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Final report

DRC/TSHOPO: Meningitis Epidemic Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation n°	**MDRCD033**
Date of issue: 01 August 2022	**Glide number:** EP-2021-000138-COD
Operation start date: 21 September 2021	**Expected end date: 28 February 2022**
Host National Society: Red Cross of The Democratic Republic of Congo (DRC RC)	**Funding requirements: CHF 207,685**
Number of persons affected: 162,723 persons or 32,545 households (2662 2,662 cases and 205 deaths in Tshopo province)	**Number of people assisted: 114,907 people (18,829 households)**
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Number of partner organizations actively involved in the operation: Ministry of Health, WHO and UNICEF	

The major donors and partners of the Disaster Response Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. On behalf of the DRC Red Cross Society (DRC RC), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On 7 September 2021, the National Minister of Public Health declared a meningitis outbreak in the health zone of Banalia, Tshopo. province of The democratic Republic of Congo (DRC). The last emergence of meningitis outbreak in DRC dates back to November 2009 with 214 cases and 18 deaths (a fatality rate of 8%) in the town of Kisangani, still in Tshopo province. This situation, which putputs additional pressure on the DRC's health system already weakened by multiple epidemics, the most current of which are Ebola virus disease (EVD), cholera, measles and COVID-19 pandemic, required rapid involvement of the DRC RC volunteers in Tshopo to slow down the spread of meningitis within communities and mitigate its impact.

Figure 1: Home visit and community dialogues/Photo DRC RC

The 2021 declaration came following 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 population which was most exposed to this outbreak 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.

Although the outbreak was confined to the Banalia health zone, it had had shown an evolving trend justifying the launch of a DREF operation on 21 September 2021, for CHF 207,685 to reduce the mortality rate and prevent further spread of the disease in the Tsopo province in coordination with local partners. The operation was planned to be implemented within a four (4) months period.

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 number of fatalities had also reduced to 7.7% by 20 December 2021 compared to the beginning of the epidemic, when it was at 100%. This decrease in fatality cases was due to early consultation of patients thanks to increased communication, surveillance and improved case management. The most affected health zones were Panga (epicenter) followed by Mangi, Lukelo, Mosanda, Bongonza, Docteur Sharpe and Kole, etc. The epidemic remained limited in Banalia health zone where all 20 health zones 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.

By 28 November (week 47), out of a total of 20 health zones, 18 or 90%, had returned to normal, i.e., neither in epidemic nor on alert, and two health zones (Lukelo and Mosanda) had returned to alert. Following the gradual improvement of the situation, surveillance, social mobilization, community engagement and accountability (CEA) activities continued in the affected communities. The DRC RC and other partners, such as the MoH, WHO, UNICEF and 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) with some post epidemiological key response measures to be followed through risk communication and community engagement (RRCE) activities. To align with MoH, the DRC RC extended the DREF operation by an additional month through an Operation Update in January 2022 to continue engaging communities, keeping risk communication to ensure contribution to government measures in strengthening the epidemiological surveillance system, as well as conduct the lessons learned workshop which had been delayed. At the end of the outbreak, a total of 2,662 cases and 205 deaths had been recorded.

Summary of current response

Overview of Operating National Society Response Action

As soon as the Tshopo health zone was informed of the appearance of suspected cases of meningitis, the DRC RC through its branches of Panga and Banalia mobilized 55 volunteers to conduct awareness, medical care and SDB activities in response to the epidemic. In late July 2021, these volunteers began working with health authorities to raise awareness and refer suspicious cases to health centres. A few volunteers with nursing qualifications contributed to medical care at the request of the health zone.

Figure 2: Recycling of volunteers on the CBHFAPSSBC, RCCE, PCIIPC/wash/ Photo DRC RC

As of 09 August, the first reports of the DRC Red Cross activities showed that 7,901 people had been reached by RCCE activities and some 47 suspected cases were referred to health centers. Moreover, the field teams performed 84 burials in addition to their daily participation in coordination meetings at all levels.

DRC RC mobilized and deployed 150 volunteers in 12 affected health areas. They were trained in CEA tools, community-based surveillance, infection prevention and control (IPC)/WASH, safe and dignified burials (SDB) and psychosocial support (PSS). This allowed them to continue implementing effectively the home visits, awareness-raising in public places, active case finding, referral to care centres and participation in vaccination campaigns against meningitis.

By the end of the operation, it was reported that:

- Throughout the implementation of outreach activities, 114,907 people were reached in the households and directed to vaccination sites both during the response and in the post epidemiological phase.
- A total of 524 suspected meningitis cases were identified by DRC RC volunteers in the communities and were referred to health centres (100%).
- 156 safe and dignified burials (SDB) were carried out by volunteers in the Banalia health zone.
- 120 handwashing devices and buckets fitted with taps, 36 thermo-flash and 24 megaphones were distributed in the 12 health zones (health centres)
- Personal protection equipment (PPE) including 150 raincoats, 150 boots, and 15,000 sanitizing masks were procured and distributed to volunteers for use during implementation.
- DRC RC set up a decontamination or disinfection team for affected households and communities composed of 7 people in Banalia. They conducted 187 decontaminations of spaces or disinfection of households and public places, precisely 105 households, 30 health centres, 17 markets, 2 ports and 33 churches.
- A total of 3,043 cases of resistance were resolved by DRC RC volunteers during the meningitis vaccination campaign, which resulted in improved acceptance of the vaccination.

Overview of Red Cross and Red Crescent Movement actions in country

Red Cross Red Crescent Movement partners do not have physical representation in Tshopo Province. However, the DRC Red Cross in this part of the country is supported by the ICRC from the Bunia office and the IFRC from the Kinshasa office.

Prior to the meningitis outbreak, the Red Cross branch in Tshopo had benefited from training and preparedness activities in the event of a possible outbreak of Ebola Virus Disease. This helped the branch to initiate response actions.

From the outset of the epidemic, the DRC Red Cross was technically supported by the IFRC Country Office in the development of the Emergency Action Plan (EPoA) in response to the meningitis epidemic in Banalia. The IFRC teams carried out two (2) field missions to support the volunteers and strengthen the implementation of activities on the field.

More details on RCRC partners actions in the implementation area can be found in detail in the EPoA.

Overview of other actors' actions in country
Initial actions were put in place by Government with support of its technical partners, as soon as the Tshopo health zone was informed of the appearance of suspected cases of meningitis. The actions included the revitalization of the local health crisis management committee in the province of Tshopo and the health sector of Banalia, the establishment of a health coordination subcommittee in Panga, which was the epicentre of the epidemic, the organization of joint fact-finding missions and the management of identified cases.

The actions undertaken were organized around six pillars, namely: (1) Coordination, (2) Surveillance through active contact and suspects cases finding at community level, (3) Laboratory, (4) Management, (5) Infection Prevention and Control, (6) risk communication and community engagement through sensitization in churches and communities of Banalia and in the quarries and surrounding village of Panga. The Ministry of Health with the support of other partners (WHO, UNICEF, MSF) continued the same activities mentioned in the DREF operation.

Regular coordination meetings were also held, and information updates were provided on the actors of the response regarding the pillars, but also the vaccination, psycho-social care and logistical support to the Ministry. Those updates were more detailed in weekly sitreps by cumulating interventions which are available on OCHA's humanitarian response platform. This was a joint Sitrep from active partners: UNICEF, MSF, CDC, WHO in coordination of MoH.

In total, this coordination was organized around the Banalia health zone chief physician for:

- Supervision of actors on the ground.
- The daily technical coordination meeting of the response.
- Meetings of the local health emergency management committee of the Banalia health zone.
- Implementation of surveillance and early warning activities in health risk areas
- Investigations around cases
- Active suspect case finding in specific sites (mining quarries) and in the community.
- Analysis of samples.

Needs Analysis and Scenario Development

The needs analysis provided in the DREF operation remained the same throughout the implementation. This included active case finding; increasing diagnostic capacity and strengthening management capacity; providing nutritional and WASH support as well as vaccination awareness. More details can be found in the EPoA.

After the declaration of the end of the meningococcal meningitis epidemic in the Banalia health zone (Tshopo province) by the provincial minister in December 2021, Government raised key needs on strengthening community engagement measures to properly complete the post epidemiological surveillance. Such as:

- Remaining vigilant due to the risk of a re-emergence which remained permanent
- Strengthening the epidemiological surveillance system
- Continuing team activities and support in the transfer of skills to local providers for the sustainability of achievements of this response.
- Maintaining the alert and community-based surveillance mechanisms to remain vigilant throughout the post-Meningitis epidemic period.

As of 24 December 2021, when the outbreak was declared to have been contained, the health zone totalled 2,662 cases and 205 deaths in various localities as follow:

Table 1: Distribution of cases, deaths and case letality by health area, Banalia health zone

Subgroup	Health area	Cumulative carry-over		W48		W49		Cumulative cases		
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Lethality
Rive droite	Akuma	60	5	0	0	0	0	60	5	8,3%
	Bongonza	143	8	0	0	0	0	143	8	5,6%
	Bopepe	44	0	0	0	0	0	44	0	0
	Dikwa	51	2	0	0	0	0	51	2	3,9%
	Dr Sharpe	140	1	0	0	0	0	140	1	0,7%
	Kole	106	2	0	0	0	0	106	2	1,9%
	Mangi	354	29	0	0	1	0	354	29	8,2%
	Panga	826	121	0	0	0	0	826	121	14,6%
	Tele	65	0	0	0	0	0	65	0	0%
	Zambeke	55	2	0	0	0	0	55	2	3,6%
Total Rive droite		**1844**	**170**	**1**	**0**	**0**	**0**	**1844**	**170**	**9,2%**
Rive gauche	Alolo	75	3	0	0	0	0	75	3	4,0%
	Babise	51	5	0	0	0	0	51	5	9,8%
	Baloma	61	0	0	0	0	0	61	0	0%
	Bethsaida	73	3	0	0	0	0	73	3	4,1%
	Bodela	44	3	0	0	0	0	44	3	6,8%
	Lukelo	180	10	2	0	0	0	180	10	5,6%
	Mangala	76	6	0	0	0	0	76	6	7,9%
	Mosanda	167	2	2	0	0	0	167	2	1,2%
	Motoma	31	1	0	0	0	0	31	1	3,2%
	Ste Elyzabeth	60	2	0	0	0	0	60	2	3,3%
Total Rive gauche		**818**	**35**	**4**	**0**	**0**	**0**	**818**	**35**	**4,3%**
TOTAL		**2662**	**205**	**5**	**0**	**0**	**0**	**2662**	**205**	**7,7%**

This epidemic 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 children's nutrition in the context of the meningitis epidemic because malnutrition is a factor of vulnerability to the outbreak, due to 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 are factors which also facilitated the resurgence of cases of meningitis in the Zone. The Tshopo Red Cross Provincial Committee lacks the capacity to carry out nutrition and Wash activities now.

Risk Assessment

The following risks were highlighted at the launch of the operation and adequate mitigation measures adopted as seen in below table.

Table 2: Risk and mitigation measures

Risk	Mitigation Measure
Risk of infection of DRC RC employees and volunteers	• To mitigate this risk, volunteers were required to get vaccinated or confirm they had been immunized before. • Volunteers were also provided with Protection material/PPE .
Difficult access to certain health zones	• Provision of motorbikes and a dugout canoe enabled monitoring of activities in health zones with difficult access, as the outbreak also affected some hard-to-reach health areas where rivers had to be crossed. The majority of affected health areas were only accessible by motorbikes or motorized canoes. There is a bad road condition on the national n° 4 (RN4) in the health areas of Bopepe, Doctor Sharpe and the Panga axis. In connection with the outbreak, there were also health areas at risk in and around the city of Kisangani as a result of population movements.
Transmission of COVID-19	• This DREF operation was aligned with and contributed to the 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 National Society maintained close monitoring of the pandemic evolution with a focus on health risks and operational risks. Face masks were provided to volunteers and all project staff to ensure protection from COVID-19 during the operation. No cases were reported among the team during the implementation.

B. OPERATIONAL STRATEGY

The overall objective of the operation was to reduce the spread of meningitis epidemic in the affected health areas and prevent its spread to neighbouring health zones by identifying and stopping all chains of transmission to other health. The health areas targeted by the DRC Red Cross in Banalia health zone included Alolo, Babise, Bethsaida, Bodela, Bopepe, Doctor Sharpe, Lukelo, Mangala, Mosanda, Motoma, Panga and St. Elizabeth.

At the end of the operation, the teams were able to reach 70.6% (114,907) of the total population of the health zone of Banalia (162,723 people), especially in hard-to-reach areas.

Figure 3: Training of volunteers and community relays RECO (community awareness/Community volunteering) / Photo DRC RC

Proposed strategy

Overall, the operation targeted 60% of the total population or 97,634 direct beneficiaries through the following actions:

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

After the declaration of the end of the epidemic on 24 December 2021 by the provincial ministry, a total of 2662 cases and 205 deaths were recorded. The operation continued to be implemented until 28 February 2022 with the same objective, laying an emphasis on community-based surveillance and RCCE to ensure that the new epidemiological strategy of the Ministry of Health was complied with as well as hold the planned lessons learned workshop. Indeed, after the declaration of the end of the epidemic, the strategy of the MoH was to strengthen community surveillance since the risk of epidemics resurgence remained very high.

Apart from the assessment conducted by the DRC RC at the beginning of the response, no other assessment was conducted in the health Zone. The result of that initial assessment served to inform the strategy developed in the EPoA.

A total of 150 volunteers were trained/briefed on CEA, IPC/WASH, safe and dignified burial and community surveillance, in an integrated approach. They worked in pairs in the communities to make home visits, mobilize in public places, conduct active case finding and referral to health centres then support community mobilisation for the meningitis immunization campaign. Overall, 60 volunteers actively worked on case finding in the community and 90 volunteers on awareness-raising in public places, while all 150 volunteers participated in vaccination and household awareness activities through home visits.

During these visits, they also collected comments and feedback from community members, which was then shared with other partners during coordination meetings for a common response. Regular updates on the evolution of the situation and activities on the ground were also shared with the coordination team based in Kinshasa.

Two joint monitoring missions (IFCR-DRC RC) were carried out in November 2021 and January 2022. These were meetings with stakeholders in the field (staff, administrative authorities, volunteers), field visits and later the holding of the lessons learned workshop. Overall, these missions allowed:

- Improvement of practices and quality of the implementation of activities carried out in the field in Banalia
- Continuous assessment of level of implementation of activities in the field which helped to recommend corrective actions.
- Strengthen the reporting system to the coordinator's team then the accountability towards beneficiaries and stakeholders
- Identify difficulties in the field and formulate common solutions
- Discuss the challenges with the Provincial Health authorities in Health Zones.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 114,907
Male: 54,925
Female 59,982

Outcome 4: Transmission of diseases with epidemic potential is reduced		
Indicator:	**Target**	**Actual**
% Reduction in meningitis transmission in the Targeted Health Zone	60%	69%
Health Output 4.1: Community-based disease control and health promotion is provided to the target population		
Indicator:	**Target**	**Actual**
% of cases identified referred to health centers by the volunteers of the DRC RC	100%	100% (534 people identified and referred)
# of handwashing devices put in place	120	120
# of radio broadcasts produced and disseminated	16	16
# of Mass awareness organized	16	16
# of boxes of images produced	100	150
% of community feedback processed within 24 hours	70%	54.48%
# of people reached with health promotion activities and messages	97,634	114,907
# of committed and trained traditional practitioners and community leaders	97	97
# of volunteers formed on CBHFA and RCCE	150	150
Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns		
Indicator:	**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%	69.4%
# of meningitis vaccination campaigns in which DRC RC is involved	1	3
% of people recovered	100%	100%
# of people who received immunization services compared to the target	146,990	162,518

Narrative description of achievements

Since the declaration of the end of the epidemic to this date, there has not been any new meningitis case confirmed in the health zone of Banalia.

- Overall, 150 volunteers have been trained on risk communication and community engagement (RCCE)/CEA, community-based surveillance (CBS), the community WASH, Safe and Dignified Burial (SDB) and Community-based health and first aid (CBHFA). It was an integrated training of 3 sessions of 3 days that made it possible to implement the activities of the emergency action plan effectively. Volunteer training was supported by the health zone leader on disease and community WASH. The other themes were covered by the coordination team of the Tchopo RC. A refresher's training was subsequently provided to enhance the volunteers' performance. The breakdown of the 150 volunteers trained in the different health areas was made from 12 to 14 volunteers per health area to respect the pair. They worked in pairs in the communities to make home visits, mobilize in public places, active case finding and referral to health centres and vaccination against meningitis.
- Overall, 90 volunteers of the 150 were working on awareness-raising in households and public places, 60 volunteers were working on active case finding in the community and all 150 volunteers were mobilized for meningitis vaccination activities.

In terms of social mobilization, community engagement and accountability, the DRC RC team has capitalized on its recent experiences during Ebola outbreaks. 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 maximized 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.

In the implementation the following achievements were made:

- 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 based on 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 18,829 households were visited during the sensitization activities and 114,907 people were sensitized through the door-to-door strategy (25,616 men, 29,061 women, 29,309 and 30921 girls).
- 7,891 people were sensitized through 16 sessions in markets, beaches, churches, schools and travel parks, including 2,227 men, 2,771 women, 1,306 boys, and 1587 girls.
- Along the same lines, 16 radio programs were produced and broadcast to reach as many people as possible indirectly.
- For the feedback, in total, there were 134 community feedbacks collected of which 73 (54%) were processed within 24 hours and 61 were processed after 24 hours. Overall, 100 community feedbacks were processed/responded to.
- Training of 96 traditional healers and community leaders on the knowledge of the disease (meningitis) was carried out

Concerning Community-Based Surveillance through active case finding and referral to health centers, the following achievements were made:

- 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 cases in households which represented the 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 2,981 households were visited, and 534 people were referred to the treatment centres, (165 males, 161 females, 113 boys and 95 girls)
- After the peak at week 40 up to week 43, the rate of reduction in contamination was 68.69%. This weekly gradual reduction in the rate of infection since the end of week 40 is the result of the response activities, accentuated by the effect of vaccination.

Concerning the Safe and Dignified Burials (SDB) and decontamination of spaces in the community, the following achievements were made:

- At the beginning of the operation in Panga, a team in charge of Safe and Dignified Burials in the health area of Panga, epicentre of the disease was composed of 10 volunteers (1 team composed of 10 volunteers). The 10 members of this team worked in rotation: one (1) team leader/supervisor, 1 sprayer, 3 people in charge of the remains and 1 person in charge of talking to the affected families. Then with the progression of the epidemics, 5 volunteers per health area were assigned to the activities of Safe and Dignified Burials and the disinfection of contaminated spaces among the 150. In fact, SDB was not included in the EPoA. This was added to the strategy when the operation was updated, as required. Populations and some medical corps have had great difficulty managing cases of remains from the epidemic and the Ministry of Health has asked the DRCCR to take care of them in order to reduce fear, but especially the spread of the epidemic through customary practices and tradition in their management.
- The remains of patients who died of meningitis were thus handled by teams of trained volunteers, in order to ensure safe and dignified burials and the minimization of the risk of subsequent transmission within the community.
- With the evolution of the epidemic in other health areas, DRCRC was compelled to set up a team of 5 volunteers per Health Area out of the 90 trained for the work of awareness
- A total of 156 bodies were buried by volunteers, including 51 men, 40 women, 37 boys and 28 girls, as a result of the safe and dignified burial activities. There were 120 (77%) of the SDB conducted were in the Panga health area.

- The volunteers also disinfected homes or households and other spaces. Decontamination activities show that a total of 187 spaces were decontaminated, including 105 households, 30 health centres and RGHs, 17 markets, 2 Beaches and 33 churches during the operation
- 120 handwashing devices were made available to health centres in 12 health facilities, 10 per facility
- 36 *thermo-flash* were distributed to health centres, 3 per health zone.

During the vaccination campaigns against meningitis, the DRC RC was able to contribute to the following achievements:

- A total of 150 volunteers trained on the key vaccination messages were deployed in the field during 3 vaccination campaigns against meningitis, about to 12 to 14 volunteers per health area. This awareness has made it possible to stop some customary practices on the handling of corpses at home (dance around them, sleep next to them, etc.). Populations have had more knowledge about the signs and symptoms of meningitis and have mostly understood the importance of vaccination more people who had some objections about the vaccination have been reached.
- 59976 people were sensitized in households and referred to vaccination sites including 17928 men, 21546 women, 9630 boys and 10872 girls. After several weeks of refusal, most people in the affected health areas accepted vaccination and stopped hiding in case of fever. As a result, a large number of women came to the healthcare or screening centres.
- A total of 3,043 cases of resistance were recorded and broken between October 10 and 19, 2021 by the action of volunteers.
- There have been cases of resistance to SDB and meningitis vaccination. This is mainly due to the following:
    - The majority of the population did not believe that there was a meningitis epidemic/existence of rumours
    - Refusal to change cultural habits related to burials/funeral rituals
    - Rural populations living in remote and difficult to access areas who are mostly illiterate
- The Red Cross community-based approach has enabled to progressively break down cases of resistance. This has included:
    - The selection of volunteers in the communities so that they can sensitise their own community for more confidence
    - Involving community volunteers in the planning of operational activities
    - Community engagement activities and responses to feedback
- In total in the 20 health areas, 162518 people were vaccinated out of the 146990 planned, i.e., 110.56% coverage of the Banalia health area;
- During the immunization campaigns the volunteers also contributed to the organization of the sites to maintain order and manage the waiting lines.

Challenges

- The majority of the population did not believe in the existence of the disease, which made the change in behaviour slow. The strong reluctance of the majority of the target population to vaccination was due to the fact that they did not believe the meningitis epidemic existed, but thanks to the motivation of the volunteers, the awareness messages were accepted which contributed to the achievement of the vaccination objectives.
- Based on DRCRC activities during Ebola responses, communities came to expect burial support from the Red Cross in line with SDB procedures used for Ebola. As a result of this, DRC RC supported burial activities, even though SDB is not required in the case of meningitis outbreaks.
- In line with the above, decontamination activities were requested by the Provincial Health Services (DPS).
- 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.

Lessons Learned

- The involvement of volunteers and community members has made it possible to rapidly reduce the spread of the epidemic. The preparation of volunteers and communities through their involvement in the planning of activities and training is of great importance to minimize the negative impact of epidemics.
- The visibility and success of the DRC RC in the areas of SDB and decontamination linked to Ebola response have created the expectation of these activities for all epidemic responses – regardless of need, at both community and DPS levels. Going forward, the DRC RC will work with communities and the DPS to ensure response activities for outbreaks are grounded in evidence.
- The coming together of the local community and the Red Cross volunteers through a feedback system has drawn widespread support and resulted in an increase in the number of active volunteers;
- The involvement of APAs (Politico Administrative Authorities) and community members in the operation fostered their ownership of the operation at all levels. This is a factor in the success of community-based interventions.
- The provision of DLMs (handwashing devices) at health centres and awareness-raising in public places have contributed to good overall hygiene practices in the 12 HA. This type of support to the health system should be

encouraged in the context of Tchopo. Consideration of the distribution of wash kits to health facilities in this type of humanitarian response is an important support factor to facilitate disease prevention.

The use of volunteers from communities- and some community members such as community outreach workers- has fostered dialogue and awareness to break many cases of resistance in different health areas. Trust between volunteers and community members (individuals and families) has facilitated the work of volunteers and community outreach workers and is a success factor for the vaccination.

Strategies for Implementation

S1.1: Capacity building and organizational development objectives of DRC CR 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
% of volunteers insured	100%	100 %

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 (surge)	1	0

S3.1: The IFRC Secretariat, in collaboration with the National Societies, use their unique position to influence decisions at the local, national and international levels that affect the most vulnerable.

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

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

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	1

Narrative description of achievements

- In terms of capacity-building, 150 volunteers were trained on the different pillars of the operation. Those who were not vaccinated against meningitis were vaccinated during the operation. This has mitigated the risks of contamination.
- 24 megaphones,36 *thermo-flash* and protection material such as: 150 raincoats, 150 boots, 15000 sanitizing masks were received to carry out the activities
- They worked hard during the awareness-raising activities to achieve a beginning of behavioural change of the beneficiaries regarding meningitis and the negative perceptions and rumours about the disease.
- 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 feedback 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 operation was then covered by a joint effort from DRC IFRC Delegation with closed monitoring, additional mission and dedication of each technical staff to support activities and reporting.
- A tweet on the Red Cross response to the meningitis outbreak in Banalia was posted on the IFRC Africa platform.
- During the operation there were 2 missions of the IFRC team to the field in addition to those organized by the DRC RC coordination team. At the beginning of February 2021, a mission from the headquarters team composed of the health coordinator and the SMER was on site to organize a workshop on the lessons learned during the operation in Kisangani with all the stakeholders (the Ministry of Provincial Health was represented by its Chief of Staff). This was done because of monitoring the activities of the volunteers on the ground. This showed a better implementation of the activities by the volunteers according to the testimonies of the different stakeholders.
- The lessons learned workshop allowed to capitalize on good practices resulting from the implementation of the operation against Meningitis. The aim was to analyse the implementation of the DREF meningitis operation and to identify the successes and challenges of the various pillars/interventions and, finally, to make recommendations for future interventions on future epidemics.

Overall, the DRC RC teams on the ground reported that the operation allowed:
- Capacity building of the NS (Training of volunteers, CEA, SDB, CBHFA)
- Volunteer engagement;

- Strengthening NS confidence in the community, thereby decreasing resistance to vaccination;
- The availability & dedication of volunteers,
- The acceptance of the Red Cross by the community,
- The good collaboration with the state authorities of the territory of Banalia, the Central Office, the DPS and the Ministry of Public Health,
- The acceptance of the NS/IFRC by the Politico-Administrative Authorities (APA), other partners involved in the response and local communities,
- Synergy with APAs and NS/IFRC,
- Zero cases of the epidemic in volunteers,
- The revitalization of the local branch of the Red Cross,
- Improving the visibility of the movement at both provincial and local levels,
- The enthusiasm of the beneficiaries to join the movement

Challenges

- Insufficient inputs (materials, equipment, IT kit, visibility supports) to cover the needs of the operation
- Logistical difficulties for movement in the Health Zone and access to certain HAs (health area). Difficult access to some health areas due to poor road conditions. DRC RC has managed to dedicate additional days to each monitoring visit and has put in place an effective communication system to share information if needed.
- Late arrival of financial support on the ground in the province of Tshopo. 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.
- Weak internet network in the health zone, and this has an impact on the promptness in sending reports to the coordination team based in Kinshasa. This institutional challenge is to be taken as a lesson learned and reflection.
- As a general measure on challenges faced 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 (HZ and DPS). However, some difficulties are beyond the scope of the operation (access to latrines, access to water, access to areas, internet access..) .

Lessons learned

- The implementation of this operation allowed the DRCRC to establish new relations with various partners involved in the response in the province of Tshopo. The implementation of emergency operations helps to strengthen collaboration between the Red Cross and partners in the field as part of the coordination of activities.
- Regular communication between IFRC and DRCRC technical teams and then formative monitoring missions have contributed to the transfer of skills for the development of the NS through its local branch of the Tshopo.

D. Financial report

The total amount allocated for implementation of this DREF operation was CHF 207,685 of which CHF 187,783 (90%) have been spent. A balance of CHF 19,902 will be returned to the DREF.

Explanation of variances:

Description	Budget (CHF)	Expenditure (CHF)	Variance		Comments
			CHF balance	%	
Medical and First Aid	4,476	6,100	- 1,624	36	The costing of items turned out to be pricier than planned.
International Staff	22,380	1,278	21,102	94	No surge personnel was deployed due to limited availability on the roster at the time.
National Staff	0	1,020	-1,020	100	Although omitted during planning, it was necessary for Kinshasa Delegation staff to ensure monitoring of activities and follow up for closing the operation. This justifies the cost incurred.
Professional fees	932	0	0	100	Translation costs for this operation was charged on another project, given the report was submitted late.
Financial Charges	3,264	5,807	-2,543	80	This is linked to exchange losses throughout the implementation and financial charges.

Selected Parameters			
Reporting Timeframe	2021-2022/06	Operation	MDRCD033
Budget Timeframe	2021-2022/2	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 19/Jul/2022

All figures are in Swiss Francs (CHF)

MDRCD033 - DR Congo - Meningitis Outbreak

Operating Timeframe: 21 Sep 2021 to 28 Feb 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**207,685**
DREF Allocations	207,685
Expenditure	**-187,783**
Closing Balance	**19,902**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	100,979	140,643	**-39,665**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability	4,966		**4,966**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**105,944**	**140,643**	**-34,699**
EA01 - Coordination and Partnerships	10,428	20,114	**-9,686**
EA02 - Secretariat Services	35,255	10,953	**24,302**
EA03 - National Society Strengthening	56,058	16,073	**39,985**
Enabling Approaches Total	**101,740**	**47,139**	**54,601**
Grand Total	**207,685**	**187,783**	**19,902**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021-2022/06	Operation	MDRCD033
Budget Timeframe	2021-2022/2	Budget	APPROVED

Prepared on 19/Jul/2022

All figures are in Swiss Francs (CHF)

MDRCD033 - DR Congo - Meningitis Outbreak

Operating Timeframe: 21 Sep 2021 to 28 Feb 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**9,978**	**10,951**	**-973**
Water, Sanitation & Hygiene	2,238	2,218	20
Medical & First Aid	4,476	6,100	-1,624
Teaching Materials	3,264	2,633	630
Logistics, Transport & Storage	**15,815**	**12,520**	**3,295**
Transport & Vehicles Costs	15,815	12,520	3,295
Personnel	**120,992**	**102,830**	**18,162**
International Staff	22,380	1,278	21,102
National Staff		1,020	-1,020
National Society Staff	30,138	30,635	-497
Volunteers	68,474	69,897	-1,424
Consultants & Professional Fees	**932**		**932**
Professional Fees	932		932
Workshops & Training	**14,696**	**15,009**	**-313**
Workshops & Training	14,696	15,009	-313
General Expenditure	**32,596**	**34,953**	**-2,357**
Travel	6,994	6,952	42
Information & Public Relations	6,527	6,401	127
Communications	6,527	6,594	-67
Financial Charges	3,264	5,807	-2,543
Other General Expenses	9,284	9,200	84
Indirect Costs	**12,676**	**11,520**	**1,156**
Programme & Services Support Recover	12,676	11,520	1,156
Grand Total	**207,685**	**187,783**	**19,902**

Contact information

Reference documents

Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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

For DRC Red Cross:

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For In-Kind donations and Mobilization table support:

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

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How we work

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

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Saving lives, changing minds.

The IFRC's work is guided by Strategy 2030 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace