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Final Report

Republic of Congo: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRCG017;
Date of Issue: 26 August 2021	Glide number: N/A
Operation start date: 29 June 2020	Operation end date: 31 December 2020
Host National Society: Congolese Red Cross	Operation budget: CHF210,316
Number of people affected: 2,614,746	Number of people reached: 33,339
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of Red Cross (ICRC)	
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF	

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

A. SITUATION ANALYSIS

Description of the disaster

On 1 June 2020, the Ministry of Public Health of the Democratic Republic of Congo (DRC) declared the 11th outbreak of Ebola Virus Disease (EVD) in Equateur province, which shares a river border and significant trade and social links with the Republic of Congo (RoC). In preparedness, this [DREF Operation](#) was launched on 29 June 2020 for CHF 156,587 to support the Congolese Red Cross actions in the event of an outbreak in the country.

The intensification of the epidemic in the DRC along the bordering areas with RoC from 7 to 13 September 2020 led WHO to indicate that RoC was at very high risk of EVD outbreak spillover. Considering that RoC RC was the only actor having the mandate for safe and dignified burials (SDB), on 15 September, WHO requested IFRC to inform on the level of SDB preparedness of the National Society, in case of an imminent outbreak.



Simulation during the SDB training in Impfondo. ©Congolese Red Cross

As of 24 September 2020, a total of 124 confirmed and probable cases had been registered in the DRC since the beginning of the epidemic, of which 50 had died (40%) with 62 people having recovered. The majority of cases were not registered contacts and most did not have documented epidemiological links to other cases, indicating very poor surveillance and case detection capacity, and increasing the risk of spillover to new communities and countries.

There was sustained transmission of EVD in DRC areas bordering on and sharing significant social and trade links with neighbouring communities in ROC. Contacts of known cases had crossed into ROC, and not all of them had been accounted for. These factors significantly increased the risk of an EVD outbreak in ROC. Therefore, readiness had to

be increased rapidly and significantly for an appropriate response to suspected cases, to reduce the risk of onwards transmission and to avoid that a larger outbreak resulted from first imported cases. As such, an [Operation Update](#) was published on 5 October 2020, approving a second allocation of CHF 53,729 for a total grant of CHF 210,316. The Operation Update also allowed for a timeframe extension of three months, to allow completion of preparedness activities, in line with WHO recommendations. This DREF operation thus ended on 31 December 2020 after six months implementation period.

Summary of response

Overview of Operating National Society

Red Cross is the only actor with the mandate to conduct safe and dignified burials (SDB) in the Republic of Congo and WHO requested information regarding the level of SDB preparedness in case of an imminent outbreak and the role of CRC. Thanks to this DREF operation and the close cooperation with IFRC, MoH, WHO and partners, the Congolese RC was able to:

- Participate in the emergency weekly coordination meetings from the month of June, hence, contributing to developing the National EVD Prevention Action Plan with the lead of the MoH and partners in August. This plan was developed based on previous responses, lessons learned from the prevention operation of 2018 and in accordance with the roadmap of the Ministry of Health and partners.
- Red Cross department committees participated in the MoH coordinated rapid assessment of the level of preparedness to respond to a possible Ebola epidemic from 23 June to 7 July 2020.
- From 11 to 23 September, a joint mission of the Congolese Red Cross with MoH, WHO, Médecins d’Afrique in the departments of Likouala and Cuvette Centrale for community awareness, surveillance and monitoring of the EVD situation at the borders areas.
- Some 122 volunteers from 4 geographic departments (21 in Brazzaville, 41 in Likouala, 28 in Cuvette and 32 in Plateaux) were deployed on this operation and trained on all relevant thematic areas as stated below:

Health: In health, the National Society carried out screening in Brazzaville from the last week of August and in Liranga in early September following the gradual reopening of the borders with two volunteers positioned per gateway, three times a week. Screening included taking temperatures and registering people. The temperature of all passengers was systematically checked.

Sensitization and disinfection activities were carried out in public places in collaboration with health districts in the neighbourhoods including the four health districts of Brazzaville, four health districts of Liranga, one health district in Ndzondou village, eight districts of the health district of Mossaka and eight districts of the health district of Makotimpoko. These activities are ongoing in these localities and will continue in Impfondo.

As concerns to SDB, all the 122 volunteers were briefed on the management of dead bodies according to MoH and WHO guidelines. Yet, more in-depth training on SDB was carried out by the proposed SDB/CEA teams. Management of Mortal Remains (MMR) equipment that was available to the NS thanks to an ICRC grant in the past years was used for this briefing. Cascade simulations on the donning and doffing of PPE, the solution of disinfectant products and the handling and maintenance of sprayers and cleaning of objects recoverable within the framework of SDB were also carried out by the hygienists of the CRC.

The volunteers were also trained on community-based surveillance and epidemic control. Those trainings were harmonized with MoH.

Community Engagement and Accountability (CEA): In regards to CEA, volunteers collected rumours and feedback through awareness-raising meetings with community leaders, mayors and neighbourhood chiefs, facilitated by volunteers, in Liranga, Brazzaville, Makotipoko and Mossaka.

All the 122 volunteers engaged in this operation were trained on CEA, Risk Communication and Community Engagement, Protection, Gender and Inclusion.

All the volunteers deployed in the operation were insured and equipped with PPE throughout the operation.

Overview of Red Cross Red Crescent Movement in country

- **IFRC:** The IFRC Central Africa Cluster Delegation team, based in Yaoundé, assisted the Congolese Red Cross in coordinating all emergency operations activities, including financial management, logistics, volunteer insurance, planning, monitoring, evaluation and reporting (PMER), and participation in field supervision missions with the technical support. The Cluster's team organised weekly online exchanges with the National Society to follow up on activities in order to give the necessary support and guidance on the implementation of MDRCG017 – Congo EVD Preparedness – Final Report

this operation (technical support, logistical and financial process, etc). The same applies to the Regional Office, which closely monitored the progress of the implementation of activities. Some six surge personnel were deployed by the IFRC including three CEA (Community Engagement and Accountability), two SDB (Safe and dignified burials), and one WASH specialists. In addition, a security delegate was deployed for two weeks to Brazzaville to review with the National Society, all security aspects of this operation.

- **ICRC:** provided support by ensuring safe access to the Surge personnel and accommodation in Brazzaville and during his missions in the target areas.
- **French Red Cross:** As the only participating partner present in Congo, French Red Cross supports health and water, sanitation and hygiene projects but was not involved in this operation.

Overview of other actors in country

The Government of the Republic of Congo (RoC) and its partners set up a coordination structure supported by the United Nations System which was coordinated at the highest level by the government of the Republic through the CNLSE (National Committee for Epidemiological Control and Surveillance).

The Ministry of Health and the WHO ensured continuous monitoring of the situation in the field. In parallel, WHO, Médecins d'Afrique and Terre Sans Frontières supported the Government with handwashing kits at the department levels, organised meetings to raise awareness among the population, production and distribution of posters and picture boxes for these awareness-raising events.

The government equally set up temporary isolation sites and trained health workers and community relays on surveillance, Risk Communication and Community Engagement (RCCE), screening at entry points, Infection Prevention and Control (IPC) and Department of Health Service with the support of WHO, UNICEF and WFP.

Technical coordination was ensured at national, departmental, and local levels by the national committee for the coordination and management of the Ebola epidemic with decentralised technical sub-committees at the national level departmental and village coordinating committees at local level.

Needs analysis and scenario planning

The joint field assessment carried out by the Ministry of Health team and WHO from 23 June to 7 July, on the level of preparedness to respond to a possible Ebola epidemic revealed a widespread lack of readiness to respond to a case or EVD outbreak. False alarms were recorded in the Cuvette department (Mossaka), suspected cases were tested negative in Likouala (Liranga), but no cases of EVD have been recorded in the Republic of Congo so far.

The joint field assessment noted that the current capacities and arrangements at entry points and in health facilities in the various localities visited are weak. This weakness was reflected in several observations, the most recurrent of which were as follows:

- Lack of systematic health checks at entry points for official boats.
- Insufficient human resources and equipment (thermo flash, check-in cards, water transport) to ensure effective controls of passengers, including check-in for a possible follow-up of contacts.
- Existence of several unofficial/ clandestine entry points in most of the localities visited, which are beyond the control of the staff at the official entry points.
- Conditions required for the prevention, early detection and response are not in place with respect to the multiple challenges of the health system at the local level.

In view of these observations the following urgent actions were taken:

- Strengthening of the surveillance system by setting up a multidisciplinary team with the logistical and financial means to implement EVD surveillance activities at the entry points, health facilities and community level in all five localities.
- Strengthening local capacity in infection prevention and control, case management, risk communication and community engagement, implementation of triage and isolation facilities in the different high-risk localities/districts.

Risk Analysis

Assessments carried out during the implementation of the DREF highlighted:

- The limited capacity at the entry points and in health facilities in the various localities visited
- The existence of several unofficial/illegal entry points in most localities that are beyond the control of staff at official entry points;
- Low community involvement in the preparedness, and many rumours and preconceived ideas about the disease has led to mistrust and resistance from the population such as: *"the epidemic is being sprayed"*; *"politicians are looking for money to solve the economic crisis linked to the fall of oil"*, *"it is the freemasons who are creating confusion to shut our mouths and avoid opposition to politics"*; *"our ancestors have been eating meat since the dawn of time, Where were you Ebola"*; *"Ebola is the disease that exists in the DRC, but not in Congo"*; *"where are the cases?"*. The field team ensured that the effective implementation of activities allowed them to fill these gaps and strengthen the structures on the ground.
- No other SDB actors, and limited readiness
- Limited surveillance and case detection capacity.
- COVID-19 spread and limitation of movements due to lockdown and curfew: Focus was given to supporting National Societies to maintain critical service provision through ongoing operations while adapting to COVID-19. Business continuity plans for IFRC at all levels have been developed and are continuously being adapted as the situation changes. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision where relevant. As such, the National Society actions dedicated to COVID-19 and those conducted through ongoing operations will be mutually beneficial and built upon common synergies.

This DREF operation was aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crises should adapt to this particular crisis and provide necessary guidance to its membership on the same. The NS kept monitoring the situation closely, focusing on the health risks, ready to revise accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff.

Another risk was the torrential rains that caused flooding in the localities and led to the displacement of the local populations concerned, thus creating difficulty in social mobilisation and monitoring the implementation of the operation, as well as the degradation of roads.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of this operation was to support the preparedness of the Congolese RC in view of a potential EVD outbreak. Specifically, this meant training 122 volunteers and supervisors to carry out community awareness actions, in order to increase early recognition of EVD. It equally included several actions to contain an EVD outbreak in the RoC, and ensure SDB teams were prepared to detect suspect cases and prevent onwards transmission from the first imported cases

Due to the intensification of the epidemic in the DRC along the border areas with the Republic of Congo (RoC) in week 37 (7 to 13 September) with sustained and high risk of spreading of the Ebola virus into neighbouring communities in RoC, this operation focused on the prevention of the importation and spread of EVD in the at-risk localities bordering Equateur Province of DRC by extending the implementation timeframe of the DREF operation in RoC.



Handing over of awareness and training materials to the Makotipoko branch. © Congolese Red Cross.

Activities were concentrated in high-risk target areas. The activities include surveillance and screening, SDB and CEA training. Community surveillance, screening at entry/frontier posts, infection prevention and control actions including disinfection activities in communities and forest markets, risk communication and community engagement (RCCE) were carried out with a focus on information and knowledge of EVD. The localities of Impfondo and Liranga were the priority

target areas due to their proximity to communities in DRC. Seven sensitization sessions were organised in Mossaka with collection of feedback, and public areas in the three departments were disinfected.

With regards to the SDB and CEA trainings, the intervention allowed the below:

- Replenish SDB kits and deploy them to the high-risk areas for training and pre-positioning for deployment in the event of death of a suspected or confirmed case.
- Deploy an operations manager from DRC RC to Brazzaville/roaming to support the field team.
- Deploy three SDB trainers to simultaneously identify and train 2-3 teams (1 in Liranga, 1 between Liranga and Impfondo, and 1 in Impfondo), and CEA trainers/supervisors in the same areas.
- Briefing of managers at the national level and setting up of a work team
- Train 21 volunteers of the department of Brazzaville in Community-based surveillance (CBS), epidemic control for volunteers (ECV), risk communication and community engagement (RCCE), and protection, gender inclusion (PGI)
- Train 28 volunteers in the Cuvette department (Mossaka) in the same package (CBS, ECV, RCCE, and PGI)
- Train of 42 volunteers in Liranga, Likouala, in the same package (CBS, ECV, RCCE, PGI)

After all the trainings were complete, one SDB and one CEA coordinator remained in the field for two months to reinforce capacity, establish systems/coordination, and provide supervision.

Volunteers conducted door-to-door sensitisation on EVD and prevention methods, as well as organised focus group sessions with 10 community members facilitated by 2 volunteers.

PGI elements included briefings and signing of the Code of Conduct (CoC), Protection against Sexual Exploitation and Abuse, Child Protection.

Logistics process

Protective and visibility materials (t-shirts, bibs, caps), awareness materials (posters, image boxes) were produced and made available to the departmental committees.

Safe and dignified burial kits and body bags were bought with the support of the IFRC DRC Country Delegation.


Communication


A contract was signed with media (radio and TV) in Brazzaville for the broadcasting of awareness spots. Broadcast started in Brazzaville and continued in Moussaka (Cuvette Centrale). All the spots were translated in two local languages.

Coordination

NS participated in various meetings of the platform for Ebola epidemic preparedness organized by the Ministry of Health with other humanitarian partners. Moreover, there were online working and exchange sessions between the program and support teams of the NS and those of the IFRC.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 33,399</p> <p>Male: 16,032</p> <p>Female: 17,367</p>	
Health Outcome 1: The risks of an imported outbreak of EVD are reduced in the border areas (Likouala, Cuvette centrale and Plateaux)		
Indicators:	Target	Actual
Number of people reached by Ebola awareness messages	30,000	33,399
Number of alerts made via the community-based monitoring system	N/A	1
Health Output 1.1: Ensure community-based disease surveillance and health promotion among the target population to apply good practice in Ebola prevention and detection measures		
Indicators:	Target	Actual
Number of postures produces	2,500	2,500
Number of image boxes	40	40

Number of radio programmes recorded each week	4	1
Number of volunteers trained on CEA	122	122
Number of community leaders supporting the response	N/A	23
Number of people who have received information on the prevention of Ebola Virus Diseases	30,000	33,399
Number of community comments documented	N/A	Not recorded
Percentage of community-based monitoring alerts/rumours answered within 24 hours	N/A	45%
Proportion of communities in which action has been taken following an alert/rumours an	N/A	20% ¹
Weekly report of radio/TV broadcasts	1	1
Number of volunteers trained in Epidemic Control (ECV), Community-based Surveillance (CBS), Risk Communication and Community engagement (RCCE), and Protection, Gender and Inclusion (PGI)	122	91
Number of volunteers trained in safe and dignified burials (SDB)	40	40
Number of people reached by Ebola awareness through RC/CEA	30,000	33,399
Health Output 1.2: The risk of post-mortem transmission of EVD is prevented through provision of safe and dignified burials services to the at-risk population		
Indicators:	Target	Actual
SDB teams are trained and ready to response in Liranga, Impfondo and other at-risk areas	3	3
SDB equipment is pre-positioned in three high-risk com	3	3
SDB refreshers, exercises and/or community demonstrations occur at regular intervals during the preparedness phase (minimum 1x/month per team following training)	3	3
Narrative description of achievements		
<p>As part of the planned activities, the NS has produced Information, Education and Communication (IEC) materials such as posters (2500) and picture boxes (40). These materials were sent to the field during the mission of the national headquarters team for training.</p> <p>NS signed contracts with local media to broadcast spots for broadcast Radio and TV. Broadcasting of spots on 4 community radio stations, i.e. 1 station/department for 1 month. 1 spot/ week / radio - TV for 1 month alternating</p> <p>IEC materials were produced (2500 posters, 40 image boxes for awareness-raising.</p> <p>Volunteers training were conducted in collaboration with the health districts and focused on risk communication and community engagement RCCE, Community-Based Surveillance (CBS), epidemic control (ECV), and protection, gender and inclusion (PGI). The training was held in August and included 91 volunteers distributed as follows: 21 volunteers in Brazzaville, 28 volunteers in the Cuvette and 42 volunteers in Likouala department.</p> <p>Overall, 122 volunteers were trained on Community Engagement and Accountability in the risk departments: 3 days per session (1 session per department, i.e., 4 sessions). It consisted of theoretical presentations in the training room followed by practical sessions for 2 days and a one-day simulation. Five (5) main topics were developed: the history of the International Red Cross and Red Crescent Movement with its fundamental principles, generalities on Ebola virus disease, generalities on community engagement and accountability, risk communication and community engagement as well as feedback and community complaints.</p>		<p><i>Volunteers raising awareness on EVD at the Moungali market. ©Congolese Red Cross</i></p>

¹ Actions have been taken but it takes time to achieve them. The target reached before the end of the operation was 20%. The rest of the 80% should be reached gradually over the long term.

Some 40 volunteers (32 volunteers or 8/department +8 supervisors or 2/department) were trained on SDB: 2 sessions of 5 days. One session in Likouala and one session for the cuvette and Plateaux were carried out in Ngo.

The 91 volunteers (21 volunteers from Brazzaville, 28 Cuvette and 42 Likouala) trained on Community-Based Surveillance and epidemic control were integrated into the health districts and deployed in the field for community disinfection in public places, markets in the districts of Bacongo, Makelekele, Poto-Poto, Talangai and Djiri for Brazzaville, in Mossaka for the Cuvette and for Likouala, the four districts (Q1 Bopengola, Q2 Centre, Q 3 Bangala and Q4 post office of the locality of Liranga and the village Djondou located 45 km from Liranga were reached by boat.

Their deployment was carried out in collaboration with the Ministry of Health (health districts), twice a week in teams of six volunteers. The disinfection activities were done after awareness sessions on the Ebola virus disease and the importance of disinfection.

In Brazzaville department, five health districts were selected and 10 community leaders, 5 mayors, 5 presidents of the heads of neighbourhoods and 5 chief district doctors contributed to raising awareness on the Ebola virus disease.

The volunteers were deployed to sensitize the communities on Ebola Virus Disease by talking mainly about the disease and its symptoms, its modes of contamination and prevention while collecting feedback from the communities. The door-to-door strategy was used in order to reach all strata and categories of the population (men, women, girls, boys, elderly people, people living with disabilities, pregnant women, etc.).

The teams had to work for 3 days a week according to the plan. It is important to note that a debriefing was held at the end of the day with all the teams to review the strengths and weaknesses of the day. There was a reframing of the actions to be carried out, taking into account the observations made by each team member and also the feedback collected from the communities. For example, the households on the first day expressed the wish to see the volunteers come down to the community in the afternoons from 3.30 pm. By that time, most people were already at home, including children who were to school in the morning. This remark was taken into account.

Twelve (12) focus group meetings (1 meeting per week in each department for during months, with 2 volunteers) with local leaders were organised to facilitate community engagement and gather information on community perceptions, beliefs and rumours and through questions and answers on the disease.

Meetings, monitoring of activities, collection and analysis of feedback was done by the supervisors. A total of 3,376 data collection forms (door-to-door awareness-raising and feedback forms, daily summary forms for supervisors and attendance lists for activities) were printed and made available to volunteers for reporting on activities. The community feedback management system is still functional.

The RCCE activity report circuit from the local committees to the National Society's national management was strengthened and operational: A team leader per locality or neighbourhood monitored the volunteers and compiled the data generated by them and sent it to the departmental supervisors, who centralized it and forwarded it to the national level for pooling, analysis and orientation.

In Cuvette and Likouala departments, all these trained volunteers were briefed on the management of dead bodies under the supervision of the Ministry of Health and the WHO while waiting for more in-depth training on safe and dignified burials. MMR equipment that was available to the NS thanks to an ICRC grant in the past years was used for this briefing. There were cascade simulations on the wearing and undressing of PPE, the solution of disinfectant products and the handling and maintenance of sprayers and the cleaning of recoverable objects within the framework of dignified and safe burials by the Congolese RC hygienists who had already been trained. In addition to community leaders, religious leaders are also involved in mass sensitisation on the disease in the Cuvette and Likouala departments.

Awareness-raising has been done through exchange meetings with these local leaders to encourage community engagement and to collect community perceptions, beliefs and rumours through questions and answers on the disease on the WHO website.

With the easing of movement restrictions, the gradual opening of borders, the activities of controls started at the entry gates precisely at the entry point in the locality of Liranga which is close to Mbandaka and at the Beach of Brazzaville. Thermo-flashes were made available to the volunteers and it is estimated that 100% of the people have been compulsorily registered, with the temperature being taken and recorded according to the week's attendance schedule of our volunteers.

Community disinfection of public places such as forest markets and health centres were done in Liranga, Impfondo, NGO, Makotimpoko, Mossaka, Loukolela in collaboration with the Ministry of Health.

Screening was done at entry points (Brazzaville Beach and river borders at Liranga, Mossaka and Makotimpoko)

Acquisition and delivery to the departments of visibility aids, protective equipment and pre-positioning of dignified and secure burial kits for volunteers in the framework of ICP activities.

Available nautical transport means were rented for training and monitoring missions.

Challenges

- The roads were in very poor condition due to the rainy season.
- The insufficient number of participants from the department of Loukolela and Mossaka due to the lack of boats. To compensate for this, the volunteers who took part in the training organised feedback sessions and simulation exercises with those who did not attend.
- Low visibility for volunteers during the training and simulation in the community, as there were not enough T-shirts or bibs. To remedy this, volunteers had to be grouped around those who had at least Red Cross visibility to ensure their safety in the community.

Lessons Learned

- The lists of volunteers selected at local level for training must be validated and sent to national management before the trainers go out to the field, in order to monitor and reduce any discrepancies.
- Make an effort to ensure that women are represented among the volunteers at local level so that the implementation of activities takes into account the gender aspect.
- The CRC must strengthen, capitalise on and exploit the community feedback system that has been put in place so that volunteers are able to manage the population's expectations effectively.



Protection Gender and Inclusion

People reached: 5,500

Male: 2,500

Female: 3,000

Protection, Gender & Inclusion Output 1: Communities become more peaceful, safe and more inclusive through meeting the needs and rights of the most vulnerable

Indicators:	Target	Actual
Number of volunteers trained	122	122

Protection, Gender & Inclusion Output 1.2: Programs and operations prevent and respond to sexual and gender-based violence and other forms of violence especially against children

Indicators:	Target	Actual
Number of people reached by PGI activities	7,000	5,500
% of NS participation in SGBV coordination meetings	100%	40%
Briefings on the code of conduct for all volunteers and staff involved in the operation	122	122

Narrative description of achievements

In the area of Protection, Gender and Inclusion, activities began with training in the department of Brazzaville, followed by Cuvette and Likouala, where a total of 91 volunteers were trained on the subject. The National Society participated in coordination meetings during which gender issues are raised. The aim was to emphasize this aspect to enable all the actors concerned to truly integrate it into their activities.

A total of 122 volunteers were briefed on the code of conduct, signed it and were called upon to respect it not only for this operation in particular, but also in the exercise of their volunteer activities in general. It should be noted that people living with disabilities, elderly people and pregnant women are genuinely interested in the activities. The same is true for minority groups such as the displaced persons in Cuvette departments following the population movements of 2019 from DRC.



Awareness raising among households and collection of community feedback. ©Congolese Red Cross.

The National Society also ensures that among the identified volunteers, gender and inclusion are well respected.

The trained volunteers reached 5,500 people through awareness-raising and training activities.
NS staff took part in as many coordination meetings as they could. It must be noted that these meetings were not only about PGI. However, the theme being transversal, SGBV issues were dealt with during general coordination meetings.
Challenges
<ul style="list-style-type: none"> - Establish/strengthen partnership with other organizations advocating for the rights of women, people living with disabilities or other marginalized or minority groups. - Low representation of women and minority people at local level in the selection of local committees; - Difficulty in reaching people with disabilities due to containment measures which hindered the door-to-door strategy.
Lessons Learned
Restructuring of the gender and diversity programme by the local Red Cross committee for inclusion of women.

Strengthen National Society		
S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Indicators:	Target	Actual
Number of insured volunteers	122	122
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
Number of Surges deployed for the operation initially planned for 2 months and now with one more month.	1	6
Number of volunteers deployed for the operation	122	122
Number of NS staff deployed for the operation	5	5
Number of Security delegate deployed for 2 weeks mission	1	1
Number of SDB trainers deployed from DRC for 2 weeks	2	2
Number SDB Surge for training, coordination and supervision for 2 months	1	1
Number of CEA trainers Deployed for 2 weeks	3	3
Number of CEA Surge for training, coordination and supervision for 2 months	1	1
Narrative description of achievements		
<p>The head office of the National Society, in collaboration with the 13 local concerned committees, identified the target 122 volunteers (taking gender into account) who were involved in the operation. The list of 122 volunteers was sent out with all details requested (name, sex and age and even the committees from which they come) and accident insurance was been taken out for them. The insurance certificate drawn up by the department in charge of insurance in Geneva was shared with the National Society.</p> <p>As for the volunteers deployed in the field, 91 out of the 122 were deployed to carry out SDB activities. These are those in Brazzaville (21), La Cuvette (28) and Likouala (42) where activities have already been launched.</p> <p>The deployed DRC RC Surge has experience in managing the Ebola epidemic, both in his country in DRC as well as in other countries. Several discussions on security issues took place which delayed his deployment, but in the end, consensus was reached. Initially deployed for two months, he ended up working in the field for three months.</p> <p>A two-week security mission was conducted in RoC by an IFRC Security delegate based in DRC to speed up the completion of the BCP Safety and Security compliance.</p> <p>Similarly, in synergy with the response active in DRC, two surges in CEA and SDB were deployed from DRC to run CEA-SDB trainings in RoC.</p>		
Challenges		
The NS team was very small, and the same people were involved in several operations, such as the time-consuming Covid-19 response.		
Poor reporting of activities at the level of local supervisors in some districts due to communication problems		
Lessons Learned		
<ul style="list-style-type: none"> - Use of text messaging to ease data collection. Indeed, the staff in the field had difficulties sending activity reports to the headquarters by email, because of the absence of computers or android phones, but also 		

because of the poor quality of the network. It is therefore important to find alternative ways to maintain communication.

- Set up a communication network via WhatsApp to ease information sharing between the various actors of the DREF.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Indicators:	Target	Actual
Number of communication media produced	1	1

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Indicators:	Target	Actual
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Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
Number of radio spots produced	1	1
Number of broadcasts of radio spots	24	24
Number of translations completed	3	2

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
Number of workshops held on lessons learned	1	1

Narrative description of achievements

For better monitoring and implementation of the operation, the approved documents were re-translated into French and shared with the CRC team.

Several online meetings and telephone exchanges took place on a weekly basis between the Congolese Red Cross and the IFRC Cluster in Yaoundé to monitor the progress of activities. All the support services (logistics and finance as well as operations and PMER), as well as the NS and IFRC, participated to ensure proper technical follow-up in each area of expertise.

Meetings continued with the programs at the Cluster and even Regional Office level to update on the progress of activities and programs adjustment.

Volunteers carried out awareness-raising sessions in pairs on a rotational basis for 2 months by the Criers. Communication media (posters, megaphones, small posters, etc.) were made available to the departmental committees.

A lessons-learned workshop was organized at the end of the DREF to assess the impact of the operation. With the operation coming to an end on 31 December 2020, the lessons learned workshop was scheduled for 16-17 December, in order to draw lessons from the implementation of the Ebola preparedness DREF. At the same time, there was a need to intensify the preparedness of the National Society (NS) to improve its disaster response capacity.

The workshop was conducted according to the PER: Preparing for an Effective Response methodology. The good practices identified were the following:

- Adoption by the population of good practices (handwashing, acceptance of screening)
- Operational capacity of 122 volunteers strengthened in RCCE and DHS and their effective use
- Effective community engagement (over 2000 feedbacks collected)
- Good visibility of volunteers in the field (caps, t-shirts, bibs)
- Good selection of intervention areas

The main challenges of the operations according to the parties involved were the following:

- Problem of communication and coordination within the SN teams
- Communication problems with the presidents of the departmental committees
- Delay in deployment of surge (difficulty in obtaining visas)
- Lack of clarity in the selection criteria for DHS volunteers (volunteers over 70 years old)
- Some of the volunteers selected at the outset did not turn up
- Delay in reporting

- Vehicles not suitable for field trips and without seat belts

Challenges

Lockdown due to COVID-19 made monitoring in the field difficult.

Lessons Learned

Ensure the use of lessons learned from the workshop to continue working on EVD preparedness since there is still a risk of a case resurfacing in neighbouring DRC or even in the Republic of Congo.

D. Financial Report

The approved budget for this operation was CHF 210,316 out of which CHF 205,060 were spent (97.5%). A balance of CHF 5,256 which is mainly due to unused funds on SDB procurement and transport as well as international staff costs, will be returned to the DREF pot.

Explanation of variances:

Description	Budget	Expenditure	Variances	Explanation
Transport & Vehicles Costs	10,147	8305	CHF 1841 (18,14%)	Unused balance due to lower real costs of transport of SDB kit from DRC. kits procurement/replenishment after DRC provides kits.
International Staff	51,183	43,695	7,487 (14,62%)	Balance on surge costs. Unused funds due to the long time spent on the field for trainings and long travel period (due to travel conditions) with accommodation lower/cheaper than in Brazzaville. Field cost for accommodation lower than in Brazzaville. Remaining balance has been used by program to support extended cost on training and volunteer's mobilization necessary for community surveillance. Balance used to cover provision of SDB real costs and volunteer's mobilisation for the extended period on the field for trainings arrangements
National Society Staff	2,934	2,478	456 (15,45%)	Unused funds from NS affected to support volunteer's mobilisation needed during the operation.
Volunteers	12,669	18,679	-6,010 (- 47,43%)	Due to the expansion of the crisis in the DRC in the border areas with the RoC, volunteers had to be trained several times and more than expected, especially for the training in SDB and on the community surveillance during the extended period. A lot of the savings from other budget lines was used to cover this over expenditure.
Professional Fees	1,345	876	469 (34,86%)	Balance on translation fees. Unused funds for the remaining balance. Total report translated by program less than planned. Excess costs used under volunteers due to additional volunteer's mobilisation to support necessary community surveillance.
Workshops & Training	32,066	34,065	-2,000 (-6,23%)	This over expenditure is linked with the need to train and retrain volunteers, especially on SDB.

Contact information

Reference documents



Click here for:

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

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

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For In-Kind donations and Mobilization table support:

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

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

- **IFRC Africa Regional Office:** Philip Kahuho, PMER Manager, Email: Philip.kahuho@ifrc.org

How we work

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

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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

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/06-2021/06	Operation	MDRCG017
Budget Timeframe	2020/06-12	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 03/Aug/2021

All figures are in Swiss Francs (CHF)

MDRCG017 - Republic of Congo - Ebola Virus Disease Prep.

Operating Timeframe: 29 Jun 2020 to 31 Dec 2020

I. Summary

Opening Balance	0
Funds & Other Income	210,316
DREF Allocations	210,316
Expenditure	-205,060
Closing Balance	5,256

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	93,168	95,141	-1,973
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion	2,603	2,465	138
AOF7 - Migration			0
Area of focus Total	95,771	97,607	-1,836
SFI1 - Strengthen National Societies	21,829	19,423	2,406
SFI2 - Effective international disaster management	88,285	88,031	255
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	4,431		4,431
Strategy for implementation Total	114,545	107,453	7,091
Grand Total	210,316	205,060	5,256

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/06-2021/06	Operation	MDRCG017
Budget Timeframe	2020/06-12	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 03/Aug/2021

All figures are in Swiss Francs (CHF)

MDRCG017 - Republic of Congo - Ebola Virus Disease Prep.

Operating Timeframe: 29 Jun 2020 to 31 Dec 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	63,386	61,220	2,167
Water, Sanitation & Hygiene	4,497	4,595	-98
Medical & First Aid	54,113	51,990	2,123
Teaching Materials	4,776	4,634	141
Logistics, Transport & Storage	10,147	8,305	1,841
Transport & Vehicles Costs	10,147	8,305	1,841
Personnel	66,785	64,852	1,934
International Staff	51,183	43,695	7,487
National Society Staff	2,934	2,478	456
Volunteers	12,669	18,679	-6,010
Consultants & Professional Fees	1,345	876	469
Professional Fees	1,345	876	469
Workshops & Training	32,066	34,065	-2,000
Workshops & Training	32,066	34,065	-2,000
General Expenditure	23,751	23,226	524
Travel	16,693	16,824	-132
Information & Public Relations	3,382	2,792	591
Office Costs	220	173	47
Communications	2,282	2,239	43
Financial Charges	1,174	1,199	-25
Indirect Costs	12,836	12,515	321
Programme & Services Support Recover	12,836	12,515	321
Grand Total	210,316	205,060	5,256