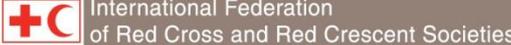




Operation Update report 1

DRC TSHOPO /Dref Meningitis outbreak



DREF Operation n° MDRCD033	GLIDE n° EP-2021-000138-COD
Operation update report n° 1; date of issue: 21 January 2022	Timeframe covered by this update: 21/09/2021 to 15/01/2022
Operation start date: 21 September 2021	Operation timeframe: 5 months (from 21/09/2021 to 28/02/2022)
Funding requirements (CHF):	207,685
N° of people assisted: 74940	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC	
Other partner organizations actively involved in the operation: Ministry of Health, WHO and UNICEF	

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

Summary of major revisions made to emergency plan of action:

The [DREF MDRCD033 DRC meningitis](#) was initially approved for four months with an end date of 31 January 2022. This update aims to inform stakeholders on the progress made in implementing the DREF, key challenges and accomplishments, as well as request an extension of the operation by one month. This extension will take into account delays related to the organization of the lessons learned workshop and the strengthening of ongoing epidemiological surveillance (partially achieved).

Although the provincial minister declared the end of the meningococcal meningitis epidemic (24 December 2021) in the health zone of Banalia (Tshopo province), the following measures were taken and will be followed through with RCCE/CEA activities during the remaining weeks. This DREF will continue to engage communities to ensure government measures such as:

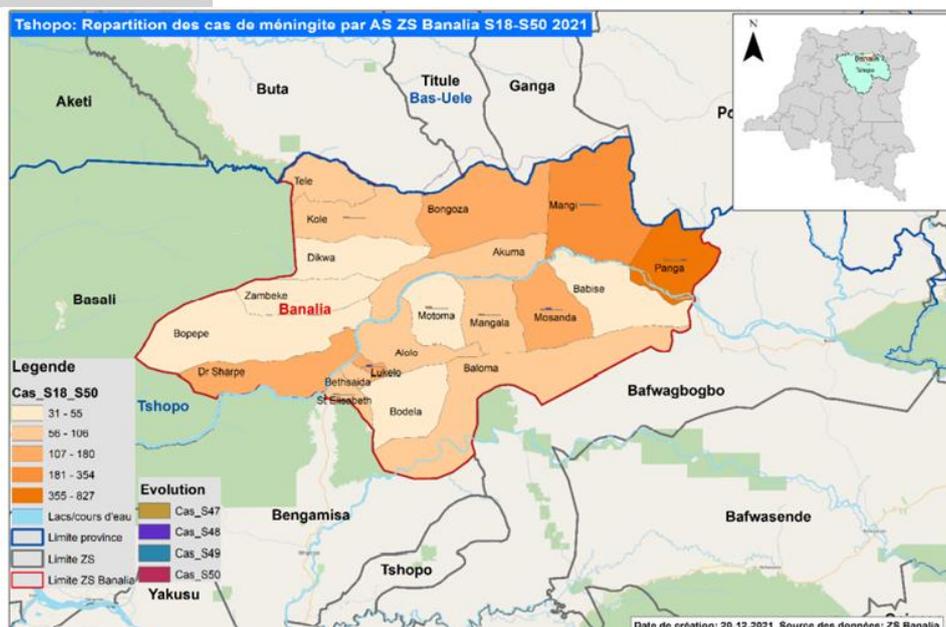
- Remain vigilant as the risk of resurgence of epidemics remains permanent.
- Strengthening the epidemiological surveillance system.
- Continuation of team activities and support in the transfer of skills to local providers for the sustainability of achievements of this response.
- Maintain the alert and Community Based Surveillance mechanisms to remain vigilant throughout the post-Meningitis epidemic period.

During the one month left, DRC Red Cross would like to continue to strengthen epidemiological surveillance and subsequently conduct a lesson learned workshop.

The deployment of a surge that was planned for the operation could not take place. However, the IFRC technical team present in the country was able to provide support to the DRC RC for the operation.

A. SITUATION ANALYSIS

Description of the disaster



Breakdown of meningitis cases by health area, in Banalia Health Zone (Weeks 18 to 50, 2021)

On 7 September 2021, the National Minister of Public Health [declared a meningitis epidemic](#) in the DRC. This declaration follows confirmation by the National Institute for Biomedical Research (INRB) and the Institut Pasteur in Paris of the presence of meningococcal meningitis type W in the samples of some patients taken in the province of Tshopo. The epidemiological events that raised suspicions date back to the beginning of July 2021 following an increase in deaths in a clinical picture of fever, headache, stiff neck, suggestive of meningitis. However, preliminary investigations have helped to establish that the health events observed date back to the beginning of June 2021 (S23) in two mining outbreaks in the health area (HA) of Panga, health zone (HZ) of Banalia, located north of Kisangani, capital of Tshopo province. According to the WHO epidemiological bulletin dated 13 September 2021, 301 suspected cases of meningitis, including 131 deaths (case-fatality rate of 48.8%) have been recorded since the beginning of the epidemic. The WHO noted the notification of 39 new suspected cases between 10 and 11 September 2021.

A few observations can be made at this level:

- The epidemic remained confined to the Banalia health zone as 13 of 20 health areas (65%) have notified suspected cases.
- The health area of Panga remained the epicentre of the disease as it has notified 72% of suspected cases (216/301).
- The epidemic has progressed as a new health area (Ste Elisabeth) has been affected during the past week according to the WHO epidemiological bulletin of 13 September 2021.
- The slightly high Case fatality (48.8%) indicated the need for rapid action at the community level.

As of 11 September 2021, 13 of the 20 health areas in this health zone were affected, 18 patients were in hospital and under treatment for meningitis, including 7 in Panga, 6 in Bethesda, 3 in General referral hospital Banalia and 2 in Lukelo. According to an expert opinion from the Ministry of Health, all age groups were vulnerable to meningitis. However, the National Committee for the Fight against the disease in the DRC states in its latest report dated 8 September 2021 that the age group most affected by the current meningitis epidemic is 15 years and older. The population exposed to this meningitis epidemic resides in the Banalia health zone in Tshopo province. The total population of the Banalia health zone is 162,723 people, spread over 20 health areas.

It follows from the above that the DRC was once again faced with the emergence of a new meningitis epidemic, the last emergence of which dates to November 2009 with 214 cases and 18 deaths (a case-fatality rate of 8%) in the town of Kisangani, still in the Province of Tshopo. The epidemic was confined to the Banalia health zone but had shown an evolving trend. This situation, which put additional pressure on the DRC's health system already weakened by multiple

health risks, the most current of which are Ebola virus disease (EVD), cholera, measles and COVID-19, requires the rapid involvement of the DRC RC volunteers in Tshopo to slow down the progression of meningitis within communities and mitigate its impact.

As of 16 November 2021, the most affected age group was 30-49 years, representing 37.5% of all cases. Out of a total of 2,661 notified suspected cases, 313 (11.76%) reported having been vaccinated during the meningitis A preventive campaign with MenAfriVac in May 2016.

The overall case fatality has improved (7.7% as of 20 December 2021) compared to the beginning of the epidemic (100%). This decrease in case fatality is due to early consultation of patients because of increased communication, surveillance and improved case management. The most affected health areas were Panga (epicentre) followed by Mangi, Lukelo, Mosanda, Bongonza, Dr Sharpe and Kole.

The epidemic remained limited in the Banalia health zone where 100% (20/20) of the health areas reported at least 1 suspected case. Nevertheless, suspected cases were under investigation in the health zones at risk, notably in the health zones of the city of Kisangani (Tshopo, Makiso, Mangobo), Bengamisa, Bafwagbobo and Yakusu.

In week 47 (28 November), out of a total of 20 health areas, 18, or 90%, had returned to the normal situation, i.e. neither in epidemic nor on alert, and two health areas (LUKELO and MOSANDA) had returned to alert. After the gradual improvement of the situation, surveillance, social mobilisation, community engagement and accountability (CEA) activities have continued in the affected communities. The DRC RC and other partners, such as Mini-santé, WHO and UNICEF, MSF/Switzerland continued their interventions.

On 24 December 2021, the provincial minister declared the end of the meningococcal meningitis epidemic in the health zone of Banalia (Tshopo province), the following measures were taken and will be followed through RCCE/CEA activities during the remaining weeks. The DREF will continue to engage communities to ensure government measures to strengthen the epidemiological surveillance system. Note that after the declaration of the end of the epidemic by the provincial Ministry of Health, a total of 2,662 cases and 205 deaths were already recorded.

Summary of current response

Overview of Host National Society

As soon as the Tshopo health area was notified of the emergence of suspected cases of meningitis, initial actions were put in place by the government with the support of its technical partners. It is worth noting the revitalisation of the local health crisis management committee in the province of Tshopo and in the health area of Banalia, the setting up of a coordination sub-committee in the health area of Panga, which is the epicentre of the epidemic, the organisation of joint investigation missions and the management of identified cases.

The actions undertaken were organised around six pillars: (1) Coordination, (2) Surveillance through active search for contact cases and suspects at community level, (3) Laboratory, (4) Management, (5) Infection Prevention and Control, (6) Risk Communication and Community Engagement through sensitisation in churches and communities in Banalia and in the surrounding quarries and villages of Panga.

The DRC RC through the Panga and Banalia branches has rapidly deployed 55 volunteers. As of end of July 2021, these volunteers started working with the health authorities to raise awareness, refer suspected cases to the health centres and manage the remains. A few volunteers with nursing qualifications are supporting medical care at the request of the health zone. The first reports of the DRC Red Cross activities show that 7,901 people have been reached by RCCE activities; 47 suspected cases have been referred to health centres and we have performed 84 burials in addition to our daily participation in coordination meetings at all levels. Currently, 150 volunteers and community relays are trained in community-based surveillance, RRCE and diseases with epidemic potential.

On 22 September 2021, the DREF operation MDRCD033 was approved and give the necessary resources to NS to provide a response covering the detailed strategy in the plan.

DRC RC mobilised and deployed 150 volunteers in 12 affected health areas. They were trained in CEA tools, community-based surveillance, IPC/WASH, SDB, PSS. They conducted home visits, awareness-raising in public places, active case finding, referral to care centres and vaccination against meningitis.

- Throughout the implementation of the outreach activities, 74,940 people were reached.
- Overall, 524 suspected meningitis cases were identified by DRC RC volunteers in the communities with 100% being referred to health centres.

- 156 SDB carried out by volunteers in the Banalia health zone. Then 105 households, 30 health centres, 17 markets, 2 ports and 33 churches have been disinfected.
- 20 handwashing devices, 36 thermo flash, 24 megaphones have been distributed in the 12 health areas
- There was a distribution of facial protective masks (PPE) to DRC RC volunteers
- Creation of a decontamination or disinfection team for affected households and communities composed of 7 people in Banalia. They did 187 decontaminations of spaces or disinfection of households and public places
- 59,976 people were sensitised in households and referred to vaccination sites
- 3043 cases of resistance were resolved by CRRDC volunteers during the meningitis vaccination campaign (There is an acceptance of vaccination)

Overview of Red Cross Red Crescent Movement in-country

The DRC RC is supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) through the Kinshasa country cluster delegation. Support is provided directly to Tshopo province by the Kinshasa office. In the area of health, the IFRC supports the National Society through the Community Programme for Epidemic and Pandemic Preparedness (CP3) in Kinshasa province (Binza-Météo and Maluku health zones) and Central Kongo province (Nsona-Pangu and Kimpese health zones). The USAID-funded CP3 programme, implemented by the National Society with IFRC technical support, has already trained more than 300 volunteers in the two provinces targeted by CP3. In addition, the IFRC has in the past supported the National Society (NS) in four key pillars of the fight against Ebola, which are safe and dignified burial (SDB), psychosocial support (PSS), risk communication and community engagement (RCCE), infection prevention and control (IPC). In addition, the IFRC provides capacity building for the DRC Red Cross in the same provinces.

The International Committee of the Red Cross (ICRC) has been active in the DRC for several decades, carrying out large-scale protection and assistance activities in response to various conflicts and other situations of violence, and providing security analyses for Movement partners in these areas as well as the operational framework for the international components. In this capacity, the IFRC works in close coordination with the ICRC. The ICRC supports the Tshopo provincial branch through its office in Bunia.

The local branch of the DRC Tshopo RC has a provincial committee composed of 6 members, a provincial secretariat composed of 5 technical divisions (Health, Risk and Disaster Management, Organizational Development, Finance and Logistics Administration, Communication and Public Relations). There are currently 4,875 active volunteers in the province, including 216 volunteers in the territory of Banalia. Of these volunteers in the province, 66 are in rapid response teams, 60 are trained in IPC/WASH/SDB and 5 are specialised in PSS. The branch has a mobile land cruiser and two functional tricycles in Kisangani. Administratively, the branch has an office in Kisangani Banalia and a representation in PANGA. Partner National Societies (PNS) in the country, including the Belgian Red Cross, the Spanish Red Cross, the Swedish Red Cross, the French Red Cross and the Norwegian Red Cross, participate in Movement coordination meetings and advocate with their respective headquarters for potential resources. These partners and the SN are developing programmes in several provinces of the country. Volunteers trained in the various projects supported by the PNS will be involved in the target areas to capitalize on their different experiences in this response.

Overview of other actors in country

The Ministry of Health with the support of other partners (WHO, UNICEF, MSF) continue the same activities mentioned in the [DREF operation](#). Coordination meetings are also held, and information updates are provided with an update on actors response on the MoH strategic axes: coordination of the response, epidemiological surveillance and laboratory, Case management, Infection prevention and control but also new areas not included in the DREF document: vaccination, psycho-social care and logistical support to the Ministry.

Those updates are more detailed in weekly sitreps. The last update is available in humanitarian response platform and has the cumulated intervention: [figures and actions taken from the start to week 68](#). It is a joint Sitrep from active partners: UNICEF, MSF, CDC, WHO in a leading coordination of MoH.

Needs analysis and scenario planning

The need analysis provided in the DREF operation is still the same from all along. The needs were active case finding; Increasing diagnostic capacity and strengthening management capacity; Nutrition and WASH; vaccination awareness. More details can be found on the published DREF operation.

It should be noted that there have not been confirmed cases of meningitis from week 42 to date.

Community-based surveillance continues to be the needed activity to continue, with Nutrition and WASH.

Regarding Nutrition and WASH, the current epidemic has also heightened the nutritional crisis as well as the water, hygiene and sanitation situation already existing in the Banalia Health Zone. Thus, it is essential to strengthen infant and young child feeding in the context of the meningitis epidemic because malnutrition is a factor of vulnerability to the epidemic because of its harmful effect on the development of the child's immune system, which does not allow him or her to better resist infectious diseases. The lack of access to drinking water and the absence of latrines and showers in health facilities and in the community is a factor that can facilitate the resurgence of cases of meningitis in the Zone. The Tshopo Provincial Committee lacks the capacity to carry out nutrition and washing activities now.

Operation Risk Assessment

The DRC RC engages local staff and volunteers, continues to monitor security using the opportunities offered by its acceptability on the ground. This promotes the successful implementation of the proposed activities. Security briefings are provided to staff and volunteers on an ongoing basis to ensure continuous monitoring. However, we can state that the security situation is generally calm throughout the area during implementation and no incidents have been reported during the operation. The following operational risks are managed by the DRC:

1- Infection of DRC RC employees and volunteers

- Insurance of DRC RC volunteers
- Vaccination or confirmation of vaccination status of volunteers

2- Difficult access to certain health areas

- Provision of motorbikes and a dugout canoe to the project team to enable the monitoring of activities in health areas with difficult access.

3- Transmission of COVID-19

As auxiliaries to government, National Red Cross and Red Crescent Societies have an important role to play in supporting national operations focused on pandemic preparedness, containment, and mitigation. This places the DRC in a favourable position to facilitate the continuity and maintenance of COVID-19 activities supported within the Movement. This is summarised in the activities of ensuring the health and safety of staff and volunteers, developing specific plans for emergency health services. As such, the NS' actions dedicated to COVID-19 and those carried out in the framework of this ongoing DREF have been mutually beneficial and will build on common synergies.

This DREF operation is aligned with and contributes to the current global strategy and Regional Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. The NS will continue to monitor the situation closely with a focus on health risks, and revise accordingly, if necessary, considering the evolving COVID-19 situation and operational risks that may develop.

Face masks were provided to volunteers and all project staff to ensure protection from COVID-19 during the operation.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of the DREF operation was to reduce the spread of the meningitis epidemic in the affected health areas and prevent its spread to neighbouring health areas, by identifying and stopping all chains of transmission to other areas in other health areas.

After the declaration of the end of the epidemic on 24 December 2021 by the provincial Ministry of Health, a total of 2,662 cases and 205 deaths were recorded. For the remaining time of this DREF, the objective will remain the same with a focus on CBS and RCCE to ensure new epidemiologic strategy from MoH is followed. The strategy will be to strengthen community-based surveillance as the risk of resurgence of epidemics remains very high. The following actions will be carried out:

- Strengthening the community-based alert and surveillance mechanism in the 12 health areas.
- Risk communication and community engagement.
- Lessons learned workshop.

Initially, it was planned to reach 60% of the population, especially hard-to-reach people through risk communication and other preventive measures. Overall, our operation targeted 97,634 people through the following actions :

- Community-based surveillance and referral of cases to care facilities
- Infection Prevention and Control,
- Risk Communication and Community Engagement,
- Gender Protection and Inclusion
- Dignified and Safe Burial

Overall, 150 volunteers were trained (and/or briefed) on CEA, IPC/WASH, Dignified and Safe Burial and community-based surveillance. It was an integrated training, and they work in pairs in the community for home visits, outreach in public places, active case finding and referral to care centres and meningitis vaccination.

There are 60 volunteers working in active case finding in the community, 90 volunteers in outreach in public places and all 150 participate in vaccination and household outreach activities through VAD.

Apart from the evaluation done by the NS at the beginning, no other evaluation has been done in the Health Zone. The volunteers trained by the health zone in RCCE make home visits and during these visits, they also collect complaints and claims from the communities, this information is collected on cards and are shared with other partners during coordination meetings.

Regular updates on the evolution of the situation and activities on the ground are shared with the coordination team based in Kinshasa.

A monitoring mission was carried out from 11 to 18 November 2021. There were meetings with stakeholders in the field (staff, administrative authorities, volunteers) and field visits. The mission allowed:

- To improve the practices, level and quality of implementation of activities carried out in the field in Banalia
- To evaluate the level of implementation of activities in the field at 43%.
- Set up a reporting system with the project coordinator
- Identify difficulties in the field and provide recommendations for activities not yet implemented, one of the major difficulties being the late receipt of funds in the field.
- Discuss the challenges with the health authorities (ZS and DPS)

Following the overall analysis that was done, it was concluded that the activities were carried out and had an average level of execution considering the fact that they started with a lot of delays.

A second mission will take place in January to evaluate the operation and hold lessons learned workshop for the DREF.

C. DETAILED OPERATIONAL PLAN

	<p>Health People reached: 74940 Male: 35763 Female: 39177</p>	
Outcome 4: Transmission of diseases with epidemic potential is reduced		
Indicators:	Target	Actual
% Reduction in meningitis transmission in the Targeted Health Area (Target: at least 60%)	60%	60%
Health Output 4.1: Community-based disease control and health promotion is provided to the target population		
Indicators:	Target	Actual
% of cases identified referred to health centers by the volunteers of the DRC RC	100%	100% (524 identified and referred)
# of handwashing devices put in place	120	120

# of radio broadcasts produced and disseminated	16	12
# of Mass awareness organized	16 sessions	16 sessions
# of boxes of images produced	100	150
% of community returns processed within 24 hours	70	60
# of people reached with health promotion activities and messages	97,634	74 940
# of committed and trained traditional practitioners and community leaders	97	97
# of volunteers formed on PSSBC and CREC	150	150
Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns		
Indicators:	Target	Actual
Number of volunteers trained on key immunization messages	150	150
# of households reached in the health zone through door-to-door visits	60%	51%
# of meningitis vaccination campaigns in which DRC RC is involved	1	1
# of people recovered	100%	100%
# of people who received immunization services compared to the target	100%	110,6%
Progress towards outcomes		
<p>From week 41 (11 - 17 October 2021) to date, no new cases of meningitis have been confirmed in the Banalia Health Zone.</p> <ul style="list-style-type: none"> 150 volunteers have been trained and are continuing with mass sensitisation, community-based surveillance and home visits and referral of suspected cases to health facilities. Volunteer training was supported by the health zone cadre on disease and community IPC and refresher training was provided to strengthen volunteer performance <p>Past experience has shown that affected communities hold the key to preventing disease transmission. Listening to communities' concerns and providing them with appropriate and targeted information has maximised the effectiveness of the response. Developing two-way communication systems that allow people to express their understanding of the situation and give feedback on our working methods has helped to build community trust and contribute to participatory solutions.</p> <p>This was achieved through:</p> <ul style="list-style-type: none"> The establishment of Community Engagement and Accountability (CEA) teams in the affected health areas (150 community volunteers have been trained in community engagement, but 90 are working in this pillar). Household outreach activities and public awareness campaigns are conducted by the 90 volunteers and 12 outreach supervisors. They worked one to three days a week during this implementation period. Volunteers were selected from the target communities on the basis of their status in the community, their availability, their level of literacy, their communication skills, and their willingness to adhere to the principles of the Movement. The development of a two-way communication system, i.e., feedback, enabled communities to express their needs and provide assistance by reporting rumours and impressions, as well as complaints. This information was used to shape the messages conveyed during the community engagement and accountability activities. A total of 74,940 people were sensitised, including: <ul style="list-style-type: none"> 67,959 people (14,596 men, 16,812 women, 1,839 boys, 18,512 girls).were sensitised through the door-to-door activities with 59,976 people sensitised and referred to vaccination sites (17,928 men, 21546 women, 9630 boys and 10872 girls). 6,981 people reached by the mass strategy in 10 sessions in markets, beaches, churches, schools and travel parks, including 2,050 men, 2,543 women and 1,078 boys, compared to 1,310 girls. <p>Rapid detection, isolation of new cases and referral, are key to preventing transmission of the disease. The following have been achieved:</p> <ul style="list-style-type: none"> Strengthening of surveillance through active case finding in the affected health areas (30 teams each composed of 2 surveillance staff). The active case finding teams live in their respective communities. To prevent contamination, teams travelled to affected or at-risk communities to quickly identify undetected chains of transmission. The DRC RC approach was to keep the same groups of volunteers to facilitate acceptance and access to affected households during the operation. 		

- From the outreach activities, a total of 1,802 households were visited and 524 people (160 male, 161 female, 108 boys, 95 girls) were referred to the treatment centres,
- Volunteers did 187 decontaminations of spaces or disinfection of households and public places
- 120 handwashing devices were made available to health centres in 12 health structures, 10 per structure.
- 36 flash thermos were distributed to health centres, 3 per health area (HA).

During the vaccination campaign, the following activities were carried out by the volunteers:

- The launch of the meningitis vaccination campaign took place on Sunday 10 October 2021 at the capital of the territory of Banalia by His Excellency the Provincial Minister of Public Health. And the remote health areas only started vaccination on Tuesday 13 October 2021 because the deployment was two days late.
- The DRC RC deployed 150 volunteers in the field during the vaccination campaign against Meningitis, with 12 to 14 volunteers per health area.
- 14,130 households were visited by the volunteers and 59,976 people were sensitised in the households and referred to the vaccination sites, including 17,928 men, 21,546 women, 9,630 boys and 10,872 girls.
- 162,518 out of 146,990 expected to be vaccinated, i.e., 110.6% of overall and final vaccination coverage, 524 unvaccinated persons identified, referred and vaccinated against meningitis. These are cases of meningitis identified in the community, referred to treatment centres by volunteers, and followed up until recovery and vaccinated.
- 3,043 cases of resistance were resolved by DRC RC volunteers during the meningitis vaccination campaign (There is an acceptance of vaccination)
- For the 12 health areas targeted by the Red Cross, 97,447 people had been vaccinated.



Training of Volunteers and Recos (community outreach/community volunteer)



Home visit and community dialogues

Challenges and mitigation measures

All over the operation, it was noted some shortcomings in the strategy such as difficulties in maintaining good WASH and health practice that could have led to an increase in cases. We noted the following gap that NS with IFRC support has managed to mitigate with double sensitisation effort at community level. The identified gap was as examples:

- Lack of liquid soap for handwashing in the health facilities (not budgeted). After operational discussions, it was discussed to provide small minimum WASH kit to health centres.
- Lack of latrines and showers in the health facilities as well as in the meningitis cases households.
- Lack of access to clean water by the community,

In addition, the operation has faced challenges that have resulted in delays in implementation. Below are some of them with the adaptation and mitigation measures taken to reach this DREF objective:

- Difficult access to certain health areas due to the poor state of the roads. DRC RC has managed to dedicate additional days to each monitoring visit and has put in place an effective communication system to share information when needed.
- Although the objectives were achieved (To contribute to the control of the epidemic in the affected health areas of the Banalia health zone and to the reduction of the risks of spreading meningitis to 60% of the population (97,634 inhabitants) of the Banalia Territory, in the province of Tshopo), we observed to date a 63% completion rate of activities. Some of the activities have been delayed such as: training of traditional healers, interactive broadcasts, production of image boxes, and this is due to the delayed transfer of funds. We need to continue radio broadcasts, collection of community feedback, door-to-door sensitisation and

then strengthen community-based surveillance activities and conduct a lessons-learned workshop. This update is giving the needed additional time to complete the remaining activities which are still ongoing. Recommendations were made simultaneously to carry out these remaining activities.

- Weak internet network in the health zone, and this has an impact on the promptness of sending reports to the coordination team based in Kinshasa. This institutional challenge is to be taken on lesson learn and reflections.

As a general measure on challenges faces in this operation, recommendations were formulated to the DRC for the implementation of the overdue activities. The challenges were also discussed with the health authorities (ZS and DPS). However, some difficulties are beyond the scope of the operation (access to latrines, access to water, access to areas, internet access,) and this will be taken into account during the lesson learn, maybe to think about adding some WASH aspect in this type of response.

During the reporting period, since the beginning of the operation in Panga, a team in charge of dignified and safe burials in the health area of Panga, the epicentre of the disease, was composed of 10 volunteers. The 10 volunteers worked in rotation: one (1) team leader/supervisor, one (1) sprayer, and three (3) people in charge of the remains, plus one (1) person in charge of talking to the affected families. As the epidemic progressed, 5 volunteers per health area were assigned to the activities of dignified and safe burials and the disinfection of contaminated spaces among the 150.

Thirty-six (36) thermo-flash and protective materials such as mackintoshes, boots and disinfection masks were given to the volunteers. The volunteers were responsible for disinfecting homes, households and other areas that needed to be decontaminated and it appears from the decontamination activities that as of 30 November 2021, a total of 187 areas have been decontaminated, including 105 households, 30 health centres and HGR, 17 markets, 2 beaches and 33 churches since the start of the epidemic up to week 42.

A total of 156 bodies were buried by volunteers, including 51 men, 40 women, 37 boys and 28 girls, and of these 120 bodies were from Panga health area alone (76.92%)

Strengthen National Society

S1.1: Capacity building and organisational development objectives of CRD are facilitated to ensure that they have the legal, ethical, and financial foundations, systems and structures, skills and capacities to plan and implement projects.

Outcome S1.1.4: The National Society has effective and motivated volunteers who are protected.

Indicators:	Target	Actual
Number (%) of volunteers insured	100%	0%

Progress towards outcomes

The insurance of volunteers has not been done but it has been scheduled for the second phase. But the list of volunteers mobilised for the operation is available.

International Disaster Response

Outcome S2.1: An effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of staff deployed for the DRC RC in the operation	1	0

Progress towards outcomes

The deployment of a surge was not done, All IFRC technical teams present in the country provided technical support to the NS during the operation. Late return from NS on Surge request process (after eight weeks of DREF implementation) has motivated a change in the way to support NS. After analysis, it was decided to suspend the deployment of the surge to avoid additional delay. The objective of the Surge was then covered by joint effort from DRC IFRC Delegation with closed monitoring, additional mission and dedication of each technical staff to support activities and reporting.

Effective, credible, and accountable IFRC

S3.1: The IFRC secretariat, in collaboration with National Societies, uses its unique position to Influence decisions at local, national and international levels that affect the most vulnerable people

Outcome S3.1.1: IFRC and DRC RC are visible, reliable and effective advocates for humanitarian issues

Indicators:	Target	Actual
Number of communication products published as part of the operation	1	0

Outcome S3.1.3: The International Federation of Red Cross and Red Crescent Societies (IFRC) produces high quality research and evaluations that inform advocacy, resource mobilization and programming.

Indicators:	Target	Actual
Number of lessons learned workshop conducted	1	0

Progress towards outcomes

A tweet on the Red Cross response to the meningitis outbreak in Banalia was posted on the IFRC Africa platform, see link below

<https://twitter.com/IFRCAfrica/status/1465638518231867395?t=H5JpK8bliFndItaV7Tq6AQ&s=19>

D. Financial Report

Total budget and allocation remain the same, CHF 207,685 but for an extended timeframe from 4 to 5 months (from 22 September 2021 to 28 February 2022). Total expenditure reported from September to November 2021 is CHF 118,858 with a closing Balance on of CHF 88,827 which include NS last transfer to be done during this extension.

[OBJ]

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Louise DAINTREY, Head of Partnership and Resource Development, Nairobi, email: Louise.DAINTREY@ifrc.org

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, email. Philip.KAHUHO@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



Enable **healthy**
and **safe** living.



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

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/9-11	Operation	MDRCD033
Budget Timeframe	2021/9-2022/1	Budget	APPROVED

INTERIM FINANCIAL REPORT

Prepared on 21/Jan/2022

All figures are in Swiss Francs (CHF)

MDRCD033 - DR Congo - Meningitis Outbreak

Operating Timeframe: 21 Sep 2021 to 31 Jan 2022

I. Summary

Opening Balance	0
Funds & Other Income	207,685
DREF Allocations	207,685
Expenditure	-118,858
Closing Balance	88,827

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	100,979	116,731	-15,752
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	100,979	116,731	-15,752
SFI1 - Strengthen National Societies	56,058		56,058
SFI2 - Effective international disaster management	50,648	2,127	48,521
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	106,706	2,127	104,579
Grand Total	207,685	118,858	88,827

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/9-11	Operation	MDRCD033
Budget Timeframe	2021/9-2022/1	Budget	APPROVED

INTERIM FINANCIAL REPORT

Prepared on 21/Jan/2022

All figures are in Swiss Francs (CHF)

MDRCD033 - DR Congo - Meningitis Outbreak

Operating Timeframe: 21 Sep 2021 to 31 Jan 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	9,978		9,978
Water, Sanitation & Hygiene	2,238		2,238
Medical & First Aid	4,476		4,476
Teaching Materials	3,264		3,264
Logistics, Transport & Storage	15,815		15,815
Transport & Vehicles Costs	15,815		15,815
Personnel	120,992		120,992
International Staff	22,380		22,380
National Society Staff	30,138		30,138
Volunteers	68,474		68,474
Consultants & Professional Fees	932		932
Professional Fees	932		932
Workshops & Training	14,696		14,696
Workshops & Training	14,696		14,696
General Expenditure	32,596	1,019	31,577
Travel	6,994	1,042	5,951
Information & Public Relations	6,527		6,527
Communications	6,527		6,527
Financial Charges	3,264	-23	3,287
Other General Expenses	9,284		9,284
Operational Provisions		110,584	-110,584
Operational Provisions		110,584	-110,584
Indirect Costs	12,676	7,254	5,421
Programme & Services Support Recover	12,676	7,254	5,421
Grand Total	207,685	118,858	88,827