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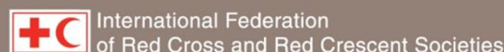
Emergency Plan of Action Operations Update:

Democratic Republic of the Congo (DRC)
Ebola Virus Disease outbreak



One International Appeal n° MDRCD026	**GLIDE n°:** EP-2018-000049-COD EP-2018-000129-COD EP-2020-000151-COD
Operations Update n° 7 **Date of issue:** 02 February 2021	**Timeframe covered by this update:** 32 months (May 2018 – December 2020)
Operation start date: 21 May 2018	**Operation timeframe:** end date 30 June 2021
Overall operation budget: CHF 56 million	**OIA amount initially allocated:** CHF 500,000 + CHF 300,000 (Uganda)
N° of people to be assisted: 8.7 million people	

Red Cross Red Crescent Movement partners actively involved in the operation: In addition to the Democratic Republic of Congo Red Cross (DRC RC), the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) there is also French Red Cross and other in-country partner National Societies (Belgium Red Cross, Spanish Red Cross and Swedish Red Cross) and other Partner National Societies who have made financial contributions (American, British, Canadian, Finnish, Icelandic, Norwegian, Swedish, Swiss).

Alongside these Movement partners, other national and international organizations are directly involved in the response to the Ebola epidemic. These include the Ministry of Health of the Democratic Republic of Congo, WHO, UNICEF, MSF, Oxfam, Personnes vivant avec Handicap (PVH), Soutien action pour le développement de l'Afrique (SAD Africa), AMEF, ASEBO, MND, Humanitarian Action, Ministry of Primary and Secondary Education (EPSP), Border Hygiene, IMC, The Alliance for International Medicine Action (ALIMA), IRC, Caritas, Mercy Corps, FHI 360, Africa CDC, CDC Atlanta, Foreign, Commonwealth and Development Office (FCDO formerly DFID), OIM and the World Bank.

Summary of the major activities

This Emergency Appeal was revised in October 2020, extending the Ebola Virus Disease (EVD) operation to 30 June 2021. In Equateur province the 11th EVD outbreak started in June has been declared over on 18 November 2020. The DRC RC is actively involved in the 90 days active surveillance period which will be ended 16 February 2021.

In Eastern DRC and also in Equateur, there was continuous support to DRC RC in transition and recovery activities against EVD and other similar outbreaks. This transition focused on the preparedness/rapid response capacity of the NS (RRT) for an early intervention in case of a resurgence of EVD or another health emergency while also strengthening the capacity of DRC RC to respond to future disasters.

Community engagement activities were implemented in Equateur but reduced in eastern DRC. This included also volunteers involved in infection prevention and control (IPC) in Eastern DRC. Psychosocial support (PSS) activities were scaled down to allow a few volunteers to remain to complete closure of cases and give minimal support as needed.

During the transition period, DRC RC volunteers implemented Community based Surveillance (CBS) in Equateur and eastern DRC to support the surveillance system of the Ministry of Health (MoH). Rapid Response Teams (RRTs) were established and training done to these volunteers to enable them to offer first aid services and safe transfer of patients to the nearest health facilities. Capacity building of DRC RC has been ongoing with the continuation of various construction works such as warehouses and decontamination sites; and staff capacity enhancement in various themes including management of warehouses and other pillars.

During the reporting period, Priority 1 countries surrounding the DRC (Burundi, Uganda, Rwanda and South Sudan) completed the preparedness activities and the operation has ended.

< Click **here** for the interim financial report and **here** for contacts >

A. SITUATION ANALYSIS

Description of the disaster

Figure 1: CEA volunteers raise awareness among pupils in a school in Mbandaka about barrier measures to fight the Ebola and other epidemics. Photo ©IFRC, Lebon Buota, November 2020

To date, the Democratic Republic of the Congo (DRC) has declared 11 outbreaks of Ebola virus disease (EVD) since the first identified outbreak in Yambuku Province in 1976 with the outbreaks having affected 10 of 26 provinces.

The Disaster and Red Cross Red Crescent response to date

8 May 2018: **9th EVD epidemic was declared by the DRC MoH** in the Bikoro and Iboko health zones in Equateur province. DRC RC, supported by IFRC, deployed response teams and the outbreak was declared over on 25 July 2018 with 33 deaths from among 54 confirmed and probable cases reported[1].

1 August 2018: **10th EVD epidemic was declared** shortly after the declaration of the end of the 9th EVD outbreak in Equateur following cases confirmed in the Mabalako health zone in Beni territory in North Kivu province. At this time, Red Cross response teams from the 9th outbreak were immediately deployed to North Kivu.

21 August 2018: 2nd One International Appeal (OIA) Revision - response to the new EVD outbreak in North Kivu and continued with actions in Equateur.

[1] WHO Situation report: declaration of the end of the Ebola outbreak in Équateur Province 25 July 2018

28 September 2018: WHO revised its risk assessment for the outbreak and elevated the risk from high to very high.

10 December 2018: IFRC issued a 6 Month Operation Update extending the timeframe until 21 May 2019, to ensure alignment with the Strategic Response Plan (SRP).

17 March 2019: IFRC issued the 3rd OIA Revision which scaled up operations in North Kivu and Ituri; and included epidemic preparedness in surrounding health zones; as well as epidemic preparedness in priority one countries.

19 July 2019: 4th revision of the OIA - activities timeframe was extended to 21 February 2020

18 December 2019: The OIA is revised for the 5th time **to extend the timeframe to December 2020** and make provision for transition and recovery activities. Budget increases from CHF 43m to CHF 61m.

1 June 2020: 11th EVD epidemic declared: While the operation was preparing for a transition from the response to the recovery phase, new EVD cases were reported in the town of Mbandaka in Equateur Province, the same area that had experienced the 9th outbreak, and the DRC MOH declared an EVD outbreak (the 11th in the history of the DRC).

25 June 2020: End of 10th EVD epidemic: This outbreak infected 3,470 people and killed 2,287, leaving 1,171 survivors. This outbreak had a fatality rate of more than 65%.

18 November 2020: **End of 11th EVD epidemic declared** by the DRC Ministry of Health. A total of 130 cases (119 confirmed and 11 probable) and 55 deaths were recorded since the beginning of the epidemic. No new confirmed cases were reported since the 28 September 2020. A 90-day surveillance period was started. IFRC and DRC RC are maintaining key activities such as CEA, safe patient transfers and Safe and Dignified Burial (SDB). IPC is being conducted in 11 locations including 9 health centres (FOSA), DRC RC premises and Mbandaka Prison. PSS for volunteers is also continuing. In addition, Red Cross is developing community-based surveillance (CBS) activities in former Ebola active zones in Equateur and Eastern DRC.

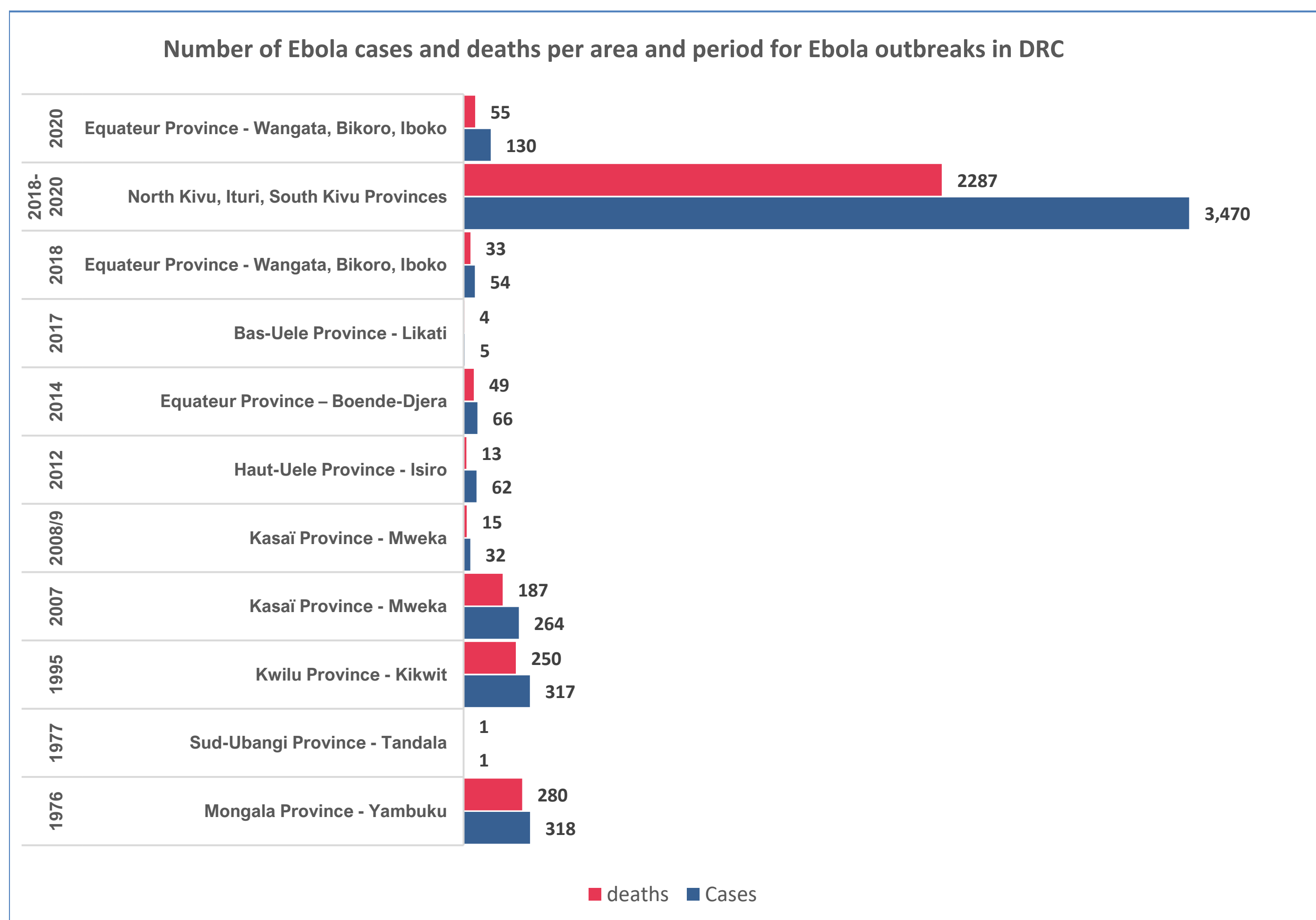


Figure 2: Ebola outbreaks in DRC from 1976 to date with number of cases and deaths

Key Achievements:

11th Outbreak – Equateur

Key results achieved as of 31 December 2020

261 (56%) of the **465** SDB alerts have been completed successfully by Red Cross teams. The SDB teams carried out 282 swabs out of which 17 were tested positive.

528 CEA volunteers have reached **228,121** people (58% under 18 years and 55% women) with door-to-door sensitization.

114,442 community feedback data points have been collected from community members analysed and informed decision making across pillars.

9 health facilities have been supported with an IPC package and **426,778** people have been screened.

PSS teams have implemented **2,992** activities that benefited both RC staff and volunteers.

10th Outbreak - North Kivu, Ituri and South Kivu

Key results achieved as of 31 December 2020

25,847 (88%) of the **29,357** SDB alerts have been completed successfully Safe and Dignified Burials teams including 32 Red Cross, 26 Civil Protection, 48 community-led harm reduction burial teams (ECUMR) trained by the Red Cross and 37 community burials teams trained by Civil Protection)

981 CEA volunteers have reached **3,993,291** of the target population with door-to-door and mass sensitization activities

1,636,923 community feedback data points have been collected from community members, analysed and informed decision making across pillars. This is one of the largest feedback platforms developed by the Red Cross Red Crescent Movement in the world

55 health facilities have been supported with an IPC package, supervision, training. 333 volunteers have screened **4,909,533** people (23% under 18 years; 53% female), referred 1,450 suspected cases (86 cases were confirmed following the laboratory test), completed 2,204 decontaminations and trained more than 403 health care workers (including 222 women)

PSS teams have reached staff and volunteers with **91,451** participations through **11,155** PSS activities.

9th Outbreak - Equateur

Key results achieved as of 31 December 2020

36 Safe and Dignified Burials have been carried out and 70 households disinfected by Red Cross volunteers in Itipo, Bikoro and Mbandaka.

266,490 people reached with the risk communication and community engagement sessions including in schools and religious sites

13 health centres and hospitals in Equateur supported with Infection Prevention and Control and capacity building activities, 920 health professionals and hygienists trained on IPC.

Summary of current regional containment activities

Regional preparedness and coordination

The IFRC regional office continues to provide oversight and coordination to the EVD operations since the 9th outbreak. This includes strategic orientation and technical support, ensuring a holistic implementation and quality benchmarks across different activities and countries including peer-to-peer exchange of best practices and consolidation of learnings, such as the "chronological review" of IFRC´s response to Ebola, that will reinforce IFRC preparedness and readiness to respond to epidemics. In addition to these technical and strategic elements, the Regional Coordination team provided grant compliance, Information Management (IM), Community Engagement and Accountability (CEA), financial, logistics, security and HR support to the operation.

Regrettably, the COVID-19 travel restrictions impacted the direct support to the field teams, but remote mechanisms were put in place and allowed maintaining regular communication, follow-up and support. Hence, the Regional Office has continued supporting the operations in DRC and Priority 1 countries (Uganda, Burundi, Rwanda and South Sudan) in the planning, integration and operationalization of preparedness, readiness and response activities for COVID-19 in the EVD program, as well as planning and preparation to resume and complete the planned EVD activities. In the priority 1 countries and DRC, the readiness transition strategy was rolled out, including:

- Readiness in tools (Rapid Response SOPs, Information Management Toolkit, CEA and Health Training Package);
- Readiness in staff (setting up, equipping and training rapid response teams);
- Readiness in IM, CEA and health technical expertise, supported by regional missions to P1 countries.

The year-long Lessons Learnt Review (LLR) which was a deep-dive into the IFRC experience ***working with and working for DRC Red Cross to combat EVD*** throughout the 9th and 10th outbreaks was completed and a webinar shared information with teams in November 2020. The webinar presented learnings and discussed the recommendations for Operations and Health managers handling similar elements in future epidemic responses. As mentioned above, the results of this webinar will be used to inform the management and guide IFRC decision-makers and operational teams responding to future EVD and other outbreaks across the African continent and globally.

Highlights of the coordination and support activities include:

- Continued support to DRC and Priority 1 countries in the operational management of the appeal, including supporting the definition of a well-sustained transition phase.
- Provided strategic, technical, financial and operational support and direction to CAR (Central African Republic) and Republic of Congo (RoC) through the East Africa Country Cluster office in Nairobi and Central Africa Cluster (Yaoundé) in driving two coordinated EVD preparedness DREF interventions amongst IFRC and Movement partners including for the 11th Outbreak.
- Ensure smooth functioning and availability of regional surge members (rapid response personnel) to support multi-country response coordination and country-specific preparedness activities.
- Update Regional EVD Contingency Plan
- Review and harmonization of training packages, operational guidelines, guidance for NSs and Standard Operating Procedures on SDB and Risk Communication and Community Engagement (RCCE)
- Establishment of an IM platform for the regional containment strategy to enhance coordination between operations and support external communications.
- Cross-border information sharing, cross-border SDB experience sharing, lessons learned, and data analysed from the feedback system in DRC.
- Development of tools including the IM toolkit for SDB and SDB training materials.
- Support P1 countries to adjust and reorient some activities to respond to the outbreaks of COVID-19 in their respective countries, including the redevelopment of work plans and budgets, according to restrictions and lockdowns measures established by national governments.
- Provided technical guidance and financial support to National Societies to ensure duty of care and safety of staff and volunteers throughout the COVID-19 pandemic.
- Coordination of the response to the 11th outbreak in Equateur through coordination with Africa regional DCPRR unit including global surge mechanisms on human resources; support to the Operations team in Goma and information management activities as well as the support of preparedness activities in RoC given the high risk of spillover.

- Recruitment of regional level staff to support in planning, monitoring, evaluation and reporting on the EVD operation, human resources, and other sectors like programs, logistic etc.
- Technical support to community feedback mechanisms. Feedback data, which are coded in DRC and analysed, are visualized and shared among partners and responders through an online excel dashboard with more granular data by health area. This data is used weekly for the RCCE activities, including training of volunteers on its use.
- Facilitation of cross-program coordination between COVID-19 and EVD responses in all five countries.
- Facilitation of logistical support as needed for international procurements and provision of back up logistics.

Transition Strategy and EVD+

The transition strategy for the regional coordination team has revolved around building on the lessons learned and capacities developed during the previous EVD outbreaks in the DRC to contribute to the longer-term strengthening of preparedness of the DRC Red Cross, the Red Cross Societies of Priority 1 (P1) countries as well as, most recently, CAR and RoC, Equateur's neighbouring countries to respond quickly and effectively to future public health emergencies and pandemics.

In the effort to enable the organization to truly implement the lessons learned from EVD in future operations, the above-mentioned chronological review has been carried out and completed. The dissemination, as well as technical webinar of the chronological review, will aim at outlining the key strategic and operational decisions that must be taken by the IFRC ***working with and working for DRC Red Cross to support*** future epidemic responses in complex contexts to ensure operational efficiency and effectiveness as well as validating the results and developing a roadmap to implement the recommendations.

A "readiness" strategy is being rolled-out in DRC and Priority1 countries, which entails the preparation of tools (Rapid Response SOPs, IM Toolkit, CEA Toolkit and Health training package), set-up of Rapid Response Teams, Community Based Surveillance including capacity building in key technical elements and equipment as well as the development of technical guidelines. Integration of Ebola operations capacities into the country plan are under development to sustain over 2 years of a continuous response and maintain a presence in Eastern DRC where are major DRC humanitarian needs.

Overview of Red Cross Red Crescent Movement in DRC

The DRC Country Office of the IFRC has been strengthened through the deployment of regional and global surge capacity and hiring of staff to support the NS and the response effort for all three outbreaks. Four Partner National Societies (Belgium Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long-standing programs with the National Society. The Luxembourg Red Cross recently initiated a new program to support Panzi Hospital in South Kivu. The International Committee of the Red Cross (ICRC) is present in 10 provinces of the country with programmes responding to the protection and assistance needs of the population affected by armed conflict and other situations of violence. The Democratic Republic of Congo Red Cross (DRC RC) is present in all provinces and territories of the country. While the response for the 9th and 11th outbreak in the non-conflict area of Equateur was carried out under the co-leadership of IFRC and DRC RC, the 10th outbreak, being in a conflict area, was under ICRC lead for operational access including security management.

Several Movement coordination mechanisms have been put in place at the provincial level (Equateur, North Kivu and Ituri), national (Kinshasa), regional (Nairobi) and headquarters level (Geneva) between the DRC RC, the IFRC and the ICRC to ensure smooth implementation of the different activities.

In the DRC, the ICRC promotes respect for international humanitarian law in the treatment of civilians and detainees and helps those adversely affected by conflict and internal violence to survive and become self-sufficient. The ICRC also improves water supply and sanitation, strengthens health care for the wounded and sick, including those affected by sexual violence, and reunites families in DRC. Direct EVD+ response is managed by the NS with the support of the IFRC and security and access managed by ICRC.

Overview of P1 Host National Society, Red Cross Red Crescent Movement, and other actors in-country

Burundi
The Burundi Red Cross Society (BRCS) is represented in five National technical commissions: Coordination, Operations (Ebola Treatment Centres (ETC) and a Laboratory), Logistics, Infection Prevention and Control (IPC), and RCCE. The NS participates in National Coordination meetings on public health emergencies (EVD and COVID-19) as well as in joint monitoring missions to assess preparedness in the high-risk provinces. BRCS is an active member of the National Disaster Management and Reduction Platform in charge of the coordination of humanitarian actors, which is managed under the Ministry of Public Security.

The IFRC has a Country Cluster Support Team (CCST) Office for Eastern Africa and a Regional Office for Africa, in Nairobi. The BRCS also hosts and receives support from in-country Movement partners including the ICRC and partner National Societies (PNSs) which are the Belgium-Flanders and Francophone, Finnish, Luxemburg, Norwegian and Spanish Red Cross Societies.

Following COVID-19 outbreak, the Government recommended to immediately integrate prevention messages on COVID-19 virus. EVD RCCE activities were therefore also useful for COVID-19 response. In May 2020, the Government suspended all EVD preparedness activities to only focus on COVID-19 outbreak.

Rwanda
The Rwanda Red Cross Society (RRCS) is part of the National Rapid Response Team (NRRT). The national-level coordination team composed of the Ministry of Health (MoH)/Rwanda Bio-Medical Centre, and major NGO and UN agencies. At the beginning of the response, weekly coordination meetings were convened to update and coordinate response strategies. RRCS was tasked with community surveillance/contact tracing, risk communication/social mobilization and community engagement, SDB/Decontamination, as well as PSS. A 72-Hours National Response Plan was also developed. The coordination platform has since then been converted into the national taskforce for COVID-19 response coordination.

IFRC has been supporting RRCS through the Eastern Africa CCST as well as through the Africa Regional Office and there has been regular contact with IFRC Regional Operations and Health teams. RC partners in-country include the Austrian RC, Belgian-Fl, Belgian Fr, Japanese RC, and Spanish RC some of whom supported preparedness activities for EVD in the initial phases of the response including mobile cinema, SDB and community sensitization.

Rwanda Red Cross has been carrying out preparedness activities since 2018, focusing on risk communication, health and hygiene promotion across 15 districts at high risk. EVD risk communication activities were discontinued in March 2020 following COVID-19 outbreak as public health messaging by the government was shifted to focus on the pandemic. The National Society continues to work in the 15 districts targeted under the EVD operation to conduct refresher training of rapid response teams and to strengthen their capacities in CEA, PSS and SDB.

South Sudan
The South Sudan Ministry of Health activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and instituted sub-Technical Working Groups. The Social Mobilization and Risk Communication, Infection Prevention and Control. Besides, the inter-agency response in South Sudan has enhanced the country’s Ebola prevention efforts and improved response capabilities.

The SSRC is still one of the implementing partners engaged in risk communication activities in the four operational areas (high-risk border towns and points of entry), namely Nimule, Yei, Maridi and Yambio, thus complementing the efforts of the Ministry of Health and other partners in behavioural change communication with regards to EVD.

At the country level, SSRC continued to coordinate the EVD preparedness and COVID-19 response operation closely with the IFRC, ICRC, and 9 in-country PNSs including, Danish Red Cross, Netherlands Red Cross, Swedish Red Cross, Norwegian Red Cross, Finish Red Cross, Canadian Red Cross and Turkish Red Crescent.

Uganda
At the country level, Uganda Red Cross Society (URCS) works together with the IFRC, ICRC, and PNSs including, the Netherlands Red Cross, German Red Cross, Belgium Red Cross - Flanders, Austrian Red Cross, Icelandic Red Cross and the Canadian Red Cross in the areas of Disaster Management, WASH, community-based health and care,

protection, livelihoods and National Society Development. The variety of interventions and their extensive geographical coverage guarantee a benefit in terms of technical and logistical support to the Ebola preparedness operation as well as resource mobilization coordination.

IFRC supports URCS with the implementation of the URCS EVD Plan of Action and any further revisions of the IFRC Contingency Plan. IFRC has an in-country team supporting the EVD operation, consisting of one Programme Coordinator overseeing the full IFRC portfolio in Uganda and one Finance Delegate.

Since the start of the operation, URCS has been an active member of the National and District Task Forces. The National Society continues to work in the target districts under the EVD operation, integrating COVID-19 response through implementation of community sensitization activities/RCCE, Community Based Surveillance (CBS) and screening at Points of Entry (PoE).

Needs analysis and scenario planning

DRC *11th Outbreak – From Epidemic Response to Surveillance*

The 11th outbreak was characterised by very weak health and surveillance systems, low population knowledge of EVD and its means of transmission and prevention measures to stop it, and long distances with poor communication and transportation networks. In the interagency response meeting, the DRC RC was identified as a key responder in the affected communities.

IPC knowledge, practices and capacities were very low in both traditional and clinical health facilities. IPC interventions were critical to reduce the risk of **nosocomial transmission** of the virus, to increase **case detection capacity** from within existing patient populations, to maintain confidence in the health system and mitigate the reduction in care-seeking behaviour that is frequently seen in epidemics. In that perspective, despite the epidemic being declared over on 18 November, the Red Cross continues to maintain its commitment towards MoH and population in Equateur by supporting (gift in-kind) and rehabilitating nine health centres. That support includes training health workers on EVD detection, symptoms, means of transmission and methods to prevent it.

Limited surveillance capacity had resulted in complicated epidemic dynamics with rapid and unpredictable spread of the epidemic to new and hard-to-reach areas, and there were many undetected chains of transmission and isolated cases of EVD with no known epidemiological links. An assessment to implement CBS project was carried out in October-November 2020 and a pilot health zone identified for every former Ebola active provinces (North Kivu, Ituri, South Kivu including Equateur). The CBS project will rely on DRC RC volunteers living in the community to escalate via an online platform, any suspected increase of patients sharing common symptoms to conduct further investigation and identify potential new outbreaks.

It is important that community members contribute to the response and can impact the way response activities occur in their communities. Equally critical to community acceptance is ensuring that response activities are nested within responses to communities' self-identified needs. Failure to address communities' needs also contributes to perceptions that Ebola and others major outbreaks are driven by financial or political imperatives, rather than health or humanitarian ones.

10th Outbreak – Recovery and Preparedness

The 10th outbreak in eastern DRC left communities very vulnerable. Humanitarian needs in eastern DRC are massive. In December 2020, 21.8 million people were considered in need in DRC with the biggest proportion in the East. People of DRC are routinely vulnerable to outbreaks of contagious diseases such as Ebola, measles, cholera, etc. Coupled with this, DRC was also hit by COVID-19. The humanitarian consequences of these communicable diseases are compounded by insecurity, food insecurity, displacement, and lack of basic services.

In such fragile communities, the humanitarian consequences of outbreaks are dramatically amplified, thus the relevance of our strategy to **strengthen DRC RC capacity of early warning and early response** for any emergency with a focus on health outbreaks.

We are mindful that this Appeal is not meant to respond to humanitarian needs such as displacement or food insecurity, and it will not. However, the fragility of communities in eastern DRC has two immediate humanitarian consequences that will be tackled by this Appeal:

1) **Early warning / early action (community-based surveillance and actions).** Conflict, lack of essential services and huge humanitarian needs make it challenging for the DRC health authorities to detect and respond to new outbreaks in a timely way. In April 2018, in Mangina (NK), it was only after several deadly weeks that the 10th EVD outbreak was identified by health authorities. This led to unnecessary deaths, including health workers and an initial head-start of the disease unchecked. Both could have been limited with an effective early warning system. The DRC RC has a very dense network of volunteers, present in every community, where they are known and trusted. Properly trained and supported, the DRC RC volunteers will warn of possible outbreaks upon the first signs. This will allow an early response that lessens the humanitarian impact on already fragile communities.

2) **DRC Red Cross's Auxiliary role in humanitarian response is vital.** The capacity of authorities to respond to outbreaks when identified is stunted by conflict and chronic challenges to build efficient state institutions in eastern DRC, along with distrust between communities and authorities. The DRC Red Cross is the main local humanitarian actor in the country, and it is expected by communities to respond to outbreaks and other emergencies. This Appeal is improving the preparedness of DRC Red Cross to respond to future outbreaks in eastern DRC, strengthening the capacity of communities to face these outbreaks quickly and effectively.

P1 countries (Uganda, Rwanda, South Sudan, Burundi):
Over the last year, risks of EVD in the P1 countries continued to decline. National Societies have worked hard to have adequate preparedness and response capacity. At the time of this operation update, there have been no EVD cases in any P1 countries and hence preparedness activities ended on 31 December 2020.

Scenario planning

The scenarios have been updated to reflect the end of 11th EVD outbreak in Equateur. This scenario has two planning assumptions which will continue to be monitored through to the end of the operation. Contingency planning is also occurring with triggers identified to inform a scale-up of relevant activities. The current Movement strategy is based on responding to this scenario and being ready to activate the contingency plan. The operation has also in place provisions to ensure continuity of services to vulnerable people in case of a deterioration of the security situation in the country.

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
Scenario 1 (current scenario)	No new cases reported during the 90-day surveillance period in Equateur (ending February 16, 2021) and IFRC works to transition the end of EVD funds through June 30 2021	▪ Augment the preparedness capabilities and continue transition and recovery activities in Eastern DRC to close the EVD response and shift towards longer-term programming (the remaining activities could go under the regular programme /country plan) ▪ Epidemic preparedness activities are being implemented in former Ebola active zones (Equateur and Eastern DRC) ▪ HR structure downsized as appropriate to support the operational plan ▪ Volunteers who have been mobilised and trained will be included in readiness plans ▪ Communities are engaged and provided with needed information, EVD+ (including COVID-19) information tailored to beliefs, concerns and questions tracked by community engagement volunteers during surveillance period in Equateur. ▪ The IFRC response/recovery remains supported by the L3 agreement with ICRC in Eastern DRC whereby "IFRC has the operational expertise for programmatic response especially in SDB, CEA, PSS and IPC while the ICRC is leading the operation, mainly in terms of security (including movements, deployment capacity, accommodation, etc.) and field expertise in the area, especially regarding the response in detention facilities.

Scenario 2 (new outbreak in Equateur)	▪ Another Ebola outbreak in Equateur ▪ COVID-19 continues to generate negative community feedback ▪ COVID-19 has major impacts on people's local coping mechanisms and supply chain and human resources movement	▪ The EVD response operation should be scaled up in terms of operational HR, resource mobilization, increasing funding, international coordination, communications and support system ▪ Timeframe for the response (Appeal) is extended through December 2021. ▪ Revision of operational plan to scale up in all pillars in affected areas in close coordination with ICRC, DRC RC and IFRC. ▪ Communities are engaged and provided with needed information, messaging is tailored to beliefs, concerns and questions tracked by CEA volunteers ▪ Close coordination with other stakeholders ▪ Increase of supply chain and logistics capacity to match the size of the operation, especially contingency planning for COVID-19 effects on supply chain ▪ Prevention and preparedness activities in additional at-risk provinces and additional at-risk countries (regional) ▪ Flexibility and revision of the plans as needed based on the evolvement of the epidemic.

Republic of Congo and the Central African Republic are no longer considered at risk of spread of any current EVD outbreak, though they remain at risk of a new outbreak due to presumed endemicity of the Ebola virus in bat populations and the ever-present risk of a new zoonotic crossover event.

Operation Risk Assessment

DRC:
The following are the risks that affect implementation in addition to security risks discussed later in this update:

COVID-19 in DRC and its humanitarian consequences: The IFRC in ***working with and working for DRC Red Cross to combat EVD*** has learned lessons through this operation that enabled us to include COVID-19 information into EVD activities to continue to limit the humanitarian consequences of COVID-19 and maintain the trust and relationship between communities and the DRC Red Cross by showing that we respond to their concerns and not only to the EVD risk. As of 31 January 2021, the total reported cases were 22,842, 673 reported deaths and 15,033 recoveries[2].

Figure 3: Hand washing at the Wangata health centre in Equateur Province, using a device made locally by DRC RC volunteers. Photo ©IFRC, November 2020

Teams exposure to COVID-19: The operations team have also developed a COVID-19 prevention plan and protocols in workplace to reduce exposure of staff and volunteers to COVID-19 while maintaining the needed level of humanitarian impact. An additional working space outside the office building was constructed to create more space for staff. In addition, all the IFRC vehicles have sanitizers and all staff using the vehicles are required to sanitise their hands as they enter the vehicle and put on their masks at all times. The number of passengers in the vehicle has been reviewed downwards and finally, handwashing stands have been placed at the entrance of all Federation offices and residences with trained security guards and IPC volunteers taking temperature readings.

Staff and volunteer health and wellbeing, stress and burnout (especially due to COVID-19 travel restrictions): Staff and volunteers have been working in high-stress environments with risk of other health issues (cholera, malaria, etc.), security incidents and general cumulative stress. Activities have significantly reduced and therefore the number of active volunteers has also significantly reduced, the volunteers that have remained are currently working three days in a week to ensure that sufficient rest is taken. Psychosocial support is still available in all the bases and psychosocial support

[2] https://coronavirus.jhu.edu/map.html

activities are still being done sporadically (psychological first aid, education sessions, focus group discussions, debriefings after incidents, recreational activities, etc). Rest and relaxation (R&R) travel are ongoing to enable staff to take breaks and prevent burnout. Staff are also being encouraged to utilise their annual leave days to ensure sufficient rest.

Mismanagement of financial and procured assets through fraud and corruption: Internal controls are in place to ensure compliance with IFRC procedures and donor requirements. Recurrent workshops have been carried out on Code of Conduct and Prevention of Fraud and Corruption to all staff and partners involved in the EVD operation in DRC. Four hundred (400) staff and volunteers, including 90 women, were trained in Goma, Beni, Mangina, Bunia, Butembo, Bikoro and Mbandaka. The last trainings on fraud and corruption in Equateur Province took place on 20 Novemebr 2020 in Bikoro and on 24 November 2020 in Mbandaka. Volunteers and staff were trained, sensitized and encouraged to report allegations of fraud and corruption via the safe call number **47 22 22**. They were also reassured of the strict confidentiality of the reporting process. Finally, we noticed a good improvement of the gender balance during the last trainings in Equateur with at least 30% of participants being women.

Sexual Exploitation and Abuse: The hotline was operationalised and has been displayed in all IFRC and DRC RC premises and vehicles. This has an aim to enhance community feedback and reporting of sensitive information especially those related to SEA. The community is informed through CEA activities to report any suspicion of sexual exploitation or abuse through the hotline immediately. Staff as well as volunteers were informed through the code of conduct trainings on how to report any suspicion of violation of this code of conduct. The IFRC still ensures that an effective anonymous and confidential complaint mechanism exists. The complaint mechanism or hotline is accessible for all communities' members around DRC and is easy and safe for the community to use.

Uganda:
The following were related to the risk assessment for the response in Uganda which concluded in December 2020:

Volunteer protection: The risk for EVD infection of staff and volunteers had been mitigated through MoH, WHO and Red Cross orientations and trainings on screening and IPC as well as through the procurement of appropriate personal protective equipment/gears (PPEs). All volunteers also participated in one PSS information session per district led by URCS PSS officer.

In the current context of COVID-19, the procurement of additional PPE (face masks and sanitizers) has been procured to ensure all deployed volunteers have access to face masks and sanitizers during deployment.

Increase/escalation of tensions/violence: There is a potential risk that tensions/violence between Ugandan host communities and refugees increase and/or escalate. Given the current COVID-19 pandemic and fear of the same, the local communities may become hostile to Congolese refugees due to fear of exposure/infection.

The spread of rumours on Ebola affecting URCS' access and security: Rumours continue to be present in communities, both on Ebola as well as COVID-19. The fear of Ebola has also increased fear towards the COVID-19 pandemic, with many misconceptions on the same causing fear and stigma. This risk is being mitigated through the community sensitization activities supported through this response plan, rumours are tracked and followed up and communities are informed on Ebola and COVID-19 symptoms, prevention and treatment.

Burundi:
The following are related to the risk assessment for the response in Burundi which concluded in December 2020:

COVID-19 outbreak affected the ability of the NS to implement EVD preparedness activities.

- BRCS continued to participate as a member of the National Ebola Task Force which became the National Ebola and COVID-19 Task Force
- BRCS was requested by Ministry of Public Health to support the following response pillars: Surveillance and contact tracing, RCCE, IPC with WASH in community and SDB, health care with psychosocial first aid (PFA)/PSS activities and more recently, Points of Entry (PoEs).
- Due to the occurrence of COVID-19 outbreak, more focus became on COVID-19 preparedness and response activities. Consequently, some EVD activities were cancelled in May due to the changed focus of Ministry of Public

Health and Partners, but also to the recommendations of National Ebola and COVID-19 Task Force limiting the implementation of EVD activities.

- BRCS did set up an internal Task Force which developed a plan for preparedness and response to COVID-19 with immediate implementation, the detailed plan was shared within the movement as well as with external partners. Activities that were implemented according to the recommendations of the different technical sub-committee leading to Surveillance, IPC, PSS/PFA and RCCE trainings, roadshows, focus groups discussions, radio jingles broadcasts, etc.
- The BRCS response plan involved both financial and technical support from the Movement and external partners inside the country. Some EVD activities were reallocated to ensure a better response to COVID-19. In addition, COVID-19 preventive messages have been integrated into EVD sensitization activities as recommended by the National Ebola and COVID-19 Task Force in April 2020.

Political instability - related to elections in 2020.

- The NS worked on an Election Preparedness response plan – funded by IFRC and other Movement partners.
- EVD activities were affected by the elections as there was limited access to the field in some targeted branches. According to the security risk assessment conducted with ICRC support, some activities were prioritized to be continued and others postponed and implemented after the elections.
- During the elections, staff were mainly mobilized across the country to ensure rapid response activities, such as first aid in case of electoral and post-electoral violence. In addition, ambulances were pre-positioned in each RC branch of the country for the evacuation of wounded in case of violence.
- After the election process, the death of the former President H.E Pierre NKURUNZIZA temporarily halted implementation of activities during the funeral period.

Prevention of Sexual exploitation and abuse trainings supported by DRC RC, IFRC, ICRC and staff and volunteers

- Due to the COVID-19 travel restrictions, the IFRC Protection, Gender & Inclusion unit is supporting remotely the BRCS Protection, Gender and Inclusion Focal point during the implementation of planned actions towards operationalization of the BRCS PSEA policy.
- Despite delays observed, two workshops have been already carried out for staff and volunteers on Code of conduct, Child Protection (CP), Sexual and Gender based violence (SGBV), and PSEA especially during COVID-19 outbreak as well sensitization activities are running.
- PGI and PSEA activities have been progressively integrated into the COVID-19 Response Plan of the NS which was recently revised.
- 2,300 people were already sensitized by October 2020 by BRCS volunteers on CP, SGBV and PSEA in Bujumbura Mairie, Rumonge and Cibitoke Provinces. Awareness sessions continued until the end of December 2020.

South Sudan:

The following are related to the risk assessment for the response in South Sudan which concluded in December 2020:

Volunteer protection: The risk for EVD and COVID-19 infection of staff and volunteers was mitigated through internal measures taken by the SSRC. The measures were tailored to the ones given by the South Sudan Government with consultation from the Medical Advisory Panel (MAP). The SDB Volunteers were also trained to safely manage COVID-19 deaths in case of mass casualties. SSRC Volunteers in all the 17 branches and 102 units were oriented on ways of protecting themselves and their community members. SDB and EVD point of entry screenings in South Sudan are completed and finished.

Increase/escalation of tensions/violence: The situation remained stable during the reporting period and under the Transitional Government of National Unity, the risk of resumption of fighting remained moderate. Those risks which were not directly related to the conflict remained relevant to RCRC operations in South Sudan such as the risk of criminality which has continued to increase across the country and in big urban cities like Juba and cattle rustling especially in areas inhabited by pastoralist communities.

Regular risk assessments were conducted by ICRC which maintained the lead in terms of security management whereby mitigation measures are implemented, and security advisories are being provided to the respective RCRC partners operating in the said areas. To reduce the risk of RCRC personnel falling prey to crime or violence, all RCRC

personnel actively involved in the operations were mandated to complete the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Related to safer access concern, one of the main benefits of the SSRC is the nationwide recognition of the National Society which facilitated the relationship with community heads, leaders and most importantly the community themselves.

COVID-19 outbreak: In South Sudan, the COVID-19 outbreak has shifted the focus on the risk communication messaging by the government from EVD to COVID-19. The National Steering Committee on EVD was transformed to be the same one in charge of COVID-19 response. As such, South Sudan RC has also shifted risk communication to COVID-19 to be in line with government efforts.

Fragile Health System: The overall health system across South Sudan remains fragile and the protracted crisis has seriously affected health service delivery. Health services delivery infrastructure was heavily destroyed in most parts of the country during the crises that occurred over the past few years. Factors for increased likelihood of EVD as well as COVID-19 cross-border spread to South Sudan include a very porous border with DRC, informal trade between the two countries, regular cross-border market activities, unregulated movements, and the fact that communities on both sides of the border share language, culture and beliefs.

Rwanda*:*
The following were risks related to the operation in Rwanda.

Accessibility: Some of the districts along the borders were not easily accessible due to poor road infrastructure and the hilly topography. In addition, the area is prone to floods and landslides which affects the Western districts during the annual rainy seasons, making access more difficult.

Refugee influx: The political situation in neighbouring DRC may lead to an influx of refugees in the border districts. In addition, Rwandan detainees who have been held in Ugandan detention centres were released following talks between the two governments. The detainees were being transported through the road border posts. This population movement from neighbouring countries comes with the risk of both EVD and COVID-19 transmission.

COVID-19 outbreak: In Rwanda, the COVID-19 outbreak has shifted focus on the risk communication messaging by the government from EVD to COVID-19 since March 2020. The National coordination committee on EVD was transformed to be the same one in charge of COVID-19 response. As such, Rwanda RC has also shifted risk communication to COVID-19 to be in line with government efforts.

B. OPERATIONAL STRATEGY

Proposed strategy

Our operational strategy is based on four operational priorities:

1) Maintain EVD at zero: In former EVD outbreak affected areas, provide high quality, humanitarian and community-based epidemic control services and keep Ebola at zero in places that have ended the outbreak, by maintaining the needed level of risk communication and IPC measures in place to rapidly detect and contain any new emergence of the disease in Equateur where the population has already paid an immense toll to Ebola.
2) Strengthen DRC Red Cross's capacity for early detection and early response to future emergencies, including Ebola. Communities in eastern DRC face multidimensional health, livelihood and protection threats. They are often left on their own to face this overwhelming threat. Participative planning is key to ensure the local needs are met and local capacities used.
3) Provide the DRC Red Cross in eastern DRC and Equateur with the capacity to respond to future emergencies, including outbreaks of Ebola or other infectious diseases.
4) While focused on preventing a new outbreak of Ebola in eastern DRC, this operation also contributes to limit the humanitarian impact of COVID-19 in the parts where DRC RC operates. We will be shifting IPC activities to be more COVID-19 appropriate and where possible, transition into COVID-19 response funded through the IFRC COVID-19 Appeal.

In Equateur, the strategy was adapted to the context and the features of the 11th outbreak based on a localised and agile operation guided by lessons learned from the 10th outbreak. Equateur is a very remote and poor province, even by DRC standards. Most of Equateur province is neither accessible by car nor it is served by phone networks. There is no centrally provided electricity in the province. After the 11th outbreak was declared over on 18 November 2020, we are now taking part to 90 days surveillance with a scaling down strategy mainstreamed by continuous support to DRC RC characterised by training rapid response teams in five health zones (including three in Mbandaka city) staffed with former and trained SDB volunteers, supporting IPC component in nine health centres and the prison and implementing CBS in Bikoro health zone.

The Red Cross Red Crescent Movement's community-led vision is designed considering key elements such as the security context, internal and external analysis of available data and shifts in humanitarian context.

Maintaining regular discussions with local structures and communities has been also key; we adjust interventions over time by updating our protocols based on the feedback and perceptions of affected and at-risk communities and other research findings to enhance Red Cross and other key community actors' capacity to conduct community dialogues and ensure that communities in the most affected areas can participate in the response, by accessing relevant and useful information, and their questions are answered.

The vision is to support a community-led response by the National Societies across DRC, Uganda, Rwanda, Burundi and South Sudan with support of the Movement to end the EVD outbreak while also supporting the National Societies to be better prepared to respond to future epidemics (including EVD+ which includes COVID-19 response measures) with more autonomy. Given the 11th EVD outbreak in Équateur Province in DRC, the other two neighbouring countries, Central African Republic and the Republic of Congo's preparedness measures and readiness to respond capabilities are strengthened.

Security Constraints and Other Risks

The implementation of this Appeal in eastern DRC is very contingent on security. The security situation is closely monitored and constantly adapt to the situation, under the guidance of IFRC Africa Security Unit. The IFRC continues to follow ICRC security rules for international staff, and we rely on ICRC understanding of the security situation in the implementation of this Appeal.

North Kivu and Ituri provinces are characterized by civil unrest, chronic armed conflicts between Armed Opposition Groups and DRC Military forces, and kidnapping. Terrorist and armed groups operating in North Kivu and Ituri provinces have attacked military and civilian targets and represent an ongoing threat to humanitarian aid workers and other INGO personnel operating in the area. For example, on 20 October 2020, members of the Allied Democratic Forces (ADF) militant group attacked the Kangbayi central prison in Beni (North Kivu), freeing over 1,300 detainees. The same group, (ADF) between 06-22 December 2020 are reported to have killed at least 40 civilians in multiple attacks, including at least 21 during the night of 11-12 December in Bolema area, Rwenzori sector (Beni). Unidentified gunmen on 06 December 2020 killed eight civilians in North Kivu's capital Goma. On 9 October 2020, one soldier was killed when a bomb exploded near Mapobu village (North Kivu). Two days earlier, at least eight people were killed in an attack by unidentified assailants in Kasoko village (Ituri) on 7 October. These incidents follow a series of similar attacks, as well as clashes between militants and the Congolese Army (FARDC) in both provinces.

Violent crime, such as armed robbery, armed home invasion, and assault, is common and local police lack resources to respond effectively to serious crime. Assailants may pose as police or security agents. Road travellers are frequently targeted for ambush, armed robbery, and kidnapping.

Demonstrations are common in many cities and some have turned violent. Police have at times responded with heavy-handed tactics that resulted in civilian casualties and arrests, posing a threat to humanitarian aid workers and other personnel operating in the area.

The security situation will likely remain poor and extremely volatile in eastern provinces in the medium to long term, as the national army (FARDC) struggles to contain violence in the region. The FARDC largely relies on support from UN troops to carry out military offensives against rebels, as government forces are not fully trained and lack resources.

In Equateur: There is no active armed conflict. However, our teams are exposed to a significant risk of community resistance. There have been incidents of violence targeted at Ebola response teams, including our SDB teams. We constantly adapt our approach to reduce community resistance and improve the community acceptance of our activities. Examples of our approach are:

- Engaging a dialogue with resistance groups and including them into the response, by, for example, training members of these groups as DRC RC volunteers.
- CEA activities and community feedback mechanisms to constantly track and improve our community acceptance and spot possible threats for early action.
- DRC RC teams are oriented in basic security awareness to improve security awareness and safety while implementing activities.

During the initial months of the 11th EVD outbreak, there was a relatively significant community resistance in some areas. In Mbandaka, the humanitarian response was and is still viewed as a big business by a large part of the population. On several occasions, acts of violence were committed against IFRC/DRC RC teams. Residents of the "Air Congo" district in Mbandaka pelted IFRC vehicle used for SDB activities. Several districts in Mbandaka such as Air Congo, Basoko, Bongonjo, Bosomba, Bakutu Mpenge and Bokilimba are areas of potential violence against EVD responders.

Regional Preparedness

Overall Operational Objective

During the phase-out period, the surrounding P1 countries focused on the transition strategy, encompassing six key pillars around which the EVD+ interventions are organized:

1. Risk Communication and Community Engagement (RCCE)
2. Infection prevention and control (IPC)
3. Safe and dignified burials (SDB)
4. Psychosocial support (PSS)
5. Community-based surveillance and contact tracing
6. National Society capacity strengthening

In addition, the readiness plan was rolled-out, including the development of Standard Operating Procedures for outbreak response activation, coordination and information management tools, a CEA toolkit and health technical package.

Burundi

The preparedness operation has permitted completion of outstanding activities (RCCE, IPC, SDB, PSS, community-based surveillance and contact tracing, and NS capacity strengthening) and BRCS is currently writing the final reports. EVD preparedness activities in Burundi were completed in September 2020. The government in Burundi shut down all EVD messaging in May 2020 which caused some delays in finalizing activities. All preparedness activities in Burundi now focus on COVID-19 and continue to build off pandemic experience gained during EVD.

Rwanda

Since March 2020, following the Rwanda government shifted its focus from EVD to COVID-19. Rwanda Red Cross aligned their activities with government priorities in line with their auxiliary role. Up until the end of the operation in December 2020, CEA and PSS training in the targeted 15 districts were done in addition to PSS and psychosocial first aid (PFA) training for National and Local Disaster Response Teams. CEA activities were done integrating COVID-19 messaging.

South Sudan

Despite the challenging context in the country, South Sudan Red Cross actively supported government EVD preparedness efforts, coordinated through the national and state level Task Forces led by MoH and WHO.

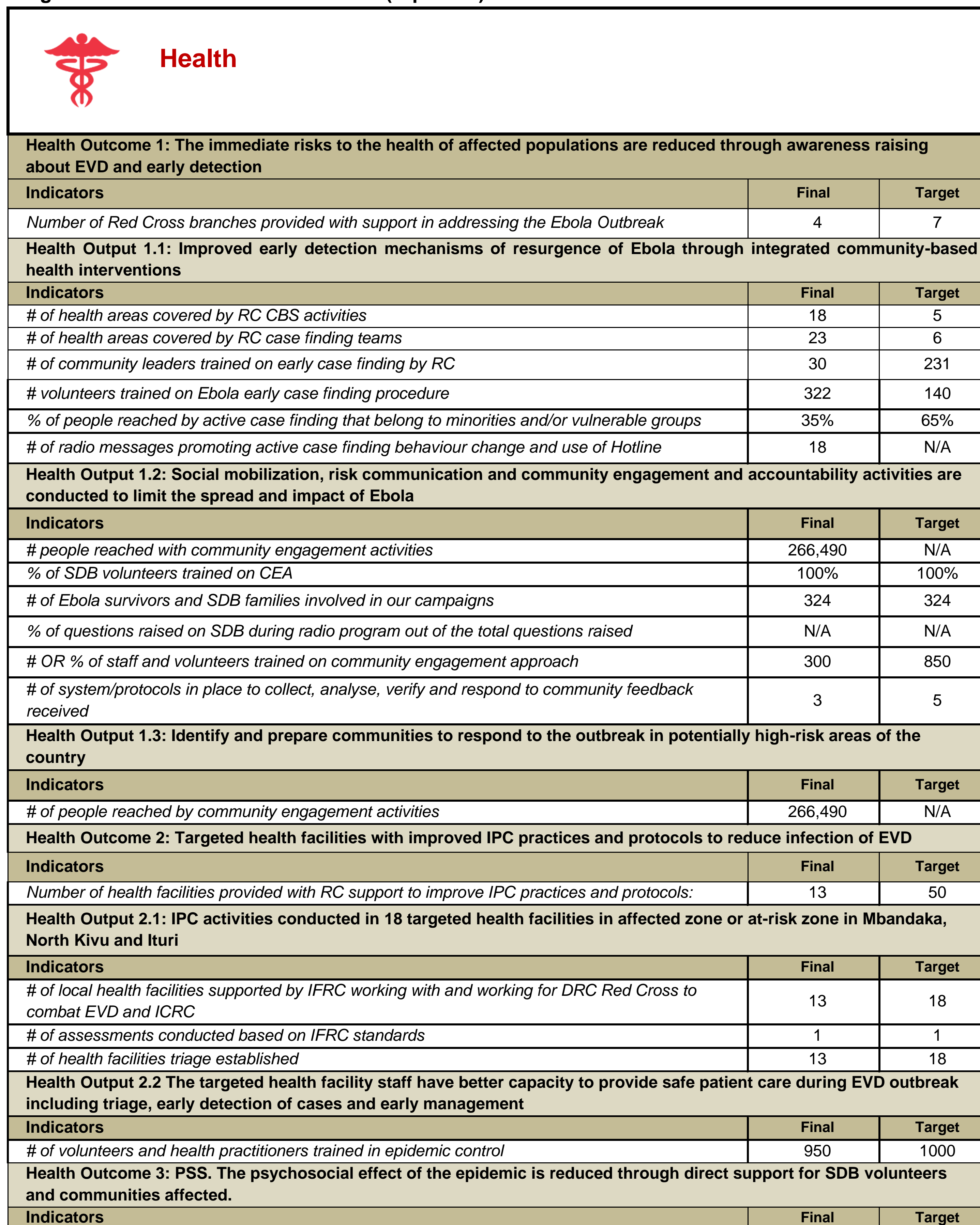
Uganda

As per the original Appeal, and in line with the National EVD Response Plan, the aim was to strengthen the existing URCS EVD response structures and mechanisms in the event of suspected and confirmed EVD cases, including community preparedness in Kasese, Kabarole, B, Ntoroko, Kisoro, Kanungu, Bundibugyo districts in Uganda.

Since the declaration of the end of the 10th Ebola outbreak in DRC, and the changed context and COVID-19 pandemic, the URCS refocused its operation on RCCE, CBS and conducting lessons learned during EVD preparedness.

C. DETAILED OPERATIONAL PLAN

Progress outcomes for the 9th outbreak (Equateur)

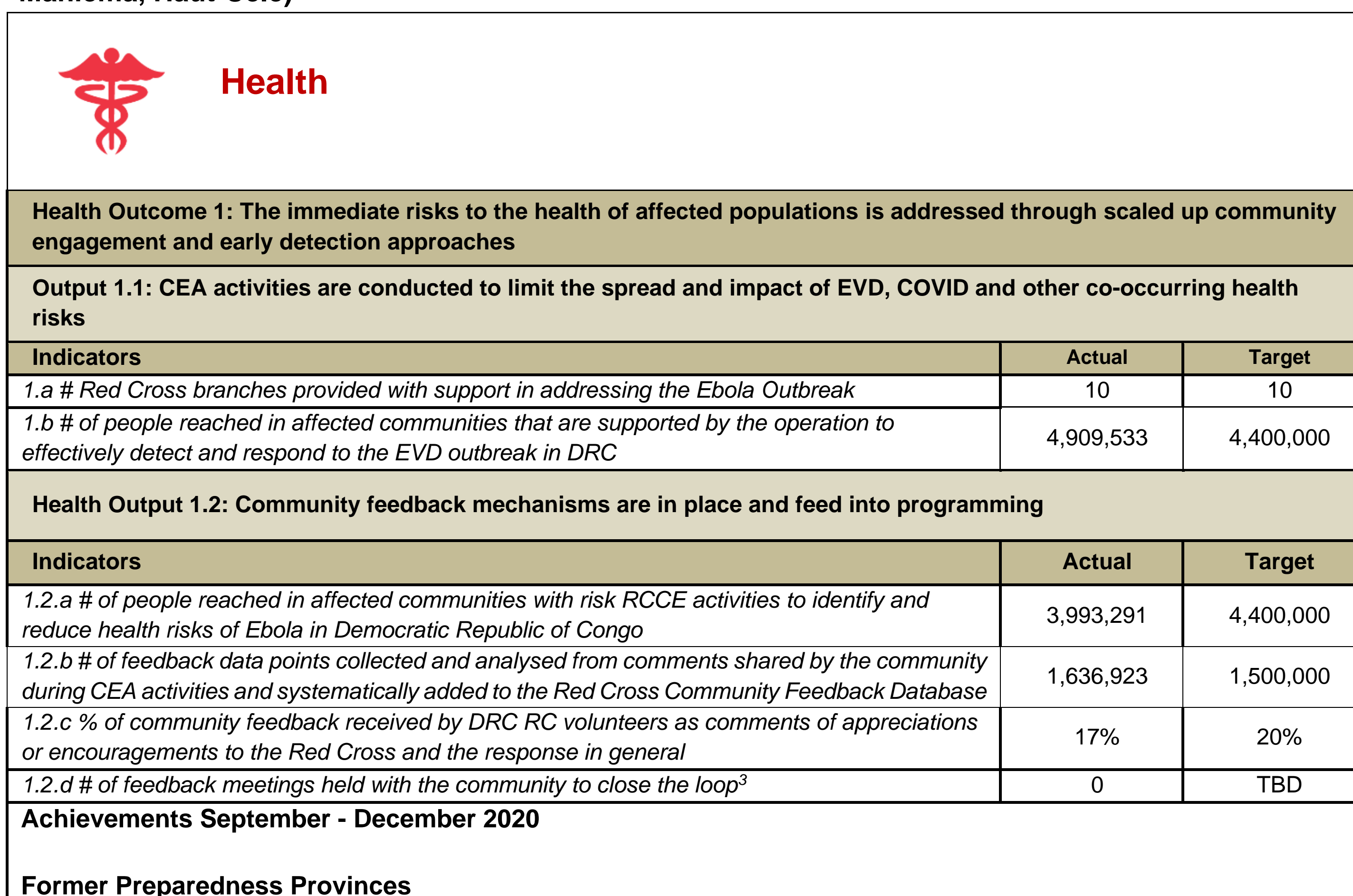


Health

Health Outcome 1: The immediate risks to the health of affected populations are reduced through awareness raising about EVD and early detection		
Indicators	**Final**	**Target**
Number of Red Cross branches provided with support in addressing the Ebola Outbreak	4	7
Health Output 1.1: Improved early detection mechanisms of resurgence of Ebola through integrated community-based health interventions		
Indicators	**Final**	**Target**
# of health areas covered by RC CBS activities	18	5
# of health areas covered by RC case finding teams	23	6
# of community leaders trained on early case finding by RC	30	231
# volunteers trained on Ebola early case finding procedure	322	140
% of people reached by active case finding that belong to minorities and/or vulnerable groups	35%	65%
# of radio messages promoting active case finding behaviour change and use of Hotline	18	N/A
Health Output 1.2: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola		
Indicators	**Final**	**Target**
# people reached with community engagement activities	266,490	N/A
% of SDB volunteers trained on CEA	100%	100%
# of Ebola survivors and SDB families involved in our campaigns	324	324
% of questions raised on SDB during radio program out of the total questions raised	N/A	N/A
# OR % of staff and volunteers trained on community engagement approach	300	850
# of system/protocols in place to collect, analyse, verify and respond to community feedback received	3	5
Health Output 1.3: Identify and prepare communities to respond to the outbreak in potentially high-risk areas of the country		
Indicators	**Final**	**Target**
# of people reached by community engagement activities	266,490	N/A
Health Outcome 2: Targeted health facilities with improved IPC practices and protocols to reduce infection of EVD		
Indicators	**Final**	**Target**
Number of health facilities provided with RC support to improve IPC practices and protocols:	13	50
Health Output 2.1: IPC activities conducted in 18 targeted health facilities in affected zone or at-risk zone in Mbandaka, North Kivu and Ituri		
Indicators	**Final**	**Target**
# of local health facilities supported by IFRC working with and working for DRC Red Cross to combat EVD and ICRC	13	18
# of assessments conducted based on IFRC standards	1	1
# of health facilities triage established	13	18
Health Output 2.2 The targeted health facility staff have better capacity to provide safe patient care during EVD outbreak including triage, early detection of cases and early management		
Indicators	**Final**	**Target**
# of volunteers and health practitioners trained in epidemic control	950	1000
Health Outcome 3: PSS. The psychosocial effect of the epidemic is reduced through direct support for SDB volunteers and communities affected.		
Indicators	**Final**	**Target**

Number of people reached by psychosocial support	9,208	N/A
Health Output 3.1: Preserving or restoring the psychosocial well-being of SDB volunteers directly or indirectly affected by the EVD		
Indicators	**Final**	**Target**
# of group sessions conducted to reduce stress and anxiety for SDB team	60	60
# of volunteers trained for PFA	108	108
WASH 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	**Final**	**Target**
Number of contaminated houses/areas disinfected	70	N/A
*Percentage of Safe and dignified burials carried out by an IFRC **working with and working for DRC Red Cross** trained and equipped team out of the total number of SDB*	64%	100%
WASH Output 1.1: The affected population is assisted through safe and dignified burial and decontamination activities		
Indicators	**Final**	**Target**
# of implemented SDB	36	120
# of volunteers trained in infection prevention and control as well as in SDB	920	180
WASH Output 1.2: Other areas (potential Haemorrhagic fever affected) are well prepared (contingency) for SDB activities		
Indicators	**Final**	**Target**
# of SDB teams trained in area at risk	8	N/A
# of SDB starter kit preposition in at risk area	8	N/A

Progress outcomes for the 10th outbreak (North Kivu, Ituri and preparedness in South Kivu, Tshopo, Maniema, Haut-Uele)



Health		
Health Outcome 1: The immediate risks to the health of affected populations is addressed through scaled up community engagement and early detection approaches		
Output 1.1: CEA activities are conducted to limit the spread and impact of EVD, COVID and other co-occurring health risks		
Indicators	**Actual**	**Target**
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	10	10
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	4,909,533	4,400,000
Health Output 1.2: Community feedback mechanisms are in place and feed into programming		
Indicators	**Actual**	**Target**
1.2.a # of people reached in affected communities with risk RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	3,993,291	4,400,000
1.2.b # of feedback data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	1,636,923	1,500,000
1.2.c % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	17%	20%
1.2.d # of feedback meetings held with the community to close the loop[3]	0	TBD
Achievements September - December 2020 **Former Preparedness Provinces**		

[3] Activity slated for next quarter

EVD+[4] activities continued in the South Kivu Province where DRC Red Cross volunteers intensified community awareness sessions despite various challenges in the field. This was important in view of the rising cases of COVID-19 that required adaption of the EVD prevention messages to include symptoms, methods of transmission and prevention for the two diseases. As per other preparedness areas such as Tshopo and Maniema, RC volunteers collected community feedback including concerns, rumours, beliefs, observations, questions, suggestions and compliments that helped adapt EVD response activities and awareness messages to meet the needs of communities. Responding to this feedback allowed the communities to realise that their points of view were taken into account by the Red Cross and increasingly generated a mark of confidence towards the Red Cross.

In addition, the community feedback was shared both internally and externally mainly with the risk communication sub-commissions headed by the health divisions of the provincial Ministry of Health. This helped facilitate strategic discussions and decisions making. For instance, after receiving feedback that the population did not understand the COVID-19 protocol applicable to schools and considering the start of the 2020-2021 school year was near and all the risks associated with this virus in South-Kivu province, the provincial Ministry of Health made the decision to participate in the Red Cross radio broadcasts on awareness-raising against the epidemics in order to clearly explain this protocol to communities and respond to various concerns and questions of the listeners.

As a result of the feedback shared, other partners were able to develop appropriate community engagement approaches that aimed to further reduce anxiety and fear amongst communities and addressed rumours as well different cultural perceptions about Ebola and COVID-19 diseases. Moreover, the feedback guided the local Red Cross of South-Kivu, Maniema and Tshopo in developing tailored capacity building sessions for focal points, supervisors and team leaders involved in CEA activities on the management and analysis of community feedback data. Such sessions allowed the above-mentioned staff to better analyze and visualize community feedback on a regular basis and produce information products such as regular community feedback reports, updates on trends among others.

Radio programmes: The radio programmes were developed in order to reach as many people as possible, mostly those who are in remote and unreachable areas. Since October 2020, three community radios were selected namely RTNC (Radio Télévision Nationale Congolaise), Radio Maendeleo and RTCM of Minova. A total of 60 broadcasts and over 67 radio spots have been produced so far (two broadcasts per week and 10 spots per month for each radio). It is projected that these programmes have reached approximately 6.5 million people in South-Kivu province and its surroundings. Themes discussed were inspired from feedback collected by Red Cross volunteers during their door-to-door sensitization. Experts and local speakers made their contribution to respond and clarify community feedback. The radio programmes helped communities to better prepare for epidemics (with particular attention on Ebola and COVID-19), change risky behaviour and develop safe practices. Based on their achievement, the RTNC in November granted the Red Cross a bonus of 40 free broadcasts to meet the increasing demand of its listeners who appreciated the programs and wanted much more. A single broadcast on the radio costs $60, that means the Red Cross benefited a sum of $ 2,400 in surplus value. Nevertheless, the contracts with all the radios expired at the end of December 2020.

Volunteers Engaged: The Red Cross relied on its dynamic network of volunteers for CEA activities to respond to information dissemination of EVD+. In the South-Kivu province, 133 volunteers were involved of whom 43 were women, Maniema: 38 volunteers of whom 12 were women and Tshopo: 70 volunteers of whom 20 were women. By the end of November 2020, all above specified volunteers engaged in CEA activities got deactivated as part of the transition process.

Information kiosks: Information Kiosks are small pavilions set up on the sidewalks where people come to learn about epidemics. In the province of South Kivu, there were four of which three were in the city of Bukavu and one in Minova. They were operational three times a week from 10 a.m. to 2 p.m. operated by two volunteers per day. Each Kiosk had a sound kit that was used to play educational songs. One volunteer inside the kiosk had tally cards, leaflets to hand out and a megaphone with which to launch messages. This created an interest among passers-by who, out of curiosity, approached the kiosks to try to understand the message being projected giving an opportunity to educate them. The volunteer outside the Kiosk, explained to people about the posters pasted on the Kiosk and guided them to the handwashing point placed right next to the Kiosk and was responsible for collecting feedback from visitors to the Kiosk and providing answers to their concerns to the extent of his/her skills. Before the advent of COVID-19, this volunteer approached people to encourage them to follow the messages at Kiosk. It is expected that all information kiosks will remain operational despite the deactivation of volunteers end of November 2020 in order to keep communities informed and prepared about epidemics.

[4] EVD plus activities include information on preventing and spread of Ebola virus disease and other diseases of epidemic potential, in this case including COVID-19

North Kivu and Ituri Provinces Achievement

RCCE activities were conducted in all communities across the eastern DRC using different approaches to facilitate community feedback analysis, community-based activities, specifically house visits, community dialogues, educational talks, community meetings and focus group discussions. The RCCE activities were complemented by interactive radio programming and intensified different group engagements including local opinion leaders, community leaders, local health workers, traditional healers, community animation cells (CAC), motor-taxi associations, women's groups, and youth associations. This has strengthened community participation, ownership, and enhanced community access e.g. strengthening community involvement through local leaders and other opinion leaders, some of whom were previously associated with community resistance and violence. These leaders were involved in the awareness-raising activities of the Red Cross, including participation in the radio programs to help mobilize their community and support the work of Ebola plus. Volunteers in the different operational bases continued to use social media, especially WhatsApp platforms that were created to facilitate the exchange of information on EVD and COVID-19 and to inform their communities, collect feedback and return to communities with appropriate responses and solutions to analysed community feedback.

The CEA team shared most prominent weekly community feedback collected during community mobilization with Internews for use to produce the weekly *"Tulivyo Sikia"* bulletin which is shared widely with IFRC and DRC Red Cross and other stakeholders/partners present in the communities after analysis and recommendation. This also helps to increase the coverage of the people and institutions reached with regularly analysed community feedback. The volunteers were briefed on daily basis with answers from the bulletin to respond to community feedback. After the declaration of end of the 10th Ebola outbreak, the CEA teams continued community mobilization activities to increase community-based surveillance awareness and build community capacity to prevent and prepare for disease outbreaks. This period also marked the full deactivation of CEA activities in Eastern DRC for the 10th Ebola virus outbreak.

Lessons Learned

- Engaging communities and responding to feedback were essential in building trust between communities and the Red Cross to ensure effective risk communication, community engagement and collaborative action. Therefore, rapid and frequent regular collection of community feedback from activities such as house visits, community dialogues and meetings have been very helpful to adapt messages based on community needs and priorities and increased adoption of healthy practices at all stages of the response. Sharing them with the government-led communication commissions in different outbreak locations allowed common understanding and facilitated coordination amongst partners intervening in RCCE.
- Increased awareness activities tailored to the context would be the best way to reduce high-risk behaviours as they are directly conducted within the community. These can be either door-to-door or as a group with the full participation of the very community members, who also many times proffer local solutions that are very sustainable.
- Some of the communities mainly in South-Kivu area felt that Ebola and COVID-19 were getting so much attention when there were other serious health issues such as malaria and cholera. To address this feedback, Red Cross volunteers included messages on how to prevent both malaria and cholera in their RCCE activities. This approach enhanced acceptance among the community of the awareness messages on Ebola/COVID-19 carried by Red Cross volunteers.
- Engaging with the community before/after any outbreak and involving them in decisions are key milestones to increase community acceptance, to promote healthy practices and to understand the community's cultural and social norms. RCCE work needs to continue even after the epidemic ends, as a means of helping communities develop their own strategies to fight the Ebola and other epidemic diseases such as the current COVID-19 outbreak.
- The hotline number played the role of phone alert system for rapid notifications of persons suspected of having COVID-19, car accidents and flooding in the communities. The CEA team used feedback from the hotline as formative evaluation data, drawing from the communities needs to adapt messages, improve quality of services, improve outreach and social mobilization awareness on disease prevention and improve community-based surveillance for Ebola and COVID-19. CEA teams also worked in collaboration with other pillars such as RRT, SDB, IPC and PSS to improve quality of services and acceptance in the community especially the RRT

Key drivers/enablers of success during the reporting period:

- Acceptance of the DRC RC in the community, capacity building of the CEA volunteers and the integration of the CEA in the RRT and other pillars created synergy and smooth implementation of activities.
- The use of the hotline by community members to report alerts (deaths of family members, suspected COVID cases and other communities' issues) showed community participation and engagement in community-based surveillance and prevention of diseases.
- Good collaboration with other partners such as the Ministry of Health
- Support from the local radios including getting free airtime to further spread the reach of messages
- Support from the RCCE Commission

Challenges hindering implementation of activities

- Some churches and schools still do not follow COVID-19 preventive measures such as wearing masks and social distancing during services or classes. Following this observation, the CEA volunteers organized educational talks with religious leaders and teachers to increase awareness of the existence of COVID-19 and invited them to participate in the radio show. The full deactivation of CEA volunteers will impact the COVID-19 community mobilization. IFRC CEA team will continue providing minimal technical support and assistance to the DRC RC CEA team as needed.

Key activities for Jan – March 2021

- Provide information kiosks to the DRC RC to continue CEA activities
- Integrate messages of other diseases of potential epidemics based on community-based surveillance

Health Outcome 2: Infection risk to the health of the affected populations are reduced through infection prevention and control measures

Indicators	Actual	Target
2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	36	20
2.2 # of people screened in communities in local health facilities supported to effectively detect and respond to infectious disease outbreaks	4,909,533	5,400,000

Health Output 2.1: Targeted health facilities (including traditional healers) are better protected through improved IPC services

Indicators	Actual	Target
2.1.1 % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	69.5%	70%
2.1.2 % of Red Cross supported health facilities having an IPC package in line with MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD	67%	100%
2.1.3 # of temporary isolation spaces converted to permanent structures	1	20

Sept-Dec 2020 achievements:

- 36 health facilities (FOSA) supported with an IPC package, supervision, and training.
- 161 volunteers have screened 789,346 people in the health facilities (28% under 18 years); referred 58 suspected cases. The team also completed 373 decontaminations and has trained more than 91 health care workers, volunteers and traditional healers in the quarter on IPC measures according to the MoH standards and SOPs. As of 31 December 2020, 4.9 million people had been screened.
- WASH infrastructures are under construction in the health zones of Goma, Beni and Bunia.

Challenges and how they were solved:

- Difficulty experienced to finish the hard WASH construction before March 2021 for improving the scorecard in the FOSA. The team is working to ensure the construction team is strengthened and work can be done by March or extend up to June. The IPC team is also working to prepare a training module for the management of WASH infrastructures.
- Limited source of water - improve access to water and sanitation on giant incinerator sites by constructing latrines and water supply systems.

Key drivers/enablers of success during the reporting period:

Improvement in the score of the health facilities through the completion of 90% of the WASH works in the health facilities contributed to efforts to slow the spread of COVID-19 in the project area

Key activities for Jan – March 2021:

- Improve access to water and sanitation through the installation of giant incinerator sites, construction of latrines and water supply systems in health facilities
- Training of volunteers and Health Centers staff in the use of giant incinerators and WASH structures
- Activation of the hygiene committee in the FOSA
- Donation of IPC items to the completed FOSAs, train the focal points of the hygiene committee in use and management of items
- Lessons learnt of the project and preparation of the project exit plan

Health Outcome 3: Transmission of diseases of epidemic potential is reduced		
Health Output 3.1: Red Cross RRT are set up to conduct patient transfer activities to allow safe access to health care services		
Indicators	**Actual**	**Target**
3.1.1 # of multisectoral RRT trained and equipped	78	25
3.1.2 % of active multisectoral RRT out of the total trained	28%	25%
3.1.3 # of cases of illness among RRT personnel	0	0
3.1.5. Proportion of patients transported by RRT according to safe protocols	92%	100%
Health Output 3.2: Capacity to detect, report and respond to diseases with epidemic potential strengthened		
Indicators	**Actual**	**Target**
3.2.1 # of volunteers identified and trained to form CBS teams	20	240

September - December 2020 achievements:

Rapid response teams (RRTs) were set up to be operational and replace SDB teams so that once the Ebola outbreak was declared over, they would be involved in the provision of first aid services, securing bodies of people suspected to have died of contagious diseases to minimise post-mortem spread and safe transfer of patients to health facilities. In the whole operation, there have been 78 RRTs trained and equipped to give support to the communities where they come from as needed. Data collection forms for RRT have been designed to enable the capture of types of services given by the RRTs. The RRT strategy has been instrumental in enabling the community and other stakeholders view the Red Cross as not being an Ebola only actor.

Preparedness activities were implemented in 4 provinces (South Kivu, Maniema, Haut Uele and Tshopo) in 13 health zones. So far a total of 551 volunteers has been trained and 78 rapid response teams setup of which 22 have been activated.

During this period, the rapid response teams received 666 alerts. This included 386 alerts of suspected or confirmed COVID-19 cases, 209 alerts for first aid interventions, 33 suspected Ebola alerts and 36 alerts due to other diseases. RRT responded to 666 alerts, in cases of patient transfers to health facilities. Belgian Red Cross deployed a CBS specialist to conduct an evaluation on CBS in Ebola-affected areas. The report of this evaluation was shared and disseminated to movement partners and MoH. Also, in December 2020, 20 RC volunteers were trained as master trainers on epidemic control for volunteers (ECV).

Challenges and how solved:

- The COVID-19 context disrupted the implementations of activities in all targeted areas. However, the DRC/IFRC RC teams monitored activities remotely. The main challenges were the difficulty of accessibility of some project areas due to movement restrictions in the COVID-19 situation and the state of emergency decreed by the DRC government since March 2020. Another challenge was the transport of contingency stocks to the field (e.g. the case of Isiro which took 1 month on the road by land). All these factors delayed the implementation of activities in Haut-Uélé provinces and some areas of Maniema. When the state emergency was lifted on 15 August, activities were rescheduled

Key drivers/enablers of success during the reporting period:
RRTs established by RC were involved in sensitization and spread of key messages on COVID-19 prevention and feedback collected from communities. These, working closely with MoH surveillance teams played a big role in COVID-patient transfer in Bukavu, Goma and Bunia.

Key activities for Jan – March 2021:

- Scale-up RRT activities in eastern provinces as well in Equateur
- Continued deployment of volunteers in the field to carry out prevention activities
- Continuation of RRT interventions in the field (transfer of patients to health facilities including COVID-19 cases
- Implement CBS pilot activities in 4 provinces (North Kivu, Ituri, South Kivu, Equateur) with technical support of Belgian Red Cross and Norwegian Red Cross
- Conduct and review RRT set-up after 6 months implementation

Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved		
Indicators	**Actual**	**Target**
4.1 # of participations in psychosocial support activities during the Ebola operation in the Democratic Republic of Congo	91,451	90,000
Health Output 4.1: Psychosocial support provided to the volunteers and staff		
Indicators	**Actual**	**Target**
4.1.1 # of DRC RC bases involved in the EVD response supported by psychosocial support activities	7	3
4.1.2 # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	11,155	10,000
4.1.3 # of trained volunteers implementing PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	50	3
4.1.4 # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	1	7

Sept-Dec 2020 achievements:

- Activities implemented during this reporting period were PFA, individual and group PSS sessions, psychoeducation sessions and awareness-raising sessions. These activities continued without any modification up until the end of November and focused on the provision of PSS activities to DRC RC staff and volunteers.
- Partial deactivation of volunteers was done in all the bases at the end of November 2020. All teams were demobilised except for three volunteers in the three bases of Beni, Mangina and Butembo. It was necessary to maintain 1 PSS volunteer in each base for an additional 3 months (till the end of February 2021) to follow-up on several difficult open cases and do proper case closure. These three areas are covered by Beni field office.
- A workshop was conducted with all focal points/supervisors to ensure smooth phase out from PSS activities of the 10th outbreak. The Workshop was attended by 7 Focal points and supervisors and the aim was to bolster technical and managerial skills. With an end objective to identify capacities after 2 years of PSS programming to allow for identification of persons who have the capacity to manage and support future PSS interventions.
- Development of a strategy for implementation till the end of the operation that was done by two staff of the DRC RC and PSS Delegate of IFRC. The main outcome was the elaboration of PSS strategy till June 2021 and identifying ways to strengthen PSS for the volunteers involved in the operation. This strategy led to the retention of 3 volunteers to close the active cases while also supporting in the adaptation of intervention modalities to focus on community bases activities.
- Two assessment visits were conducted to Bunia to inform future programming targeting IDPs in the area. The assessments highlighted the lack of sufficient services to the IDP camp population additionally exacerbated by the lack of coordination amongst service providers to better serve the community in question. This informed the structuring of the foreseen PSS intervention in said camp, namely the need to strengthen community interventions and resources hence empowering the camp community to be better aware how to access services and how to provide support at community level etc. Also, the need to work on strengthening the capacity of other field service providers on issues pertaining to PSS (namely identification and referral). Finally,, advocate to make available higher level mental health PSS (MHPSS) and protection services for the camp community.

Key drivers/enablers of success during the reporting period:

- Timely and successful closure of PSS activities regarding the 10th outbreak ensured that needs were covered and the staffing left would ensure proper closure of the active cases.
- Review and improvement of data collection and reporting tools enhanced accurate collection of data used to report on the indicators.

Key activities for Jan – March 2021:

- Full demobilisation and closure of all activities regarding the 10th Ebola outbreak

Progress outcomes for the 11th outbreak (Equateur)

Health

Health Outcome 1: The immediate risks to the health of affected populations is addressed through scaled up community engagement and early detection approaches Output 1.1: RCCE activities are conducted to limit the spread and impact of EVD, COVID and other health risks		
Indicators	**Actual**	**Target**
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	2	2
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	426,778	600,000
Health Output 1.2: Community feedback mechanisms are in place and feed into programming		
Indicators	**Actual**	**Target**
1.2.a # of people reached in affected communities with RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	228,121	600,000
1.2.b # of data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	114,442	300,000
1.2.c % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	20%	20%
1.2.d # of feedback meetings held with the community to close the loop[5]	N/A	TBD

September - December 2020 achievements:

Communities were engaged in various activities through women's groups, traditional healers, pharmacists, motor-taxi associations, local health workers and CACs. From community feedback collected and analysed, community-based activities including households visits, community dialogue, mass sensitization, educational talks and focus groups discussions, the engagement sessions provided information based on community needs and issues which have driven essential service provision in the affected community and promoted healthy and safe social practices and community ownership of their own health. Communities were mobilized and empowered to prevent and stop the spread of Ebola and COVID-19 through the provision of relevant, clear, and tailored information and meaningful dialogue to reduce resistance and increase community acceptance, address stigmas for Ebola survivors, rumours or cultural misperceptions based on the feedback received. Incorporating CEA into all pillars and emergency programming at the NS level continues. CEA teams also conducted activities to strengthen the capacity of the NS staff and volunteers to communicate and engage with the communities in improving awareness and understanding of the importance of accountability and transparency during community engagement activities.

More than 40 interactive radio programs anchored by the volunteers were conducted across Equateur province and rebroadcasted to raise the profile of the DRC RC and improve engagement with the communities. The radio programs were interactive allowing two-way communication, the CEA volunteers could listen, answer, and address the community's questions about Ebola and COVID-19. Radio programs were well received in the communities, with increasing number of phone calls and SMS messages from the community members every week. Feedback collected during the radio programs helped plan the radio show based on information needed in the community.

The hotline also served as a rapid notification system of suspected Ebola or COVID-19 cases, car accidents and flooding in the communities. The CEA team used feedback from the hotline as formative evaluation data, drawing from community needs to adapt messages, improve quality of services, improve outreach and social mobilization awareness of disease prevention, and improve community-based surveillance for Ebola and COVID-19. CEA teams also worked in collaboration with other pillars such as RRT, SDB, IPC and PSS to improve quality of services in the community.

The CEA teams shared weekly community feedback collected during community mobilization with Internews for use to produce the weekly *"Tulivyo Sikia"* bulletin which is shared widely with IFRC and DRC Red Cross and other stakeholders and partners present in the communities after analysis and recommendation. This also helps to increase the coverage of the people and institutions reached with regularly analysed community feedback. The volunteers are briefed on a daily basis with answers from the bulletin to respond to community feedback. After the declaration of end of the 11th Ebola outbreak, the CEA teams continued community mobilization activities to increase community-based surveillance awareness and build community capacity to prevent and prepare for disease outbreaks

[5] Activity to be done in the next quarter

Challenges:

- Poor road conditions and the rainy season continued to be a challenge for volunteers to reach very remote areas for community mobilization. To manage to reach out to the remote area without road accessibility and those that lacked network coverage and no radio station, CEA team, the volunteers reinforced capacity of local community leaders and local RC volunteers to conduct RCCE activities and increase awareness of disease prevention including Ebola and COVID-19.
- Lack of phone network coverage and no access to radio station to use for sensitisation in some areas meant that some of the targeted population could not be reached.
- Unwillingness of some of Ebola survivors to participate on the radio talks for the sensitization on Ebola. The volunteers conducted activities with Ebola survivors to help them understand why their participation is important in the response, especially in the radio show as this would help reduce stigma towards them.
- Some community members did not understand the importance of the RRT team in their communities and hence were not cooperative. CEA team organized multiple RCCE activities regarding the importance of the RRT team with community leaders, health care workers and youth and women's associations.

Key activities for Jan – March 2021:

- Continue to adapt and revise key messages based on the feedback received and communicate it back to the community promptly
- Work on integrating messages of other diseases with epidemic potential
- Work on a smoother flow of CEA activities transition to the national society
- Scale down the number of active volunteers

Health Outcome 2: Infection risks to the health of the affected population are reduced through improved infection prevention and control measures

Indicators	Actual	Target
2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	9	15
2.2 # of people screened in local health facilities supported to effectively detect and respond to infectious disease outbreaks	426,778	500,000

Health Output 2.1: Targeted health facilities (including traditional healers) are better protected to through improved IPC services

Indicators	Actual	Target
2.1.a % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	22%	70%
2.1.b % of Red Cross supported health facilities having an IPC package in line with MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD	100% (9/9)	100%
2.1.c # of triage and pre-triage zones and isolation centres constructed	4	15
2.1.d # of health services providers, traditional healers and volunteers trained on IPC	263	80
2.1.e # of WASH infrastructure renovated in the FOSA	2	5

September - December 2020 achievements:

The IFRC with DRC RC in partnership with the French Red Cross (FRC) supported the strengthening of IPC measures in nine targeted health facilities to reduce the risk of nosocomial transmission in targeted health facilities and surrounding communities. Five of them were already supported since September: Jules Chevalier, Mama Balako, CS Wangata, HGR Wangata and CHU Mbandaka.

Most nosocomial infections occur in unsupported health facilities, small health posts and those premises of traditional healers. Following this assumption, in October, the IFRC and the FRC decided to conduct an assessment in three health facilities with difficult access and ill support: Centre de santé Croix Rouge, CS Libaya and the Red Cross Health Posts. During the explorations in Libaya, Red Cross Health Posts and the prison, it has been found that because the precarious humanitarian situation, these places could easily be hot spots not only for an Ebola outbreak but also other diseases, such as cholera. Assessments of four more health facilities were done in October - Santé PLUS, Mama Wa Elikya, Congo Medical Centre and Basoko. The low IPC score at the time of the assessment indicated the level of the FOSA at the point of selection and is expected to improve over time as more improved IPC measures are implemented.

The actions taken to reach the objectives are supporting the screening and rapid isolation of suspected cases with trained and competent health providers and DRC RC volunteers but also with the acknowledgement that traditional healers play a vital role in community health and can be a great asset in the fight against Ebola and other infectious

diseases. For this reason, it was decided to train and implement SOP amongst traditional healers to improve IPC practices.

Other actions taken were the building of triage areas, provision of IPC supplies and equipment, strengthening the utilisation of standard operating procedures through training and formative supervision and, where necessary, rehabilitating water and sanitation infrastructure to ensure that supported facilities attain an IPC score of at least 80% on the response-wide IPC scorecard. In Equateur, support will be given to strengthen IPC in accordance with Ministry of Health's SOPs while maintaining minimum package of IPC interventions (triage, decontamination, awareness against other diseases, etc.). Support will also be given to Mbandaka Prison.

During this period the following was accomplished:

- Built 4 triage and isolation structures in 4 health centres in Mbandaka: Jules Chevalier, Mama Balako, CS Wangata, HGR Wangata;
- Conducted screening activities in 8 Health Centres and in the NS provincial office.
- Gave 13 donations of washing hands kit to the FOSA and 30 donations to the traditional healers.
- Conducted 12 trainings - 4 for the DRC RC volunteers, 4 for the health workers, 3 for the hygienists and 1 for the traditional healers leading to a total of 263 people trained - 134 health workers, 51 hygienists, 30 traditional healers and 48 volunteers.

Challenges and how solved:

Several challenges, most of them linked to coordination challenges, community resistance and difficult access to the facilities were experienced:

- The **coordination challenges** experienced at the beginning of the response was due to limited numbers of partners. The issue was addressed by looking for support from multiple actors present in the region and advocating together to the MoH. Also, joint supervision missions were organised to include IFRC, DRC RC and MoH to check on implementation progress.
- **Community resistance** resulted in 3,986 refusals by patients to be screened at the triage (out of the 301,307 screenings done in the quarter – 1.3%). Community resistance is also manifested in a latent distrust in health care facilities that prevented people from seeking health care. To address this, there was improved collaboration between CEA and PCI teams, sharing feedback and creating messages to tackle the reasons behind the community resistance.
- **Access difficulty** due to geographic and economic barriers. The majority of people who live in remote areas or along the river do not have any way to reach the health facilities. Some areas are reachable only by motorbike or by boat and most of the inhabitants do not have access to these modes of transportation nor money to pay for transportation. Also, the fees for health care are beyond the means of some patients and hence some people avoid the health centres, preferring the traditional healers. This was addressed by handling the challenge from IFRC perspective and not trying to address the structural challenge such as infrastructure. IFRC worked on finding the right transport means (to facilitate the movement of the supervisors) and paying credit units to the supervisors and team leaders, in order to facilitate the communication between them, field and the office.

As far as IFRC and DRC RC capacities, the difficult access translated to remote management, due to distance and the challenging environment. Due to these constraints, the decision was made to reduce from the original 15 health facilities targeted to nine in order to provide quality support. This factor, distance and remote management, made data collection a challenge that affected timely reporting and data analysis.

Key drivers/enablers of success during the reporting period:

- The presence of a strong and adapted IPC delegate team was one of the keys to be successful in this activity.
- Collaboration with other pillars e.g. addressing with the CEA teams community resistance, traditional beliefs and educating the population to seek health care from the health facilities and to agree to the screening was another fundamental key driver to the success.
- As the collaboration with the CEA team was fundamental to address to the community resistance, the collaboration with the IM department was valuable for the feedback and data analysis.
- Finally, despite some difficulty in the relations with the MoH, one of the key drivers of success was good relations with the head of health centres.

Key activities for January – March 2021:

- Preparation of handover to the NS and the MoH will be done alongside decreasing gradually and according to the operational needs, the support and the presence of the IFRC to the FOSA. The IPC activities will be supervised by the NS focal point with the support, when necessary, by the delegates. The IPC support is completed with the current facilities and the supervision capacity of the NS will be strengthened.
- Two trainings for NS and MoH staff.
- Continuation and finalisation of WASH work in Mbandaka prisons.
- WASH works will be completed in three FOSA (toilets, incinerator, ash pit).
- Complete construction of the decontamination area for SDB and RRT in the NS office.
- Drainage system for the NS office.
- Equipping the FOSA and DRC RC with IPC kits in order to keep in Mbandaka preparedness stock for emergencies (according to the NS plan) helping Mbandaka to become a hub to respond to emergencies in the west of the country.

The deadline to finish the work is fixed for the end of April 2021.

Health Outcome 3: Transmission of EVD and other diseases of epidemic potential is reduced

Health Output 3.1: Red Cross SDB teams are set up and conduct safe and dignified burials in areas where the outbreak is sustained to limit the spread of EVD and other diseases of epidemic potential

Indicators	Actual	Target
3.1.a # of households benefiting from a safe and dignified burial in Ebola-affected areas of the Democratic Republic of Congo	465	NA
3.1.b % of successful completion of safe and dignified burials in the EVD operation	56%	80%
3.1.c # of SDB teams trained and equipped	17	20
3.1.d # of cases of contamination by EVD among SDB personnel	0	0

Health Output 3.2. Red Cross Rapid Deployment Teams (RDT) are set up and conduct SDB, CEA and PSS activities in areas newly affected by the outbreak, to limit the spread of EVD and other diseases of epidemic potential

Indicators	Actual	Target
3.2.a # of RDT trained and equipped	2	2
3.2.b # of RDT deployments completed	3	3

Health Output 3.3: Red Cross Rapid Response Teams (RRT) are set up and conduct patient transfer activities in areas affected by the outbreak, to allow safe access to health care services (suspect cases, confirmed cases and others)

Indicators	Actual	Target
3.3.a # of RRT trained and equipped	7	6
3.3.b % of active multisectoral RRT out of the total trained	100%	50%
3.3.c Proportion of patients transported by RRT according to safe protocols	60%	100%
3.3.d # of cases of infection among RRT personnel during activities	0	0

September - December 2020 achievements:

Creation/re-activation of SDB teams was the first response in the 11th Ebola outbreak to contain the spread of Ebola virus disease. Establishing these teams followed the trend of the outbreak and as a result, there were 17 SDB teams in 11 health zones with a total of 316 volunteers. The SDB teams, during their activities, received 1,197 alerts and they responded to 978 (81.7%) of them. Community resistance against the activities and the expectation of the families to receive financial/in-kind support from the RC was the main reason for non-response to 18% of the alerts.

Later, to give an appropriate response to the geographic spread of the 11th Ebola outbreak, a strategy to be flexible was adopted. Instead of training SDB, CEA and IPC volunteers where they were not already trained, two RRT were created. This setup permitted a quick and flexible response to the epidemic and reduced logistical challenges.

The RDT are multidisciplinary teams, formed by six volunteers, trained (SDB and CEA) to be deployed within 24-48 hours maximum following receipt of an alert. They have been deployed three times during this outbreak, once to the border with the Republic of Congo, once in the health zone of Lilanga Mapoko and the last time a team was deployed in Makanza on the last case of the epidemic. All three times, the teams were ready to conduct SDB and CEA activities with the population. With the declaration of the end of the epidemic, SDB and RDT teams have been put in “hibernation”, ready to be reactivated in case of another alert.

For the 90-day surveillance period, the strategy was modified and seven Rapid Response Teams were created. Three teams covered the two health zones - Mbandaka and Wangata. Two teams were created to cover the Health Zone of Bikoro and another two to cover the health zone of Ingende. Health zones were selected based on accessibility, population density and risk profile according to 11th EVD epidemic data. The multidisciplinary teams of six local volunteers were trained on first aid, patient transport, CEA, PSS and SDB. Each team operated only during the day, for

the moment due to security and logistic reasons. To date the RRT have responded to a total of 49 alerts, 42 for EVD, 4 for COVID-19 and 3 a general alerts. The distribution of the alert is the following: 32 in Bikoro, 13 in Mbandaka and 4 in the HZ of Wangata. With this approach it was possible to transport patients suspected to have EVD and other diseases safely, to improve the capacity to refer patients and it was designed to be sustainable and guarantee a successful handover to the NS after the gradual withdrawal of the IFRC until the complete handover planned for the end of June 2021.

In order to ensure high-quality SDB operations, decontamination sites (an operational base in Mbandaka and a base at Nkalamba) were constructed.

Challenges
The challenges are a mix of cultural, logistics and organizational issues.

- Cultural because the SDB, RDT and RRT must confront a lot of community resistance due to rumours, traditional beliefs and low education levels. The refusal of SDB was justified with several arguments like that Ebola does not exist; refusal to accept that the person has died of Ebola; fear of stigma; expectation that the volunteers will push to do the SDB and offer money to the bereaved family. Also, there was the belief that the Red Cross was distributing coffins for the burials and once the family saw that there was no coffin, they refused the SDB. This resistance was overcome thanks to an integrated work of CEA, IM and SDB, promptly analysing feedback from the community and adapting the messages given to the community on the existence of the disease, symptoms and how to prevent the spread.
- The logistical problems were linked to characteristics of the environment of the Equateur province, difficult to reach remote areas, sometimes reachable only by boat or by motorbike. Sometimes it happened that if eventually the SDB team was able to reach the locality, the family had already buried the dead. Moreover, the telephone network was poor leading to late reception of alerts. The access challenges also presented a problem of taking swabs to the laboratory. Some samples arrived late compromising the result of the test. Difficulties accessing the remote areas was addressed by providing the team with the right transport. A donation of motorbike and tricycles was done to the NS. Two canoes were bought, one is for the health zone of Ingende and the other for the health zone of Bikoro and the IFRC is looking at how to provide the Provincial Committee with a boat for Mbandaka. In the same way, the problem of lack of network was addressed by installing a VHF radio system that relies on repeaters installed in the offices of the local committees of the various health areas or in the health centres and health posts to facilitate timely communication.
- Organisational problems arose because some alerts got stuck somewhere in the communication chain as well as having different actors doing the same activity, lack of coordination, and in this way contributing to the idea of Ebola as a business. These challenges were addressed by improving coordination and dialogue with other actors involved in the response in addition to participating in all the relevant coordination meetings with other actors as the WHO and MoH.

Key drivers/enablers of success during the reporting period:

- The presence of focal points for each pillar, which with the support of the Delegates (Field Co and Health Co.) were able to follow the activities locally and to guide the transition from SDB/RDT to RRTs
- Clear data and feedback analysis shared with the teams
- Joint work between pillars created synergies needed for successful implementation of planned activities

Key activities for January – March 2021:

- For the coming quarter, the focus is not to train or create more RRT teams, but to strengthen the capacities of the existing ones and adapt and readjust the activities. The RRT will be provided with boats to do riverine transportation of patients that need to be referred from remote areas or areas accessible only by water. This period will be used also to calibrate the activities in the way to prepare the handover to the NS in June.
- The strategy will be to support the RRTs for various emergencies and outbreaks, draw up a training plan to strengthen the volunteer's response capacity
- Increase the activities of RRTs for the safe transport of patients suspected of Ebola, COVID-19 and other diseases.

Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved

Indicators	Actual	Target
4.1 # of participations in psychosocial support activities during the Ebola operation in Democratic Republic of Congo	2,992	5,000
Health Output 4.1: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**

4.1.a # of DRC RC bases involved in the EVD response supported by psychosocial support activities	2	2
4.1.b # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	1,182	2,000
4.1.c # of trained volunteers implementing PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	56	21
4.1.d # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	0	1

September - December 2020 achievements:

- Three 1-day workshops benefitting 56 volunteers took place in December. The aim of the workshops was to better clarify interventions and coordination with other pillars. This workshop was supported by IFRC and facilitated by the French Red Cross (FRC) PSS delegate.
- The IFRC negotiated with the NS to change the provincial PSS focal point to improve timely implementation of planned interventions.

Challenges and how solved:

- A long time was taken before the identification of a suitable focal point to support implementation of activities. The Federation supported the recruitment of a new focal point to add value to programme implementation.
- The recruitment process for a long term PSS delegate (FRC) in Equateur took longer than anticipated. The position is now filled.

Key activities for January – March 2021:

- Deactivation of the PSS teams and reduction of PSS activities in the province by end of January 2021.
- Training of the 3 RRT in the area on the PFA module developed for RRT teams by the Swedish Red Cross.

Protection, Gender and Inclusion

PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators	**Actual**	**Target**
P.1.1 Proportion of female volunteers engaged in the operation	33%	at least 30%
P.1.2 # of focal points and supervisors trained on PSEA	46	94

September - December 2020 achievements:

The IFRC continued to work systematically to increase awareness and identify and reduce risks of sexual exploitation and abuse (SEA) in all its operations and in the community where it serves. To achieve this, IFRC has implemented a hotline to help survivors and the communities to report any situations of abuse. The hotline is a confidential independent line available to the community members including IFRC and DRC RC staff wishing to report misconduct. A total of 58,284 calls were received during this period where the majority of the issues were resolved at the hotline level and sensitive feedback was referred to IFRC and the NS for further action. No SEA feedback was received concerning IFRC during this period. Congo Call Centre managed the hotline and informed callers that their information would be shared only after their consent was received and then with only the IFRC and DRC RC hotline focal points for assistance requested or issue reported. The hotline interaction was kept confidential and sensitive complaints were immediately brought to the attention of IFRC focal point as needed. The IFRC used feedback from the hotline as formative evaluation data, drawing from the communities' needs to adapt messages, improve quality of services, improve outreach and social mobilization awareness of the PSEA.

Seven workshops were carried out for staff and volunteers on code of conduct and PSEA where a total of 220 people were sensitized in Mbandaka, Bikoro, Butembo, Mangina, Beni and Bukavu. Discussions at the local level included brainstorming concrete action points to better integrate gender mainstreaming and provide all volunteers agency and power to report safely as well as actions to reduce power disparities and lessen the motivation and opportunity for abuse before it happens.

Challenges and how solved

- Fewer women are calling the Hotline compared to men. The IFRC is working on its social mobilization strategy targeting women's groups to use the Hotline 47 22 22 for reporting PSEA matters.

Key activities for Jan – March 2021:

- Increase promotion of the use of hotline in the community and train the NS staff on the importance of reporting any PSEA matter through the hotline.
- Training for IFRC and NS or any other persons manning the hotlines or receiving information to ensure a survivor centred approach throughout.
- Increase awareness of the hotline to women's groups in the affected communities
- Continuation of awareness sessions for Goma and Ituri, two sessions in Goma and one or more session in Ituri depending on the security situation in Ituri.
- Printing and dissemination SGBV messages including PSEA

Strategies for implementation (SFI)

SFI1: Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

S1.1.1 National Societies have effective and motivated volunteers who are protected		
Indicators	**Actual**	**Target**
# of volunteers engaged with DRC National Society.	3,223	980
S.1.1.2 NS have assessed their capacity at HQ and branch level and identified areas for organizational improvement.		
Indicators	**Actual**	**Target**
# of office space and operational bases rehabilitated	4	2
# of NS staff trained in financial management, security management and data collection	25	TBD
S.1.1.4 NS capacity to support community-based disaster epidemic response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# DRC RC Epidemic Preparedness plan and SOPs at the provincial level	2	3
# of DRC RC staff and volunteer trained in warehouse management and compliance	59	48
# of DRC RC staff and volunteers trained in logistics and supply chain management	33	36

SFI 2: Effective and coordinated international disaster response is ensured

S.2.2 The complementarity and strengths of the Movement are enhanced		
S.2.2.1 IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	**Actual**	**Target**
# of Movement meetings (tripartite meetings at provincial and national level, movement meetings at national level)	1	1 per week
S.2.2.2 Shared services in areas such as IT, logistics and information management are provided.		
# of warehouses rehabilitated/constructed	2	5

SFI 4: Ensure a Strong IFRC that is accountable

S.4.1 The IFRC enhances its effectiveness, credibility and accountability		
S.4.1.2 IFRC staff shows good level of engagement and performance		
Indicators	**Actual**	**Target**
End of operation evaluation completed	0	1
S.4.1.3 Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		
Indicators	**Actual**	**Target**
# of audits of financial statements conducted in compliance with international financial reporting standards	1	2
S.4.1.4 Staff security is prioritised in all IFRC activities		
Indicators	**Actual**	**Target**
% of IFRC staff and volunteers participating in security briefings	100%	100%

Logistics

September - December 2020 achievements

- Implementation of new logistics staff plan since March 2020, including new logistics positions for warehousing, fleet, procurement and supply chain management services in 8 bases located in North and South Kivu, Ituri and Equator provinces. EVD operation is supported by 20 logistics staff and 63 drivers.
- Four trainings were conducted by the Capacity Logistics Delegate for improving logistics compliance of DRC RC Staff in Beni, Butembo, Bunia and Mbandaka. Specialized trainings and on job trainings were also conducted for Federation logistics staff.

Key activities January - March 2021

- DRC RC logistics trainings to be conducted in Bukavu and Kinshasa
- Logistics rightsizing strategy
- Import of international orders: 30 tons
- Rehabilitation of 3 DRC RC warehouses

Finance

A two-hour webinar session was organized each week with DRC RC HQ finance and logistics staff on IFRC working advance and procurement procedures as well as reporting, compliance, fraud and corruption. In addition, a training session was organized in Goma from 9 to 10 December 2020, with the participation of 15 managers (3 of whom were women) from the National Society's headquarters and the branches in North and South Kivu and Ituri. The objective of this training was to provide management staff with the tools and information necessary to ensure a better quality of the supporting documents submitted to donors in addition to strengthening the fight against fraud and corruption in the humanitarian sector.

Warehouse

Sept-Dec 2020 Achievements

- Budget approval and signing of contracts to commence rehabilitation of two warehouses in Beni (North Kivu) and Bukavu (South Kivu)
- Secured all recalled medical supplies to Beni from the closed hubs namely Butembo, Oicha, Mangina and Aloya
- 12 weekly warehouse stock reports shared with HeOps, Coordinators and pillar heads critical for planning and decision making

Challenges and how solved

- It was not possible to collect medical supplies from Red Zones in the closed hubs and bring them to Beni occasioned by insecurity in these regions. IFRC staff liaised with ICRC to advise on security situation and with support from local volunteers this task was accomplished – stock was retrieved and brought to Beni.
- There was delayed approval of warehouse rehabilitation and construction in Beni and Mbandaka. The team negotiated for the 3 months rental contract extension period to secure supplies and allow completion of the NS storage facilities.

NSD

A Branch Organisation Capacity Assessment (BOCA) exercise was carried out in December 2020 for North and South Kivu branches. The aim of this was to identify areas to strengthen organisational capacities at both headquarters and branch level of the DRC RC in the two provinces in order to better respond to disasters of all kinds that hit the region. Through the exercise, the teams fostered a broad consensus on the major organisational problems and the relevant responses to be made to them in the long term. A total of 27 participants from the two provinces attended the session.

The following were achieved:

- The organisational capacities of the DRC RC branches in North and South Kivu were analysed with regard to the basic conditions of a model branch;
- A complete inventory of current capacities in the administrative, financial, logistical, operational, human resources and partnership fields was established;
- Identification by consensus on the priority areas for improvement in these two branches was done.
- Action plans were drawn up to strengthen and make viable the service delivery and resilience capacities of communities at local level, provincial branches and communal and local committee level.

Key activities January-March 2021

- Supervise and monitor value for money for two ongoing storage structural rehabilitation Beni and Bukavu and one new warehouse construction in Mbandaka
- Develop and support the actualization of online management system for warehouses with piloting done in North and South Kivu
- Train and mentor 12 - 15 volunteers in proper warehouse management, conduct field visits and coaching session and develop database in liaison with IM and NS
- Conduct warehouse procedures sensitization and awareness sessions targeting NS programs and leadership with a view of reaching up to 40 – 45 personnel
- End of Ebola operation evaluation

South Sudan

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of awareness sessions carried out	200	192
# number of people sensitised on EVD	455,000	360,800
# of community leaders sensitized	300	300
# of radio shows on EVD conducted	18	180
# of households reached through door-to-door sessions	28,000	28,000
# of SSRC/IFRC staff trained on safety and security	15	15
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	**Actual**	**Target**
# of SSRC Staff and NDRT trained as TOT	16	15
# of additional volunteers trained on SDB (additional 12 teams, 8 volunteers / team to trained and setup)	97	96
# of SDB refresher training, drills and simulations carried out	60	75
# of drills carried out by 5 SDB teams	60	90
# of bicycles procured and deployed to the 4 target areas (40 procured but only 10 has been deployed)	40	50
# of new locations with materials and equipment for disinfection	5	3
# of vehicles deployed	8	7
# of vehicles prearranged for SDB	4	3
# of SDB bases established and ready for operation (Bases identified, but yet to be ready in Yambio and Maridi. SDB materials prepositioned)	3	5
# of NTF, TWG and MTF Coordination meeting held	17	36
# of people reached on Key Messages on EVD	455,776	160,000
# of Supervisors trained on CBS	20	20
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**
# of volunteers trained in psychosocial support	190	180
Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform		
Indicators	**Actual**	**Target**
# of volunteers insured	400	360
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# of staff recruited/contracted and actively supporting EVD preparedness operation at HQ and branch levels	14	14
SSRC EVD Contingency plan developed and used	1	1
EVD PMER tools and system fully functional and supporting the operation	1	1
# of local review/assessment of the EVD Preparedness operation	1	2

# of supportive supervision/monitoring visits provided by SSRC HQ relevant sectorial heads for the EVD preparedness operation	6	12
# of EVD related reports produced and shared with relevant stakeholders (weekly, monthly & Quarterly)	18	24

September - December 2020 achievements:
In the EVD high-at-risk locations, the SSRC engaged in RCCE activities involving 180 SSRC trained volunteers. Furthermore, the SSRC was the lead agency for SDB and through the end of EVD, the SSRC with support of IFRC trained 156 volunteers on SDB ready to be deployed to respond to EVD alert. As from August 2018 to date, SSRC responded to eleven (11) EVD alerts and conducted SDB to seven (7) of the alerts across the country.

From September to December 2020 SSRC focused on the following preparedness readiness activities:

- Refresher training TOT on CBS and reporting for supervisors and team leads using best practices learned during EVD activities.
- Lessons learnt review meeting

There was an outbreak of suspected/unidentified viral haemorrhagic fever in South Sudan in September 2020 and the SSRC was able to mobilise SDB teams and prepared to move equipment before the test results came back negative for Ebola. This highlights that preparedness activities have increased technical and organisational capacity to respond quickly.

Key drivers/enablers of success during the reporting period
The first phase of the EVD preparedness in South Sudan was fully funded allowing a smooth implementation of the project and in some area achieved more than what was planned, for example, number of people reached through RCCE. Furthermore, the SSRC took this project as an opportunity to strengthen their RCCE capacity and knowledge on SDB which was new to the NS when the project started.

Lessons Learnt:

What worked well:

- Increased capacity on RCCE following implementation of appropriate EVD messaging enabled SSRC to quickly respond to EVD+ messaging incorporating COVID-19 prevention messages
- Increased capacity of SDB teams in the four high-risk locations
- Increased capacity on implementation of PSS during epidemics in the four high-risk location
- Identification of the burials sites that can be used for other epidemics
- Ownership documentation for burial sites in Nimule and Juba
- SSRC was prepared to respond to EVD or EVD suspected cases
  Processes and expertise built during EVD preparedness contributed greatly to the continuing response to COVID-19.

What Needs to be Improved:
Conduct more SDB training for community leaders, religious leaders on the rational use of PPE, IPC WASH and critical hygiene promotion practices.

- Lack of additional funding in 2020 did not allow completion of CBS activities (other than the supervisors trainings) as initially planned

Burundi

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of people sensitized on EVD	2,234,231	834,588
# of households reached through door-to-door sessions	37,498	10,000
# of community leaders trained on EVD	819	120
# of cultural shows disseminating EVD messages	4	30
# of roadshows disseminating EVD messages	202	202
# of awareness sessions carried out in schools	119	84
# of volunteers refreshed on CEA	117	117

	Actual	Target
# of volunteers trained on CEA	120	120
# of radio shows and interactive shows on EVD conducted	480	24
# of EVD KAP surveys conducted for Baseline and End line	2	2
# of targeted communities who have good knowledge of EVD after volunteer's sensitization	29.4%	50%
# of people who have adopted safe and preventive practices for EVD following after volunteer's sensitization	95%	90%
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	**Actual**	**Target**
# of drills carried out by 6 SDB teams	67	50
# of people trained in SDB (volunteers and local CHWs)	228	120
# of communal teams for SDB established and trained	20	10
# of volunteers trained in Infection Prevention and Control (IPC)	80	60
# of SDB refresher trainings carried out	7	12
# of SDB vehicles procured	2	2
# of bicycles procured	60	60
# of handwashing stations procured and pre-positioned at Branch level	300	200
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**
# of staff and volunteers trained in PSS	122	120
# of PSS sessions provided	1	N/A
# of BRCS Psychosocial support Plan of action elaboration workshop conducted	1	1
Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators	Actual	Target
# of volunteers insured	298	320
# of security trained staff and volunteers	20	20
Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# reviews done on NS epidemic contingency/preparedness	1	1
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of missions conducted by IFRC staff	4	6

September - December 2020 achievements:

Risk communication and community engagement (RCCE) activities

By the end of the operation, 2,234,231 people had been reached with EVD messaging. The over achievement of RCCE target is due to the fact that during the implementation period, the country having been affected by the COVID-19 outbreak obliged the NS to strengthen RCCE activities at community level including COVID-19 preventive messaging. The number of volunteers deployed and the frequency of activities were consistently increased resulting in more people reached. Also, the timeline of the project was initially of six months but RCCE activities were implemented for eight months.

EVD funds have enabled the BRCS to strengthen its presence and visibility at the strategic level and to demonstrate that it remains one of the priority actors in the management of disasters and emergency situations in Burundi. The smooth implementation of activities also improved the perception of the BRCS by communities and government authorities. Finally, this made it possible to maintain and develop the achievements of the BRCS in terms of human resources, logistics, technical skills, and other areas which the project has helped to strengthen and for which without these funds it would not have been possible.

Through this operation, the BRCS was able to strongly strengthen its logistical and technical capacities, particularly in the early detection of cases, the management of infectious remains, the RCCE as well as PSS and PFA. All these achievements

are now capitalized in the response to the COVID-19 epidemic and support to health authorities in other public health emergencies in the country. The implementation branches are now equipped with rapid response teams comprising volunteers trained in RCCE, IPC, and monitoring/follow-up of contacts able to provide a rapid response in the event of an alert and support the teams of the Ministry of health.

Challenges and how they have been solved
The implementation of the operation followed the initial plan, however, it should be noted that changes were made due to some unforeseen situations. These included the COVID-19 epidemic, the sudden death of the President and the presidential elections that led to suspension and delay in project implementation resulting in electoral campaign regulations and national mourning period of former President. To overcome that, the teams strengthened training for safer access to the BRCS staff and volunteers in the branches, to integrate this training at the beginning of the project to ensure that volunteers have good knowledge, attitudes and practices for their safety management. These situations disrupted the normal course and necessitated adjustments in terms of activities and deadlines in order to achieve the objectives.

There was government authorities' disinterest in the EVD activities and cancellation of some activities planned in the project. To overcome that we adapted and integrated COVID-19 preventive messages into all EVD activities especially RCCE.

Fluctuating local prices in the market, delaying the supply process and shortages (locally and abroad as well). To overcome this BRCS carried out regular market assessment activities to identify price fluctuations and adapt the purchasing strategy accordingly.

The activities ended overall with great difficulty in September. The achievements of the Ebola project have made it possible to strengthen the response capacities to public health emergencies and strengthen the community and institutional preparedness of the Burundi Red Cross.

Lessons Learnt:
Continuous assessment and review of the implementation context enables timely decision making to limit potential delays in project implementation.

The shift in government priorities necessitates the review of community messaging e.g. the inclusion of COVID-19 messages alongside the EVD messaging enabled continuation of activities and surpassing of targets.

The EVD assets were transferred to the BRCS in accordance with the IFRC policies and procedures in force and as soon as possible given the constraints linked to the global situation of COVID-19 which therefore allowed the smooth implementation of activities.

Rwanda

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of people reached with community-based epidemic prevention and control activities	4,514,113	5,000,000
# of mobile cinema sessions conducted	305	290
# of volunteers refreshed on CEA (10 volunteers in each of the 15 districts)	150	150
# of teams that receive CEA branch level training	30	15
Health Output 4.3: National Society volunteers support safe and dignified burials to limit the spread of disease		
Indicators	**Actual**	**Target**
# of trained frontline SDB teams that are ready to deploy	8	2
# of trained reserve SDB teams that are ready to deploy	15	15
# of simulation exercises conducted (attended)	6	N/A
Health Output 1.5: Psychosocial support provided to the target population		
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	**Actual**	**Target**

# of volunteers trained in psychosocial support	320	75
Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		
# of volunteer teams trained in contact tracing	11	15
Health Outcome 7: National Society has increased capacity to manage and respond to health risks		
Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services		
# of branches with trained rapid response teams for health Emergencies	11	15
S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# of NS contingency and preparedness plans updated	1	1
# of RCCE orientation sessions conducted	31	30
Outcome S2.1: Effective and coordinated international disaster response is ensured		
# of districts with trained rapid response teams for health emergencies	11	15
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of trained frontline SDB teams that are ready to deploy	2	2
# of trained reserve SDB teams that are ready to deploy	11	15
Outcome S3.1: 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.		
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators	**Actual**	**Target**
# of evaluation and lessons learned reviews conducted	1	2

September - December 2020 achievements:

Out of the targeted 5 million people to be reached with epidemic prevention and control activities, RRCS reached 4,514,113 people. The target was not achieved because the NS only received part of the funds and therefore ended up cancelling other planned activities. More so, there was a 36% increase in the number of mobile cinemas conducted attributed to demand with no additional costs. The number of volunteers targeted for PSS training was increased due to the need of PSS as a new program which needs to be reinforced. Teams trained on CEA increased by 50% after the trained 15 teams each trained another team making 30 teams at the branch with very minimal costs covered by the branches.

Majority of the planned activities were completed as shown below:

- PSS Training for 25 volunteers from 5 districts (Nyanza, Bugesera, Gasabo, Nyarugenge and Kicukiro)
- Refresher training for 10 SDB frontline teams composed of 10 members/each
- Refresher training for PSS, 30 trainers on Psychological First Aid (PFA)
- Basic PSS Training for 150 NDRT.
- Training of 60 New PSS Trainers Which is ongoing

Lessons Learnt:

- Investment in EVD preparedness enhanced the National society capacity to respond to the current COVID-19 pandemic. Early preparedness and capacity building in management of potential epidemics bore fruit in tackling the information dissemination and handling of the community during the COVID-19 pandemic.
- Constant monitoring of the funding situation is important to limit/reduce implementation delay. This enabled quick mobilisation of alternative funds to continue carrying out EVD operations. The agility of the teams made possible the adaptation of work plans and acceleration of implementation that utilized the remaining days effectively leading to the mentioned accomplishments while cancelling those of low priority to effectively use the existing funds.

Through this Appeal, RRCS has carried out different trainings which have increased the skills of RRCS disaster response and health teams in epidemic response. These teams will help the National society in quick deployment for any health emergency preparedness and response activities in future. SDB teams formed through EVD funds supported the burial

of EVD suspected cases, decontamination and IPC activities during the EVD preparedness. The preparedness activities done for EVD provided the experience and the capacity for the preparedness and response to COVID-19. The SDB teams supported the burial of those who died from COVID-19, an exercise that is still ongoing to date throughout the country. The risk communication activities done and approaches used with the Ebola preparedness activities provided good experience which has been used during the COVID-19 and will continue to be used for other health emergency preparedness and response. PSS training and activities have been integrated into emergency activities through the EVD funds.

110 volunteers were trained on SDB, 300 others were trained on community surveillance, contact tracing and community mobilization and sensitization and 55 others trained on PSS. These trained teams are equipped and ready to be deployed while needed. And many of them are supporting COVID-19 response with the skills and experience acquired during the EVD preparedness.

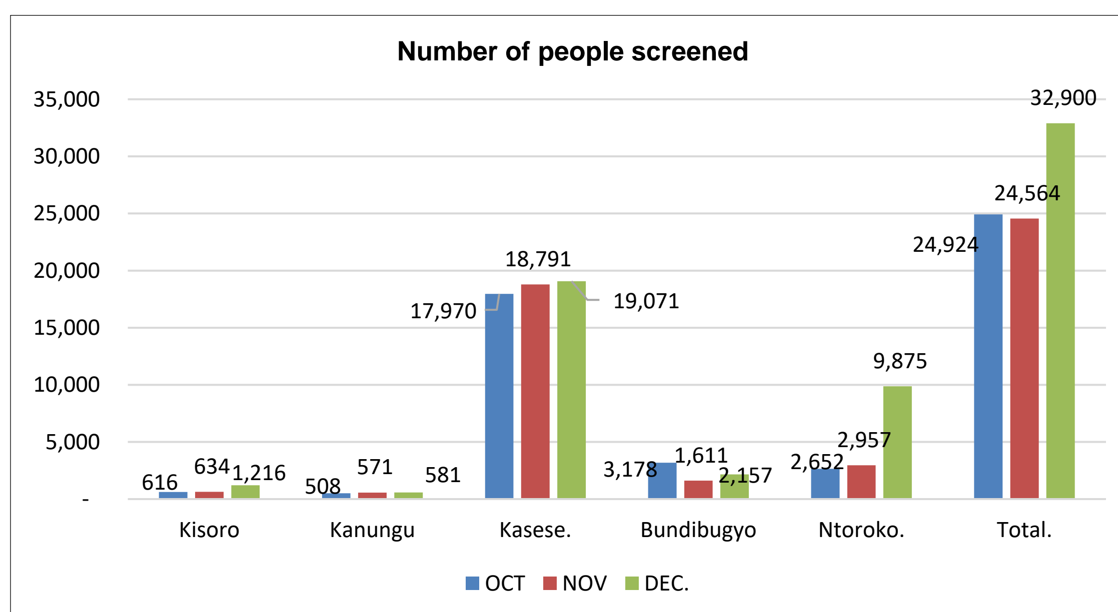
Uganda

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of people reached by NS with services to reduce relevant health risk factors	10,868,958	7,068,060
# of volunteers conducting risk communication, social mobilization activities in 7 districts for 3 months	480	360
# of CEA mechanisms established	2	2
# of HH reached with EVD messages on prevention, identification and referral though risk communication activities (188.724 HH//month x 3 months)	374,057	566,171
# of people reached with EVD messages on prevention, identification and referral though risk communication activities (1,321,066 people/month x 3 months)	1,629,657	3,000,000
# of community/group meetings held on EVD prevention, identification and referral (2,620 community groups/months x 3 months)	14,647	5,000
# of people taking part in community/group meetings held on EVD prevention, identification and referral (142.221 people/month x 6 months)	1,067,178	853,326
# of people reached with EVD prevention messages through mobile cinema sessions (150 people/sessions x 105 sessions); 4,400 people reached with EVD prevention messages through drama sessions, target: (100 people/session x 44 sessions).	16,075	42,000
# of mobile cinema sessions conducted	133	210
# of volunteers trained on surveillance and contact tracing	505	420
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	**Actual**	**Target**
# of SDB trainings from health partners supported by URCS facilitators	29	13
# of volunteers conducting screening activities at 28 PoE for 3 months	196,281	334
# of people screened at PoE crossing the border for trade, family, religious, health and education reasons in 3 months (946.662 people/month);	10,393,083	7,200,000
# of people crossing the border to seek refuge in 3 months, (89 people/day)	N/A	N/A
# of SDB drills conducted by 3 SDB teams,	18	30
# of SDB simulations conducted by 3 SDB teams	8	15
# of joint MoH and URCS quality control missions on SDB simulations conducted	20	5
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**
# of volunteers providing PSS in 7 districts for 3 months	527	30
# of discharge kits procured	10	50
Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators	**Actual**	**Target**
# of National Society contingency and preparedness plan adopted, including SDB SOPs	1	1
# of volunteers insured	358	420
# of people which have received PSS	47,029	586
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		

Indicators	Actual	Target
# of monitoring missions conducted by IFRC staff	5	5
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of NDRTs deployed	2	3
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators	**Actual**	**Target**
# of emergency procurement procedures reviewed	1	1
# of motor-vehicles deployed to the field to support the operation	6	4
# of URCS logistic support staff fully dedicated to the operation	2	1
Output S1.1.7: URCS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# reviews done on URCS epidemic contingency/preparedness	4	2
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	**Actual**	**Target**
# of Movement in-country coordination meetings	3	3
# of Lessons learnt workshops conducted	2	1

September - December 2020 achievements:

In the period September 2020 to December 2020, URCS supported screening at the points of entry in the districts of Kisoro, Kanungu, Kasese, Bundibugyo and Ntororko. Screening of travellers was planned at the major and minor points of entry in the project period at the project sites. This was a daily activity running throughout the month and it was conducted by URCS volunteers who were facilitated per day worked. 82,388 people were screened in this period. The volunteers were supervised by technical health officers based at the project sites managed by the technical team based at URCS headquarters and the activity was implemented in coordination with the ministry of health, the district local government, UN agencies and other stakeholders.



Challenges and how solved

- Outbreak of COVID-19 that led to provision of adequate trainings to volunteers in infection prevention and control for COVID-19. The volunteers were also equipped with adequate infection prevention and control equipment.
- Insurgency in the neighbouring DRC causing many displacements.
- Occurrence of floods which destroyed households and food supply causing displacements of many people in Ntoroko, Bundibugyo and Kasese. URCS mobilised and provided non-food items to the flood-affected households.

URCS has a strong partnership and collaboration with; the partner national societies, IFRC, the government of Uganda, UN agencies and other implementing partners and thus will find it easy to mobilise should there be a reoccurrence of a similar event.
The performance of URCS in the EVD preparedness and response program has been highly commendable and thus a partner of choice.
The community-based surveillance system has been strengthened through the training of 420 volunteers in CBS, these volunteers work closely with the district surveillance team to be able to detect and report alerts/cases.

Lessons Learnt:

- Government strategy in line with project objectives enables support from stakeholders in implementation. The government of Uganda rolled out the community engagement and accountability strategy as a move to prevent and control the spread of COVID-19. This strategy was to be implemented by URCS in partnership with the government of Uganda and other implementing partners. This strategy was adopted from the community engagement and accountability strategy of the Red Cross.

D. FINANCIAL REPORT

The overall amount allocated for this operation is 56 million CHF as indicated in the One International Appeal Revision 6 budget.

E. CONTACTS

Reference documents **Click here for:** **Previous Appeals and updates**	**For further information, specifically related to this operation please contact:** **In the DRC RC National Society** **DRC Red Cross Secretary General**: Dr Jacques Katshitshi, email: jacques.nsal@gmail.com or jacques.kat@croixrouge-rdc.org, phone: +243 816531688 **In the IFRC** **Regional Office for Africa:** Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery; phone +254 731 067 489; email: adesh.tripathee@ifrc.org **Kinshasa Country Office:** Momodou Lamin Fye, Head of Country Office; email: momodoulamin.fye@ifrc.org, phone: +243 851 239 854 **Ops Manager North Kivu:** Dr. Balla Conde, Operations Manager, phone: +243 896 721 969; email: balla.conde@ifrc.org **In IFRC Geneva** Nicolas Boyrie, Operations Coordinator (Americas and Africa Regions), Tel. +41-22-730 4980, email: nicolas.boyrie@ifrc.org **For IFRC Resource Mobilization and Pledges support:** **Partnership and Resource Development Head of unit, Africa Region:** Louise Daintrey-Hall, email: louise.daintrey@ifrc.org Tel +254 110 843978 Lydia Atieno, **Senior Partnerships and Resource Development Officer-Africa Region**. Email: lydia.opiyo@ifrc.org Tel +254110935017 **For In-Kind donations and Mobilization table support:** **Global Logistics Services -** 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)** **PMER for EVD Appeal:** Beatrice Okeyo, PMER Delegate, **email:** beatrice.okeyo@ifrc.org phone: +243 850 733 922

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 (NGOs) 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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2020	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 02 Feb 2021

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 30 Jun 2021; appeal launch date: 21 May 2018

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	37,000,000
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strenghten National Societies	2,000,000
SFI2 - Effective international disaster management	13,500,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	3,500,000
Total Funding Requirements	**56,000,000**
Donor Response* as per 02 Feb 2021	**45,325,892**
Appeal Coverage	**80.94%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	8,353	8,359	-6
AOF3 - Livelihoods and basic needs	9,114	9,548	-434
AOF4 - Health	25,565,134	25,278,105	287,029
AOF5 - Water, sanitation and hygiene	189,419	234,379	-44,960
AOF6 - Protection, Gender & Inclusion	813	880	-67
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	1,879,167	1,445,478	433,689
SFI2 - Effective international disaster management	17,442,617	15,985,825	1,456,791
SFI3 - Influence others as leading strategic partners	151,132	140,001	11,131
SFI4 - Ensure a strong IFRC	137,857	87,120	50,738
Grand Total	**45,383,606**	**43,189,695**	**2,193,911**

III. Operating Movement & Closing Balance per 2020/9998

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	45,805,042
Expenditure	-43,189,695
Closing Balance	**2,615,348**
Deferred Income	0
Funds Available	2,615,348

IV. DREF Loan

* not included in Donor Response	Loan :	1,016,168	Reimbursed :	502,168	**Outstanding :**	**514,000**

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2020	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 02 Feb 2021

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MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 30 Jun 2021; appeal launch date: 21 May 2018

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	404,024				**404,024**	
Australian Red Cross (from Australian Government*)	672,300				**672,300**	
Austrian Red Cross (from Austrian Government*)	109,482				**109,482**	
Belgian Government - Flanders	170,709				**170,709**	
British Red Cross	1,280,948				**1,280,948**	
British Red Cross (from British Government*)	8,762,881				**8,762,881**	
CDC Centers for Disease Control and Prevention	3,082,999				**3,082,999**	
China Red Cross, Hong Kong branch	50,512				**50,512**	
Danish Red Cross	400,000				**400,000**	
Danish Red Cross (from Danish Government*)	2,167,182				**2,167,182**	
DREF Allocations				514,000	**514,000**	
European Commission - DG ECHO	3,450,788				**3,450,788**	
Finnish Red Cross	110,810		29,877		**140,687**	
Finnish Red Cross (from Finnish Government*)	612,237				**612,237**	
Icelandic Red Cross	425,000				**425,000**	
Icelandic Red Cross (from Icelandic Government*)	225,000				**225,000**	
Italian Government Bilateral Emergency Fund	562,395				**562,395**	
Italian Red Cross	108,489				**108,489**	
Japanese Red Cross Society	89,554				**89,554**	
Kenya Red Cross Society			18,083		**18,083**	
Kuwait Red Crescent Society	297,923				**297,923**	
London School of Hygiene&Tropical Medicine	81,800				**81,800**	
Norwegian Red Cross	596,742				**596,742**	
Norwegian Red Cross (from Norwegian Government*)	159,515				**159,515**	
On Line donations	213				**213**	
Other			0		**0**	
Paul G Allen Family Foundation	957,956				**957,956**	
Red Cross of Monaco	17,401				**17,401**	
Spanish Government	109,035				**109,035**	
Swedish Red Cross	493,485				**493,485**	
Swiss Government	1,000,000				**1,000,000**	
Swiss Red Cross	227,000				**227,000**	
The Canadian Red Cross Society	3,107	10,018			**13,125**	
The Canadian Red Cross Society (from Canadian Gov	3,004,506				**3,004,506**	
The Netherlands Red Cross	269,166				**269,166**	
The Netherlands Red Cross (from Netherlands Govern	1,210,007				**1,210,007**	
Turkish Red Crescent Society	60,000				**60,000**	
United States Government - USAID	9,304,433				**9,304,433**	
United States - Private Donors	1,897				**1,897**	
Western Union Foundation	9,484				**9,484**	
WHO - World Health Organization	4,744,735				**4,744,735**	
Write off & provisions				-651	**-651**	
Total Contributions and Other Income	**45,233,715**	**10,018**	**47,960**	**513,349**	**45,805,042**	***0***
Total Income and Deferred Income					**45,805,042**	*0*