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# DREF Final Report

## Democratic Republic of Congo (DRC): Ebola Virus Disease

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n°</b> MDRCD015
<b>Date of Issue:</b> 30 August 2014	<b>Glide number:</b> EP-2014-000118-COD
<b>Date of disaster:</b> 24 August 2014	
<b>Operation start date:</b> 29 August 2014	<b>Operation end date:</b> 29 January 2015
<b>Host National Society(ies):</b> Democratic Republic of Congo Red Cross Society	<b>Operation budget:</b> CHF 256,399
<b>Number of people affected:</b> 249,558 people in Boende	<b>Number of people assisted:</b> 6,000 households (30,000 people)
<b>N° of National Societies involved in the operation:</b> One	
<b>N° of other partner organizations involved in the operation:</b> Public Ministry of Health, Médecins Sans Frontières, United Nations Children’s Fund, World Food Programme, and the World Health Organization.	

## A. Situation analysis

### Description of the disaster

On 24 August 2014, the town of Boende, located some 300km east of Mbandaka (capital of Equateur Province), experienced an outbreak of gastroenteritis and haemorrhagic fever, which then spread to the neighbouring localities of Bokoto, Ikonge, Lokolia, Mondombe Ngele, and Watsikengo. By 16 October 2014, 69 cases had been reported (three suspected, 28 likely and 38 confirmed), including 49 fatalities (28 likely, 21 confirmed, amongst whom were nine health workers) in the localities of Boende and Lokolia districts (Equateur Province).

On 29 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) disbursed CHF 256,399 from the Disaster Relief Emergency Fund (DREF) to support the Red Cross of the Democratic Republic of the Congo (DRC RC), after an initial assessment conducted, to provide assistance to the populations affected by the Ebola virus disease (EVD) epidemic in Boende and Lokolia, over a period of three months. On 12 November 2014, an Operations Update was issued to extend the timeframe of the DREF operation by two months (to five months), in order to enable the implementation of the activities planned in the Emergency Plan of Action (EPoA), which had been disrupted due to logistics and supply chain issues, specifically the transportation of items (information, education and communication materials (IEC) and the late arrival of personal protective equipment (PPE) to the target localities.

In addition, awareness-raising activities were also strengthened as it had been identified that the populations (in Boende) had portrayed obvious opposition to safe burial practices, which could have led to new cases of the virus. As such, through the Operations Update, the DRC RC revised its awareness-raising strategy; and started using beneficiary



*Training of DRC RC volunteers in the use of PPE*  
© DRC RC

communications activities (films on past experiences on the fight against Ebola were shown in Boende, once per week for two months) to educate the population on safe burial. It was intended that these activities would continue even after the end of epidemic in order to contribute to sustainable behaviour change, and the eradication of the virus in the target localities. The DREF operation was initially intended to support 5,000 households (25,000 people) people in Boende and Lokolia; however following the extension of the timeframe, and strengthening of awareness-raising activities, this was increased to 6,000 households (30,000 people).

Following the DREF operation, the DRC RC contributed to efforts to bring the epidemic under control. After 4 October 2014, no news cases were reported, and on 15 November 2014, the government of the Democratic Republic of Congo (GoDRC) officially announced the end of the epidemic. The DRC RC has reached 6,000 households (30,000 people) people in the target localities, which equates to approx. 100 per cent of the affected population.

The Canadian RC/Government and Netherlands RC/Silent Emergencies Fund have contributed to the replenishment of the allocation made for this DREF operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and



*Distribution of household kits to households in Boende ©DRC RC*     *Training of DRC RC volunteers in safe burial practices ©DRC RC*

private donors. IFRC, on behalf of Red Cross of the Democratic Republic of the Congo would like to extend thanks to all partners for their continued support.

## Summary of response

### Overview of Host National Society

Over the past few years the DRC RC, which managed operations in response to a range of epidemics (cholera, EVD, Marsburg fever, measles, and polio); and such it was well placed following the increase in EVD cases in Boende and Lokolia. At the onset of the epidemic, the DRC RC carried out an assessment to inform the development of the EPOA for the DREF operation. Following the launch of the DREF operation, volunteers were mobilized to carry out activities including public awareness raising about the EVD (signs, modes of transmission, preventive measures and the search for suspected cases), demonstrations of proper hand washing, disinfection/decontamination of contaminated sites, as well as transportation of victims and safe burials.

### Overview of Red Cross Red Crescent Movement in country

The IFRC through its Central Africa regional representation (CARREP), specifically the IFRC regional health coordinator which is based in Yaounde, Cameroon, supported the implementation of all activities planned within the DREF operation. Following the launch of the DREF operation, the IFRC and DRC RC signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned, and also mobilized a Regional Disaster Response Team (RDRT) member to support the effective implementation, at field level. In addition, the IFRC CARREP mobilized a cargo plane transport material purchased from Kinshasa to Boende. The ICRC did not work in this area, neither did any partner national society.

### Overview of non-RCRC actors in country

At national level, a National Crisis Committee (NCC) headed by the Minister of Public Health, was set up to manage the EVD outbreak. The DRC RC was part of this committee and provided expertise to the water, sanitation and hygiene promotion (WASH) and communication sub-committees. At local level (Equateur Province), a Crisis Committee, headed by the Tshuapa district commissioner was also set up to manage the EVD outbreak. The district commissioner was assisted in this task by a coordinator appointed by the Minister of Public Health. All health areas were provided with generic drugs for the free treatment of all patients in the district. All suspected cases were referred to EVD treatment centres set up in Boende and Lokolia. In Boende, the DRC RC was member of the WASH, communication and psychosocial care sub-commissions. In Lokolia, the DRC RC was represented only in the WASH committee due to the shortage of human resources in the village (five active volunteers). At national and local level, the sub-committees and the crisis committees met daily.

The government of the DRC (through the NCC) also produced EVD awareness messages and made them available to the media (in French and Lingala). These messages, written by the communications commission and artists, were



*DRC RC staff raising awareness on EVD over local radio stations © /DRC RC*

local radio stations in the evening. Airtime for the broadcast



*Film show organized by DRC RC on the EVD © DRC RC regularly broadcast on national media during the day and on*

of these messages was funded by CARITAS and the United Nations Children's Fund (UNICEF). (Please refer to "Detailed Operational Plan: Health and Care – Activity 1.1.5" section for information). Médecins Sans Frontières (MSF) and the World Health Organization (WHO) also supported by organizing training sessions for volunteers, outreach activities and enabling volunteers to use their PPEs on the ground, while waiting for Red Cross equipment to reach the affected areas.

### Needs analysis and scenario planning

#### Needs analysis

Through the DREF operation, and as noted (refer to A. Situation analysis / Description of the disaster") the DRC RC initially intended to support 5,000 households (25,000 people) in Boende and Lokolia (Equateur province), which were the

districts that had been worst affected by the epidemic (most reported cases and fatalities); however following the extension of the timeframe, and strengthening of awareness-raising activities, this was increased to 6,000 households (30,000 people).

**Table 1: Epidemiological situation in Equateur Province as of 25 October 2014**

Locality	Number of cases	Number of fatalities
Boende	14	7
Lokolia	55	42
<b>Total</b>	<b>69</b>	<b>49</b>

## Risk Analysis

The target localities were in especially remote areas, with rivers bordering both sides, therefore extremely inaccessible with roads often impassable. It was expected that boats would need to be used, and motorcycles required to enable the effective implementation of the activities planned. River crossings were also precarious as were via a ferry pulled by motorized canoes since the engine on the ferry was defective. Please refer to “Logistics and supply chain” for information on the implications this had on the DREF operation.

Despite the late arrival of the PPE, the safety of staff and volunteers involved in the implementation of the activities planned was ensured, as UNICEF and WHO provided equipment in its absence. For security purposes, sanitation of suspected affected households was by volunteers who were equipped and trained in handling suspected cases. All staff involved in the DREF operation that were external to Equateur Province were also required to stay in quarantine for 21 days upon return.

In addition, though there was heavy rainfall in the target localities during the DREF operation, the DRC RC were able to adapt their plans in accordance with the conditions in order to ensure it did not affect the implementation of the activities planned.

## B. Operational strategy and plan

### Overall Objective

The overall objective was to help to prevent and reduce morbidity and mortality due to the outbreak of the EVD in the Equateur Province of the Democratic Republic of the Congo.

### Proposed strategy

The proposed strategy was in accordance with the IFRC regional framework in response to EVD, with specific areas of emphasis including:

- Public awareness and community based sensitization, which comprised the training of volunteers in the detection of signs and symptoms of the disease, epidemic management, surveillance and sensitization techniques; then mobilization to sensitize households on the virus, as well as on proper hand washing techniques especially at key moments (before and after eating, after defecation, before preparing food, after manipulating the stool of children and after contact with bodily fluids). In addition, IECs (flyers and posters) were distributed.
- Community surveillance and contact tracing, which comprised the training of volunteers (and equipping with PPE) to assist the DRC RC and other humanitarian organizations with the transportation of patients, safe burial of bodies and disinfection of suspected infected homes and areas including the disposal of all contact material, and then replacement of these items.
- Psychosocial support, which comprised the training of volunteers; then mobilization to carry out household visits to provide support to victims and family members.

## Operational support services

### Human resources (HR)

Through this DREF operation, 175 volunteers, 14 supervisors, one local coordinator, and one national coordinator were mobilized to carry out the activities planned; with supervision provided by the national headquarters (NHQ). As noted a RDRT was deployed for two months support the effective implementation of the DREF operation; and additional technical provided by the IFRC CARREP regional health coordinator.

### Logistics and supply chain

The DRC RC was able to procure all items locally with the exception of the PPE, which was carried out via the IFRC Global Logistics Service (GLS). Local procurement of items; and the choice of suppliers was carried out through a tender process, which was overseen by a procurement committee, which was established. On 3 October 2014, all tenders were opened in the presence of members of the committee; and contracts awarded to those suppliers that met the conditions, which had been agreed. Items procured included: 500 bars of soap, 15 bicycles, 175 boots, 25 chlorine boxes, 200 bottles of disinfectant solution, 100 cleaning kits, 38 First Aid kits, 35 megaphones (and batteries), three motorcycles, 30 plastic buckets, 4,000 posters and leaflets, 30 sprayers, 15 stretchers, 50 tillage equipment kits, 175 waterproof jackets, and 175 work bibs.

All procured items were stored in the main NHQ warehouse (in Kinshasa), before being transferred to the Boende warehouse for distribution and/or use. Following the onset of the epidemic, possibilities to transfer the items from Kinshasa to Boende (300km away) were considered including local private boats, commercial flights (with 2.5T aircraft) and by humanitarian flights (UNHAS 2.7T, ASF-F 1.2T). It was decided that all items would be transferred to Boende by UNHAS (United Nations Humanitarian Air Service), ASF (Aviation Without Borders - France) and the ICRC cargo flights. Commercial flights were not available for the trip because of the isolated nature of the province. Please note that some items were retained at the NHQ warehouse to be mobilized as and when required.

Bicycles (three) and Yamaha AG100 motorcycles (15) were also purchased to enable staff and volunteers to reach isolated communities. Vehicle rental, which was budgeted was not possible due to the unavailability of these services in the target localities.

## Communications

The DRC RC NHQ communications officer ensured the communication and visibility of the DREF operation, and the activities being carried out via national media channels, and the preparation/dissemination of local media and visibility materials. Regular updates on the operation were also provided. The Secretary General was responsible for communication with external stakeholders. Please refer to “C. DETAILED OPERATIONAL PLAN / Health and Care / Activity 1.1.5 and Activity 3.1.3” for information on the radio and television broadcasts that were carried out.

## Security

No specific security concerns were recorded, which had implications for the implementation of the DREF operation. However, the Equateur Province is located opposite the Central African Republic (CAR), and therefore home to many CAR refugees, increasing the risk of transmission of the virus across the border, as well as population movement.

Despite the late arrival of the PPE, as noted the safety of staff and volunteers involved in the implementation of activities planned was ensured, as UNICEF and WHO provided equipment in its absence. In addition, sanitation of suspected affected households was by volunteers who were equipped and trained in handling suspected cases. Global volunteer accident insurance was activated; and funds were also allocated to provide additional local volunteer insurance coverage for illness/epidemic protection, specifically covering those exposed to the risk of EVD. The IFRC has protocol in place for deployment of resources to EVD affected countries which was followed for this operation. As noted, all staff involved in the DREF operation that were external to Equateur Province were also required to stay in quarantine for 21 days upon return.

## Planning, monitoring, evaluation, & reporting (PMER)

The IFRC CARREP PMER unit and IFRC Kinshasa country representation provided support to the DRC RC to ensure the effective implementation of the DREF operation, including monitoring follow up to ensure the quality/timeliness of the activities planned. The IFRC CARREP monitored the implementation of this operation through weekly reports that were submitted at the end of each week. The CARREP IFRC regional health coordinator was in regular contact with the DRC RC to ensure the progress of the DREF operation.

From 17 – 27 January 2015, the IFRC CARREP PMER officer carried out a review of the DREF operation, which comprised key informant interviews with the SG and representatives from communications, finance, logistics and PMER units. A beneficiary satisfaction survey that was planned was cancelled due to political instability during the timing of the mission, which disrupted travel to the target localities. Nonetheless, in order to measure the short-term impacts of the public awareness-raising activities, an evaluation was carried out with a sample of 20 households. It consisted in the development of a small guide (questionnaire) on: Key moments of hand washing, the benefits of hand washing, secure burial and its importance during epidemics. Five teams comprising nine supervisors and the officer in charge of communication for UNICEF, were deployed. Each team selected two households per district, and inquired about four issues, two main and two secondary, using an index for a correct answer (one) and for a wrong answer (0). Please refer to “C. DETAILED OPERATIONAL PLAN / Health and Care / Activity 1.1.3” for information on the results of this exercise.

On 12 November 2014, as noted, an Operations Update was issued; and can be located at: <http://adore.ifrc.org/Download.aspx?FileId=67877>.

## C. DETAILED OPERATIONAL PLAN

### Health and Care

**Needs analysis:** The spread and impact of the epidemic had to be reduced and the psycho-social effect of the epidemic reduced through direct support to exposed and affected population. Suspected cases also had to be transported to case management facilities in a safe and appropriate way.

**Population to be assisted:** 6,000 households (30,000 people).

<b>Health and Care</b>	
<b>Outcome 1: The spread and impact of the epidemic is reduced through raised community awareness on surveillance, prevention and case management</b>	
<b>Output 1.1: 6,000 households in Boende have been reached by the Red Cross of the Democratic Republic of the Congo sensitization campaign</b>	
<b>Activities planned</b>	
1.1.1	Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques
1.1.2	Adapting and multiplying existing information aids and distributing them in targeted localities
1.1.3	House-to-house sensitization activities
1.1.4	Production of information, education and communication material
1.1.5	Broadcast of awareness messages through radio jingles, newspaper ads etc.
1.1.6	Post-operation workshop on community surveillance to build branch and community capacity.
<b>Achievements</b>	
1.1.1	In total, in Boende only, 175 DRC RC volunteers received training on EVD (the signs and symptoms, safe and dignified burials, epidemic management, surveillance and sensitization techniques); as well as respect of the Red Cross Red Crescent Fundamental Principles and code of conduct, which equates to 116 per cent (approx.) of the intended target (150). In addition, 123 DRC volunteers received orientation on the EVD from the RDRT member; and 27 DRC volunteers received training on EVD from the MoH and MSF. Please note that the identification of these volunteers was conscientiously carried out to avoid potential duplication. In addition, they were selected

based on their status in the community, availability, communications skills and willingness to work in difficult situations. In total, 315 received training, or orientation on the EVD.

- 1.1.2 In total, 4,000 EVD related information aids (2,000 flyers and 2,000 posters) were produced in accordance with those issued by the government of EVD, which equates to 100 per cent of the intended target (4,000); and then distributed in Boende.
- 1.1.3 In total, 30,000 people (6,000 households in Boende; Lokolia was later dropped because no new cases were reported at the time the Red Cross started the operation) have been reached by public awareness-raising activities. Following the EVD training, the DRC volunteers were deployed to the nine localities of Boende to carry out public awareness-raising activities. Each volunteer was mobilized for three days per week, from October to December 2014, and went house-to-house to discuss EVD (prevention, symptoms, case management including safe and dignified burial), as well as hand-washing techniques, not only in times of epidemics but at any time, especially at key moments (before and after eating, after defecating, before preparing food, after manipulation the stool of children and after contact with bodily fluids. As noted (Refer to “PMER” section), an evaluation was carried out with a sample of 20 households to assess their level of knowledge, and the following was recorded:
- 100 per cent of the population now master the five (05) key moments of hand washing
  - 90 per cent of households have understood the benefits of hand washing
  - 75 per cent of the population now have knowledge on secure burials
  - 60 per cent of the population have realized the importance of secure burials
- 1.1.4 Please refer to “Activity 1.1.2” (Health and Care).
- 1.1.5 EVD related public awareness raising messages (correct hand-washing and safe burials) were broadcast in French and the local language (Lingala) three days per week on RTN (Radio Television Nyamay'onangna) and RTB (Radio Television Boende. The DRC RC provincial president participated in these broadcasts (since the RDRT could not speak Lingala), however all messages were prepared jointly. In addition, Congolese artists composed songs in local languages to sensitize the population on the virus. Please note that the broadcasts were funded by CARITAS and UNICEF, and not through the DREF allocation.
- 1.1.6 Post-operation workshop on community surveillance to build branch and community capacity and lessons learnt session were organized by the MOH, lead of the operation, from the base to the summit of the health pyramid. This saw the active participation of the Red Cross.

## **Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population**

### **Output 2.1: The populations exposed and affected areas of Equateur Province receive psychosocial and recovery support during and after the epidemic**

#### **Activities planned**

- 2.1.1 Support the beneficiaries when they lose their loved ones and/or property
- 2.1.2 Support staff and volunteers through the operation
- 2.1.3 Training of 25 volunteers in psychosocial support
- 2.1.1 In total, 200 households containing members that had recovered and/or died from the virus, were provided with psychosocial support. In addition, 100 households whose property and belongings were destroyed during decontamination received household kits. Each kit comprised: one blanket, five forks, five knives, two loins, ten plates, two mats, five plastic cups, two pots, soap (and power soap), toilet roll, toothbrush and toothpaste. A psychosocial support sub-commission committee (executive bureau of the Boende branch made up of local officials) was assigned to provide MOH support to households affected by the epidemic, and ensure constant monitoring of the situation.
- 2.1.2 The psychosocial support sub-commission committee in collaboration with the RDRT held meetings with the volunteers to boost their morale express appreciation and encouragement them, and to instil hope in them.
- 2.1.3 In total, eight DRC RC volunteers received training on psychosocial support, which equates to 32 per cent of the intended target (25), which was not reached because financial resources required were not available. In addition,

three of the volunteers were selected for more in-depth psychosocial support training. Also, the module proposed by the MOH was longer than that of the Red Cross. Consequently, the number of volunteers had to be reduced.

### **Outcome 3: Suspected cases are transported to case management facilities in a safe and appropriate way**

#### **Output 3.1 The government is assisted by DRC RC volunteers in the transportation of suspected cases**

##### **Activities planned**

3.1.1 Training of volunteers in referral and transportation of suspected Ebola cases. Training in Ebola related measures

3.1.2 Provision of personal protective equipment (PPEs).

3.1.3 Transport to the centres for the isolation of suspected cases benchmarks in cooperation with staff of the Ministry of Health in strict compliance with safety rules

##### **Achievements**

3.1.1 In total, 25 DRC RC volunteers received briefing on security measures and the correct wearing of protective clothing, which was provided by the RDRT in collaboration with the WHO. In addition, 27 DRC RC volunteers received training on referral and transportation of suspected EVD cases. Please note that this training was funded by MoH and MSF, and not through the DREF allocation.

3.1.2 In total, 200 low risk protection kits, and 100 high-risk protection kits were procured, which equates to 100 per cent of the intended target (200 low risk protection kits, and 100 high-risk protection kits), and were used by DRC RC volunteers when carrying out activities involved contact with people infected with the EVD, including safe and dignified burials. In total, 69 safe and dignified burials were carried out (49 in Boende, and 18 in Lokolia). Prior to the arrival of the protection kits, DRC RC volunteers were issued with equipment provided by UNICEF and WHO. Please note that the remaining kits have been pre-positioned in the NHQ warehouse and will be mobilized as and when required.

3.1.3 At the beginning of the epidemic, all suspected EVD cases were transported to the Ebola Treatment Centre. The Ebola Treatment Centre was managed by MSF, with support from 10 DRC RC volunteers. Due to the resistance of the population with the transportation of suspected cases, the DRC RC had to revise its strategy by using mass media (film shows: once per week for two months) to gain their acceptance.

##### **Challenges**

Operational challenges included:

- Human Resources: Desertion of burial activities by the first 27 volunteers trained by the MoH and MSF.
- Logistics and supply chain: PPE arrived the field late, thus delaying the implementation of activities planned. In addition, the poor state of roads in the area of implementation also made movement very difficult, couple with the vast nature of the territory and very long distances separating localities. In addition, no commercial flights were not available for the trip from Kinshasa because of the isolation of the province by the authorities.
- IT: No computers or Internet access for the Equateur communications team
- Communications: Inadequacy and lack of awareness and communication materials and equipment at the communications unit of the Equateur local Red Cross committee: camera, digital camera . In addition, lack of support for communication activities and routine awareness at the communication and public relations unit of Equateur.
- Health and Care: Lack of resources for the training of volunteers in psychosocial support.

##### **Lessons learned**

Lessons learned included:

- Health and Care: Provide resources for training on time.

## Water, Sanitation and Hygiene Promotion

**Needs analysis:** The houses and other belongings of people affected by Ebola had to be disinfected, and corpses of people who died of Ebola buried under optimal security conditions. But the volunteers lacked adequate knowledge in these areas, and, therefore, had to be trained and material provided to carry out these activities.

**Population to be assisted:** 6,000 households ( 30,000 people)

<b>Water, Sanitation and Hygiene Promotion</b>	
<b>Outcome 1: The houses and other belongings of people affected by Ebola are disinfected, and corpses of people who died of Ebola are buried under optimal security conditions.</b>	
<b>Output 1.1: Affected populations are assisted in the disinfection of their surroundings</b>	
<b>Activities planned</b>	
1.1.1	Training volunteers in sanitation and on how to bury corpses under optimal security conditions.
1.1.2	Provision of sanitation materials and personal protective equipment for the team.
1.1.3	Carrying out sanitation activities in contaminated places, in the houses of patients affected by Ebola and managing contaminated household equipment (mattresses, blankets, clothing, etc.) that needs to be replaced and destroyed.
1.1.4	Safe disposal of suspected infected bodies.
1.1.5	Disseminating information materials and distributing them in targeted localities.
1.1.6	Putting sensitization materials at disposal of trained teams
1.1.7	Sensitization of affected households/villages.
<b>Achievements</b>	



DRC RC volunteer disinfecting an aircraft in Boende © DRC RC



DRC RC volunteers carrying out hygiene and sanitation activities in Boende © DRC RC

- 1.1.1 In total, 52 DRC RC volunteers receiving training in sanitation and burial of corpses under optimal security conditions. Of these DRC RC volunteers, 27 volunteers (and two hygienists) received training on safe burials and dead body management, which was provided by MSF and the WHO; and 25 volunteers (20 in Boende and 5 in Lokolia) received training on the safe burial process (preparing and disinfecting bodies), which was provided by the DRC RC, RDRT and WHO. Please note that these trainings were funded by the MoH, MSF and WHO, and not through the DREF allocation. DRC RC worked in collaboration with MSF to ensure safe and dignified burials, with MSF responsible for processing the bodies (using a two per cent chlorine solution), and DRC RC for their transfer to the cemetery for burial using body bags (100) procured for this purpose.
- 1.1.2 Protective materials (boots (100), gloves (200), nose masks (350) and rain coats (200) and sanitation materials (500 bars of soap, 50 buckets and 200 packs of disinfection solution) and distributed to DRC volunteers. Prior to the arrival of these items, DRC RC volunteers were issued with equipment provided by MSF and WHO. Please note that the remaining items have been pre-positioned in the NHQ warehouse and will be mobilized as and when required.
- 1.1.3 In total, the homes of 75 patients were visited, cleaned / disinfected with chlorine solutions by the 25 DRC RC volunteers that had received training in safe burial process (preparing and disinfecting bodies). In addition to the homes of contacts, those where there had been suspicious deaths, public places including the airport, health posts (33), ports (six) and schools (32) were also cleaned/disinfected.
- 1.1.4 Safe disposal of suspected infected carcasses (of animals) was not carried out, as no such cases were identified.
- 1.1.5 Please refer to “Activity 1.1.2” (Health and Care).
- 1.1.6 Please refer to “Activity 1.1.2” (Water, Sanitation and Hygiene Promotion).
- 1.1.7 Please refer to “Activity 1.1.3” (Water, Sanitation and Hygiene Promotion).

### **Challenges**

None reported.

### **Lessons learned**

Lessons learned included:

- **Communications:** The DREF operation has improved the visibility and image of the DRC RC among the population, both within the beneficiary communities as well as in neighbouring communities. In addition, this was further strengthened with support from local, provincial, national and UN agencies etc. Moreover, working within the communication sub-committee also strengthened DRC RC capacities in terms of real-time information management and critical analysis of communication media models products.
- **RCRC/Agency Coordination:** The DRC RC also signed an MoU with UNICEF through the IFRC, which allowed it to continue advocacy and disinfection / decontamination activities beyond the DREF implementation period, and in other localities such as Mbandaka and Kinshasa.
- **National Society capacity building:** It was an opportunity for the DRC RC to strengthen its capacity and locally test its first aid volunteers on disaster management (epidemic). It helped launch the revitalization of the Tshuapa district local branches in general, especially Boende, their district committees and territories in the Equateur province. It also allowed the IFRC CARREP to test its disaster response system with the use of a member of the RDRT to respond to the EVD epidemic.

### **C. BUDGET**

- “Relief items, Construction, Supplies” was underspend by CHF 8,616, which equates to 9.6 per cent; and was due to items (buckets, soap etc.) being procured at a reduced cost than budgeted at the onset of the DREF operation.
- “Logistics, Transport & Storage” was overspent by CHF 8,752, which equates to 50.7 per cent; and was due to the remoteness of the target localities (poor roads, and very few flights to Boende) resulting in increased costs than budgeted at the onset of the DREF operation.
- “International staff” was overspent by CHF 3,909, which equates to 32.5 per cent; and was due to the need to deploy a RDRT for an additional month in order to ensure the implementation of the activities planned, which had been delayed due to the late arrival of the PPE.
- “National Staff” was underspent by CHF 782, which equates to 15.6 per cent; and was due to complementary sources of funding being received to cover of the salary of the driver, which was dedicated to this DREF operation.
- “National Society Staff” was underspent by CHF 569, which equates to 6.9 per cent, and “Volunteers” was underspent by CHF 589, which equates to 1.2 per cent; and was due to complementary sources of funding being received (from the GoDRC)to cover these costs.
- “Professional Fees” was overspent by CHF 110, as this was not budgeted at the onset of the DREF operation.
- “Workshops & Training” was underspent by CHF 10,986, which equates to 31.4 per cent; and was to the complementary sources of funding being received (from the MoH) to cover the cost of community surveillance capacity building activities.
- “Travel” was underspent by CHF 1.942, which equates to 36.6 per cent; and was due to cancellation of monitoring missions (to Boende) due to poor roads, very few flights, and bad weather conditions.
- “Information & Public Relations” was underspent by CHF 865, which equates to 48 per cent; and was due to complementary funding sources being received for visibility (procurement of volunteer vests)to cover these costs (only four vests were procured through the DREF allocation).
- “Office costs” was overspent by CHF 1,540, which equates to 256 per cent, and “Financial charges” underspent by CHF 1,314, which equates to 87.6 per cent; and was due to the need to procure more stationary for the DREF operation. Please note that these over/underspends were offset.

Please note that there was an overall underspend of CHF 12,137 against the agreed budget (CHF 256,399 ) on the DREF allocation that was made which has be justified based on the explanations above; and this balance will now be reimbursed to the DREF.

## Contact information

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

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### For Resource Mobilization and Pledges:

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### For Performance and Accountability (planning, monitoring, evaluation and reporting):

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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 Disaster 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](http://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.

**Disaster Response Financial Report**

MDRCD015 - Democratic Republic of Congo - Ebola Virus Disease

Timeframe: 29 Aug 14 to 29 Nov 14

Appeal Launch Date: 29 Aug 14

Final Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/3	Programme	MDRCD015
Budget Timeframe	2014/8-2014/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		256,399				256,399	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		256,399				256,399	
<b>C4. Other Income</b>		256,399				256,399	
<b>C. Total Income = SUM(C1..C4)</b>		256,399				256,399	
<b>D. Total Funding = B + C</b>		256,399				256,399	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		256,399				256,399	
<b>E. Expenditure</b>		-244,262				-244,262	
<b>F. Closing Balance = (B + C + E)</b>		12,137				12,137	

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### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A						B	A - B	
<b>BUDGET (C)</b>			<b>256,399</b>			<b>256,399</b>		
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	11,750		10,642			10,642	1,108	
Medical & First Aid	40,950		39,156			39,156	1,794	
Teaching Materials	6,450		2,511			2,511	3,939	
Utensils & Tools	6,120		4,116			4,116	2,004	
Other Supplies & Services	24,000		24,229			24,229	-229	
<b>Total Relief items, Construction, Sup</b>	<b>89,270</b>		<b>80,654</b>			<b>80,654</b>	<b>8,616</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	12,000		12,378			12,378	-378	
<b>Total Land, vehicles &amp; equipment</b>	<b>12,000</b>		<b>12,378</b>			<b>12,378</b>	<b>-378</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	3,500		4,782			4,782	-1,282	
Distribution & Monitoring	10,000		9,137			9,137	863	
Transport & Vehicles Costs	3,750		8,404			8,404	-4,654	
Logistics Services			3,500			3,500	-3,500	
<b>Total Logistics, Transport &amp; Storage</b>	<b>17,250</b>		<b>25,823</b>			<b>25,823</b>	<b>-8,573</b>	
<b>Personnel</b>								
International Staff	12,000		15,909			15,909	-3,909	
National Staff	5,000		4,218			4,218	782	
National Society Staff	8,200		7,631			7,631	569	
Volunteers	48,775		48,186			48,186	589	
<b>Total Personnel</b>	<b>73,975</b>		<b>75,944</b>			<b>75,944</b>	<b>-1,969</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees			110			110	-110	
<b>Total Consultants &amp; Professional Fees</b>			<b>110</b>			<b>110</b>	<b>-110</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	34,955		23,969			23,969	10,986	
<b>Total Workshops &amp; Training</b>	<b>34,955</b>		<b>23,969</b>			<b>23,969</b>	<b>10,986</b>	
<b>General Expenditure</b>								
Travel	5,300		3,358			3,358	1,942	
Information & Public Relations	1,800		935			935	865	
Office Costs	600		2,140			2,140	-1,540	
Communications	4,100		3,857			3,857	243	
Financial Charges	1,500		186			186	1,314	
<b>Total General Expenditure</b>	<b>13,300</b>		<b>10,476</b>			<b>10,476</b>	<b>2,824</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	15,649		14,908			14,908	741	
<b>Total Indirect Costs</b>	<b>15,649</b>		<b>14,908</b>			<b>14,908</b>	<b>741</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>256,399</b>		<b>244,262</b>			<b>244,262</b>	<b>12,137</b>	
<b>VARIANCE (C - D)</b>			<b>12,137</b>			<b>12,137</b>		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	256,399		256,399	256,399	244,262	12,137	
Subtotal BL2	256,399		256,399	256,399	244,262	12,137	
<b>GRAND TOTAL</b>	<b>256,399</b>		<b>256,399</b>	<b>256,399</b>	<b>244,262</b>	<b>12,137</b>	