/materials (nose mask, latex gloves, protective glasses, hard apron, etc.) were in insufficient quantity for the SDB and Hygienist teams.
- The number of volunteers mobilized according to the budgetary availability for the activities was insufficient given the wide geographical coverage of the operation.
- Existence of community resistance to Safe and Dignified Burial and Patient Transfer activities at the start of the operation. This was mainly due to rumours of the non-existence of the disease and then to the fact that the coffins were not offered by the operation to the affected families.
- Weak reports of alerts due to the low mobility of the teams to carry them out in the field

Lessons Learned

- The pre-positioning of intervention kits in the territories is a factor in the success of dignified and secure burial activities. This must therefore be continuous in order to better prepare the response to future epidemics in the province of Equateur and areas at risk in the country.
- On analysis, according to the SDB teams, the good practice of bio-cleaning, the good practice of techniques for transferring patients to hospitals, the decontamination of the houses of confirmed and suspected cases, then the CTE and Fosa are factors that have contributed to the breaking the chain of contamination. These activities should therefore be regular in future Ebola response operations.
- According to the SDB Teams, it is necessary for future operations to make available two vehicles for the transfer of the sick, including the rolling stretcher and water bottles for the sick, then regularly strengthen the capacities of the SDB/RRT volunteers in terms of training. /Recycling on secure transport.
- Good communication on the risks of the epidemic facilitates the implementation of the activities of frontline volunteers. This will need to be done continuously even in DRCRCS common actions through the involvement of community leaders for greater impact.
- Good data management facilitates the fluid sharing of information, the regular monitoring of recommendations made by beneficiaries and contributes to strengthening actions in the community. It is therefore necessary for future operations/possible humanitarian crises to better equip the local branch of the Red Cross with regard to data management and encoding, and finally to share data in real time and thus contribute informed decision making.
- During this operation, it emerged that the communication activities contributed positively to the response to the epidemic. The training of volunteers on media and communication techniques was a highlight cited. As well as awareness raising targeting marginalized and vulnerable groups (people with disabilities, indigents, children, etc.) in close collaboration with the PSS teams. The following successful activities were also cited by the Red Cross teams: Actions against the stigmatization of survivors, local interactive radio broadcasts, sensitization with transport and boat owners, motorcycle taxis and groups civil society operating on the main axes, the dissemination of prevention and public health messages, the use of social networks or online meetings to organize opinion gathering on response options or organize virtual discussion groups, then carry out a participatory analysis (in the form of focus groups) to help identify the needs with the community, as well as their priorities and the behaviours to be promoted. These are all factors to be taken into account in future operations.
- Through the messages disseminated in the communities, the involvement of community leaders and the minority group (indigenous peoples), health providers, presidents of CODEASA (health area development committee), RCCE activities have via the communication channels used contributed to breaking down some community resistance regarding the refusal to be vaccinated against EVD, safe and dignified burials, and the realization of Swab.
- The involvement of politico-administrative authorities and grassroots leaders as well as the effective implementation of the zonal approach have strengthened the population's support for response activities.
- The development of social work in the psychosocial care of survivors and their dependents strengthens the social and economic reintegration of households into the community.

Protection, Gender and Inclusion

Beneficiaries:421,321
Men: 187,345
Women: 233,976

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

Indicators:	Targets	Actual
# Of People reached by protection, gender and inclusion activities	408 265	421321

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

Indicators:	Targets	Actual
# Of needs assessments including PGI	1	1
# Of staff and volunteers who have strengthened their capacity on the Minimum Standard Commitments (PGI)	311	311

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

Indicators:	Targets	Actual
# Of staff and volunteers trained on PSEA and the treatment of sexual and gender-based violence	311	311
# National Society staff and volunteers who have signed the code of conduct and received information about it	311	311

Narrative description of achievements

- The operation of the Red Cross took into account the issues of Gender Protection and Inclusion (PGI). A team has been put in place to promote non-discrimination within all the pillars of intervention of the Red Cross. Total 311Staff and volunteers were reinforced during training on Minimum Standard Commitments (PGI) and the theme of PSEA (Prevention of the Exploitation of Sexual Abuse).In practice, at the end of each cascade training session on the different pillars, the last day was devoted to the training of volunteers and staff on the PSEA module by the IFRC health coordinator with the focal points of the Cross- Provincial red. Overall, the volunteers and staff were trained on the DAPS standards (Dignity, Access, Participation, Security) and then carried out the response activities in compliance with these standards.
- A total of 311 volunteers involved in the operation were briefed on the IFRC code of conduct and then signed it before their deployment.
- The Red Cross also participated in PSEA trainings organized by UNICEF as part of leadership capacity building UNICEF's regional PSEA coordinator led an awareness-raising session for Red Cross staff on the prevention of sexual exploitation and abuse, then on the six fundamental principles of PSEA.
- Regarding Community Based Surveillance (CBS) in the entrance gates of the city of Mbandaka with funding from the International Organization for Migration (IOM), training was organized in the Multipurpose room of the Red Cross provincial. Managers have thus strengthened the capacities of volunteers and community relays involved in this SBC activity in PSEA for the exercise of their functions. The Red Cross team also participated in an awareness workshop on PSEA organized by Caritas Congo on the role of a humanitarian, his mission and his accountability in the vulnerable community.
- Overall, there have been regular awareness sessions on the PSEA with staff, volunteers and drivers in order toto build their capacities to be able to fight against sexual exploitation and abuse in the community during field activities.
- Within communities, this PSEA approach was partially known which was discovered more widely through Red Cross volunteers and other humanitarian actors. The majority of young girls and mothers sensitized have been awakened to the orientations that can enable them to denounce cases of exploitation and sexual abuse. They were mostly satisfied with the implementation of these activities on the PSEA by the Red Cross.
- In addition, the labelling of 5 toilet doors including 3 for women and 2 for men within the Red Cross of Ecuador has given a positive impact to staff and volunteers who have understood the importance of PGI for the respect and gender equality in operations.
- Volunteers supported 5 children stigmatized in their schools due to EVD.

- From the start of the operation until the time of writing this report, no significant complaints against the Red Cross teams have been registered.

Training of volunteers in PGI / PSEA © DRC RC

Sensitization of staff and volunteers on the PSEA © DRC RC

Toilet labeling © DRC RC

Challenges

- The number of volunteers mobilized was insufficient for complete geographical coverage. It was thus recommended that a PGI/PSEA office be set up within the equator branch in order to continue to build the capacities of volunteers from the various territories in this sector for greater impact during future operations.

Lessons Learned

- The PGI team after an internal analysis recommended for the next Ebola operations, the integration of recreational activities like those of the project Child Friendly Space to help de-stress children who have been stigmatized by EVD
- The installation of PGI/PSEA offices of the Red Cross in all the territories of the equator could contribute to the establishment of an effective alert and monitoring system for cases of SGBV (Sexual Violence and Gender-Based Violence). Gender) during disasters/crises.
- The systematic integration of the PSEA (training/briefings and signature of a code of conduct) has made it possible to minimize cases of sexual misconduct by Red Cross staff and volunteers in the response.

Implementation Strategies

Outcome S2.1: An effective and coordinated international response to disasters is ensured

Output S2.1.4: Deployment of rapid response personnel

Indicators:	Targets	Actual
# Of Surge personnel deployed for the operation by the IFRC	3	3

Outcome S3.1: The IFRC Secretariat, together with National Societies, use their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Indicators:	Targets	Actual
# Of documentary films produced	3	1

Output S3.1.1: The IFRC and the National Society are visible, reliable and effective advocates for humanitarian issues.

Indicators:	Targets	Actual
# Of articles published on the operation	3	3

Output S3.1.1: The IFRC and the National Society are visible, reliable and effective advocates for humanitarian issues.

Indicators:	Targets	Actual
# Of lessons learned workshops held	1	1

Narrative description of achievements

- The Red Cross team had a focal point and two (02) volunteers in charge of security. They carried out the following activities in order to minimize any security risk:

- Monitoring/evaluation of the security situation in the city of Mbandaka before the deployment of the teams for the interventions
- The organization of security briefings for all volunteers and staff of the Red Cross in the various (individual and collective security)
- Monitor the movement of vehicles
- Ensure the application of minimum-security standards to support teams in operational management on all activities.

Overall, no major security incidents were reported during the operation.

- IFRC staff provided technical support to the DRC RC in this operation. They were mainly Surges (Operations Coordinator, Health Coordinator and Finance Coordinator) then CEA, PMER, finance delegates and staff from the support services of the Kinshasa Cluster.
- The presence of Surge finance and the finance focal point of the NS enabled the team to set up an operational system in the financial management of the DREF to anticipate the delay in justification and procedures as well as the transmission of supporting documents for expenditure at the central level to ensure timely access and efficient use of funds.
- The deployment of an IM enabled the team to set up a data management system and the production of collection tools, as well as capacity building for the RCCE teams and the managers of the other pillars, the Provincial IM and representatives of the RCCE sub-commission of the DPS and the partners involved in the operation.
- The deployment of a CEA focal point and NS logistics made it possible to support their counterparts in the province during this response.
- A total of seven (7) vehicles were used in this operation.
- It should be noted that at the level of the Red Cross, this response to EVD was entirely implemented by the National Society (NS) and its volunteers. This reveals a marked improvement in the capacities of the SN, made in its 14th intervention against EVD.
- A documentary film was produced on the response to EVD. It focuses on the activities of the different pillars. Articles have been produced on the training of volunteers on community feedback and pillar activities (see the following media links):
  - https://www.croixrouge-rdc.org/2022/08/
  - https://www.croixrouge-rdc.org/mbandaka-abrite-latelier-dassistance-technique-en-sciences-sociales/
  - https://www.facebook.com/100010486177883/posts/1642812146078309/?d=w&mibextid=qC1gEa

Challenges

- The staffs/volunteers of the various pillars and support services have notified a lack of equipment/materials (adapted vehicle, motorcycle, fuel, bib, visibilities, computers, mobile phone, VHF radio, internet, data collection sheet, office furniture, etc). This was due for some materials to budget limits and non-eligible purchases with other funds for other equipment requests.
- The provincial office of the Red Cross lacked adequate electrification (lighting) both inside and outside. This was a weak point in the security of the office in terms of deterrence at night.
- Low capacity of the warehouse of the provincial branch of the Red Cross in Mbandaka was noted during the operation. There is a need for rehabilitation so that it meets the standard logistics standards for stock management.

Lessons Learned

- The various support (coordination, health, finance, CEA, PMER, logistics, security, etc.) provided by the IFRC to the Red Cross of the DRC through its local branch in the equator contributed effectively to responding to the 14th epidemic of MVE, however, it is necessary to continue building the capacities of the local branch in terms of logistics to deal with possible disasters/crises. This could help ensure an effective and efficient response for the benefit of the community
- Good coordination, harmony and cohesion between humanitarian partners have enabled synergy, pooling of resources and control of the epidemic with limited resources
- The signing of the MoUs and the validation of the letters of accreditation allowed a good mapping of the interventions and the positioning of the partners upstream of the intervention

D. Financial Report

The total budget and allocation for this DREF operation was CHF 487,605 for implementation in 5 months (April 28 to September 30, 2022). The total expenditure reported in this operation is CHF 487,504 with a closing balance of CHF 101, to be returned to the DREF. Budget implementation rate of 99,97%. Explanations for variances of 10% and more are provided below by budget category:

Description	Budget	Expenditure	Variance	Variance percentage	Variances explanation from 10%
Logistics, Transportation & Storage	23,639	30,627	-6,988	-29,56%	The line was underestimated compared to the transportation of vehicles from Kinshasa to Mbandaka by air and road. This caused additional costs. Thanks to savings under some others support costs, especially personnel costs.
Consultants & Professional Fees	5,562	4,647	915	16,45%	Overestimated budget for this line given several cash flows to be managed.

Selected Parameters			
Reporting Timeframe	2022/04-011	Operation	MDRCD036
Budget Timeframe	2022/04-09	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 21/Dec/2022

All figures are in Swiss Francs (CHF)

MDRCD036 - DR Congo - EVD 14th Outbreak

Operating Timeframe: 28 Apr 2022 to 30 Sep 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**487,605**
DREF Allocations	487,605
Expenditure	**-487,504**
Closing Balance	**101**

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	283,743	307,748	**-24,005**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion	2,567		**2,567**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability	9,873	6,499	**3,374**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**296,183**	**314,247**	**-18,064**
EA01 - Coordination and Partnerships	39,491	54,586	**-15,096**
EA02 - Secretariat Services	94,329	68,088	**26,241**
EA03 - National Society Strengthening	57,602	50,583	**7,019**
Enabling Approaches Total	**191,422**	**173,257**	**18,165**
Grand Total	**487,605**	**487,504**	**100**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/04-011	Operation	MDRCD036
Budget Timeframe	2022/04-09	Budget	APPROVED

Prepared on 21/Dec/2022

All figures are in Swiss Francs (CHF)

MDRCD036 - DR Congo - EVD 14th Outbreak

Operating Timeframe: 28 Apr 2022 to 30 Sep 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**16,343**	**17,152**	**-809**
Medical & First Aid	8,649	9,503	-854
Teaching Materials	7,694	7,650	45
Logistics, Transport & Storage	**23,639**	**30,627**	**-6,988**
Distribution & Monitoring		140	-140
Transport & Vehicles Costs	23,639	30,487	-6,848
Personnel	**323,514**	**312,212**	**11,302**
International Staff	74,161	55,455	18,706
National Society Staff	77,313	79,070	-1,757
Volunteers	172,041	177,687	-5,647
Consultants & Professional Fees	**5,562**	**4,647**	**915**
Professional Fees	5,562	4,647	915
Workshops & Training	**30,733**	**32,979**	**-2,245**
Workshops & Training	30,733	32,979	-2,245
General Expenditure	**58,054**	**60,134**	**-2,080**
Travel	17,888	17,653	235
Information & Public Relations	5,225	5,593	-369
Office Costs		0	0
Communications	10,058	6,535	3,523
Financial Charges	4,635	8,199	-3,564
Other General Expenses	20,248	22,154	-1,905
Indirect Costs	**29,760**	**29,754**	**6**
Programme & Services Support Recover	29,760	29,754	6
Grand Total	**487,605**	**487,504**	**100**

Contact information

Reference documents

Click here to view:

- Previous calls and updates
- Emergency Action Plans (EPoA)

For additional information for this operation in particular, contact:
At the level of the Red Cross of the DRC

- Secretary General ai: Gloria LOMBO POLO, email:sgcrrdc@croixrouge-rdc.org or gloria.lombo@croixrouge-rdc.org phone: +243 856435031
- Jimmy MASONGELE ZAKA, Operation Coordinator; E-mail :jmasozaka@yahoo.frPhone: : (+243) 0815096719 / 0993095323 /

To the IFRC

- Mercy Laker, Head of Kinshasa Cluster Delegation, Email:mercy.laker@ifrc.org Phone: +243853 449 555
- Zeade Leonard NIOULE, Program Coordinator, Kinshasa Cluster Delegation; E-mail:Leonard.NIOULE@ifrc.org;Phone: +243 808 504 933

IFRC office for Africa Region:

- Rui Alberto Oliveira, Regional Operation lead, Response and Recovery Department, Nairobi, Kenya; email: rui.oliveira@ifrc.org
- Pierre Kremer, Head of Disaster Crisis Prevention, Response and Recovery Department a.i, Nairobi, Kenya; email: pierre.Kremer@ifrc.org

In IFRC Geneva

- **DREF:** Nicolas Boyrie, DREF Lead, email: nicolas.boyrie@ifrc.org
- **DREF:** Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; Email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for Resource Mobilization and Pledge: Louise Daintrey, Head of Unit, Partnership and Resource Development, Nairobi, email: louise.daintrey@ifrc.org;

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, email: philip.kahuho@ifrc.org; phone: +254 732 203 081

How we work

The International Federation strives to apply the Code of Conduct for the International Red Cross and Red Crescent Movement and for Non-Governmental Organizations (NGOs) in Disaster Relief Operations and is committed to comply with the Humanitarian Charter and the Minimum Standards in Disaster Response (Sphere Project) in its assistance activities for the most vulnerable people. The general purpose of the International Federation is to inspire, encourage, facilitate and advance at all times and in all its forms the humanitarian action of National Societies, with a view to preventing and alleviating human suffering.

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