

# Emergency Plan of Action Final Report

## Democratic Republic of Congo (DRC): Ebola Outbreak

<b>DREF operation</b>	<b>Operation n°</b> MDRCD020
<b>Date of Issue:</b> 09 May 2018	<b>Glide number:</b> EP-2017-000048-COD
<b>Date of disaster:</b> 12 May 2017	
<b>Operation start date:</b> 14 May 2017	<b>Operation end date:</b> 14 September 2017
<b>Host National Society:</b> DRC RC	<b>Operation budget:</b> CHF 381,022
<b>Number of people affected:</b> 23,325	<b>Number of people assisted:</b> 65,394
<b>N° of National Societies involved in the operation:</b> 1	
<b>N° of other partner organizations involved in the operation:</b> Ministry of Public Health, WHO, UNICEF, MSF, ALIMA, CDC, USAID	

## A. SITUATION ANALYSIS

### Description of the disaster

Suspected cases of Ebola Virus Disease (EVD) started appearing in Nambwa health centre on 22 April 2017 when a 39-year-old male subject with fever, asthenia, vomiting of blood, bloody diarrhoea, haematuria, epistaxis and extreme fatigue was brought in. Upon seeing the seriousness of the case, the health centre decided to refer it to the Reference General Hospital (RGH) of Likati, but the man died 12 km before getting to the RGH. A few days later, the driver and the person behind the motorcycle carrying the index case developed the same signs and symptoms. The death of the driver was later announced. As of 15<sup>th</sup> May 2017, 19 suspected and 1 confirmed cases had already been declared, with 3 deaths in Nambwa health area alone. The suspected cases were spread over 3 health areas, namely Nambwa, Mouma and Ngayi.

The alert was issued at national level on 8 May 2017 by the Provincial Health Division, 17 days after the death of the index case (who probably became ill between weeks 14 and 15 of 2017). Following the issuance of the national alert, IFRC supported the DRC RC in launching a DREF Emergency Plan of Action (EPoA) on 15<sup>th</sup> May 2017 to help respond to the epidemic outbreak. The EPoA was initially seeking CHF 199,110 to assist 5,831 people for 3 months. Based on the data collected during the first 2 weeks of implementation of the EPoA, the National Society (NS) submitted the DREF operation update No 1, which was issued on 2 June 2017 to widen the scope of intervention and reach an additional 12,831 people, bringing the overall number of targeted persons to 18 662 people. That update also revised DREF budget from CHF 199,110 to CHF 381,022 (supplementary allocation of CHF 181,912), and extended operation timeframe from 3 months to 4 months, to allow enough time for the NS to reach the maximum number of targeted people.



**Training of DRC RC volunteers on how to wear and remove EVD protection equipment.** / Photo by IFRC-deployed RDRT member.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Red Cross of the Democratic Republic of the Congo (DRC), extends its thanks to all partners for their generous contributions.

## Summary of response

### Overview of Host National Society

When the first alert was given, the NS mobilised its Health and WASH department for a quick response to the outbreak. The NS' WASH focal point, Health Director and DRC RC volunteers conducted a rapid assessment of the situation, which led to the launching of the DREF on 15<sup>th</sup> May 2017. Following the launching of the DREF, the NS mobilised 161 volunteers and trained them to implement the various activities planned in affected localities, namely Nambwa, Mouma, Ngayi and Likati. All activities were implemented in close collaboration with the Ministry of Health (MoH), with support from IFRC, firstly through the RDRT member deployed for the operation, and later through the in-country IFRC delegates.

The RDRT member and the NS's WATSAN focal person, working in close collaboration with MoH, WHO, and UNICEF, trained volunteers on WASH, sensitisation and psychological support to affected people, and deployed them to affected localities, namely Nambwa, Mouma, Ngayi and Likati. Those volunteers contributed to the success of the operation by sensitizing 65,394 people, including 19,445 men, 19,933 women and 26,016 children from 6 to 14 years (see the attached Database of the Operation). The trained volunteers also disinfected 133 houses, 456 latrines and 135 health centres, as well as 170 public buildings. Another achievement by the DRC RC included the construction of 62 latrines for households that did not have access to latrines in targeted localities.

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

The IFRC Central Africa Cluster Country Support team (CCST), based in Yaoundé, supported the DRC RC with the coordination of all activities within the DREF operation launched on 15 May 2017. When the epidemic started, a response coordination unit was put in place to coordinate Movement response. The Red Cross team participated in the coordination meetings organized by the MoH, and joined WHO, UNICEF and MoH teams in surveillance and evaluation missions. IFRC facilitated the deployment of 2 RDRTs to support the implementation of the operation.

### Overview of non-RCRC actors in country

The "**NATIONAL PLAN FOR THE PREPARATION AND RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK**" was updated and validated in August 2014 by the MoPH and its partners, including WHO, UNICEF, DRC RC, CDC, and *Médécins Sans Frontières*. The "Response Plan for the Ebola Haemorrhagic Fever Epidemic in the Likati Health Zone of Bas Uele Province" was drafted and shared with partners on 18 May 2017.

The government and other partners agreed to deploy a multidisciplinary team on Saturday 13 May 2017 to take stock of the situation and to prepare for the arrival of the main response team. The multidisciplinary team was in charge of assessing the situation on the ground.

Actions undertaken by government include:

- setup of a coordination committee at national, provincial and local levels;
- training of healthcare personnel;
- raising awareness among opinion leaders;
- organization of a patient's circuit;
- drafting of a list of contacts and family members.

The set up for various committees included:

1. surveillance
2. medical care
3. laboratory and research
4. communication and social mobilization
5. water, hygiene and sanitation
6. psychosocial care
7. logistics

Throughout the operation, the various committees met on a regular basis under the leadership of the MoPH. Key achievements by non-Red Cross actors include:

- the deployment of an operational mobile laboratory by MoPH
- MSF set up an Ebola treatment centre (ETC) in Likati;
- MoPH set up an ETC in Ngayi
- ALIMA set up an ETC in Mouma; and
- MSF provided treatment at home in Nambwa

The MoPH and WHO urged all partners to share information / ToRs on their various contributions including human resources, specifically international staff entering the country. With the support of MSF, WHO and the MoPH mobilized 2,200 doses of vaccines produced by Merck manufacturer for exclusive contact cases and secondary contact.

## Needs analysis and scenario planning

The most important objective was to focus on tracing contact cases with the view of limiting the spread of the disease, and thus eradicating it as quickly as possible. As such, it was an extremely important and urgent task to intensify response to this outbreak, to limit its impact and to effectively contain the disease. This intervention aimed to reduce the threat of an outbreak of Ebola in the surrounding countries and districts by addressing “at risk groups” and “at risk behaviours” among the population. This objective, fine-tuned after the launching of the operation, prompted the revision of the DREF budget and timeframe to allow enough time and resources to intensify epidemiological surveillance for an additional one month, strengthen community engagement and accountability, ensure safe burial of corpses, and provide psychosocial support.

### Risk Analysis

The Ebola virus disease occurred in the heart of the forest, in an enclosed locality which is almost inaccessible, as Red Cross volunteers could only get there by motorbike. The only option from Kinshasa was to rely on the UN that facilitated access by making available the helicopter of the MONUSCO. This was happening in a health zone with 74 648 inhabitants.

## B. OPERATIONAL STRATEGY

### Proposed strategy

Based on the information available, the strategy for the DRC RC was to contribute to the containment of the EVD outbreak with a focus on the following:

- Surveillance and contact tracing
- Psycho-social support
- Infection prevention and control (IPC) including safe, and dignified burials (SDB)
- Community engagement and accountability, and social mobilization

The DRC RC initially targeted 5,831 people. However, after launching the operation, it became quickly necessary to increase the number of targeted people with the view of limiting the spread of the epidemic. Thus, the operation was revised to widen the scope of intervention and reach an additional 12,831 people, bringing the overall number of targeted persons to 18,662 people, i.e. 25% of the 74,648 inhabitants in the affected health areas of Namwa, Mouma, Ngayi and Azande. The targeted persons were reached through a sensitization campaign to improve awareness on EVD and consequently reduce the impact and spread of the epidemic. The DRC RC supported the national efforts through the following activities:

#### 1. Surveillance and contact tracing

Rapid detection and isolation of new cases is the key to preventing onward transmission of the virus.

- a. The NS strengthened surveillance and contact tracing capacity in the affected and surrounding health areas by deploying 20 teams composed each of 1 surveillance officer + 2 contact tracers. Everyone who had come into close contact with a patient with EVD was automatically monitored at least once every 24 hours in case they developed signs of infection. This plan was shared with other humanitarian actors. During the course of implementation, these volunteers remained available to be deployed in joint response.
- b. The NS established community-based active case-finding teams in the affected and surrounding villages (161 community volunteers were trained to that effect). Waiting for patients to show up at health centres was not enough. The strategy was to get ahead of transmission, and case-investigation teams were needed to get out

into affected and at-risk communities so that any undetected chains of transmission could be quickly discovered. DRC RC took a practical approach of using same set of volunteers for better acceptance and access to affected households during operation.

## **2. Safe and dignified burial and decontamination**

The bodies of patients who have died from EVD remain infectious and must be handled by teams trained to provide safe and dignified burial (SDB) and minimize the risk of onward transmission in the community. The NS achieved the following:

- a. Established safe and dignified burial teams in the affected health areas (3 teams each composed of 6 persons). The six (6) people included one (1) team leader/ supervisor, 1 sprayer, and 3 to manage body plus 1 community engagement person to talk to the affected families. Volunteers involved in the SDB were trained on basic first aid as part of wider training in Ebola environment.
- b. Established household decontamination teams in the affected health areas (10 people).

## **3. Community engagement and social mobilization**

Past experience shows that affected communities hold the key to preventing the transmission of EVD. Listening to the concerns of communities and providing appropriate and well-targeted information to them maximizes the effectiveness of the response. Establishing two-way communication systems allow people to voice their understanding of the issues and provide feedback on how we are delivering services. This strengthens trust with the community and contributes to community owned solutions. This objective was reached by:

- a. Establishing community engagement and social mobilization teams in affected and surrounding health areas (161 community volunteers were trained on community engagement).
- b. Conducting a sensitization campaign through 161 volunteers and 15 supervisors. The volunteers were selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers worked three days a week for three months out of the four months of implementation. Given the challenge of access, volunteers used bicycles, an average of one bicycle per 5 volunteers.
- c. Establishing a system for two-way communication that allows communities to voice their needs and assist in capturing rumours, myths and feedback, as well as complaints. This information was used to inform messages shared during community engagement and social mobilization activities. At National Society level, communications material (flyers, posters, spots) from previous outbreaks were identified and used for sensitization around the disease.

## **4. Provide psychosocial support to the affected families and communities in the affected health areas**

These actions met the immediate needs for Ebola awareness and sensitization of the affected communities and areas at risk, as well as the need for support to the government in psychosocial interventions, transport of patients, safe management of bodies and disinfection of suspected infected houses and areas. All this was done with regards to local culture and traditions.

Based on the thematic areas, volunteers were trained on EVD transmission and prevention, as well as safety procedures and psychosocial support. As per the plan, 50 volunteers undertaking IPC or SDB work were provided with additional specialized training and supervision. Volunteers supporting contact tracing were also provided with specialized training in coordination with WHO and MoPH.

The DRC RC volunteers mobilized in affected areas received the necessary training to enhance the National Society's capacity in community-based surveillance and social mobilization. This facilitated early detection and control of the outbreak.

Some 25 volunteers, out of the overall 161 volunteers dedicated to this operation, were mobilized and trained specifically for psychosocial support of the affected or exposed population. In addition, 2 RDRT members were deployed to support the DRC RC, one with SDB experience, and another with CEA relating to Ebola operation experience. The finance and administration delegate from the IFRC Yaoundé – CCST was also deployed for short mission to ensure IFRC financial compliance and accountability in the operation.

## C. DETAILED OPERATIONAL PLAN



### Health

People reached: 65 394

Male: 19 445

Female: 19 933

#### Outcome 1: The spread and impact of the epidemic is reduced through surveillance and contact tracing

Indicators:	Target	Actual
Number of people reached by social mobilisation to help prevent the spread of EVD	18,662	65,394
Number of volunteers and supervisors trained on the detection of the signs and symptoms of EVD, epidemics management, contact tracing, and community engagement	150	161
Number of contacts reached by Red Cross volunteers during surveillance and contact tracing activities in affected health zones and in the surrounding health areas using mobile phones for data collection	NA	564
Number of active community teams having contributed to the identification of cases in affected health zones and in the surrounding health areas	NA	20
Number of volunteers trained on the referral of potential EVD cases	150	161
Number of Individual Protection Kits (IPK) purchased to replenish the stock used in this operation	165	165
Narrative description of achievements		
<p>161 volunteers were trained on WASH, awareness raising and psychosocial support. The training mainly focused on dressing/undressing of PPE (personal protective equipment), preparation of chlorine solution, assembling a sprayer and hand washing. Breakdown of 171 trained volunteers in different locations are as follows:</p> <ul style="list-style-type: none"> <li>• Ngayi: 35 volunteers</li> <li>• Mouma: 43 volunteers</li> <li>• Nambwa: 43 volunteers</li> <li>• Likati: 50 volunteers</li> </ul> <p>Some 564 people have been reached through surveillance and contact tracing activities in Likati communities and surrounding health areas.</p> <p>Although 75 volunteers were partially trained, MoPH requested another refresher training before starting activities. Before this, volunteers had already reported 5 suspected cases.</p>		
Challenges		
Identifying and tracing all contact cases was a real challenge in the sense that Red Cross volunteers had to make door-to-door visit.		
Lessons Learned		
Red Cross intervention brought a considerable added value to quickly help stop the spread of the EVD. MoPH acknowledged Red Cross contributions.		
<b>Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population</b>		
Indicators:	Target	Actual
Number of households reached with psychosocial support administered using culturally accepted and appropriate approaches	NA	677
Number of Red Cross volunteers and staff involved in the operation who have received psychosocial support through briefing and debriefing sessions	NA	0
Number of Red Cross volunteers trained on how to administer psychosocial support	25	23

Narrative description of achievements		
<p>DRC RC volunteers provided psychosocial support to 677 people living in households with suspected Ebola cases in Likati during burial ceremonies in Likati, Mouma and Ngayi localities. In addition, the Ministry of Health facilitated the training of 23 Red Cross volunteers from Ngayi and Mouma on how to provide psychosocial support to families affected by Ebola, and on psychological preparedness prior to entering an Ebola Treatment Centre (ETC).</p> <p>In the course of this operation, several helicopters took off and landed in Likati, Nambwa, Mouma and Ngayi. The inhabitants of these localities had never seen a helicopter before, and it was a challenge to contain them during take-off and landing. DRC RC volunteers had to intervene by making a security belt surrounding the take-off and landing space, and this facilitated a safer movement of people and handling of goods.</p>		
Challenges		
Nothing to report.		
Lessons Learned		
The smooth communication established by Red Cross volunteers between community members and affected families facilitated access to contact cases. Community engagement and accountability is key in the response to an epidemic.		
<b>Outcome 3: Social mobilization, community engagement and accountability activities are conducted to limit the spread and impact of EVD</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of Information, Education and Communication (IEC) materials produced taking into consideration the specificities of targeted health zones	4,000	4,000
Number of feedback mechanisms put in place to capture rumours, myths, feedback and complaints with the view to manage them	NA	0
Number of Red Cross volunteers and supervisors trained on community engagement and accountability	150	161
Number of community engagement and social mobilisation teams deployed in affected and surrounding villages	20	20
Number of social mobilisation and community engagement sessions held through door-to-door approach	NA	3 677
Number of partners, including MoPH, supported by Red Cross during Ebola vaccination sessions	NA	NA
Narrative description of achievements		
<p><i>All IEC materials were updated and produced as planned and used for public awareness. Red Cross volunteers conducted several sensitization sessions, facilitated 6 radio programmes in Likati, and conducted 33 interviews, reaching more people than initially planned with Ebola prevention and treatment messages. The plan of action was intended to sensitize 18,662 people, but Red Cross volunteers sensitized a total of 65,384 people, including 32,874 people in Likati, 4,249 people in Ngayi, 7,286 people in Muma, and 20,985 people in Nambwa. The Ministry of Health did not organize the vaccination campaign as initially planned.</i></p>		
Challenges		
<p>The biggest challenge here was the management of rumours that were making people reluctant to cooperate with the operation team. Community engagement and accountability activities such as explanation of the plan of action, description of the disease and presentation of potential consequences were carried out, and this contributed to building the understanding and engagement of the communities.</p>		
Lessons Learned		
<p>The timely intervention of Red Cross volunteers contributed to stopping the spread of Ebola. The engagement of communities in the operation also facilitated the reduction of the effects of Ebola on the populations.</p>		



## Water, sanitation and hygiene

People reached:

Male:

Female:

### Outcome 1: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions

Indicators:	Target	Actual
Number of houses disinfected	NA	133
Number of latrines disinfected	NA	456
Number of health centres disinfected	NA	135
Number of public buildings (schools, churches, orphanages, etc.) disinfected	NA	170
Number of corpses prepared (treated) by Red Cross volunteers for burial	NA	35
Number of burials secured by Red Cross volunteers	NA	15
Number of latrines constructed	NA	62
Narrative description of achievements		
A total of 36 Red Cross volunteers (13 in Ngayi and 23 in Muma) were trained on Ebola prevention and control. 60 personal protection equipment (PPE) were procured and put at the disposal of Red Cross volunteers for the operation. Trained volunteers disinfected 133 houses, 456 latrines, 135 health centres, and 170 public buildings (schools, churches, orphanages) in Likati, Muma, Nambwa and Ngayi. In addition, Red Cross volunteers treated 35 corpses of people who died of Ebola, and conducted safe and dignified burial of 15 of those corpses in Likati, Muma, Nambwa and Ngayi.		
Challenges		
Nothing to report.		
Lessons Learned		
The timely intervention of Red Cross volunteers contributed to stopping the spread of Ebola. The engagement of communities in the operation also facilitated the reduction of the effects of Ebola on the populations.		

## D. THE BUDGET

The total budget for this operation was CHF 381,022 of which CHF 324,241 (85.09%) was spent. The balance of CHF 56,781 will be returned to the DREF.

### Explanation of variances

- The budget line “Medical & First Aid” shows it was overrun by CHF 20,757 (309.80%), but there was an error in the accounting code as the Ebola kits that were loaded here should have been loaded under “Water, sanitation and hygiene” as they refer to Geneva SPIs 1,702,545 and 1,702,646.
- “Utensils & Tools” budget line was unspent because most purchases were made by Geneva and Nairobi.
- “Other Supplies & Services” also remained unspent because expenses here were loaded under “Medical and First Aid”.
- “Distribution & Monitoring” budget line shows it was overspent by CHF 5,530 because of the same error associated with the Geneva SPIs 1,702,545 and 1,702,646 as indicated above.
- “Logistics Services” shows it was also overrun by CHF 5,000 because of an accounting code error as the costs for transporting Ebola kits should have been loaded under “Transport and Vehicle Costs” (Geneva SPI)
- “Consultants” budget line remained unspent because no consultant was recruited.

- “Professional Fees” was overspent because it should have been loaded under “Information and Public Relations”. Also, Translation costs were equally budgeted on this line as they were not budgeted at planning stage.
- “Information & Public Relations” shows it was overrun by CHF 2,474 (34.36%) because the cost for the production of posters and leaflets were loaded here, instead of being loaded under “Teaching Materials”.
- “Office Costs” budget line was also overrun by CHF 3,213 (33.46%) because workshop purchases were loaded here instead of under “Workshop and training”.
- Financial Charges was overspent by CHF 592 (23.68%) as charges were higher than planned because of transfer cost from Yaoundé to Kinshasa, and from Kinshasa to the field.

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## 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 National Society

- **Secretary General:** Mitanta Makusu Mamie; Secretary General, DRC RC; email: [sgcrrdc@croixrouge-rdc.org](mailto:sgcrrdc@croixrouge-rdc.org) ; phone:
- **Operational coordination:** Dr Jean-Faustin Balelia; Health Director DRC RC; email: [j.balelia@croixrouge-rdc.org](mailto:j.balelia@croixrouge-rdc.org) ; phone:

### In the IFRC

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### In IFRC Geneva

- **Programme and Operations focal point:** Name, title, email, phone

### For IFRC Resource Mobilization and Pledges support:

- **In IFRC Africa Regional Office:** Kentaro Nagazumi, Head of Partnership and Resource Development; phone: +254202835155; email: [kentaro.nagazumi@ifrc.org](mailto:kentaro.nagazumi@ifrc.org)

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

- **Global Logistics Services:**
- **Logistics Coordinator:** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; Email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

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

- **IFRC Regional Office for Africa:** Fiona Gatere, PMER Coordinator, email: [fiona.gatere@ifrc.org](mailto:fiona.gatere@ifrc.org) , phone: +254 (0) 780 771139

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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.

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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

## Disaster Response Financial Report

## MDRCD020 - DR Congo - Ebola Virus Disease

Timeframe: 15 mai 17 to 14 sept. 17

Appeal Launch Date: 15 mai 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/5-2018/3	Programme	MDRCD020
Budget Timeframe	2017/5-9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>			381'022			381'022	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>			381'022			381'022	
<b>C4. Other Income</b>			381'022			381'022	
<b>C. Total Income = SUM(C1..C4)</b>			381'022			381'022	
<b>D. Total Funding = B +C</b>			381'022			381'022	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>			381'022			381'022	
<b>E. Expenditure</b>			-324'241			-324'241	
<b>F. Closing Balance = (B + C + E)</b>			56'781			56'781	

## Disaster Response Financial Report

## MDRCD020 - DR Congo - Ebola Virus Disease

Timeframe: 15 mai 17 to 14 sept. 17

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Final Report

## Selected Parameters

Reporting Timeframe	2017/5-2018/3	Programme	MDRCD020
Budget Timeframe	2017/5-9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>				<b>381'022</b>		<b>381'022</b>		
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	46'405			21'107		21'107	25'298	
Medical & First Aid	6'700			27'457		27'457	-20'757	
Teaching Materials	13'000			1'542		1'542	11'458	
Utensils & Tools	750						750	
Other Supplies & Services	22'500						22'500	
<b>Total Relief items, Construction, Sup</b>	<b>89'355</b>			<b>50'106</b>		<b>50'106</b>	<b>39'249</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	15'800			13'910		13'910	1'890	
Office & Household Equipment	2'000			1'759		1'759	241	
<b>Total Land, vehicles &amp; equipment</b>	<b>17'800</b>			<b>15'669</b>		<b>15'669</b>	<b>2'131</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	5'000			4'087		4'087	913	
Distribution & Monitoring				5'530		5'530	-5'530	
Transport & Vehicles Costs	19'000			17'790		17'790	1'210	
Logistics Services				5'000		5'000	-5'000	
<b>Total Logistics, Transport &amp; Storage</b>	<b>24'000</b>			<b>32'407</b>		<b>32'407</b>	<b>-8'407</b>	
<b>Personnel</b>								
International Staff	24'000			23'340		23'340	660	
National Staff	2'000			2'009		2'009	-9	
National Society Staff	11'400			11'447		11'447	-47	
Volunteers	66'038			67'153		67'153	-1'115	
<b>Total Personnel</b>	<b>103'438</b>			<b>103'949</b>		<b>103'949</b>	<b>-511</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	10'000						10'000	
Professional Fees				512		512	-512	
<b>Total Consultants &amp; Professional Fees</b>	<b>10'000</b>			<b>512</b>		<b>512</b>	<b>9'488</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	47'975			40'942		40'942	7'033	
<b>Total Workshops &amp; Training</b>	<b>47'975</b>			<b>40'942</b>		<b>40'942</b>	<b>7'033</b>	
<b>General Expenditure</b>								
Travel	34'500			26'943		26'943	7'557	
Information & Public Relations	7'200			9'674		9'674	-2'474	
Office Costs	9'600			12'813		12'813	-3'213	
Communications	11'400			8'345		8'345	3'055	
Financial Charges	2'500			3'092		3'092	-592	
<b>Total General Expenditure</b>	<b>65'200</b>			<b>60'867</b>		<b>60'867</b>	<b>4'333</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	23'255			19'789		19'789	3'466	
<b>Total Indirect Costs</b>	<b>23'255</b>			<b>19'789</b>		<b>19'789</b>	<b>3'466</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>381'022</b>			<b>324'241</b>		<b>324'241</b>	<b>56'781</b>	
<b>VARIANCE (C - D)</b>				<b>56'781</b>		<b>56'781</b>		

**Disaster Response Financial Report****MDRCD020 - DR Congo - Ebola Virus Disease**

Timeframe: 15 mai 17 to 14 sept. 17

Appeal Launch Date: 15 mai 17

Final Report

**Selected Parameters**

Reporting Timeframe	2017/5-2018/3	Programme	MDRCD020
Budget Timeframe	2017/5-9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Health	381'022		381'022	381'022	324'241	56'781	
Subtotal BL3	381'022		381'022	381'022	324'241	56'781	
<b>GRAND TOTAL</b>	<b>381'022</b>		<b>381'022</b>	<b>381'022</b>	<b>324'241</b>	<b>56'781</b>	