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# Emergency Plan of Action Final Report

Democratic Republic of the Congo (DRC): Population Movement  
(Community health response)

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Operation n° MDRCD023</b>
<b>Date of Issue: 10 January 2018</b>	<b>Glide number: <a href="#">CE-2017-000116-COD</a></b>
<b>Date of disaster: August 2016</b>	
<b>Operation start date: 28 December 2017</b>	<b>Operation end date: 22 May 2019</b>
<b>Host National Society: Democratic Republic of the Congo Red Cross (DRC RC)</b>	<b>Operation budget: CHF 1,784,251</b>
<b>Number of people affected: 2,443,000</b>	<b>Number of people assisted: 361,326</b>
<b>N° of National Societies involved in the operation: 8 (DRC RC, British Red Cross, Swedish Red Cross, Belgian Red Cross, Canadian Red Cross, French Red Cross, Spanish Red Cross, Canadian Red Cross)</b>	
<b>N° of other partner organizations involved in the operation: 8 (Government of DRC, United Nations agencies, IFRC<sup>1</sup>, ICRC<sup>2</sup>, ALIMA<sup>3</sup>; MSF<sup>4</sup>; UNICEF<sup>5</sup>; WHO<sup>6</sup>; MoH<sup>7</sup>; APEDE<sup>8</sup>; ADRA<sup>9</sup>; MDA<sup>10</sup>)</b>	

As per the financial report attached, this operation closed with a balance of CHF132,630. The International Federation seeks approval from its donors to reallocate this balance to the DR Congo Country Operational Plan to support National Society capacity strengthening activities such as volunteer management, branch preparedness and community cholera outbreak preparedness. Partners/Donors who have any questions in regards to this balances are kindly requested to contact Momodou Lamin Fye [momodoulamin.fye@ifrc.org](mailto:momodoulamin.fye@ifrc.org) within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

<Click [here](#) for final financial report and [here](#) for contacts>

## A. SITUATION ANALYSIS

### Description of the disaster

From August 2016, tension and violence in the Kasai Central province caused forced displacement and further erosion of the overall humanitarian situation throughout Greater Kasai and the surrounding provinces. In 2017, the violence expanded to Kasai, Kasai Oriental and Lomami provinces. By August 2017, around 1.4 million people were reported to have been displaced from Kasai conflict. In October 2017, the UN classified DRC crisis as an IASC Level 3 Emergency.

<sup>1</sup> International Federation of Red Cross and Red Crescent Societies

<sup>2</sup> International Committee of the Red Cross

<sup>3</sup> The Alliance for International Medical Action

<sup>4</sup> Médecins Sans Frontières

<sup>5</sup> United Nations Children's Fund

<sup>6</sup> World Health Organization

<sup>7</sup> Ministry of Health

<sup>8</sup> Amis des Personnes en Détresse

<sup>9</sup> Adventist Development and Relief Agency

<sup>10</sup> Médecins d'Afrique

This emergency appeal, which was launched as a result of that situation was intended to respond to the needs resulting from the population movement from Kasai province into neighbouring Lomami province. While a multisector assessment carried out in October 2017 identified a large number of needs, this appeal focussed on responding specifically to the persistent cholera outbreak in Lomami.

The National Coordination team for cholera control in DRC had reported that the lack of systematic community-led response was hindering and limiting the overall control of the cholera outbreaks across the country. The epidemiological trends and recent history in DRC show that health indicators deteriorate further for Internally Displaced People (IDPs). IDPs staying with host communities, often having suffered before and during displacement from poor hygiene and a weak health condition generally, are more exposed to cholera outbreaks and other communicable diseases.

Even though many families had returned to their homes by November 2017, the long-term impacts of the violence and mass displacement have left populations extremely vulnerable in the Lomami province. The risk exposure to cholera and other water-borne diseases has been extremely high all due to lack of access to potable water, hygiene infrastructure and adequate medical care.

The latest figures provided by the Ministry of Health indicate that there has been a continuous decrease of cases from around 1,000 per week at the beginning of the year 2018 to only 209 in week 21 which is the lowest case count since January 2017. However, there are new cases in some health areas like Kalambayi in Lomami, in the Kasai Oriental. Unfortunately, cases have started to increase again on week 20 where 19 cases and 4 deaths are reported by the head of health division in Mbuji Mayi.

## **Summary of response**

### **Overview of Host National Society**

DRC RC is a neutral humanitarian organization and auxiliary to public authorities. At the national headquarters, there is an operational management structure including six technical directorates and professionals trained as part of the national disaster response team (NDRT). The National Society (NS) has a provincial disaster response team (PDRT) with 110 trained members, an NDRT with 30 trained members, and 10 National Society staff members trained as regional disaster response team (RDRT) members. Moreover, DRC RC has a pool of approximately 130,000 registered volunteers, of which 60,000 are active.

DRC RC has one branch in each of the 26 provinces and has experience in responding to epidemics such as cholera outbreak, yellow fever, measles and Ebola Virus Disease (EVD), as well as natural disasters such as floods, volcanic eruptions, landslides and population movement. In a 2016 emergency appeal, some 3,424 volunteers and 342 supervisors were identified by the National Society and participated in social mobilization activities in 8 provinces, providing preventive vaccination campaigns against Yellow Fever, Measles and Cholera. In addition, 3,329 volunteers and 333 supervisors were trained on social mobilization for the preventive vaccination campaign against Yellow Fever in 6 provinces. The DRC RC deployed people through its network of trained volunteers.

Given the protracted, multi-layer and complex humanitarian context, DRC RC and IFRC had launched two DREF ([MDRCD021](#) and [MDRCD022](#)) operations during June-November 2017 to deliver immediate assistance in health, emergency shelter and non-food items, water and sanitation targeting 8,478 refugees from Central African Republic (CAR) to North Ubangi and Bas-Uele provinces and 3,060 IDPs in Kwilu, Sankuru and Lomami provinces. As part of the DREF MDRCD022 operation, a multi-sector needs assessment was carried out to inform operational strategies for the humanitarian response. The assessment report is available in English and French for details.

In December 2017, the emergency appeal [MDRCD023](#) was launched. In order to kick-start the operation, DREF funding of a total of CHF 200,119 was made available, and a corresponding MoU was signed between the National Society and IFRC on 10 January 2018.

With the funds received, the National Society has

- ✓ Deployed their community-based health and first aid (CBHFA) focal point to Lomami province in order to:

- Present the cholera response activities to the local authorities (provincial governor, provincial medical inspector, provincial health directorate, authorities related to security, and representatives of various health zones)
- Conduct training for 192 volunteers over two days in the five health zones on reducing the risk of cholera, hygiene promotion, sanitation, and general sensitization methods. The training was developed by the DRC RC together with UNICEF and the Ministry of Health and was co-facilitated by a representative of the local health authorities.
- ✓ Deployed trained volunteers who have reached 216,209 people with household-level sensitisation in the five priority health zones. Volunteers have been outfitted with visibility materials. Sensitization includes safe water and hygiene messaging.
- ✓ Procured and distributed materials and equipment for household disinfection, all necessary materials delivered to the DRC RC offices in the 5 health zones.
- ✓ Printed cholera prevention posters produced in consultation with government and other NGOs.
- ✓ Deployed the WATSAN focal point and the gender/diversity advisor to Lomami province, where together with the two IFRC-deployed RDRTs they completed the remaining activities.
- ✓ Launched tenders and hired a construction company to implement the WatSAn facilities (Public latrines, and boreholes) in selected most affected villages. Construction completed.
- ✓ Developed the PMER tools and trained 16 (10 men and 6 women) volunteers in data collection techniques using datasheets and smartphones data collection platforms. These tools are used by the team leader to upload the results of the paper surveys used by volunteers.
- ✓ Conducted a WATSAN specific survey to check on sensitization impact, guide the 2<sup>nd</sup> phase activities and help select priority areas

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

IFRC reopened its permanent office in DRC in May 2018. Before then, the organization was present in the country through an Operations Manager who took office in January 2018 to coordinate the appeal at the central level with the NS technical directors and with senior management of the NS where additional two RDRTs (health and WATSAN) were deployed for 3 months to Lomami province to support the operation. This deployment was supported by British Red Cross and Canadian Red Cross Emergency surge support programs.

No partner National Society (PNS) is working in the Lomami province but ICRC has an office there though working on other priorities including detention centres. DRC RC has established several bilateral partnerships with the Spanish RC, Belgium RC, French RC, Iranian RC, Canadian and Swedish RC who have a physical presence in Kinshasa.

The Movement coordination is done via Movement Coordination meetings and, on a more operational level, through meetings between IFRC, PNSs, DRC RC and ICRC. A Movement coordination agreement has been drafted and signed to facilitate the running of the operations in the field, especially in North Kivu and Ituri where EVD operation is going on in a highly tense security situation.

#### **Overview of non-RCRC actors in country**

The Ministry of Health (MoH) is the agency responsible for epidemic response in the country and the key counterpart in all health-related activities for the DRC RC in this appeal. Reporting of cases is done by MoH health facilities. Historically, DRC RC has been supporting MoH with complimentary sensitization, household disinfection and safe burials. Their structures of community volunteers, mostly used to promote vaccination campaigns, are trained and deployed to deliver cholera sensitization. But with the high risk (a recent death of a volunteer) and lack of incentives, this initiative falls short of expectations. In fact, some DRC RC volunteers that make up the response team, were originally part of this structure but shifted to work with DRC RC. In an effort to harmonize messages in communities, Health officials have assisted in training of volunteers and will continue to be consulted for the different phases and strategic decisions of the response.

IFRC supported DRC RC in drafting a letter to the Minister of Interior and Security, informing about the beginning of the implementation of the appeal in Lomami, the permanent presence of two IFRC international staff on the ground, and field visits from international staff in Kinshasa on a needs basis. At the provincial level, the project was presented to the Governor of Lomami and other governmental agencies by the DRC RC.

Movement partners in-country are coordinating RC Movement participation in the main inter-agency meetings at national level in Kinshasa: Cluster meetings (food security, health, logistics, shelter and Non Food Items, nutrition, protection, WATSAN), national coordination meeting on health, Humanitarian Country Team meeting, and the NGO forum meetings.

In the province of Lomami, a number of local and international actors have responded to the 2017 population movement and cholera crisis epidemic. While WHO and UNICEF were supporting the improvement of health and hygiene conditions of the affected population at both health centres and community levels, MSF and ALIMA were working on cholera treatment centres in the province. Amis des Personnes en Détresse (APEDE), GIZ, and several small NGO supported by USAID are still operating in the area and are consulted to avoid duplication and gaps in coverage. The IFRC and DRC RC team noted an assessment mission by Save the Children and will follow up with them to see if it will materialize into a project that they would be coordinating and collaborating with. Further, UNICEF supports a local NGO in implementing WATSAN activities in two of the five health zones covered by the appeal and will be considered in selecting the specific areas to assist.

### **Needs analysis and scenario planning**

DRC is known to present one of the most challenging humanitarian situation in Africa. Health issues such as cholera, polio and Ebola outbreaks, as well as armed conflicts and population movement affecting millions of vulnerable persons across the country are very common.

The country is also prone to infectious diseases and has faced recurring communicable disease outbreaks of cholera, measles, polio, yellow fever and malaria, among others. Increased violence and political turmoil have resulted in 8,000 people being displaced per day on average. According to the United Nations (UN), the total number of internally displaced people in the DRC is estimated at 3.8 million which turns to be one of the highest in Africa. The recent double Ebola crisis has further contributed to the weakening of the health system and a surge in cholera-related morbidity and mortality.

Tension and violence in the Kasai Central province that took place in August 2016 onwards led to the forced displacement of around 1.4 million people and contributed to further worsening of the overall humanitarian situation throughout the Greater Kasai and the neighbouring provinces. In 2017, the violence expanded to Kasai, Kasai Oriental and Lomami provinces. In October 2017, the UN classified DRC crisis as an IASC Level 3 Emergency partly because of the situation in the Greater Kasai.

The Emergency Appeal that was launched in December 2017 was first revised in [September 2018](#) to match the operational plan with the epidemiological situation that had evolved, amend the budget and extend the appeal timeframe until December 2018. The appeal was further revised and the timeframe was extended until February 2019 as described in [Operations Update n°2](#). A third revision occurred and was explained in [Operations Update n° 3](#), which extended the appeal timeframe until May 2019.

### **Risk Analysis**

During the implementation of this appeal, DRC RC faced several constraints as follows:

- At the national level, many partners compete for the National Society's human resources. Partners request the participation of key staff on field trips, in trainings or meetings, which reduces the availability of this key staff for the appeal.
- The DRC RC Lomami branch's committee is complete and functional, and a network of trained volunteers is available. The branch has an office in a private building, but no functional transportation or communication equipment. Relationships with the authorities are well established.
- Four territorial branches cover the area of the five health zones targeted by this appeal. There is a complete committee for each territorial branch, but except for the Ngandajika branch, these branches do not have any office space and lack basic office and field equipment.

Moreover, the weaknesses identified during the Organisational Capacity Assessment and Certification (OCAC) assessment in 2018 cover the following business areas:

- Resource mobilisation

- Strengthening of branch capacity
- Financial management
- Government relations
- Security management
- External communication

Mitigation measures have been taken as part of this appeal. Such measures include the deployment by IFRC of regional surge capacity and delegates to increase the workforce of the host NS, the construction and equipment of branch offices where needed.

## B. OPERATIONAL STRATEGY

### Proposed strategy

With support from IFRC, the DRC RC defined an operational strategy to respond to needs through a phased approach, prioritizing first the cholera outbreak and other communicable diseases in Lomami, as well as short-term support for National Society development essential to the response. Based on the implementation performance and the increased operational capacity of the DRC RC to respond and the IFRC to support an expansion of its scope and geographic area of intervention, the IFRC had planned to consider follow-on phases that address livelihoods, food security, shelter, protection, gender and inclusion and longer-term national society capacity development. Nevertheless, this was not possible especially due to the 9<sup>th</sup> and 10<sup>th</sup> Ebola Virus Disease (EVD) outbreaks that occurred in 2018, absorbing the greater part of both the host NS and IFRC resources. Thus, the cholera response remained the only focus of this emergency appeal throughout the implementation period.

Considering the evolving epidemiological situation in the Lomami Province, the response shifted towards a health-focused epidemic response operation, with activities targeting communities in areas affected (or at risk of being affected) by cholera, instead of IDPs, returnees and host families as initially planned. However, the response kept the original target of 244,300 people, which represents about 20% of the overall population of the 5 priority health zones (total population 1,173,466). The following table summarizes the total population in the health zones targeted by the operation:

HEALTH ZONE	TARGET POPULATION
Kabinda	337,551
Kalambayi	211,020
Kamiji	53,966
Kanda-Kanda	245,598
Ngandajika	325,331
<b>Total</b>	<b>1,173,466</b>

Continuous needs assessment and analysis took place during implementation. Baseline surveys were also conducted to determine the scope of the action to be taken. Continuous WASH assessments were also conducted in targeted areas to determine the exact locations for the construction of planned WASH facilities such as water boreholes and latrines. DRC RC mobilized a total of 192 volunteers to implement planned activities in the 5 health zones. Continuous assessment also led to one [appeal revision](#) and no-cost extensions through [operations updates](#).

## C. DETAILED OPERATIONAL PLAN



### Health and nutrition

People reached: 214,047

Male: 104,300

Female: 109,747

#### Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by the DRC RC with services to reduce relevant health risk factors	244,300	214,047
# of situation reports developed and submitted to the cholera coordination body by DRC RC	24	20
# of cholera coordination meetings attended by DRC RC	24	12
# of women's groups participating in the implementation of community-based health activities	5	5
# of volunteers trained and equipped to provide safe household disinfection and dignified burials	50	10
# of women trained by DRC RC who take part in cholera surveillance activities	25	11
# of volunteers trained in CBHFA module 6 for epidemic surveillance and Gender and diversity	125	25

#### Narrative description of achievements

During the operation, sensitization activities were carried out as a means of helping the populations to improve on their hygiene practices. DRC RC volunteers were able to reach 64,863 men, 67,024 women, 39,437 boys and 42,723 girls. In total, Red Cross volunteers reached 109,747 women and girls, and also 104,300 men and boys. The following table summarizes the number of people reached with sensitization activities, disaggregated by health zone:

Health Zone	Areas in Health Zone	Areas targeted	Health Areas Reached	Men reached	Women reached	Children reached	Total people reached
Kabinda	26	6	6	23 246	24 021	29 445	76 712
Ngandajika et Bakuamulumba	18	9	9	10 824	11 184	13 710	35 718
Kanda-Kanda	18	18	18	15 222	15 729	19 281	50 232
Kamiji	12	12	12	8 431	8 712	10 680	27 823
Kalambayi	16	5	3	7 140	7 378	9 044	23 562
<b>Total</b>	<b>90</b>	<b>50</b>	<b>48</b>	<b>64 863</b>	<b>67 024</b>	<b>82 160</b>	<b>214 047</b>

In addition to sensitization activities, the operation team (IFRC and DRC RC) developed 20 situation reports, attended cholera coordination meetings, and trained 5 women's groups who then contributed to cholera prevention and control activities in their respective communities. The National Society (NS) also trained and equipped 10 volunteers who conducted safe household disinfection and dignified burials in targeted localities. A total of 11 women trained by DRC RC participated in cholera surveillance activities in targeted localities. Twenty-five (25) DRC RC volunteers were also trained in CBHFA module 6 for epidemic surveillance and Gender and diversity as part of this operation. Further details are provided in [Operations updates](#) no 1 and 2, as well as in [Emergency appeal revision](#).

#### Challenges

Several phases of the operation were planned, but only phase 1 (Community health response) was implemented due to limited funding. Moreover, the 9<sup>th</sup> Ebola Virus Disease (EVD) occurred in April 2018 and came as a distraction to the operation as most IFRC and DRC RC teams were deployed to respond to EVD. This somehow delayed the Lomami operation and imposed a request for timeframe extension to be able to implement remaining key activities.

#### Lessons Learned

Allowing the Lomami teams to deploy to EVD response was a mistake that had a serious impact on the Lomami operation. The lesson here is that teams should keep focus on ongoing operations while alerting the global network to the new developments in the field.



## Water, sanitation and hygiene

People reached: 214,047

Male: 104,300

Female: 109,747

### Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of households provided with safe water services that meet agreed standards	7,500	6,200
% of the target population with access to an improved water source	100% <sup>11</sup>	90%
# of households receiving water supply services <sup>12</sup> in line with agreed standards <sup>13</sup>	7,500	7,500
# of people with access to hygienic latrines	9,000	5,000
% of latrines constructed that are maintained by the target population	100%	100%
# of people reached with orientations on the use of hygiene items	9,000	7,000
# of volunteers involved in hygiene promotion activities	300	192
# of people reached with hygiene promotion activities	244,300	361,326

#### Narrative description of achievements

With the funds received, DRC RC was able to build 9 boreholes to provide potable water to 833 households. These households also received aqua tabs for water purification, jerrycans and buckets for water conservation, and soap for proper handwashing. Red Cross volunteers also built 6 blocks of 4 latrines each in targeted localities of Nsalanga, Mukala, Ilunga, Kabala, Abena, Mpaiana and Bana Tshibangu to serve about 5,000 people. All the latrines built by Red Cross are maintained by the targeted populations themselves. DRC RC volunteers also conducted sensitization and briefings on the use of distributed hygiene items, reaching about 7,000 people in Lomami province. Sensitization activities focused on handwashing, water treatment and storage and other basic WATSAN messaging from volunteers during the health and WASH integrated house-to-house visits. The activities planned were implemented with support from 192 volunteers trained as part of this operation. These trained volunteers conducted hygiene promotion in the 5 health zones targeted by the operation and reached 361,326 people. Part of the people reached are the same people who were reached with health activities as explained above (see the table under the Health and Nutrition section above). Further details are provided in [Operations updates](#) no 1 and 2, as well as in [Emergency appeal revision](#).

#### Challenges

Several phases of the operation were planned, but only phase 1 (Community health response) was implemented due to limited funding. Moreover, the 9<sup>th</sup> Ebola Virus Disease (EVD) occurred in April 2018 and came as a distraction to the operation as most IFRC and DRC RC teams were deployed to respond to EVD. This somehow delayed the Lomami operation and imposed a request for timeframe extension to be able to implement remaining key activities.

#### Lessons Learned

Allowing the Lomami teams to deploy to EVD response was a mistake that had a serious impact on the Lomami operation. The lesson here is that teams should keep focus on ongoing operations while alerting the global network to the new developments in the field.

<sup>11</sup> This target was established based on the budget available for WASH services. Only 10 boreholes were planned for this operation. 1 borehole is for 500 people. 10 boreholes are for 5000 people or  $(5000/6) = 833$  households. The target population is therefore 5,000 people. The target for this indicator in the various operations updates is 11%, which is wrong. It should be 100%. We have corrected it in this final report.

<sup>12</sup> Services here refer to water storage items, water treatment tablets and advice received from the DRC RC during the operation.

<sup>13</sup> Agreed standards; each household will receive a 20-liter jerry can, 3 Aqua Tab per day x 3 months where the quality of the water is questionable. For those households with access to potable water sources, the objective is to ensure that they receive at least 10 liters of water per person per day.

## Strengthen National Society

Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

Indicators:	Target	Actual
# of DRC RC volunteers insured	300	220
# of DRC RC volunteers trained in sensitization in response to cholera	300	192
# of DRC RC directorates supported	6	6
# of DRC RC local branches strengthened	5	5

### Narrative description of achievements

The operation supported the insurance for 220 DRC RC volunteers. Out of the 220 volunteers insured, 192 were trained on sensitization in response to cholera. The operation provided technical support to all 6 directorates of the DRC RC. As part of NS capacity building, an operational hub was established in Mwene-Ditu to serve as the operations office for the NS. Basic equipment, including a generator was provided to support the administrative functions and meetings, as well as potential accommodations for travelling staff and volunteers in that operational hub.

## International Disaster Response

Outcome 1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of AoF supported by surge staff (Health and WASH)	2	2
# of RDRTs deployed for the operation, one WASH and one for Health	2	2

Outcome 2: The complementarity and strengths of the Movement are enhanced

Indicators:	Target	Actual
# of Movement partners present in DRC supporting the operation	6	2
# of service agreements signed with the Partner National Societies present in DRC	6	2
# of shared services provided (disaggregated by type of service)	3	0

### Narrative description of achievements

Two RDRT were deployed for this operation, 1 health profile and 1 WASH profile. These regionally deployed staff contributed to the training of DRC RC volunteers, the development of detailed activities plan, the revision of the emergency plan of action (EPoA), and the implementation of activities to help reduce delays. At the beginning of the operation, the Central Africa Cluster Office also deployed its Communications Officer to support the operation with communication products to help resource mobilization efforts.

The British Red Cross and Canadian Red Cross supported the extension of the two RDRTs deployed. On its part, Swedish Red Cross supported the Logistics delegate position for the operation

## Influence others as leading strategic partner

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

Indicators:	Target	Actual
# of stories on the operation published	3	1
# of short videos on the operation published	3	1
# and % of donor reports (narrative) submitted in time	100%	100%
# and % of financial reports submitted in time	100%	100%

### Narrative description of achievements

The Communications Officer deployed by the Central Africa Cluster Office conducted a field visit and came out with a [story](#) and a video on the operation, which were published on IFRC website to present the situation in Lomami and the work of the DRC RC in response to cholera. The Cluster Office also deployed its PMER Officer and Finance Officer to support the operation, and this support resulted in timely preparation of operations updates.

## Contact information

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

### In the DRC RC National Society

- **Secretary General;** Emmanuelle MITANTA MAKUSU, email: [sgcrrdc@croixrouge-rdc.org](mailto:sgcrrdc@croixrouge-rdc.org), phone:
- **Operational coordination:** Moise KABONGO, National Disaster Management Director, email: [moise.kabongo@yahoo.fr](mailto:moise.kabongo@yahoo.fr), phone: +243 852387181

### In the IFRC

- **IFRC Regional Office for Africa:** Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, email: [adesh.tripathee@ifrc.org](mailto:adesh.tripathee@ifrc.org), phone +254 731067489
- **IFRC Regional Office for Africa DM coordinator:** Khaled Masud Ahmed, Regional Disaster Management Delegate, email: [khaled.masud@ifrc.org](mailto:khaled.masud@ifrc.org), phone: +254 20 283 5270, Mob +254 (0) 780440908
- **IFRC Country Cluster Support Team:** Name, title, email, phone
- **IFRC Country Office:** Momodou Lamin FYE, Head of DRC Country Office; Email: [momodoulamin.fye@ifrc.org](mailto:momodoulamin.fye@ifrc.org), phone:

### In IFRC Geneva

- **Programme and Operations focal point:** Antoine Belair, Operations Coordinator (Americas and Africa Regions), Email: [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org), phone: +41 22 730 4281, Mob. +41 79 708 3149

### For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Kentaro NAGAZUMI, Head of Partnership and Resource Development, email: [Kentaro.nagazumi@ifrc.org](mailto:Kentaro.nagazumi@ifrc.org), phone: +254 202 835 155

### For In-Kind donations and Mobilization table support:

- **Logistics Coordinator:** RISHI Ramrakha, Head of Africa Regional Logistics Unit; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org), phone: +254 733 888 022

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

- **IFRC Regional Office for Africa:** Philip Kahuho, Manager, Planning, Monitoring, Evaluation and Reporting (PMER), [Philip.kahuho@ifrc.org](mailto:Philip.kahuho@ifrc.org), phone +254 732 203081

## 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.

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



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



**Enable healthy  
and safe living.**



**Promote social inclusion  
and a culture of  
non-violence and peace.**

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

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/12-2020/3	Operation	MDRCD023
Budget Timeframe	2017/12-2019/05	Budget	APPROVED

Prepared on 20 Apr 2020

All figures are in Swiss Francs (CHF)

## MDRCD023 - DR Congo - Population Movement

Operating Timeframe: 28 Dec 2017 to 22 May 2019; appeal launch date: 28 Dec 2017

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	63,286
AOF5 - Water, sanitation and hygiene	448,092
AOF6 - Protection, Gender & Inclusion	82,815
AOF7 - Migration	0
SFI1 - Strengthen National Societies	53,496
SFI2 - Effective international disaster management	352,480
SFI3 - Influence others as leading strategic partners	224,432
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>1,224,601</b>
<b>Donor Response* as per 20 Apr 2020</b>	<b>978,823</b>
<b>Appeal Coverage</b>	<b>79.93%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	50,912	43,583	7,330
AOF4 - Health	74,737	67,303	7,435
AOF5 - Water, sanitation and hygiene	269,917	226,462	43,454
AOF6 - Protection, Gender & Inclusion	5,727	5,781	-54
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	19,766	65,075	-45,308
SFI2 - Effective international disaster management	569,283	386,336	182,946
SFI3 - Influence others as leading strategic partners	191,683	254,856	-63,173
SFI4 - Ensure a strong IFRC	-3,083	-3,083	0
<b>Grand Total</b>	<b>1,178,942</b>	<b>1,046,312</b>	<b>132,630</b>

### III. Operating Movement & Closing Balance per 2020/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,178,942
Expenditure	-1,046,312
<b>Closing Balance</b>	<b>132,630</b>
Deferred Income	0
Funds Available	132,630

### IV. DREF Loan

* not included in Donor Response	Loan :	200,119	Reimbursed :	0	<b>Outstanding :</b>	<b>200,119</b>
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# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/12-2020/3	Operation	MDRCD023
Budget Timeframe	2017/12-2019/05	Budget	APPROVED

Prepared on 20 Apr 2020

All figures are in Swiss Francs (CHF)

## MDRCD023 - DR Congo - Population Movement

Operating Timeframe: 28 Dec 2017 to 22 May 2019; appeal launch date: 28 Dec 2017

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	74,005				74,005		
British Red Cross	97,625				97,625		
China Red Cross, Hong Kong branch	48,703				48,703		
DREF Allocations				200,119	200,119		
Japanese Red Cross Society	65,900				65,900		
Red Cross of Monaco	17,638				17,638		
Swedish Red Cross	230,056				230,056		
The Netherlands Red Cross	283,326				283,326		
The Netherlands Red Cross (from Netherlands Govern	161,569				161,569		
<b>Total Contributions and Other Income</b>	<b>978,823</b>	<b>0</b>	<b>0</b>	<b>200,119</b>	<b>1,178,942</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>1,178,942</b>	<b>0</b>	