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Final Report

DRC/BENI: 13th Ebola Virus Disease Outbreak



DREF operation	Operation n° MDRCD034
Date of Issue: 03 November 2022	Glide number: EP-2021-000157-COD
Operation start date: 19 October 2021	Operation end date: 30 April 2022
Host National Society(ies): Democratic Republic of Congo Red Cross	Operation budget: CHF 689,549
Number of people affected: 671,213 people (111,869 ménages), (11 cases 3 suspected cases 8 confirm cases and 6 deaths Beni province) <ul style="list-style-type: none"> For the response: 488,463 people in Beni Health Zone For preparedness: 182,750 people in Butembo, Katwa, Oicha, Mabalako, Mandima, Komanda and Mambasa health zones 	Number of people assisted: 474,354 people <ul style="list-style-type: none"> For the response: 345,203 People For preparedness: 129,151 People
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and ICRC	
Other partner organizations actively involved in the operation: OCHA, WHO, UNICEF, WFP, OIM, ALIMA, IRC, Medair, Save The Children, MSF, IMA, FHI 360, ONGs (ARDE, REMED, APROFEED-RDC, Internews, ...).	

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

A. SITUATION ANALYSIS

Description of the disaster

The Democratic Republic of Congo (DRC) declared the [13th Ebola](#) Virus Disease (EVD) outbreak in the Beni health zone in North Kivu after 3 suspected cases and 1 confirmed case on 8 October 2021. The three suspected cases were discovered from 5 to 7 September 2021 in the health area of Butsili, in the territory of Beni who finally died as a result of bloody diarrhea with vomiting and dehydration. Swab taken from a fourth suspected case on 7 October 2021 and analysed by INRB (Institut National pour la Recherche Biomédicale) were found to be positive for Ebola on 8 October 2021.

On 19 October 2021, a DREF was allocated to the Red Cross of the Democratic Republic of Congo (RC DRC) by the IFRC to contribute to the humanitarian response operation. An operational [update](#) was issued on 26 November 2021 to extend its humanitarian response to a total of 19 health areas in the Beni health zone (North Kivu province), and to increase preparedness in areas around Beni (Oicha, Mutwanga, Mabalako, Madima, Butembo, Komanda, Mambasa and Katwa). This followed the evolution of the disease from its epicentre in Butsili, to two additional health areas including Kanzulunuzuli and Bundji in the Beni Health Zone.

On 16 December 2021, the government made the official declaration of the [end of the 13th Ebola outbreak](#) in the DRC. A total of 11 cases (8 confirmed, 3 probable), of which 6 died and 2 recovered were recorded as follows:

Health zone	3 health areas affected	Confirmed cases	Probable cases	Recovered Cases	Death Cases
Beni	Butsili	6	3	2	9, of which 6 confirmed et 3 probable cases
	Kanzulinzuli	1	0	0	
	Bundji	1	0	0	

After the Ministry of Health declared the epidemic over the operation continued to be implemented until April 2022 with a focus on Community Based Surveillance and the RCCE to ensure that the new epidemiological strategy of the Ministry of Health is followed (strengthen post-epidemic surveillance, for the risk of resurgence).


Summary of response

Overview of Host National Society


- A total of 580 volunteers were mobilised by the DRC RC for the response to the epidemic in North Kivu and Ituri provinces.
- Overall, the community health/RCCE activities reached approximately 474,354 people in 27,057 households.
- Through 2 community radio stations in Beni, the Red Cross produced and broadcast 108 interactive radio programmes on a weekly basis covering various topics on the EVD based on community feedback trends received.
- The community feedback collection and management mechanism put in place by the DRC RC has enabled 90% of community feedback expressing information needs to be responded to. As part of the mutualisation of action within the RCCE coordination, a multi-agency approach was adopted for the community feedback system. This initiative has been supported by the West and Central Africa inter-agency RCCE coordination on COVID19 and Ebola, which was established at the beginning of the COVID19 pandemic and in which the IFRC collaborates with UNICEF and WHO.

13th EVD Outbreak - BENI


Key results



1346 (99.26%) of the **1356** SDB alerts were successfully completed by Safe and Dignified Burial (SDB) teams during the epidemic and in postmortem surveillance activities



217 Volunteers conducting RCCE/CEA interventions reached **474,354** people from the target population with social mobilization activities



17,844 community feedback points were collected, analyzed to assist in informed decision making on all pillars.

- Priority activities in terms of Infection Prevention and Control (IPC) have been implemented by the DRC RC. These include taking the temperature of visitors in 7 health facilities (FOSA) supported in the response, accompanying them through IPC briefings, organising triage and supplying the necessary IPC inputs. In total, the DRC's IPC teams screened 30,832 people (9,473 men, 11,477 women, 4,849 girls and 5,033 boys) at the entrance to these 7 health facilities and 404 alerts were sent to the surveillance teams. The National Society (NS) also made the first input allocation (remaining inputs from the 10th EVD epidemic). As a result of these activities around 7 health facilities, their performance evaluations (score card) reached over 80%.
- The PGI-PSEA activities enabled the signing of the Code of Conduct by all volunteers mobilised for the humanitarian response. In the field, four cases of rape under 72 hours were transferred to specialised facilities for treatment, and good collaboration with other partners enabled the pooling of resources. A total of 102 awareness-raising sessions were organised and 3,902 beneficiaries were reached.
- Throughout the response and surveillance period, with the implementation of Rapid Diagnostic Test (RDT) teams around the Titulaire Nurses (IT) in the 19 target health areas in the town of Beni, and the accentuation of evacuations of patients by the RRT (Rapid Response Team) as well as the zones in preparation.
- A total of 579 alerts were received by the RRT of which 97% were successfully responded to
- 559 adults were evacuated (transported) of which 154 were men and 153 were women and 252 were children (135 boys and 117 girls)
- Overall, 1,346 Swabs were performed, of which 5 were positive
- The DRC RC teams carried out 86 RDTs of which 2 were positive, 84 negative and 0 invalid.
- At the level of dignified and secure burial (SDB) the following results have been achieved:

Safe and Dignified Burial (SDB)	BENI	MUTWANGA	MABALAKO	OICHA	TWA BUTEMBO/KA	TOTAL KIVU NORD-	MANDIMA	KOMANDA	MAMBASA	TOTAL ITURI	GENERAL TOTAL
Community alerts	611	0	0	7	93	711	33	4	19	56	767
Hospital alerts	423	0	0	3	98	524	36	5	19	60	584
CT alerts, Ctco, CTE	5	0	0	0	0	5	0	0	0	0	5
Total death alerts received	1039	0	0	10	191	1240	69	9	38	116	1356
Total number of alerts answered	1029	0	0	10	191	1230	69	9	38	116	1346
Total number of unanswered alerts	10	0	0	0	0	10	0	0	0	0	10
Reported alerts	0	0	0	0	0	0	0	0	0	0	0
Securing bodies and Full SDB											
Number of bodies secured	728	0	0	10	107	845	64	9	36	109	954
Number of bodies not secured (due to community resistance)	10	0	0	0	0	10	0	0	0	0	10
Number of SDB complete	301	0	0	0	84	385	5	0	2	7	392
Total Secure Bodies and Full SDB	1039	0	0	10	191	1240	69	9	38	116	1356

Material and human resource capacity

The local branch of the Red Cross in Beni has 2060 volunteers of which 560 are active (283 community health volunteers, 66 IPCs, 8 PSS, 169 SDB, 34 support). These volunteers have technical and operational capacities, however, for the response, almost half of them presented a need for training on the basic RCCE modules as well as skills on specific RCCE tools, notably the community feedback system and the radio.

The introduction of the integrated training module EPiC (Epidemic Preparedness and response in Communities) being new in the intervention zones, all the response teams benefited from training at different levels, to better integrate the new situation of community-based surveillance around a set of diseases with epidemic potential.

In terms of material capacity, the Red Cross branch in Beni had a contingency stock built up during previous EVD epidemics, which was used to manage up to 250 alerts (SDB equipment). However, the stock used was not renewed due to the late start of the procurement process.

Overview of Red Cross Red Crescent Movement in country

During the humanitarian response, the DRC RC received continued support from the IFRC through its offices in Kinshasa and Goma. Throughout the operation, the IFRC provided the DRC RC with human, logistical, financial and security support. This support was especially strengthened by the deployment of surge capacity and delegation staff to support the NS and the response effort.

Four partner National Societies (Belgian Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have medium- and long-term programmes with the National Society (NS) but did not intervene during this humanitarian response.

The International Committee of the Red Cross (ICRC) through the office in Beni provide security guidance in coordination with IFRC. As part of this response, the ICRC provided support for community health and CEA activities for 30 days in seven health areas not initially budgeted for by this DREF operation (Paidia, Rwangoma, Boikene, Supa, Kalau, Mabakanga and Kasabinyole).

At the operational level, the ICRC contributed to the travel of NS and IFRC staff involved in the operation through its RED aircraft and covered the deployment costs of the health coordinator deployed by the IFRC for two months. In addition, support to activities was provided through a donation of PCI and SDB inputs worth \$26,212.79. VHF radios (15) were also made available to the NS and a vehicle for field movement.

As Eastern DRC is an area of armed conflict, the DRC RC, IFRC and ICRC developed a joint approach in which clear roles and responsibilities were agreed through regular coordination at several levels. The ICRC provided security management for the movement of all international staff operating in the operation area.

Regular weekly meetings (IFRC, ICRC and DRC RC) were held to coordinate actions in the field and at the central level. DRC RC had the lead in coordination of the operation at the field while the other Movement partners provided support.

Overview of non-RCRC actors in country

The DRC Ministry of Health has organised the coordination of the response at national, provincial and local levels. In the field in Beni, the Central Office coordinated the response around the priority pillars and provided leadership to the various sub-commissions: Coordination, Surveillance, Care and Support, Vaccination, Laboratory, RCCE, IPC, PSS, PSEA, Logistics.

In addition to the Ministry of Health, the Red Cross, and the local authorities, at least 15 other national and international organisations participated in the humanitarian response (OCHA, WHO, UNICEF, WFP, IOM, ALIMA, IRC, Medair, Save the Children, IMA, FHI 360 and NGOs (ARDE, REMED, APROFEED-RDC, Internews, etc).

These organisations were active in one or more of the following components of the response: coordination, surveillance, communication, prevention, case management, psychosocial support (PSS), laboratory, logistics, vaccination, and information management. In summary:

- OCHA supported humanitarian coordination.
- WHO was directly involved in the implementation of support for Surveillance, IPC FOSA, Laboratory, Vaccination, Medical Management.
- MSF and Alima have also been active in the treatment of Ebola in the affected areas.
- UNICEF has been active in community PCI/WASH, RCCE and PSS.
- WFP provided logistical support.
- IOM contributed to Surveillance, IPC and RCCE at entry and exit points (PoE) and checkpoints (PoC),
- IRC provided support in the areas of IPC, RCCE, PSS.
- Medair conducted an assessment in health areas with a strong IDP presence to support free care,
- Save the Children provided support in the areas of IPC, WASH and RCCE.
- IMA contributed to Surveillance, IPC WASH, RCCE.
- FHI 360 contributed to post epidemic surveillance activities
- NGOs (ARDE, REMED, APROFEED-RDC, Internews) contributed to RCCE activities

More details on the interventions of these actors are in operation [update](#) 1.

Needs analysis and scenario planning

To contribute to the humanitarian response, the DRC RC engaged in the operation through the RCCE, SDB, IPC, PSS, PGI/PSEA pillars. This follows the role of auxiliary to the public authorities in the humanitarian field. In terms of preparedness, the National Red Cross Society also engaged in Community Based Surveillance (CBS). Its coverage thus extended beyond the Beni health zone to neighbouring health zones and affected or at-risk areas, in collaboration with other response partners.

- The 13th Ebola outbreak in the country affected 3 health areas (Butsili, Kanzulanzuli and Bundji) in the Beni health zone in the province of North Kivu, with 11 cases, of which 3 were suspected and 8 confirmed. There were 6 deaths in Beni province and 2 recovered. Throughout the epidemic, the most active transmission and most cases occurred in this triangle (Butsili, Kanzulanzuli and Bundji).
- Overall, community alerts were relatively lower than expected due to the weakness of the community surveillance system. It was therefore important to strengthen the existing alert structures and mechanisms at the community level in order to get better support from them in the efforts to stop the epidemic. This also required better technical preparation of DRC RC teams, including those activated in the additional health zones in North Kivu and those targeted in Ituri province.
- In North Kivu and Ituri provinces, access difficulties in several target areas, as well as community resistance, were two major obstacles to the emergency operation, affecting the scope and coverage of planned activities. Limited knowledge of EVD among the population was a major obstacle to behaviour change at the household level. Awareness of the risks and prevention of EVD increased throughout the epidemic. However, there were gaps in understanding of Ebola treatment centres (ETCs), signs and symptoms, and what to do if a person became ill or died after experiencing symptoms of EVD. There are still key socio-cultural, political and economic issues that fuelled the epidemic and hampered community engagement efforts. The socio-political context in the affected areas was very complex, however the investment made through this DREF was necessary to inform and engage communities and to adapt to the needs and priorities identified by the communities. Thus, in the operation, the Red Cross community feedback mechanism enabled the collection of key community views on the EVD and the response.
- The regular collection and analysis of community rumours, beliefs, observations, questions and suggestions informed risk communication and community engagement approaches throughout the response.
- Regarding primary health services, many health facilities (health facilities) did not have sufficient infrastructure, equipment or knowledge of infection prevention and control (IPC) practices and behaviours to

prevent transmission of the virus within the health facility or transmission between patients or providers within the facility.

In this intervention, 4 SDB teams were formed with 12 volunteers per team and 2 supervisors. In total, 48 volunteers and 2 supervisors were mobilised for dignified & secure burial activities. The kits available were sufficient to manage 250 alerts at the start. Thus, there was a need for additional SDB kits to manage 1,346 alerts in the response. Other needs for this pillar included

- Sampling kits, as those available (95 kits at the Goma branch) have expired
- Training and deployment of additional volunteers in the preparedness zones.

Apart from this, all the other needs identified in the [EPoA](#) remain relevant and the target remain the same as revised in the update.

Risk Analysis

The operational risks are highlighted in the in the [EPoA](#),

B. OPERATIONAL STRATEGY

Proposed strategy

Operational objective

The overall objective of the operation was to collaborate with external prevention partners to contribute to the reduction of morbidity and mortality resulting from the Ebola haemorrhagic fever epidemic in the affected areas of Beni, and to ensure preparedness in selected areas in North Kivu and Ituri province.

Operational strategy

The Red Cross response strategy was to contribute to the containment of the EVD epidemic through the SDB, PSS, and community health sectors. In the response and prevention zones, the DRC planned and implemented health education/community engagement activities, strengthening of rapid diagnostic test (RDT) teams and pre-positioning of contingency stocks in strategic locations.

Overall, this operation targeted 671,213 people, including 488,463 for the response in 19 health areas in Beni and 182,750 for preparedness in 7 other neighbouring health areas (Butembo, Katwa, Oicha, Mabalako, Mandima, Komanda and Mambasa). The following were the key pillars that the operation focused on:

- Community health integrating the RCCE
- Psychosocial support (PSS)
- Safe and dignified burial (SDB)
- Gender Protection and Inclusion/PSEA

In zone A: Response in Beni

1. Safe and Dignified Burials (SDB)

In total, 580 volunteers were trained and informed on the following topics CEA, RCCE, SDB, PSS, PGI/PSEA and EPiC. They worked in teams in the communities on the different pillars.

The Safe and Dignified Burial (SDB) activities mobilised 4 mobile teams (48 volunteers and 2 supervisors). Lessons learned from the implementation of Community-Based Low Risk Burials (CBLR) during the 10th epidemic highlighted the value of team members working in their own communities. To leverage these resources, the DRC mobilised local volunteers to form a more comprehensive SDB team.

2. Community health

At the community health level, 25 trainers were trained on the EPiC package to understand the basic elements of community health and early action against epidemics. Following the trainer of trainers training, a cascade training session was conducted, reaching to 267 volunteers. The DRC RC being Co-Lead in SDB and community feedback management, the trained volunteers were mobilised to raise awareness of good practices in health facilities, to protect health workers in the affected area, to secure entry and exit routes into the affected area and targeted health facilities through routine temperature checks (screening) and encouraging hand washing practices. A training of traditional has taken place, with a total of 5 traditional healers' centres involved in the training


3. Psychosocial Support (PSS)

The psychosocial support was conducted to support families and volunteers affected by community stigma. The operation also consisted of promoting the practice of gender protection and inclusion, with reference to stigmatisation of all kinds on victims of the disease and their families. The volunteers were also mobilised in the framework of prevention and accompaniment of victims of gender-based violence and prevention of sexual abuse and exploitation.

In Zone B: Preparedness in 7 neighbouring zones (Butembo, Katwa, Mabalako, Oicha (North Kivu) and Mandima, Mambasa and Komanda (Ituri))

A simulation exercise was organized to get the team prepared. This was also useful for testing the systems and assess any gaps.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 474,354 Male: 225 389 Female: 248 965</p>		
Health Outcome 1: The spread and impact of the epidemic is reduced through community health activities and community sensitisation in the affected health zones		
Health Output 1.1: The government is assisted by DRC RC volunteers for health education		
Indicators:	Target	Actual
# of volunteers trained- in EPiC level 1 during this response (215 in Beni and 154 in the preparedness zones)	369	267 or 72.4%
% of the target population reached through community health activities (including RCCE)	100 %	71%
# of social mobilisation sessions organised	NA	769
# of persons reached with interpersonal communication, mass communication and radio shows	NA	474,354
# of people reached with health education through household visits	NA	128,167
# people reached through mass mobilization in public places	NA	53,110
# of leaders, associations and groups of special needs persons supporting health education actions on Ebola and other monitored diseases	20	20
# of households reached by health education activities	111,869	79,059
# of radio shows produced and broadcast on EVD and other diseases with epidemic potential being monitored	80 (4 shows per week)	108
Health Input 1.2: Community expectations and concerns are integrated into the community health approach, PSS and SDB		
Indicators:	Target	Actual
# of community feedback collected	NA	17, 844
%of responses to community comments expressing information needs	100%	90%
# of feedback reports produced / dashboard and narrative reports produced	24 (soit 4 mensuels sur 8 mois)	32
% of recommendations of the feedback working group implemented	60%	50%
%of operational and strategic changes made based on community feedback	30%	25%
Feedback collection and analysis system setup	1	1
# of training of trainers conducted on the community feedback system	1	0
Health Outcome 2: The psychosocial impact of the epidemic is reduced through direct support to exposed and infected populations in the Beni health zone		

Health Output 2.1: The population in affected areas of the Beni health zone receives psychosocial support during and after the epidemic.		
Indicators:	Target	Actual
# of volunteers retrained in PSS	10	10
# of people requesting and receiving PSS support	NA	3,716
# of people who received psychosocial first aid	NA	335
# of people who received psycho-education sessions	NA	3,366
# of sensitization sessions on psychosocial support sessions	NA	1,237
Health Outcome 4: The spread of Ebola is limited by conducting SDB in optimal cultural and security conditions in the Beni health zone.		
Health Output 4.1: SDB conducted in optimal cultural and security conditions in the Beni health zone		
Indicators:	Target	Actual
% of contaminated houses/areas disinfected	100%	40% (soit 2 cas sur 6)
# of volunteers retrained	48 volunteers and 2 supervisors	48 volunteers and 2 supervisors
# of SDB teams trained and active	4 teams	4 teams
#/of swabs conducted	100%	99% soit 1346 cases
#/% of suspicious death alerts for which SDB was successfully conducted	At least 80%	99,26 % soit 1,346
Narrative description of achievements		
<p>In response to the epidemic, the DRC mobilised 580 volunteers in the two provinces (North Kivu and Ituri). These volunteers were mobilised according to the pillars of the Red Cross response, namely: Community Health including Risk Communication and Community Engagement (RCCE) (217), Safe and Dignified Burials (SDB) (50), Infection Prevention and Control (IPC) (17), Psychosocial Support (PSS) (10) and Support Services (Support) (30). They have all been trained/re-educated on their different intervention themes.</p> <p>It is important to note the following highlight: In November 2021, there was the training of EPIC trainers (including ECV, CBHFA, RCCE modules), with 25 volunteer supervisors, who then took on the task of organising cascading training for 267 additional volunteers in 8 sessions</p>		
<p>❖ Community health/ RCCE/CEA</p> <ul style="list-style-type: none"> The trained volunteers conducted awareness sessions on prevention, recognition of signs and symptoms of the disease and medical management of cases. The messages disseminated were developed within the RCCE sub-committee, in coordination with the other technical sub-groups of the response. The RCCE's actions targeted both communities in general and specific groups according to their information needs and the need to encourage positive behavioural change among certain categories of affected or at-risk populations. As outreach and mass communication are the usual and trusted sources of information among local populations, the health education sessions on Ebola focused on home visits, social mobilisation in public and high traffic areas, including markets, churches, schools, public transport groups, women's, men's and youth groups including leaders and civil society actors. Through two community radio stations in Beni, the Red Cross produced and broadcast 108 interactive radio programmes on a weekly basis. Volunteers covered various topics on the EVD based on community feedback trends received. Institutional stakeholders' engagement played a role in this achievement with the radios supporting the expansion of the broadcasts with free airtime for 20 interactive radio as part of their community efforts. The additional broadcasts touched radio stations partners: especially Radio RTL and Radio Mungano. At the preparedness zone level, programme production was done with 3 community radios in Ituri and 2 in Oicha. This provided a platform for addressing the major concerns of communities about the epidemic. Indeed, it ensured that rumours circulating around the resurgence were dispelled through up-to-date information, relevant to the population and shared by experts from the Ministry of Health as well as influential people within the community. In the key messages disseminated, particular emphasis was placed on the importance of SDB and RDT in the post-epidemic period. This was explained as one of the effective ways to break the chain of infection. In addition to this, the importance of vaccination was emphasised with a particular note on the primary targets of vaccination 		

(contacts, frontline staff within health facilities and response teams) as well as the protection it gives to the immune system (in response to community questions about the vaccine). Messages also focused on the importance of rapid management within health facilities of people with signs and symptoms of the disease, sound environmental management and control of diseases with epidemic potential.

- In addition, these different themes are associated with other concerns shared throughout the feedback system and highlighting the growing doubts of the populations regarding the effectiveness of the Ebola vaccine. About vaccination, two arguments were put forward by the communities, namely: the question of the validity of the vaccine, for which the answers given by health specialists do not fix exactly on this validity (2 to 3 years, but also that studies are continuing), and the risk of exposure to EVD for people who had already received the vaccine during the previous epidemic. On top of this there was the persistent rumour that Ebola is a 'business' or community members who said they no longer trusted the government on the issue of EVD. This created suspicion within the communities towards the health system, one of the impacts of which was the lack of trust in health workers. As a result, the population's use of health facilities was low.
- Many of the comments made by the population were concerned with the possibility of home-based care for patients or suspected cases. However, one of the challenges to the process of adapting or developing key messages was the slowness with which other technical sectors of the response responded to requests from the RCCE sub-committee on specific issues/perceptions that required medical expertise for informed and accurate follow-up.
- Within the NS's community health/RCCE teams, general feedback trends were discussed on a weekly basis, to exchange on the messages to be promoted, the target groups of attention and the most appropriate approaches and channels to reach them. Thus, the community health teams / RCCE and SDB jointly organised information sessions on SDB for youth groups.
- The Red Cross has set up a community feedback system to listen and act on people's perceptions of the disease and other issues of interest to them. Thus, the development of new key messages and communication materials on the disease was inspired by the major concerns of the populations collected through the community feedback system. Within the Beni RCCE coordination, the Red Cross alongside UNICEF played the role of Co-lead of the community feedback working group made up of other members contributing to the feedback system in addition to the Ministry of Health, the Red Cross/IFRC namely; UNICEF, WHO, Save the Children, Association de réveil pour le développement Endogène (ARDE); UNICEF supported NGOs in RCCE, Media for Development Network (MND), Action for Peace (AP), and the International Federation of Journalists (IFRC). ME. D), Action pour la protection de la femme, l'enfant et environnement au Congo (APROFEED-RDC), Internews and International Rescue Committee (IRC)
- During the response, community health/RCCE activities reached approximately 474,354 people.
- Through radio broadcasts, the SN was able to reach 60% of the audience of the seven radio stations, or 293,077 people.
- Overall, 17,844 feedbacks were recorded in 19 Priority Health Areas and the 7 zones in preparation.

❖ **Safe and dignified burial (SDB)**

- In terms of SDB during the response, the protocol changed to facilitate access in communities. Thus, when a case was tested negative, the body was given to the family for burial. During the response, out of 607 cases sampled, only 283 (29%) were serious enough for a full SDB.
- The DRC RC volunteers disinfected 2 out of 6 homes of cases declared positive, in Beni and Mangina, i.e., 40%.
- In total, in 99.26% or 1,346 of the suspicious death alerts, with SDB successfully carried out up to the post-mortem surveillance period.

❖ **Psychosocial Support (PSS)**

- Regarding Psychosocial Support (PSS), the DRC was noted for the active presence of 10 volunteers trained in psychosocial support skills within the Psychosocial sub-committee.
- To cover the different activities, the PSS volunteers were first positioned at the Ebola Treatment Centre to accompany and psychologically support the sick and their family members, people admitted in isolation as well as to guide visitors to the ETC. Other volunteers were posted in the morgue of the General referral Hospital of Beni for the support of the families directly affected by the EVD and other diseases; then in the various health areas of the city of Beni where they contributed effectively to the accompaniment of the patients admitted in isolation as well as the members of the families affected by the effects of the EVD. These volunteers also acted as a liaison between the health staff and the community and were responsible for facilitating the announcement of laboratory results to families. Apart from the above activities, PSS volunteers were also responsible for facilitating other response activities such as immunization, safe and dignified burial (SDB). They were also in charge of ensuring the well-being of the volunteers involved in the fight against EVD.
- During the implementation of psychosocial support activities, 335 people benefited from psychological first aid sessions, 3,366 people benefited from psycho-education sessions, 1,144 people benefited from sensitization sessions on different PSS themes. In addition, 62 laboratory test results were announced to 598 family members

by the PSS volunteers. A total of 5,443 people, including 85% of mobilized DRC RC volunteers, benefited from psychosocial support sessions.

Challenges

- Difficulties / Delays in relation to the process of validation of key messages by the response coordination.
- Lack of convincing discourse to bring those vaccinated more than 6 months apart to a second dose of Ebola vaccine.

Lessons Learned

- It should be noted that the EVD response was fully implemented by the DRC RC and its volunteers, which shows a clear improvement in the capacity of the NS, now in its 13th EVD intervention.
- The EPiC approach has helped to reduce community reluctance and has improved the image with the health authorities and other partners and as such should therefore be promoted.
- The approach to collecting and managing community feedback, which was developed by the DRC RC/IFRC in collaboration with other Inter-Agency partners, has made it possible to respond to the relevant concerns of the community. This form of collaboration is a success factor in operations.



Protection Gender and Inclusion

People reached: 305,769

Male: 145,286

Female: 160,483

PGI Outcome 1: Communities identify and respond to the distinct needs of the most vulnerable segments of society, particularly disadvantaged and marginalized groups, due to violence, discrimination, and exclusion.

PGI Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
# of PGI-integrated sectors adhering to minimum PGI standards in case of emergency	6	6
# of needs assessments, including PGI	2	1
# of Sectors with gender and diversity analysis	6	6
# of staff and volunteers building capacity based on minimum commitments	292	311
# of awareness raising, information and outreach sessions on the hotline	NA	102
# of focus groups to discuss the PGI/PSEA	NA	18
# of awareness raising session on radio	80	80

PGI Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children

Indicators:	Target	Actual
PSEA and PGI case orientation	100%	100%, 4 referral cases
Training/recycling on the PSEA and PGI	1	10

Narrative description of achievements

The PGI-PSEA activities resulted in the signing of the Code of Conduct by all volunteers.

In the field, the following results were achieved:

- 4 cases of rape under 72 hours were transferred for treatment in specialised facilities.
- 102 awareness-raising sessions were organised, reaching 3,902 beneficiaries. This has contributed to the promotion of gender and diversity norms and the prevention of stigmatisation due to Ebola
- 9 information sessions with the health zones of Oicha, Mabalako, Mutwanga and Butembo were organised and reached 151 EPiC volunteers,
- 11 information sessions on the PGI were organised with 227 volunteers in the Beni health zone,
- 10 PSEA and PGI briefing sessions were conducted with 331 volunteers active in the 13th epidemic response activities including drivers and guards as well as Coordination staff.
- 18 Discussion meetings / Focus Groups were held on specific PSEA and PGI topics with 276 volunteer beneficiaries and key community people.
- 4 briefing sessions were held with 80 MMVE survivors, all focal points of the different health areas.

<ul style="list-style-type: none"> • 5 monitoring sessions on the application of the code of conduct and prevention of sexual exploitation and abuse were organised with 305 participants (volunteers) • All these activities allowed the signing of the code of good conduct by all the Red Cross volunteers involved in the operation, the valorization of the norms on gender & diversity and on the different stigmatizations. Finally, there was a commitment to respect these norms at all levels of the operation's teams. • 80 radio awareness-raising sessions including PGI/PSEA themes were carried out, reaching a target audience of 305,769 people
Challenges
<ul style="list-style-type: none"> • Delays in the start of PGI/PSEA activities at the beginning of the response. This is linked to the delay in transferring funds
Lessons Learned
<ul style="list-style-type: none"> • The integration of PGI/PSEA themes into emergency operations is a success factor, as it builds trust between volunteers and community members.

Strengthen National Society		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.4: Rapid response personnel deployed		
Indicators:	Target	Actual
# Health (surge) staff deployed to the operation by the IFRC	1	1
#Support staff deployed by the DRC (Operations, Finance, Logistics and Security Coordinator)	4	4
# 4x4 vehicles made available to the Red Cross by the IFRC	10	10
# IFRC staff supporting the response	2	2
Outcome S3.1: The IFRC secretariat, together with National Societies, use their unique position to influence decisions at local, national, and international levels that affect the most vulnerable.		
Output S3.1.1: The IFRC and the National Society are visible, trusted, and effective advocates for humanitarian issues.		
Indicators:	Target	Actual
# of documentary films produced	3	3
Output S3.1.2: 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
# of workshops on organized lessons learned	1	1
Narrative description of achievements		
<p>The DRC operations coordinator had been on the ground since the emergency declaration and is responsible for implementation on behalf of DRC Red Cross the IFRC deployed a field coordinator in Beni and an CEA Cluster delegate in Goma to support the response activities alongside the NS. This support took the form of participation in operational and strategic coordination meetings held at different levels (Beni, Kinshasa, sub-regional inter-agency RCCE, internal IFRC JTF and Ops) in support of the humanitarian response.</p> <ul style="list-style-type: none"> • Regarding the RCCE approach, support was provided to field teams in updating feedback system tools, considering the new multi-agency approach, as well as developing communication materials in response to major community comments. • EPIc training has been carried out, as well as the development of specific skills in the field of RCCE (radio, community feedback system) with the expertise of the IFRC CEA and CP3 teams. • On the logistical side, the IFRC availed 10 vehicles to the NS for the operation. • Regarding the replenishment of SDB kits used, the delays on the implementation make it impossible to ensure the replenishment of these stocks but the available one have cover the existing needs • The IFRC ensured visibility of the actions carried out by the DRC Red Cross among its traditional and potential partners, in particular the US Centre for Disease Control (US CDC), through the sharing of weekly reports on the NS's community feedback and Sitrep. 		

A Lessons Learned Workshop was held at the end of the operation, bringing together all the internal and external partners involved in the implementation of the response to the satisfaction of all. For the NS, this was an opportunity to validate its management expertise and lay the foundations for future operations. Indeed, the workshop contributed to strengthen the institutional engagement. Partners expressed their commitment to work with DRC RC:

- The representative of the MoH, in the person of the Beni zone chief physician, commended the long-standing partnership with the Red Cross and hoped that the achievements of the response would be perpetuated by the provision of a vehicle for transporting deaths for good prevention.
- INRB, which has accompanied the activities during the response and during post-mortem surveillance, expressed the wish to continue its collaboration with the Red Cross to ensure the transport of samples from hard-to-reach areas to the laboratory.
- FHI 360 is not new to working with the Red Cross Movement and expressed interest to expand this collaboration in several areas.
- The ICRC, one of the components of the Red Cross movement, wants to maintain its support to the NS

Challenges

- Late arrival of the Health Surge on the ground
- Late transfer of funds to the field. The NS encountered procedural difficulties; even late disbursement of funds intended for the DREF
- Insufficient materials (communication kits, work tools, mobility, etc.) and inputs
- Insecurity in the intervention zones and the presence of Covid-19 have had negative effects on activities
- Failure to disseminate the DRC's epidemic management plan at all levels

Lessons Learned

- The dissemination of the epidemic management plan to local branches and sub-branches of the NS is necessary for a good preparation of the response
- The equitable distribution of material and mobility resources on a permanent basis in the operational zones is necessary for the effectiveness of humanitarian responses.
- The creation of more income-generating activities by the NS/local branches could help mobilise additional funds to meet urgent needs

D. Financial Report

The total budget and allocation for this DREF operation was **CHF 689,549** received in 2 allocations for a total of 6-month implementation period (from 19 October 2021 to 30 April 2022).

The total expenditure reported in this operation is CHF 689,187 with a closing balance of CHF 362, i.e., a budget which will be returned to the DREF. Overall implementation rate of 99.94%.

Variance explanations are provided below per budget category & group with variance from 10% and above

Description	Budget	Expenditure	Variance	Variance percentage	Variances explanation from 10%
Relief items, Construction, Supplies	80,974	54,488	26,486	32,7%	Late purchase of SDB kits for replenishment, fortunately the contingency stock was available.
Logistics, Transport & Storage	76,159	87,939	-11,780	-15,46%	Additional needs for NS & IFRC coordination in Beni and Goma, bad road conditions.
Personnel	339,608	340,911	-1,302	-0,38%	
Consultants & Professional Fees	1,113	1,236	-123	-11,05%	Underestimated budget for this line given several cash flows to be managed.
Workshops & Training	49,700	64,170	-14,469	-29,11%	Strong mobilization of volunteers has generated an increased demand for training.
General Expenditure	99,910	98,381	1,528	1,52%	
Indirect Costs	42,085	42,063	22	0,05%	

DREF Operation

Selected Parameters			
Reporting Timeframe	2021-2022/9	Operation	MDRCD034
Budget Timeframe	2021-2022/9	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 01/Nov/2022
All figures are in Swiss Francs (CHF)

MDRCD034 - DR Congo - EVD 13th Outbreak

Operating Timeframe: 19 Oct 2021 to 30 Apr 2022

I. Summary

Opening Balance	0
Funds & Other Income	689,549
DREF Allocations	689,549
Expenditure	-689,187
Closing Balance	362

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	369,229	357,485	11,744
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion	2,568	1,143	1,424
PO07 - Education			0
PO08 - Migration	8,284	11,249	-2,965
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	28,496	8,232	20,264
PO11 - Environmental Sustainability			0
Planned Operations Total	408,576	378,109	30,467
EA01 - Coordination and Partnerships	135,230	143,916	-8,686
EA02 - Secretariat Services	1,129		1,129
EA03 - National Society Strengthening	144,614	167,163	-22,549
Enabling Approaches Total	280,973	311,079	-30,105
Grand Total	689,549	689,187	362

DREF Operation

Selected Parameters			
Reporting Timeframe	2021-2022/9	Operation	MDRCD034
Budget Timeframe	2021-2022/9	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 01/Nov/2022
All figures are in Swiss Francs (CHF)

MDRCD034 - DR Congo - EVD 13th Outbreak

Operating Timeframe: 19 Oct 2021 to 30 Apr 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	80,974	54,488	26,486
Water, Sanitation & Hygiene	2,225	1,214	1,012
Medical & First Aid	73,148	48,177	24,971
Teaching Materials	5,600	5,098	503
Logistics, Transport & Storage	76,159	87,939	-11,780
Storage	15,184	14,454	730
Transport & Vehicles Costs	60,975	73,485	-12,509
Personnel	339,608	340,911	-1,302
International Staff	22,254	20,830	1,424
National Society Staff	67,874	71,194	-3,321
Volunteers	249,481	248,887	595
Consultants & Professional Fees	1,113	1,236	-123
Professional Fees	1,113	1,236	-123
Workshops & Training	49,700	64,170	-14,469
Workshops & Training	49,700	64,170	-14,469
General Expenditure	99,910	98,381	1,528
Travel	17,011	14,726	2,285
Information & Public Relations	21,432	22,106	-674
Communications	24,758	25,522	-764
Financial Charges	4,583	5,792	-1,209
Other General Expenses	32,126	30,236	1,891
Indirect Costs	42,085	42,063	22
Programme & Services Support Recover	42,085	42,063	22
Grand Total	689,549	689,187	362

Contact information

Reference documents



Click here for:

- [DREF Operation update 1](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

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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.

www.ifrc.org

Saving lives, changing minds.



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

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