



# DREF Operation-Final Report

## Democratic Republic of the Congo | 15th EVD Outbreak

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|--|--|
| DREF / n° MDRCD038   | GLIDE n° <a href="#">EP-2022-000302-COD</a>                |
| Operation start date: 07 September 2022  | Operation timeframe: 4 months and end date 31 January 2023 |
| Funding requirements (CHF): 298,698  |  |
| N° of people reached: 496,696 people in Nord Kivu province: 418,113 people for response in the Beni Health Zone and 78583 for surveillance in Butembo, Katwa, Oicha, Mabalako, Mandima, Komanda and Mambasa Health Zones<br>N° of people at risk: 579,838 people |  |
| 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, WHO, UNICEF, Save the Children, IRC, MSF, IMC, ALIMA, IOM  |  |

*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. On behalf of the DRC Red Cross Society (DRC RC), the IFRC would like to extend gratitude to all for their generous contributions.*

## A. SITUATION ANALYSIS

### Description of the disaster

The [15th Ebola Virus Disease \(EVD\)](#) epidemic in the Democratic Republic of Congo (DRC) was declared on 22 August 2022 by the Minister of Public Health, Hygiene and Prevention. This outbreak occurred in the health zone of Beni located in the province of North Kivu in the east of the country. The declaration followed the death of a patient on 15 August 2022 at the "Hôpital Général de Référence (HGR)" in Beni, where a swab tested positive for EVD at the Beni laboratory and was then confirmed at the INRB (Institut National de Recherche Biomédicale) laboratory in Goma. According to the country's authorities, sequencing carried out at the Rodolphe Mérieux Laboratory of INRB-Goma confirmed the Ebola Zaire strain and furthermore demonstrated that this case is linked to a strain of the tenth outbreak of 2018 in November in Beni and not to a new introduction of the virus.

The Butanuka Health Area was the epicenter of the disease. It is in the health zone of Beni, in the Province of North Kivu.

Until the proclamation of the [end of the epidemic](#) on 27 September 2022, the epidemiological situation according to the health authorities was still at 1 confirmed case, dead in Butanuka, 179 contacts of which 166 were traced.

The city of Beni has faced the third outbreak of the EVD in the last 5 years, since 2018: the 10th and longest EVD in DRC (2018 to 2020), the 13th EVD (October 2021 to May 2022) and now the 15th. As with previous EVD epidemics in the country, the DRC Red Cross contributed to the humanitarian response to this latest epidemic through an emergency action plan ([EPoA](#)) until 31 January 2023. This report therefore presents the main achievements.



Referral of a sick person by a DRCRC RRT team in Beni






## Summary of current response

### Overview of Host National Society

In response to the epidemic, the Red Cross Society of the Democratic Republic of Congo (DRC RC) mobilised 300 volunteers for the whole operation of the 15th EVD epidemic. These volunteers were mobilized as follows: Community Health including Risk Communication and Community Engagement ("RCCE") (131),

- Safe and Dignified Burials (SDB) (26),
- Psychosocial Support PSS and PGI (44)
- Support services (22)
- The 7 preparation zones including Oicha, Mutwanga, Mabalako, Butembo-Katwa, Mandima, Mambasa and Komanda (77)

### Main results achieved

| Main Results achieved   |                        |           |   |                            |      |
|---|------------------------|-----------|---|----------------------------|------|
| Health/RCCE   |                        | PSS       |   |                            |      |
|  | People reached         | 496696    |  People directly reached | 3535                       |      |
|   | Home visit             | 53403     |                          | Swabs Results Announcement | 62   |
|   | Mass awareness raising | 13220     |   |                            |      |
|   | Radio Audience         | 293077    |   |                            |      |
| EVD   |                        | PGI       |   |                            |      |
|  | Alerts                 | 594       |                          | People directly reached    | 3428 |
|   | Community Alerts       | 394       |   | People referred            | 5    |
|   | Hospital Alerts        | 200       | ACTIVE VOLUNTEERS   |                            |      |
|   | Full SDB               | 415       |   |                            |      |
|   | Securization           | 175       |   |                            |      |
| Failed  | 4                      | NORD-KIVU | 267   |                            |      |
|   |                        | ITURI     | 33  |                            |      |

The DRC RC mobilized the 300 volunteers in the following Pillar areas: SDB, RCCE, CBS, PSS and PSEA (Prevention of Sexual Abuse and Exploitation), of which the following is a summary of achievements:

- **Safe and Dignified Burials (SDB):** The DRC RC mobile teams in Beni covered 594 death alerts, of which 200 were hospital deaths, 394 were community deaths and 4 were failures due to resistance from family members. These alerts were all secured and sampled, including 175 SDB. The government of DRC had required the securing of each body.
- **Risk Communication and Community Engagement (RCCE):** As part of the RCCE activities, a small team of 45 volunteers worked in the target health area of Butanuka and 187 volunteers organised 207 educational talks for 13385 people. They also carried out door-to-door sensitisation which reached 10894 households or 53403

people and an estimated radio audience of 293077 people (representing 60% of the population of the response zone estimated at 488463). A thematic feedback group was set up with the Beni health zone and other partners. A total of 7534 community feedbacks were reviewed to help guide actions in the humanitarian response.

- **Psychosocial support (PSS):** Announcement of 62 results to 130 members of affected families. These test results were all negative. There were 52 psychosocial support sessions for 679 community members. In addition, 3 counselling sessions were carried out for 10 people, all members of affected families. A total of 15 briefings with 94 people were carried out. A debriefing session was also held with 155 SDB and CEA volunteers, including 99 women, to raise awareness of the importance of psychosocial support for DRC RC volunteers. Finally, 36 psychological first aid sessions were carried out for 388 people in Beni and 350 in Ituri, and 42 psycho-education sessions reached 681 people.
- **Prevention of Sexual Exploitation and Abuse (PSEA):** There was perfect collaboration between the Red Cross teams and the Ministry of Health focal point and those of the various partners. This contributed to 20 briefing sessions on the code of conduct for the signature of volunteers and DRC RC staff with 300 volunteers. There were 4 awareness sessions on the themes of PSEA-PGI and the popularisation of the [DRCRC's](#) hotline (472222) with 327 people, including 186 women. The volunteers also carried out 2 referrals of children/girls. They then carried out 15 briefings on PSEA with 255 volunteers and 8 briefings with IDPs on minimum standards of PGI and child protection for 203 IDPs.
- Throughout the response and surveillance period, the DRC SDB teams were able to manage a total of 594 death alerts around the ITs (Titulaire Nurse) including 4 failures. There were also 165 evacuations of patients by the Rapid Response Teams (RRT)

### Material and human resources capacity

The Red Cross in Beni Territory still has a contingency stock in its depot from past epidemics, which can be used to manage alerts (SDB equipment).

Beni Territory currently has 2,060 DRC RC volunteers, including 391 women and 1,669 men, while Beni town has a total of 675 volunteers, including 473 men and 202 women. The management of the 10th and 13th Ebola outbreaks has left a good capacity of volunteers in Beni: 283 CEA volunteers, with skills in the use of tools such as radio and community feedback management. There are also 66 IPC volunteers, 8 PSS, 169 SDB, 34 in support services, for a total of 560 trained volunteers. There are also 5 focal points trained during the 10th epidemic on community-based surveillance in North Kivu, 2 of which are based in Beni.

### Overview of Red Cross Red Crescent Movement in country

The IFRC has a cluster office in Kinshasa and an operational sub-office based in Goma with staff providing technical support to the DRC Red Cross in humanitarian response. The Red Cross National Headquarters in Kinshasa and the North Kivu Provincial Red Cross Committee, supported by the national level management team, organised regular coordination meetings. After these meetings, further meetings were held with the IFRC team (Africa region and country delegation) to discuss response strategies. The teams on the ground in Beni mobilised for coordination with other partners and contributed to the collection of data for the response.

Logistically, the IFRC provided the DRC RC with four vehicles for the duration of the operation, two in Beni territory and two in Ituri.

The IFRC cluster office in DRC supported the DRC RC in the coordination of all activities within this DREF operation, including planning, implementation, monitoring and reporting, as well as participation in monitoring/evaluation missions to target localities and a lessons learned workshop.

The ICRC also supported the DRC RC. It provided financial support at the beginning of the activities while awaiting the transfer of DREF funding from the IFRC. The ICRC provided technical support through its sub-delegation in Goma and its office in Beni. This facilitated the DRC RC's interventions in the target zone through the sharing of useful information on security aspects.

To ensure good coordination, the DRC RC with its traditional partners set up three levels of coordination: at the headquarters level in Kinshasa, at the provincial level in Goma and the local level in Beni. The coordinations meetings were held regularly to monitor the progress of activities in the field.

In all these coordinations of the operation, the DRC RC had the lead in the field and the other components of the Movement came in support.

## Overview of non-RCRC actors in country

Details of the activities of the other actors can be found in the [EPoA](#).

The coordination of activities was still organized at provincial and local level in the Beni health zone. Regular meetings with response partners were conducted and DRC RC participated regularly in these coordination meetings at the health zone level.

## Needs analysis and scenario planning

### Need analysis

According to confirmed information, the current 15th Ebola outbreak has reported the only positive case in the health area of Butanuka in Beni Health Zone, Beni Territory in North Kivu Province

### Community health needs and follow-up of contact cases

The DRC RC, in its role as an auxiliary to the public authorities and as part of this humanitarian response, maintained the same strategy, but its surveillance activities focused on 7 health zones in the 12 neighbouring zones. This strategy was justified as many of the unseen contact cases could be found in these areas. In addition, all of these areas include a large proportion of those who have recovered from other Ebola outbreaks.

The town of Beni and the neighbouring towns share the same commercial port in Tshopo which serves several provinces of the country. The population mix has been an ongoing risk factor for the population of the 7 identified health zones surrounding the Beni health zone. Based on the above economical and human interactions, the health authorities specified 2 priority risk areas subject to a possible spread of the Ebola Virus Disease (EVD):

- Zone A: emergency zone with the epicentre of the epidemic consisting of the health zone of Beni,
- Zone B: made up of 12 health zones close to Beni, 8 in North Kivu and 4 in Ituri province, for the implementation of passive surveillance

The following pillars were identified as the main needed actions to the response:

- Community Based Surveillance (CBS)
- Risk Communication and Community Engagement (RCCE)
- SDB (Safe and Dignified Burials) teams and resources.
- Psychosocial Support (PSS)
- Community health and hygiene promotion
- Coordination

The Ugandan Ministry of Health declared the EVD outbreak in Uganda Ebola when the 15th EVD outbreak in DRC were still in emergency stage even if no additional cases were declared. The declaration of the epidemic in Uganda, started in Mubende district, had seen other districts reporting cases, including Kyegegwa, Kassanda, Kagadi and Bunyangabu. The main economic activity of the town of Beni (where DRC EVD outbreak were ongoing) is small-scale trade with the various provinces of Ituri and Tshopo bordering Uganda. The Uganda affected districts are close to the border with the Democratic Republic of Congo (DRC) and are routes of movement between Uganda and DRC.

The situation has strengthened the need to maintain a surveillance and continue the actions engaged after the Ebola case in Beni. The Uganda outbreak was declared over on 11 January 2023 after 42 days with no new infections. The 90-day passive surveillance was thus launched. At this date the situation was 9 affected districts with 142 confirmed cases, 55 deaths and 87 cured.

The DRC Ministry of Health developed an Ebola preparedness plan to implement community health activities in the border areas of Uganda. The IFRC through the DRC Red Cross has aligned itself with the Ministry of Health's strategy by putting in place an anticipatory action in the provinces of North Kivu and Ituri which border Uganda. This DRC RC preparedness action is being implemented in 13 priority health zones: Adi, Angumu, Ariwara, Aru, Mahagi, Nyarambe, Rethy (Ituri) and Mutwanga, Kamango, Kayina, Kyondo, Alimbongo, Butembo (North Kivu), chosen for their proximity to the border and the volume of human and commercial traffic from Uganda.

The **Vaccine capacity limits and community immunisation levels remains a concern during and after the intervention. From the launch of this DREF, the response partners and NS streamlined the message that anyone who had their last Ebola vaccine at over 6 months was advised to take the second booster dose to boost immunity.** Unfortunately, it was observed that the level of vaccination remains low and second doses are rarely taken.

At least 200 doses of Ebola rVSV-ZEBOV vaccine were sent to Beni to vaccinate contacts and contacts of contacts to stop the spread of the virus and protect lives. However, this did not seem to be enough because according to the DRC RC teams in the field, several people who had signed up for the vaccination remained unvaccinated.

The 15<sup>th</sup> EVD outbreak in DRC was declared over on 27 December 2022. However, the NS continued its activities, extending it to the surveillance period and until 31 January 2023. A breakdown of the 179 contact cases exists in the Ministry of Health's sitrep, but this was break-down by health area and not by health zone, being a large table data that could not fit under this report but key figures are provided along the report and are also shared by [WHO](#).

The overall objective of the DRC RC's Ebola preparedness plan was to contribute to early case detection and to strengthen the capacity of the Red Cross to implement a rapid response in the event of a cross-border spread of Ebola in-country and from abroad.

Further details on the needs analysis and targeting of this operation are available in the respective section in the [EPoA](#).

### Scenario planning

The best-case scenario planned by the DRC RC was achieved. The epidemic remained in the Butanuka health area with only one (1) confirmed case. The security situation was precarious, but the Red Cross teams were able to intervene. The response was limited to the implementation of this DREF operation as described in this emergency action plan. Pre-activation of SDB teams in the Beni health zone, case finding, community health and RCCE and closure of the operation after 4 months, including 90 days of passive post-epidemic surveillance.

### Operation Risk Assessment

The DRCRC took advantage of its acceptability on the ground to facilitate the implementation of the proposed activities. Security briefings were held on an ongoing basis for staff and volunteers to ensure proper monitoring.

In addition to the security aspects included in the [EPoA](#), it should be added that the evolution of the armed conflicts in North Kivu have led to the inaccessibility of the capital of Beni by land. The only available access route was by air. This increased transport costs as some of the coordination team's air travel was not budgeted for.

## B. OPERATIONAL STRATEGY

### Proposed strategy

#### Operational objective

Collaborate with external partners in the prevention, reduction of morbidity and mortality resulting from the Ebola hemorrhagic fever epidemic in Beni, in the affected area and preparation in selected health zones in the province of North Kivu and Ituri.

#### Detailed operational strategy.

The main activities planned to contribute to the humanitarian response were:

#### **In Zone A - Response in the epicentre of the epidemic (Butanuka) and the other health areas of Beni**

##### **1. Safe and Dignified Burials (SDB)**

- Mobilization of 2 mobile SDB teams (for a total of 24 volunteers and 2 supervisors)
- Ensure the co-lead of the SDB sub-committee.
- Monthly refresher training for SDB teams on quality assurance and simulations to help them maintain good practice.

##### **2. Community health and community-based surveillance**

- 120 volunteers and 11 supervisors were planned for this response pillar.
- Refresher training in the EPIc level 1 approach for all volunteers involved in the operation for an understanding of the basic elements of community health and early action against epidemics. A total of 3 days of training was



required including the following topics: basic CBHFA module, ECV, CEA during epidemics/RCCE, PFA epidemics.

- To set up a system of monitoring/tracking of contact cases and alert at community level and in the health areas. Volunteers deployed in the communities were used as a mechanism to ensure the reconciliation of alerts coming from the communities in addition to the already active alert system with the health structures. This activity enabled the location of the contacts sought. All volunteers and supervisors were deployed for this purpose over 16 weeks.
- Health promotion activities in parallel to the CBS: Mobilizing volunteers to raise awareness of good practices in health facilities, health promotion to protect health workers in the affected area, securing entry and exit routes into the affected area and targeted health facilities by routine temperature taking (screening) and encouraging hand washing. The objective was for each volunteer to reach a minimum of 30 households per day over 16 weeks of mobilization.
- Through the volunteers and radio stations that were active, the DRC RC contributed to the vaccination campaign efforts launched by the government alongside partners by ensuring the popularization of information on immunization against EVD, disseminating information messages on the existence of vaccination and useful information for accessing it.
- All these messages should also be promoted among religious and community leaders to ensure better adherence.

### 3. Risk Communication and Community Engagement (RCCE)

The planned activities were:

- Capacity building of operational teams through training on the RCCE module being included in the EPiC training.
- Contractualization with the community radio in the framework of interactive broadcasts on the EVD (programmes/week over three months)
- Refresher training for traditional healers and community leaders on knowledge of the disease. This training took place in the preparedness zones.
- As co-lead of the feedback cell, provide support with human resources (2 volunteer supervisors supported) to support the coordination of the inter-agency platform.

### 4. Psychosocial support (PSS)

- Follow up on psychosocial support for families affected by disease and volunteers affected by community stigma.
- Capacity building of Red Cross operational teams through technical support and training on specific modules, namely: community feedback system, radio, and communication skills development and PSEA. Visual aids are used for people with special needs and to consider the educational context in certain target groups.
- Promote the practice of gender protection and inclusion, with reference to stigmatization of any kind on victims of the disease and their families.
- Mobilize 10 volunteers in the framework of prevention and accompaniment of victims of gender-based violence and prevention of sexual abuse and exploitation.

### In Zone B - Passive Surveillance Zone: 7 neighbouring health zones Butembo/Katwa, Mabalako, Oicha and Mutwanga (North Kivu) and Mandima, Mambasa, and Komanda (Ituri)

The activities planned in these 7 health zones were to

- Train/retrain minimum teams in community health (EPiC) including communication on the risks of community engagement.
- A total of 70 volunteers and 7 supervisors. 10 per health zone for 3 days of visits per week during 6 weeks of alert while waiting for the situation to evolve.
- Expanding the scope of community health and RCCE activities to ensure that the population was aware of the disease and that behavior is changed. Mass communication media were favored to reach a larger target group, with radio messages being able to cover the targeted HZs of North Kivu and Ituri.
- Retraining of traditional practitioners and community leaders in knowledge of the disease.

More information on the detailed initial plan is available in the [EPoA](#).

## Support Services

### Logistic and finance

In terms of logistics, the IFRC provided the DRC RC with 4 vehicles for the operation. In accordance with IFRC fleet standards, 8 drivers were assigned to the 4 vehicles. The drivers were selected from among the volunteers at the local level (Beni branch) to promote acceptance. A logistics officer was deployed by the DRC RC to support the operation in coordination with the IFRC.

The DRC RC deployed a finance officer to support the team on the ground for the duration of the operation in coordination with the IFRC.

### Security

The DRC RC deployed a security officer to support the teams during the operation due to the security context in eastern DRC in coordination with the IFRC and the ICRC.

### IM (Information/Data Manager)

The Beni branch had one volunteer with IM and M&E skills who compiled, organised and managed data. This helped with the necessary sharing of information internally and with partners.

## C. DETAILED OPERATIONAL PLAN



### Health

**People reached: 489733**

Male : 200791

Female : 288 942

**Health Outcome 1: The spread and impact of the outbreak is reduced through case finding and community outreach in affected health zones**

| Indicators:   | Target | Actual               |
|---|--------|----------------------|
| % of contacts that were successfully followed up in the previous 24 hours | 80%    | 59%<br>(105 sur 179) |

**Health Output 1.1: The government is assisted by volunteers from the DRC RC for surveillance and contact tracing.**

| Indicators:   | Target | Actual               |
|---|--------|----------------------|
| # of supervisors provided with Training of Trainers training on EPiC package, NYSS, CBS | 29     | 29                   |
| # of volunteers trained in EPiC level 1 during this response                            | 300    | 300                  |
| # of contact traced by NS and swabbed   | N/A    | 93%<br>(166 sur 179) |
| % of contacts lost to follow-up   | 0%     | 7%<br>(13/179)       |

**Health Outcome 2: The psychosocial consequences of the outbreak are reduced by the direct support to the exposed and infected in Beni**

| Indicators: | Target | Actual |
|-------------|--------|--------|
|-------------|--------|--------|

|  |               |                            |
|--|---------------|----------------------------|
| % of people confirmed or suspected of having been affected by EVD receiving PSS support  | 100%          | 100%                       |
| <b>Health Output 2.1: The population of the affected areas of the city of Beni receives psychosocial support during and after the outbreak.</b>  |               |                            |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b>              |
| # of supervisors and volunteers trained in PSS   | 10            | 10                         |
| % of staff and volunteers who felt supported PSS in their target activities  | 100%          | 100%                       |
| <b>Health Outcome 3: Social mobilization, risk communication and community engagement activities are carried out to limit the spread and impact of EVD</b>   |               |                            |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b>              |
| % of targeted community members affected by health messages  | 100%          | 86%                        |
| <b>Health Output 3.1: The preparatory work is carried out to ensure that about 30% of the population of the affected areas of the city of Beni and the 7 neighbouring health zones will be sensitized about the social mobilization campaign of the DRC Red Cross and in the EVD operation in the broad sense.</b> |               |                            |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b>              |
| % of targeted community members affected by health messages  | 80%           | 80%                        |
| Number of radio broadcasts   | 32            | 48                         |
| Number of social mobilization sessions organized   | N/A           | 208                        |
| <b>Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carrying out DHS under optimal cultural and safe conditions in the Beni city area.</b>  |               |                            |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b>              |
| % of deceased persons for whom SDBs have been successfully completed   | 100%          | 29,66%<br>soit 175 sur 590 |
| % of suspected and confirmed deceased cases that are buried within 24 hours of initial alert   | 100%          | 100%                       |
| <b>Health Output 4.1: The affected population is helped by safe and dignified burial and decontamination activities</b>  |               |                            |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b>              |
| # of volunteers trained/retrained on the SDB   | 26            | 26                         |
| % of Swabs successfully completed for deaths reported to the Red Cross   | 100%          | 100%<br>soit 590 cas       |
| % Red Cross SDB volunteers of the Red Cross who are vaccinated   | 100%          | 100%                       |
| % of decontamination alerts that were carried out by Red Cross teams on the same calendar day  | 100%          | 100%<br>(soit 1 cas sur 1) |
| <b>Narrative description of achievements</b>   |               |                            |
| <ul style="list-style-type: none"> <li>During the humanitarian response, 300 Red Cross volunteers, including 223 in Beni and 77 in the Preparation Zones, were trained in the modules (ECV, CBHFA, RCCE) of the EPIC level 1 approach (Epidemic Preparedness in Community)</li> </ul>                              |               |                            |



- From the beginning of the response to the 90-day period (passive surveillance), community health/RCCE activities have reached at least 489,733 people.

A total of 10,894 households or 53,403 people were reached through interpersonal communication, key informant interviews, home visits and at least 1,3200 people through mass communication (social mobilization in markets, churches, car parks and schools). Red Cross radio broadcasts reached at least 60% of the audience of 2 radio stations in Beni, i.e. at least 293,077 people. There were 210 direct interactions during the radio broadcasts through calls, sms discussions on WhatsApp.

- **A woman interviewed on radio programs said:**

*"The people from the Red Cross especially talk about health and I often listen to them, because most of their topics are about health. If people walk, it is because of health. If I speak today, it is because of health. I can find 100 or 1000 dollars, if I don't have health, it is useless. That's why I like listening very much. The advice I can give you is to listen to the radio. When I see those who created this health program, it is not for nothing. They created it for humans".*

- As a result of the community engagement activities, a total of 20 leaders of community groups and special needs groups helped to support health education activities on Ebola and other monitored diseases.
- During the operation a community feedback collection and analysis system was put in place. A total of 7534 community feedbacks were recorded in the different health zones targeted through this operation. These community feedbacks were analyzed by a working group set up by the response actors. Thus 12 feedback reports including a dashboard and narratives were produced. Upon analysis, 50% of the recommendations of the feedback working group were implemented by the Red Cross teams. This resulted in approximately 20% of operational and strategic changes based on community feedback.

### **Story : Deputy secretary at the Beni IDPs center**

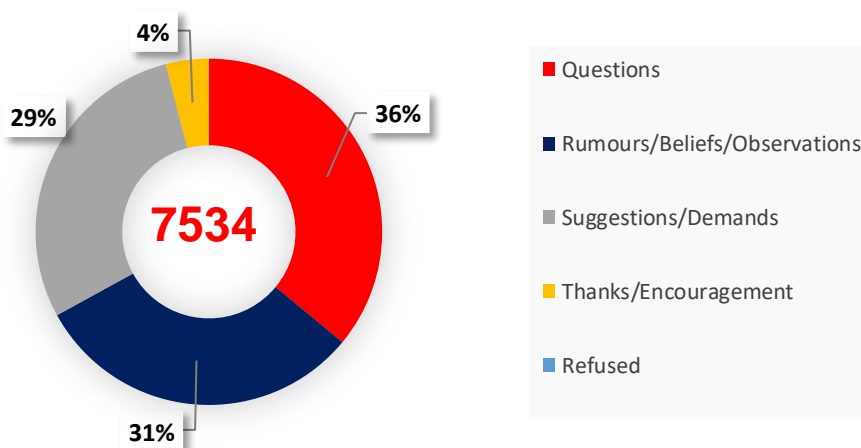
*"In any case, the committee of displaced people in Beni is really grateful for the work that the Red Cross has done in our different sites, especially in psychological care. These activities have been really useful to us.*

*We even have testimonies from some of the displaced people who have really reassured us that this did not go unnoticed. They learned something and they also found a way to deal with their stress right after the Red Cross volunteers came.*

*We work very well with the Red Cross because when the Red Cross takes the initiative to work with people we work with; it shows that we have a relationship that is perfect.*

*In the psychosocial sense, you know that sometimes you can even give food to some, you can even if his mind is still sick it can't hold. We all know that refugees, in most cases they are people who neglect themselves too much because of the situations they have been through, the tragic events, they tend to neglect themselves. Because they are not like the others and they cannot do like the others, but with the passage of the Red Cross in their different sites, we understood the feeling of self-esteem and they understood that they are also capable of doing some things, they are also like the others, and they also have the same rights as the indigenous people of this environment."*

### Feedback addressed and responded to by type



- A total of two (2) SDB teams were trained and active during the humanitarian response. These field teams received a total of 590 death alerts. Of these, only 175 (29.66%) were serious enough for a full SDB and 4 failed due to resistance from family members.
- Psychosocial support for 3535 people was also provided through this operation. In fact
  - 243 people requested and received PSS support.
  - 388 people received psychosocial first aid support.
  - 681 people were reached by psychoeducation sessions.
  - 682 people were reached by sensitization on the importance of psychosocial support for the community including volunteers.
  - 62 Swab results were announced to families.
- Overall, evaluations made by external experts on the Red Cross teams' interventions in the communities were positive.
- At the internal level, a satisfaction survey was carried out at the end of the operation to find out the perception of community members on the actions of the DRC RC. A questionnaire was drawn up with two response components, namely: interviews with beneficiaries (communities) and community volunteers. A sample of 2651 respondents from all the health areas in Beni was carried out, including 175 respondents from the volunteers and 2476 from the community. The analysis of the data showed that 90.39% of the community members found the Red Cross volunteers' interventions satisfactory (51.02% very good and 39.37% good). The results also showed that the situation has gradually improved in Butanuka health area, the epicenter of the EVD epidemic, however some reluctance still exists in the communities. The sensitization approaches that have been integrated into past operations continue to be successful and capitalize on for the eradication of MVE. However, as the film system is one of the most consulted and used elements in the world, the Beni team is considering improving its mobile film approach for greater success and designing appropriate tools for future operations.
- Overall, respondents confirmed that they had received awareness messages from volunteers (60.78% face-to-face (home visits), 49.7% during mass sensitization (church, market, etc.), 26.17% through social networks and 4.75% during mobile cinema. Overall, 71.57% of respondents said they had received sufficient information about Ebola and other diseases.
- In terms of perceived risk of contracting EVD, 34.46% were somewhat concerned, 25.94% were very concerned, 14.97% were not at all concerned and 13.65% were moderately concerned. In terms of vaccination, 29.64% said they have some confidence in the EVD vaccine, 25.41% have very good confidence in the vaccine, 20.44% have moderate confidence in the vaccine and 13.31% have no confidence in the vaccine at all and 4.46% preferred not to answer. However, overall, 62.78% of the respondents said they had already been vaccinated against EVD.



Supervision of a radio program

### Challenges

- Red Cross teams had delays in the validation process of key messages.
- Some field team members were unclear about the validity of the vaccines. Volunteers were asked to encourage community members to get vaccinated against EVD. This lack of understanding about the validity of the vaccine often made it difficult for some volunteers to answer questions from the sensitized.

### Lessons Learned

- It is worth noting that the contribution to the response to the 15th EVD by the DRC RC and its volunteers was successfully made through community health activities based on SBC around IT. This shows an improvement in the capacity of the national Red Cross Society which was useful in this 15th EVM response, it improved collaboration with the Ministry of Health actors on the ground.
- Also, the fact that the DRC RC was co-leader of the SDB pillar and the community feedback working group helped to build confidence at the community level and with the health authorities and other partners. The consolidation of the feedback analysis unit has facilitated the response of volunteers to the concerns of community members.

## Protection, Gender and Inclusion



**People reached: 6963**

Male : 2855

Female : 4108

**PGI 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 | N/A    | 6963   |

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

| Indicators:  | Target | Actual |
|--|--------|--------|
| # of needs assessments including PGI   | 1      | 1      |
| # of staff and volunteers who have strengthened their capacity on the Minimum Standard Engagements (PGI) | 300    | 300    |

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

| Indicators:  | Target | Actual |
|--|--------|--------|
| # of staff and volunteers trained on PSEA and the treatment of sexual and gender-based violence                  | 300    | 300    |
| # of National Society staff and volunteers who have signed the code of conduct and received information about it | 300    | 300    |

**Narrative description of achievements**

- During the operation, DRC RC volunteers were all briefed on the code of conduct and after reading it they signed it. Training/refresher courses on the PSEA and the PGI were conducted for 300 volunteers. This contributed to the Prevention of Sexual Exploitation and Abuse (PSEA). The operation's coordination team ensured that sensitization reached both men and women.
- There was also the integration of psychosocial support and psychological first aid activities at all levels (community and operation teams). PSS volunteers were regularly available at the isolation centre and the morgue of the Beni general referral hospital to provide psychological support to affected individuals and families. Psychosocial support and psychological first aid were regularly provided to known minority groups (former Ebola survivors, people living with chronic diseases, displaced persons, pygmies, GBV survivors, children in special situations) in the community.
- The [DRCRC](#)'s hotline (472222) was widely promoted in the communities. The documentation and referral of five cases of GBV requiring an appropriate response were carried out.
- Overall, we noted the good involvement of the community in the operation, considering the specific needs of minority and vulnerable groups. The various sectors of the operation and the needs assessment integrated the minimum PGI standards. A total of 427 community meetings were held to sensitize community members on the PSEA and the PGI minimum standards.
- Overall, according to many community members interviewed at the end of the operation, the sensitization messages delivered by the DRC RC volunteers were deemed to be well understood, although there is a need to focus more on messages about the fight against sexual exploitation and abuse. This is a new theme for some volunteers and because it is a very sensitive subject around the operation.



**DRC Red Cross team in Beni**



**Sensitization of Deaf & Dumb people on PSEA**

|   |
|---|
| <b>Challenges</b>   |
| <ul style="list-style-type: none"> <li>• The DRC RC has a green line, but there have been malfunctions on this line. It was only accessible with the orange mobile network but not for other networks. This caused a problem for the communities.</li> <li>• The teams noted a lack of popularization of the concepts of the code of conduct, as a single half-day training session is not sufficient in their opinion for a good understanding of the code of conduct as well as the concepts related to the PGI and the PSEA.</li> <li>• There was a lack of a metal cabinet in the field to protect PSEA- PGI information.</li> <li>• There was no specific formal training in GBV for PGI volunteers due to limited resources. A need to train PGI volunteers on GBV (a specific 3-day training) was expressed by the field teams for the next operations.</li> </ul> |
| <b>Lessons Learned</b>  |
| <ul style="list-style-type: none"> <li>• DRC RC committed to use the new IFRC integrity line. This aims to provide the DRC National Red Cross Society with more facilities for accountability and training of case managers as well as documentation of PSEA cases, fraud, and corruption, etc.</li> <li>• PGI conditions and concerns go beyond the epidemic context and need to be addressed in the same way as DREF launched for outbreak will not be able to cover identified gaps. However, a proper budgeting will systematically be made for PGI training to give skills to volunteers and staff at field level to understand the PGI issue and address related feedback and complaints.</li> </ul>  |

|  |               |               |
|--|---------------|---------------|
| <b>Strengthen National Society</b>   |               |               |
| <b>Outcome S2.1: An effective and coordinated international response to disasters is ensured</b>   |               |               |
| <b>Output S2.1.4: Deployment of rapid response personnel</b>   |               |               |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b> |
| # of Surge personnel deployed for the operation by the IFRC  | 2             | 0             |
| <b>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.</b>  |               |               |
| <b>Output S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.</b>  |               |               |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b> |
| # of documentary films produced  | 3             | 3             |
| # of articles published on the operation   | 3             | 3             |
| <b>Output S3.1.2: The International Federation of Red Cross and Red Crescent Societies (IFRC) produces high-quality research and evaluation that feeds advocacy, resource mobilization and programming</b>   |               |               |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b> |
| # of lessons learned workshops held  | 1             | 1             |
| <b>Narrative description of achievements</b>   |               |               |
| <ul style="list-style-type: none"> <li>• The deployment of international support staff (Surge) requested by the NS could not be carried out, as the epidemic was limited to a single confirmed case, but also because the security conditions did not allow this deployment. The human resources in place in the country were therefore sufficient to contribute to the humanitarian response. Four national support staff were deployed by the DRC RC in the field (Operation Coordinator, Finance Assistant, Logistics and Security). This has enabled the development of local and national human resources. Above all, the security situation in the area, with the resurgence of war, meant that access was limited.</li> <li>• The IFRC secretariat team in Kinshasa and Goma provided regular technical support to the DRC RC in the operation. In addition, a follow-up mission was carried out in the country by the Regional Public Health in Emergencies Coordinator (IFRC). This mission made it possible to             <ul style="list-style-type: none"> <li>○ Observe and monitor DRC RC health activities in Goma and Beni and share recommendations with the teams in the field and in Kinshasa</li> <li>○ Support in the development of preparedness actions for foreseeable health emergencies in Ituri and North Kivu due to high risk pathologies (including immediate actions to prevent a cross-border outbreak from Uganda of Ebola SUDV)</li> <li>○ Support in the collection of information on the nutritional situation in Kasai for the regional Hunger Crisis programme</li> </ul> </li> </ul> |               |               |



- In terms of logistics, 4 vehicles were made available to the Red Cross by the IFRC. A pre-positioning of materials/equipment was carried out.
- In terms of finance, it was noted that the volunteers were well managed in terms of payment of their motivation.



**IFRC mission team meeting with SDB manager**



*Group work during the workshop with the Regional Public Health in Emergencies Coordinator (IFRC) to identify priority actions following the field mission*

### **Challenges**

- Insecurity in the intervention areas has had a negative effect on the activities

### **Lessons Learned**

- Capacity building of NS volunteers and skills transfer were factors that contributed to community resilience. Indeed, some of the existing capacity from previous operations has contributed to the success of this response and has built confidence in the communities.
- In view of the context in the east of the country, the local branches of the Red Cross in Goma, Beni and Bunia are continuing to lobby the ICRC and IFRC to organize a workshop to consider the pre-positioning of certain equipment and logistics in sites such as Goma, Beni and Bunia to enable a good and rapid response in the event of an emergency. These include vehicles for transporting deaths and other specific inputs.
- There is need to communicate more with the NS staff on emergency funds (Dref of anticipatory actions/Simplified Early Action Protocol). This will enable them to work towards fulfilling the conditions for more precise requests in this area. The most complex aspect for the development of PAPs is represented by the triggers, for which it will be necessary to validate the proposed levels through an operational research component. To validate the "scaling up" triggers, which could be different in different contexts in the country. A first attempt has been made by the NS to develop PAPs for epidemic risks, but there is a need to continue to work on this with the support of the IFRC secretariat for the submission of a more precise and complete application.

## D. Financial Report

The total budget and allocation for this DREF operation was CHF 298,698 for a 4-month implementation period (from 07 September 2022 to 31 January 2023). The total expenditure reported in this operation is CHF 248,996 with a closing balance of CHF 49,701 (16.6%) to return to the DREF pot. Budget implementation rate is 83.4%. 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%  |
|---|---------|-------------|----------|---------------------|---|
| Relief items,<br>Construction, Supplies | 17,915  | 13,593      | 4,321    | 24%                 | Not all the funds were used, as the epidemic was limited to just 1 confirmed case.  |
| Logistics, Transport &<br>Storage       | 25,380  | 37,597      | -12,217  | -48%                | Due to the security situation in the intervention zone, the cost of the volunteers' transportation and the deployment of staff in the field exceeded the budget.  |
| Personnel                               | 152,007 | 112,817     | 39,191   | 26%                 | The deployment of Surge requested by the NS could not be done, because the evolution of the epidemic was limited to 1 confirmed case, but also because the security conditions did not allow this deployment. |
| Consultants &<br>Professional Fees      | 2820    | 3213        | 393      | -14%                | The line was under-budgeted in relation to the invoicing of services provided.  |
| Workshops & Training                    | 42,677  | 44,993      | -2,316   | -5%                 |   |
| General Expenditure                     | 39,668  | 21,587      | 18,081   | 46%                 | Not all the funds were used, as the epidemic was limited to just 1 confirmed case.  |
| Indirect Costs                          | 18,230  | 15,197      | 3,033    | 17%                 | As not all the funds were used, the indirect costs were also calculated on the basis of the expenditure achieved.   |

# DREF Operation

## FINAL FINANCIAL REPORT

| Selected Parameters |                 |           |          |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2022/09-2023/05 | Operation | MDRCD038 |
| Budget Timeframe    | 2022/09-2023/01 | Budget    | APPROVED |

Prepared on 23/Jun/2023

All figures are in Swiss Francs (CHF)

### MDRCD038 - DR Congo - EVD 15th Outbreak

Operating Timeframe: 07 Sep 2022 to 31 Jan 2023

## I. Summary

|                                 |                 |
|---------------------------------|-----------------|
| Opening Balance                 | 0               |
| <b>Funds &amp; Other Income</b> | <b>298,698</b>  |
| DREF Response Pillar            | 298,698         |
| <b>Expenditure</b>              | <b>-248,996</b> |
| Closing Balance                 | 49,702          |

## 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  | 147,431        | 157,224        | -9,793        |
| PO05 - Water, Sanitation & Hygiene                     |                |                | 0             |
| PO06 - Protection, Gender and Inclusion                | 2,102          |                | 2,102         |
| PO07 - Education                                       |                |                | 0             |
| PO08 - Migration                                       |                |                | 0             |
| PO09 - Risk Reduction, Climate Adaptation and Recovery |                |                | 0             |
| PO10 - Community Engagement and Accountability         | 5,806          |                | 5,806         |
| PO11 - Environmental Sustainability                    |                |                | 0             |
| <b>Planned Operations Total</b>                        | <b>155,340</b> | <b>157,224</b> | <b>-1,884</b> |
| EA01 - Coordination and Partnerships                   | 54,960         | 60,408         | -5,447        |
| EA02 - Secretariat Services                            | 48,053         | 4,376          | 43,677        |
| EA03 - National Society Strengthening                  | 40,345         | 26,989         | 13,356        |
| <b>Enabling Approaches Total</b>                       | <b>143,358</b> | <b>91,772</b>  | <b>51,586</b> |
| <b>Grand Total</b>                                     | <b>298,698</b> | <b>248,996</b> | <b>49,701</b> |

# DREF Operation

## FINAL FINANCIAL REPORT

### MDRCD038 - DR Congo - EVD 15th Outbreak

Operating Timeframe: 07 Sep 2022 to 31 Jan 2023

| Selected Parameters |                 |           |          |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2022/09-2023/05 | Operation | MDRCD038 |
| Budget Timeframe    | 2022/09-2023/01 | Budget    | APPROVED |

Prepared on 23/Jun/2023

All figures are in Swiss Francs (CHF)

### III. Expenditure by budget category & group

| Description                                 | Budget         | Expenditure    | Variance       |
|---|----------------|----------------|----------------|
| <b>Relief items, Construction, Supplies</b> | <b>17,915</b>  | <b>13,593</b>  | <b>4,321</b>   |
| Water, Sanitation & Hygiene                 | 8,122          | 8,557          | -435           |
| Medical & First Aid                         | 2,538          | 1,537          | 1,001          |
| Teaching Materials                          | 7,255          | 3,499          | 3,756          |
| <b>Logistics, Transport &amp; Storage</b>   | <b>25,380</b>  | <b>37,597</b>  | <b>-12,217</b> |
| Transport & Vehicles Costs                  | 25,380         | 37,597         | -12,217        |
| <b>Personnel</b>                            | <b>152,007</b> | <b>112,817</b> | <b>39,191</b>  |
| International Staff                         | 45,120         |                | 45,120         |
| National Society Staff                      | 35,964         | 40,154         | -4,190         |
| Volunteers                                  | 70,923         | 72,663         | -1,740         |
| <b>Consultants &amp; Professional Fees</b>  | <b>2,820</b>   | <b>3,213</b>   | <b>-393</b>    |
| Professional Fees                           | 2,820          | 3,213          | -393           |
| <b>Workshops &amp; Training</b>             | <b>42,677</b>  | <b>44,993</b>  | <b>-2,316</b>  |
| Workshops & Training                        | 42,677         | 44,993         | -2,316         |
| <b>General Expenditure</b>                  | <b>39,668</b>  | <b>21,587</b>  | <b>18,082</b>  |
| Travel                                      | 11,750         | 2,725          | 9,025          |
| Information & Public Relations              | 5,864          | 3,978          | 1,886          |
| Communications                              | 7,379          | 2,441          | 4,938          |
| Financial Charges                           | 2,256          | 944            | 1,312          |
| Other General Expenses                      | 12,420         | 11,498         | 921            |
| <b>Indirect Costs</b>                       | <b>18,230</b>  | <b>15,197</b>  | <b>3,033</b>   |
| Programme & Services Support Recover        | 18,230         | 15,197         | 3,033          |
| <b>Grand Total</b>                          | <b>298,698</b> | <b>248,996</b> | <b>49,701</b>  |

## Reference documents

Click here for:

- Previous Appeals and updates

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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.

[www.ifrc.org](http://www.ifrc.org)

Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace