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. The Netherlands Red Cross Society (NLRC), the Canadian Government and the Belgian Government contributed to replenishing the DREF for this operation. On behalf of the DRC Red Cross Society (DRC RC), the IFRC would like to extend gratitude to all for their generous contributions.

<Click here for the final financial report and here for contacts>
the November-December 2019 anti-measles campaign. This number includes the 169,530 children that were recovered and brought to vaccination sites thanks to Red Cross volunteers.

During their social mobilization activities, Red Cross volunteers encountered 13,662 resistant parents who did not want to get their children vaccinated for several reasons, including religious, political, or scientific reasons. Out of the 13,662 cases of resistance registered, Red Cross volunteers convinced 4,987 cases who understood and got their children vaccinated.

Red Cross volunteers also registered 24,851 zero-dose children (who had never been vaccinated against measles before), and those are included in the total number of children who were vaccinated during the November-December 2019 anti-measles campaign in the 42 health zones targeted by the Red Cross and the Ministry of Health.

The National Society seized the opportunity of that campaign to capture information on all the vaccine-preventable diseases affecting the populations in the health zones targeted. They identified 1,055 cases of measles, and 42 cases of acute respiratory infection, and that information was submitted to the Ministry of Health for consideration.

**Overview of Red Cross Red Crescent Movement in country**
The American Red Cross established a bilateral agreement with the DRC RC to conduct social mobilization as part of the anti-measles campaign in Kinshasa. Through that support, DRC RC volunteers sensitized 1,422,432 people for the need of getting their children vaccinated and facilitated the vaccination of 1,666,966 children in Kinshasa as reported by the Expanded Immunization Programme (EIP) and 47,971 children recovered by the volunteers.

**Overview of non-RCRC actors in country**
The Ministry of Health declared the epidemic and called for international humanitarian support to respond to the outbreak. To that effect, the Ministry of Health set up an epidemic coordination commission that planned and conducted the November-December 2019 anti-measles campaign, which was supported by Ministry of Health (MoH), World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and Médecins Sans Frontières (MSF). The collective effort facilitated the vaccination of 6,760,603 children aged 0-59 months.

**Needs analysis and scenario planning**
The November-December 2019 anti-measles campaign facilitated the vaccination of 1,836,496 children from 0 to 59 months thanks to the deployment of DRC volunteers for social mobilization. However, about 9 million children are exposed to the epidemic in the country, and Red Cross volunteers reported that some of the children identified by themselves were not vaccinated despite the efforts made during that campaign. Moreover, the NS testified during implementation of ongoing operations such as floods response in Kinshasa and Nord Ubangi that measles is still rampant in the country.

In addition, the COVID-19 outbreak diverted the attention from measles, and the anti-measles response operations that were scheduled for 2020 are somehow disrupted. While it is crucial to intensify efforts to stop or at least curb the spread of COVID-19 in DRC, the humanitarian community should also think of continuing the fight against measles. Measles is no longer a sudden onset disaster, but remains critical and it would be great if the DRC RC were given additional support to intensify the fight against measles in some remote areas, even in those provinces that are not affected by COVID-19.

**Risk Analysis**
The major risk affecting this operation was associated with internal administrative bottlenecks at the DRC RC, which prevented the NS from consuming all the funds allocated for the operation. The efforts put in solving the bottlenecks took considerable time and the COVID-19 outbreak occurred in March 2020, diverting concentration from measles to the new outbreak. Thanks to the support received from Movement partners, the NS now has a clear plan to fight against COVID-19 and can dedicate adequate time to combat other situations such as measles. Nevertheless, the timeframe for this operation elapsed, and it would be great to find other mechanisms to support the NS with the fight against measles.

**B. OPERATIONAL STRATEGY**

**Proposed strategy**
The operation was initially planned for Red Cross volunteers to be deployed five days during the anti-measles campaign. However, some gaps were observed where the Ministry of Health had to deploy staff but failed to do so for unforeseen reasons. To help cover that gap, Red Cross volunteers were deployed for an additional 2 days (1 day before and 1 day after the campaign), making a total of 7 days deployment. The day before the start of the campaign enabled the volunteers to mobilize a greater number of people, while the day after the campaign was dedicated to the recovery of
children not vaccinated during the campaign. The volunteers mobilized parents and guardians of children from 0 to 59 months using the door-to-door approach.

C. DETAILED OPERATIONAL PLAN

### Health

**People reached**: 1,095,000  
Male: 586,172  
Female: 508,828

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children from 0 to 59 months reached with measles vaccine in targeted health zones</td>
<td>95%</td>
<td>159%</td>
</tr>
<tr>
<td># of people reached with DRC RC social mobilization activities⁴</td>
<td>1,539,754</td>
<td>1,095,000</td>
</tr>
</tbody>
</table>

**Narrative description of achievements**

The Expanded Immunization Programme (EIP) of the Ministry of Health (MoH) had planned an anti-measles campaign in several provinces of the DRC, divided into bloc 2 and bloc 3 provinces. DRC Red Cross planned to support EIP in bloc 2 (Equateur and Kasai Oriental provinces) and bloc 3 (Kongo Central, Kwilu and Sud Kivu provinces). EIP plan was to vaccinate 1,339,889 children from 0 to 59 months in bloc 2 provinces, and 2,914,093 children in bloc 3 provinces, i.e. a total target of 4,253,982 children in bloc 2 and bloc 3 provinces. Thanks to Red Cross social mobilization activities as acknowledged by EIP, 1,346,272 children were vaccinated in bloc 2 provinces, and 5,414,331 children were vaccinated in bloc 3 provinces, making a total of 6,760,603 children vaccinated in bloc 2 and bloc 3 provinces. This represents a 159% vaccination coverage in the provinces targeted by the Red Cross.

Although EIP did not disaggregate their data by sex, DRC RC provided a disaggregation by sex of the number of children recovered and/or vaccinated by the Red Cross. In fact, Red Cross volunteers recovered and/or vaccinated a total of 266,802 children, including 143,152 boys (54%) and 123,650 girls (46%). We have applied this percentage to the numbers reported by EIP to get 3,650,726 boys vaccinated, and 3,109,877 girls vaccinated.

This successful achievement came as a result of the deployment of 2,053 Red Cross volunteers who conducted social mobilization activities before, during and after the campaign in targeted provinces, reaching about 219,000 households, or approximately 1,095,000 parents and guardians of children aged 0 to 59 months. The number of adults reached by Red Cross volunteers with messages to convince them to get their children vaccinated match the same percentages. Thus, we have applied the same percentages to the number of people reached (1,095,000) to get 586,172 men and 508,828 women.

**Challenges**

The major challenge was the fact that there was no enough time between when the DREF allocation was approved and the start date of the campaign. As a result, none of the rapid response staff that were planned was deployed for the operation. Moreover, administrative bottlenecks internal to the DRC RC delayed the signing of the memorandum of understanding, and this prevented the NS from consuming the total amount allocated for the operation.

**Lessons Learned**

In future, it would be good if discussions towards DREF allocation are brief. In addition, it might be good for IFRC to conduct a review to understand why DRC RC finds it so difficult to implement operations when they are funded. Such a review might come up with recommendations and solutions.

### Strengthen National Society

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of DRC RC volunteers insured</td>
<td>2,053</td>
<td>2,053</td>
</tr>
</tbody>
</table>

**Narrative description of achievements**

All the volunteers planned for the operation were insured and mobilized during the anti-measles campaign.

---

¹ This figure only indicates the number of adults reached by Red Cross volunteers through social mobilization activities (sensitization). The number of children vaccinated is reported, but not counted here as people reached as they include numbers reached by other actors outside the Red Cross.

⁴ Red Cross volunteers visited 219,000 households during the campaign and reached about 1,095,000 people with messages encouraging them to get their children vaccinated against measles.
Challenges
No challenge registered.

Lessons Learned
No lesson learned.

International Disaster Response

Indicators:

<table>
<thead>
<tr>
<th># of surge staff deployed to support DRC RC with the operation</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Narrative description of achievements
No surge staff was deployed for the operation. The recruitment of the rapid response personnel started, but before it could be completed, the campaign had already taken place and there was no point bringing in staff at that time.

Challenges
IFRC could not complete the recruitment of Rapid response staff because of limited time from the approval of the operation to the implementation of the campaign.

Lessons Learned
The DREF allocation was approved just a few days before the start of the anti-measles campaign, leaving no time to recruit the planned rapid response staff for the operation. Discussions towards DREF approval should be very brief.

Influence others as leading strategic partner

Indicators:

<table>
<thead>
<tr>
<th># of communications products published on the operation</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

| # of lessons learned workshops conducted | 6   | 0  |

Narrative description of achievements
While the communication products were not made because the communication surge capacity was not deployed, the NS could not organize the planned lesson learned workshops because of internal administrative bottlenecks.

Challenges
IFRC could not complete the recruitment of Rapid response staff because of limited time from the approval of the operation to the implementation of the campaign. The NS could not organize the planned lesson learned workshops because of internal administrative bottlenecks.

Lessons Learned
It might be good for IFRC to conduct a review to understand why DRC RC finds it so difficult to implement operations when they are funded. Such a review might come up with recommendations and solutions.

D. Financial Report

The overall budget allocated for this operation was CHF 344,125 of which CHF 98,049 (28.5%) were spent. A balance of CHF 246,076 will be returned to the DREF pot. The huge variance between the budget and expenditure is linked to the short timeframe between allocation and kick-off of activities, which did not allow for proper preparation of activities and no deployments. In addition, the COVID-19 pandemic affected implementation as attention of DRC MoH was diverted to the pandemic.

Please see below explanation of variances per budget line.

Expenditure Variance Explanation

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
<th>%</th>
<th>Variance Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief items, Construction, Supplies</td>
<td>4,170</td>
<td>4,170</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Materials</td>
<td>4,170</td>
<td>4,170</td>
<td></td>
<td></td>
<td>Budget line not consumed due to COVID-19 occurrence</td>
</tr>
<tr>
<td>Logistics, Transport &amp; Storage</td>
<td>1,430</td>
<td>2,185</td>
<td>-755</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Transport & Vehicles Costs

<table>
<thead>
<tr>
<th></th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,430</td>
<td>2,185</td>
<td>-755</td>
<td>153%</td>
</tr>
</tbody>
</table>

Line under budgeted while activities were implemented in remote areas.

### Personnel

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Staff</td>
<td>50,038</td>
<td>50,038</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>National Society Staff</td>
<td>131,564</td>
<td>106,842</td>
<td>-24,721</td>
<td>19%</td>
</tr>
<tr>
<td>Volunteers</td>
<td>14,276</td>
<td>2,329</td>
<td>-11,947</td>
<td>84%</td>
</tr>
</tbody>
</table>

Budget line not consumed due to COVID-19 occurrence

Activity implementation suspended with the occurrence of COVID-19

### Consultants & Professional Fees

<table>
<thead>
<tr>
<th>Type</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Professional Fees</td>
<td>993</td>
<td>993</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Budget line not consumed due to COVID-19 occurrence

### Workshops & Training

<table>
<thead>
<tr>
<th>Type</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops &amp; Training</td>
<td>27,032</td>
<td>26,489</td>
<td>-543</td>
<td>2%</td>
</tr>
</tbody>
</table>

Activity implementation suspended with the occurrence of COVID-19

### General Expenditure

<table>
<thead>
<tr>
<th>Type</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>10</td>
<td>-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information &amp; Public Relations</td>
<td>77,639</td>
<td>35,169</td>
<td>-42,470</td>
<td>55%</td>
</tr>
<tr>
<td>Office Costs</td>
<td>894</td>
<td>522</td>
<td>-372</td>
<td>42%</td>
</tr>
<tr>
<td>Communications</td>
<td>11,612</td>
<td>5,399</td>
<td>-6,213</td>
<td>54%</td>
</tr>
<tr>
<td>Financial Charges</td>
<td>3,475</td>
<td>522</td>
<td>-3,604</td>
<td>104%</td>
</tr>
</tbody>
</table>

Activity implementation suspended with the occurrence of COVID-19

Financial charge within the budget variance limit

### Indirect Costs

<table>
<thead>
<tr>
<th>Type</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme &amp; Services Support Recover</td>
<td>21,003</td>
<td>15,019</td>
<td>-6,004</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Grand Total

<table>
<thead>
<tr>
<th></th>
<th>Budgeted</th>
<th>Actual</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>344,125</td>
<td>246,076</td>
<td>-98,049</td>
<td></td>
</tr>
</tbody>
</table>

MDRCDC028 – DRC Measles Outbreak – DREF Operation Final Report
DREF Operation

FINAL FINANCIAL REPORT

MDRCD028 - DR Congo - Measles Outbreak
Operating Timeframe: 19 Nov 2019 to 19 Mar 2020

I. Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds &amp; Other Income</td>
<td>344,125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DREF Allocations</td>
<td>344,125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure</td>
<td>-98,049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing Balance</td>
<td>246,076</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Expenditure by area of focus / strategies for implementation

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF1 - Disaster risk reduction</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AOF2 - Shelter</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AOF3 - Livelihoods and basic needs</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AOF4 - Health</td>
<td>260,827</td>
<td>87,034</td>
<td>173,793</td>
</tr>
<tr>
<td>AOF5 - Water, sanitation and hygiene</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AOF6 - Protection, Gender &amp; Inclusion</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AOF7 - Migration</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Area of focus Total</td>
<td>260,827</td>
<td>87,034</td>
<td>173,793</td>
</tr>
<tr>
<td>SF11 - Strengthen National Societies</td>
<td>18,905</td>
<td>2,579</td>
<td>16,326</td>
</tr>
<tr>
<td>SF12 - Effective international disaster management</td>
<td>64,393</td>
<td>8,435</td>
<td>55,957</td>
</tr>
<tr>
<td>SF13 - Influence others as leading strategic partners</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>SF14 - Ensure a strong IFRC</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Strategy for implementation Total</td>
<td>83,298</td>
<td>11,014</td>
<td>72,283</td>
</tr>
<tr>
<td>Grand Total</td>
<td>344,125</td>
<td>98,049</td>
<td>246,076</td>
</tr>
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</table>
## III. Expenditure by budget category & group

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief items, Construction, Supplies</td>
<td>4,170</td>
<td>4,170</td>
<td></td>
</tr>
<tr>
<td>Teaching Materials</td>
<td>4,170</td>
<td>4,170</td>
<td></td>
</tr>
<tr>
<td>Logistics, Transport &amp; Storage</td>
<td>1,430</td>
<td>2,185</td>
<td>-755</td>
</tr>
<tr>
<td>Transport &amp; Vehicles Costs</td>
<td>1,430</td>
<td>2,185</td>
<td>-755</td>
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<tr>
<td>Personnel</td>
<td>195,878</td>
<td>36,668</td>
<td>159,209</td>
</tr>
<tr>
<td>International Staff</td>
<td>50,038</td>
<td>50,038</td>
<td></td>
</tr>
<tr>
<td>National Society Staff</td>
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<td>24,721</td>
<td>106,842</td>
</tr>
<tr>
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<td>11,947</td>
<td>2,329</td>
</tr>
<tr>
<td>Consultants &amp; Professional Fees</td>
<td>993</td>
<td>993</td>
<td></td>
</tr>
<tr>
<td>Professional Fees</td>
<td>993</td>
<td>993</td>
<td></td>
</tr>
<tr>
<td>Workshops &amp; Training</td>
<td>27,032</td>
<td>543</td>
<td>26,489</td>
</tr>
<tr>
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<td>27,032</td>
<td>543</td>
<td>26,489</td>
</tr>
<tr>
<td>General Expenditure</td>
<td>93,619</td>
<td>52,668</td>
<td>40,951</td>
</tr>
<tr>
<td>Travel</td>
<td>10</td>
<td>-10</td>
<td></td>
</tr>
<tr>
<td>Information &amp; Public Relations</td>
<td>77,639</td>
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<td>-129</td>
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<tr>
<td>Indirect Costs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Programme &amp; Services Support Recover</td>
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<td>5,984</td>
<td>15,019</td>
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<tr>
<td>Indirect Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>344,125</td>
<td>98,049</td>
<td>246,076</td>
</tr>
</tbody>
</table>
Contact information

Reference documents

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

In the DRC RC National Society
- **Secretary General**: Jacques Katshitsi, email: sgccrrdc@croixrouge-rdc.org, phone
- **Operational coordination**: Dr BALELIA WEMA Jean Faustin, DRC Red Cross-National Director for Health and Social Action, email: j.balelia@croix-rouge-rdc.org, phone: +243 8989155544, +243 822 951 182

In the IFRC
- **IFRC Country Office**: Momodou Lamin FYE, Head of DRC Country Office, email: momodoulamin.fye@ifrc.org, phone
- **IFRC Regional Office**: Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, email: adesh.tripathee@ifrc.org, phone: +254 731067489

In IFRC Geneva
- **Programme and Operations focal point**: Nicolas Boyrie, Operations Coordinator, phone +41 791 525 147, email: nicolas.boyrie@ifrc.org
- **DREF Focal point**: Eszter Matyeka, Senior Officer DREF, phone +41 22 730 4236, email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:
- **IFRC Regional Office**: Louise DAINTREY: Head of Unit, Partnerships & Resource Dev. Regional Office, Africa email: louise.daintrey@ifrc.org, phone: +254 110 843978

For In-Kind donations and Mobilization table support:
- **Logistics Coordinator**, RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org, phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)
- **IFRC Regional Office**: Philip KAHUHO, PMER Manager, email: philip.kahuho@ifrc.org, phone: +254732 203 081

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:
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.