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DREF final report

Democratic Republic of the Congo: Ebola outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCD011 GLIDE n° EP-2012-000143-COD Final Report 31 July 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 262,914 was initially allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 29 August 2012 to support the Democratic Republic of the Congo (DRC) Red Cross in delivering assistance to some 830,000 beneficiaries.

An operation update was published on 15 November 2012 to extend the timeframe from three to five months.

Over 150 community volunteers of the Democratic Republic of Congo Red Cross (DRC RC), 25 supervisors placed under the control of the provincial committee and headquarters were mobilized to respond to the Ebola hemorrhagic fever outbreak reported in the Equateur Province, in August 2012. While in the field, they were all supported by a field delegate and the Regional Health Coordinator of the Federation.



DRC Red Cross volunteers were trained on how to provide psychosocial support to Ebola affected people / Photo by Red Cross of DRC

Red Cross action consisted of intensive proximity awareness-raising, early identification and referral of cases to treatment centres, hygiene and sanitation activities and safe burials. Psychosocial support to victims and their relatives was facilitated through the use protective equipment, materials, logistics and technical support; this, with the close collaboration of the IFRC.

In collaboration with Red Cross volunteers, political and administrative authorities, churches, radio and television stations and community outreach workers also carried out a vast prevention campaign by raising public awareness in Isiro, Haut Uele, Orientale Province, and in the entire DRC. This joint and synergistic action of the Red Cross, the Ministry of Health and other partners helped to halt the spread of the epidemic. On 23 November 2012, the end of the Ebola hemorrhagic fever epidemic in DRC and in the Isiro and Viadana health zones was announced.

All activities planned under this DREF operation were implemented and this narrative is final in terms of

activities carried out, with a final financial report attached. A balance of CHF 1,690 will be returned to DREF.

Donors who have replenished this DREF operation include the Belgian Red Cross and government and European Commission Humanitarian Aid and Civil Protection (DG ECHO). 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 private donors. Details of DREF contributions are found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

The IFRC, on behalf of the Democratic Republic of Congo Red Cross Society, would like to extend its thanks to all partners for their generous contributions.

[<click here for the final financial report, or here to view contact details>](#)

The situation

The Ebola hemorrhagic fever outbreak was officially declared in the Democratic Republic of Congo on 17 August 2012. This epidemic affected the locality of Isiro, headquarters of the Haut-Uele Health District, situated some 570 kilometres, north-east of Kisangani, capital of Orientale Province. It evolved gradually and spread to the Viadana health area with alerts in Dungu, Pawa, Gombari and Rungu in the Haut Uele West health district of the Orientale Province, exposing up to 690,929 inhabitants in these health zones (HZ) to the epidemic.

As of 11 October 2012, when the last case was reported, the International Scientific and Technical Coordination Committee, in collaboration with the Ministry of Public Health, had managed 77 cases (including 36 laboratory-confirmed cases, 17 likely cases and 24 suspected cases) through the isolation and treatment centre set up at Isiro, including 36 deaths, representing a lethality rate of 46.7%. A total of 797 contacts were monitored and 242 samples examined, with 31 declared positive to PCR. Of the 36 confirmed cases, 27 or 75% of subjects were female and 2 or 5.5% were children less than 14 years of age.

In collaboration with the DRC Red Cross, political and administrative authorities, churches, radio and television channels, community outreach workers also carried out a vast prevention campaign by raising public awareness in Isiro, Haut Uele, Orientale Province, and in the entire DRC. This joint and synergistic action of the Red Cross, the Ministry of Health and other partners helped to stop the spread of the epidemic. On 23 November 2012, the end of the Ebola hemorrhagic fever epidemic in DRC and in the Isiro and Viadana health zones was declared.

Red Cross and Red Crescent action

Achievements against outcomes

Emergency health	
Outcome 1: The spread and impact of the epidemic is reduced through raised community awareness on surveillance, prevention and case management	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> 118,000 households in Oriental Province have been reached by the DRC Red Cross sensitization campaign. 	<ul style="list-style-type: none"> Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques; Adapting and multiplying existing information aids, and distributing them in targeted localities; House-to-house sensitization activities Production of information, education and communication materials.

<ul style="list-style-type: none"> The populations of Oriental Province in the DRC know the signs and symptoms of Ebola and adopt safe attitudes towards themselves, other cases and corpses (Target: 118,000 households). 	<ul style="list-style-type: none"> Broadcast of awareness messages through radio jingles, newspaper ads etc. Post-operation workshop on community surveillance to build branch and community capacity.
<p>Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected populations.</p>	
<ul style="list-style-type: none"> The populations of exposed and affected areas of Oriental Province receive psychosocial and recovery support during and after the epidemic (Target: 18,000 households) 	<ul style="list-style-type: none"> Support the beneficiaries when they lose their love ones or property Support the staff and volunteers throughout the operation Training of 25 volunteers on Psycho-Social Support
<p>Outcome 3: Suspected cases are transported to case management facilities in a safe and appropriate way.</p>	
<ul style="list-style-type: none"> The government is assisted by DRC Red Cross volunteers in transport of suspected cases 	<ul style="list-style-type: none"> Training of 60 volunteers in referral and transportation of suspected Ebola cases and Ebola-related security measures. Provision of protective equipment. Transport to the centres for the isolation of cases suspects benchmarks in cooperation with staff of the Ministry of health in strict compliance with safety rules

Impact

From 5 to 8 October, the DRC Red Cross trained a dozen senior staff, including 2 from headquarters on psychosocial support, with the support of the Federation in Kisangani, capital of Orientale province.

As part of the fight against the Ebola hemorrhagic fever in Isiro, a training seminar on Ebola management was held from 12 to 14 October 2012 in the Isiro health zone. The training was attended by participants from the Isiro and Viadana health zones and surrounding localities. It was attended by more than 150 participants from the following localities: Isiro, Matoko, Neisu, Mungbere, Vube, Matoko, Madjeje, Dimbia, Viadana, and Isiro town, Mbana, Limbia-Dimbia, Vungba, Mbana, Bunie Nalamu, Madjedje, Neva and Mazeze. The seminar was also attended by five facilitators, including three from the International Scientific and Technical Coordination Committee for the fight against the Ebola fever in Isiro, officials of other sub-commissions like the National Communications Director, the president of the psychosocial support sub-commission, the Viadana health zone medical officer, a member of the surveillance sub-commission, as well as the national and provincial supervisors of the DRC Red Cross.

Three days later, two trained senior staff went ahead to train 150 volunteers from Isiro and Viadana. This volunteer training was for three days, from 12 to 14 October, and focused on four themes:

1. Communication techniques;
2. Managing the Ebola hemorrhagic fever epidemic;
3. Hygiene, sanitation and water. In fact, considering the difficulties involved in accessing water in Isiro, this sub-commission was renamed to include the access to drinking water component.
4. Psychosocial support.

A total of 15 supervisors were trained in the monitoring of volunteer activities. Each of the 150 volunteers received visibility materials, posters, leaflets, megaphones and other necessary materials to distribute to the affected communities. Information on the operation was mainly disseminated over radio Okapi, at the request of the Red Cross in French, Lingala and Swahili. Radio stations like RTA, MOUANGAZA, RTMC and RTDI, and the Mongongo newspaper were also used.

Meanwhile, a total of 150 volunteers and five supervisors were trained in the management of the epidemic and the transportation of patients. Protective equipment was provided to them, as indicated on the list above. Suspected cases were also transported or referred to isolation centres.

Up to 50,000 information, education and communication (IEC) materials such as leaflets, posters, t-shirts, vests and megaphones were produced. These materials helped to reach 54,509 households and sensitize them through door-to-door visits, especially in affected villages. A total of 87,563 people were also sensitized during home visits, including 106 public places consisting of schools, markets and churches, while psychosocial support was provided to individuals and their families who had recovered.

In addition, Red Cross staff and volunteers also received psychosocial support throughout the operation. Towards the end of the operation, priority was given to the intensive work of volunteers in engaging with at-risk communities so as to quickly eradicate the epidemic.

Water, sanitation, and hygiene promotion

Outcome: 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.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Affected populations are assisted in the disinfection of their surroundings (Target: 18,000 households). 	<ul style="list-style-type: none"> Training 60 sanitation volunteers (6 ten-man teams) on sanitation techniques and on how to bury corpses under optimal security conditions; Provision of sanitation materials and protective equipment for the teams. Carrying out sanitation activities in contaminated places, in the houses of Ebola patients and in Ebola management facilities (mattresses, blankets, clothing and other replaced destroyed contaminated materials) Safe disposal of suspected infected bodies. Adapting and multiplying existing information aids, and distributing them in targeted localities; Putting sensitization materials and aids at the disposal of trained teams; Sensitization of affected households/villages.

Impact

After challenges encountered in finalizing the composition of the team, the hygiene and sanitation subcommittee set up a final team comprised mostly of volunteers from the Isiro Red Cross branch. This team ensured the safe burial of those who died of Ebola, transportation of patients and disinfecting the homes of suspected Ebola patients.

Activities carried out by the DRC Red Cross in August and early September

N°	Activities	Responsible	TOTAL
1	Training of nurses	Red Cross	220
2	Training of cleaning staff	Red Cross	34
3	Disinfecting health facilities	Red Cross	7
4	Disinfecting homes	Red Cross	3
5	Safe burial	Red Cross	3
6	Distribution of protection kits	District Hygiene Service	8

The following hygiene and sanitation activities were conducted:

- Provision of protective equipment and training to volunteers;
- Transportation of suspected cases and patients to isolation centres, in collaboration with Ministry of Health staff, and in strict compliance with safety rules;
- Provision of sanitation equipment to teams;
- 2 houses of suspected cases of Ebola-related patients were disinfected and their belongings such as mattresses, blankets, clothing and other contaminated materials destroyed;
- 10 hospitals were disinfected;
- 15 suspected cases were discovered by volunteers in the community;
- 2 safe burials were carried out by volunteers;
- 21 cases were referred to isolation centres by volunteers;
- Awareness-raising material was provided to volunteers.

At the onset, the population was hostile to awareness-raising and Ebola control activities. They rejected safe burials and threatened volunteers during the disinfection of houses and transportation of patients. It was only in the course of awareness-raising and testimonies from Ebola survivors invited by awareness teams that people began to accept that the disease was not a foreign invention. When new cases were discovered in the community, the population itself then asked for help.

Strengths:

- The participation of the Red Cross in the fight against this epidemic has been appreciated by all partners present in Isiro;
- There was a large presence of uninvited volunteers, even those from other health zones, at the Isiro briefing while allowed for further dissemination of information and awareness-raising;
- Dedication and availability of volunteers; they were very active in door-to-door awareness-raising;
- Close collaboration and coordination with local authorities and the population in awareness-raising, with positive acceptance by the local communities;
- New members willing to join the Red Cross Red Crescent Movement;
- The arrival of relief, hygiene, sanitation and education supplies for the implementation of activities at the Haut-Uele district committee is unprecedented and of great importance to the district.

Challenges

- Delay in the training of 150 volunteers in Isiro due to misunderstanding by the coordination team that wanted funds to be handed over to them;
- The population did not believe in the existence of Ebola due to the belief that it was a foreign invention/ idea;
- Many volunteers showed up, whereas the quorum had already been attained;
- The relatively high cost of renting motorbikes for some awareness campaigns, since this means of transport is rare in the affected area;
- Access to and communication in some health areas is difficult since they are isolated, and habitats are dispersed, rendering spontaneous evacuations difficult;
- Lack of ambulances to transport patient and adapted vehicles for awareness campaigns;
- Late arrival of patients at isolation centre (lack of information, inaccessibility, fear of discrimination);
- Non-mastery of instructions by certain categories of the population who did not know how to prevent the disease;
- Rumours and misperception about the origin and transmission of the EHF by the population;
- Stigmatization of Ebola-affected children or those whose parents had been affected by the disease;
- Other volunteers saw this activity as a new job, everyone wanted to join the teams;
- Non-involvement of Doungou branch of the DRC Red Cross volunteers in briefing on all health activities in their health zone;
- No telephone network coverage in the Viadana health zone;
- Persistence of risky habits and behaviours in the community;
- Aggressiveness of the population towards volunteers who were raising awareness about the epidemic in some parts of Isiro and Viadana towns.

Corrective measures

- Consultation with Health Zone Central Bureau for the effective future involvement of Red Cross volunteers as mobilization agents in health activities organized in the Health zone;
- Plead with National Coordination Committee for training to take place within a reasonable timeframe;
- The other volunteers who came to the training on their own participated as observers;
- The EPI jeep was used for the transportation of patients;
- Awareness, information, education, communication and psycho-social support activities went on as planned, despite the difficulties encountered by volunteers.

Lessons learned

- The good grasp of communication techniques in the search for cases and psychosocial support provided by Red Cross volunteers contributed significantly to a change of behaviour by the population;
- The involvement of households considered affected by the EHF in awareness-raising was one of the effective control strategies;
- Volunteer training helped in reassuring the DRC RC of the Isiro District especially through the financial and logistical support;
- Training in the control of this epidemic allowed volunteers to get a clearer picture of the strategies put in place to control the Ebola epidemic in the DRC;
- Good organization led to a better coordination of response and better results;

- Experience in multi-sectored work facilitated the harmonization of actions and the effectiveness of the response;
- Promoting hygiene is a key element in the rapid stabilization of the EHF epidemic

Conclusion

Despite the difficulties encountered, activities to control the Ebola hemorrhagic fever in the Isiro District of the Orientale Province by DRC Red Cross volunteers contributed to halt this epidemic. This was done mainly through the door-to-door, awareness-raising and proximity strategies, associated with the search for cases and home-based psychosocial support.

All partners have recognized the effectiveness of DRC Red Cross volunteers, including the Minister of health, who sent a letter congratulating the DRC Red Cross, with a copy to the Prime Minister. The DRC Red Cross that lives with the community should capitalize on this experience to make the population to change their behaviour towards other health problems prevailing in the community.

There were some small variances in the final financial report as a result of the planned budget compared to the actual cost of activities carried out in the field. Under distribution & monitoring as well as travel & vehicle budget lines, the cost to the Kisangani region was under estimated, as the only means of transport is by air, resulting in the overspend of CHF 458 and CHF 829 respectively. This same challenge also impacted the budget line for Travel, resulting in an overspend of CHF 3,365. Meanwhile, the foreign exchange fluctuation of the Congolese franc impacted the financial charges line, with an overspend of CHF 1,241 at the end of the operation. Fortunately, underspends on a few of the budget lines allowed all activities to be carried out, with a small balance of CHF 1,690 to be returned to DREF.

Looking ahead

- Foster direct ties with our volunteers in such situations so as to enhance experience sharing;
 - Develop a post epidemic plan so as to strengthen surveillance and behavior change communication;
 - Intensify awareness in all areas, especially in remote ones, to ensure that people accept the disease, know how to prevent it and what to do with an infected person or someone who dies of disease;
 - Strengthen cooperation ties between the Red Cross and the Health Committees (CODESA)
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DREF history:

- This DREF was initially allocated on 29 August 2012, for CHF 262,914, for 03 months to assist 830,000 beneficiaries.
 - 01 DREF operation update issued.
 - DREF Operation Update No 1 was published on 15 November 2012 to extend the timeframe from 3 months to 5 months.
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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.

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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.
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Disaster Response Financial Report

MDRCD011 - Dem Rep Congo - Ebola Outbreak

Timeframe: 29 Aug 12 to 31 Jan 13

Appeal Launch Date: 29 Aug 12

Final Report

Selected Parameters

Reporting Timeframe	2012/8-2013/4	Programme	MDRCD011
Budget Timeframe	2012/8-2013/4	Budget	APPROVED
		Project	*

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
A. Budget		262,913				262,913	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		262,914				262,914	
C4. Other Income		262,914				262,914	
C. Total Income = SUM(C1..C4)		262,914				262,914	
D. Total Funding = B + C		262,914				262,914	

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. Opening Balance		0				0	
C. Income		262,914				262,914	
E. Expenditure		-261,224				-261,224	
F. Closing Balance = (B + C + E)		1,690				1,690	

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		Project	*

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	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	
BUDGET (C)			262,913			262,913		
Relief items, Construction, Supplies								
Clothing & Textiles	10,400		8,053			8,053	2,347	
Water, Sanitation & Hygiene	35,272		35,004			35,004	268	
Medical & First Aid	27,750		27,273			27,273	477	
Teaching Materials	18,000		18,001			18,001	-1	
Utensils & Tools			93			93	-93	
Other Supplies & Services	35,000		34,173			34,173	827	
Total Relief items, Construction, Sup	126,422		122,597			122,597	3,825	
Land, vehicles & equipment								
Computers & Telecom	3,500		3,270			3,270	230	
Total Land, vehicles & equipment	3,500		3,270			3,270	230	
Logistics, Transport & Storage								
Storage	4,250		3,136			3,136	1,114	
Distribution & Monitoring	1,980		2,438			2,438	-458	
Transport & Vehicles Costs	9,500		10,329			10,329	-829	
Total Logistics, Transport & Storage	15,730		15,903			15,903	-173	
Personnel								
International Staff	8,000		7,370			7,370	630	
National Staff	5,000		5,000			5,000	0	
National Society Staff	9,235		9,235			9,235	0	
Volunteers	30,600		30,600			30,600	0	
Total Personnel	52,835		52,205			52,205	630	
Workshops & Training								
Workshops & Training	19,500		19,414			19,414	86	
Total Workshops & Training	19,500		19,414			19,414	86	
General Expenditure								
Travel	10,000		13,365			13,365	-3,365	
Information & Public Relations	4,900		4,419			4,419	481	
Office Costs	4,000		3,990			3,990	10	
Communications	8,000		7,886			7,886	114	
Financial Charges	990		2,231			2,231	-1,241	
Other General Expenses	990						990	
Total General Expenditure	28,880		31,892			31,892	-3,012	
Indirect Costs								
Programme & Services Support Recovt	16,046		15,943			15,943	103	
Total Indirect Costs	16,046		15,943			15,943	103	
TOTAL EXPENDITURE (D)	262,913		261,224			261,224	1,689	
VARIANCE (C - D)			1,689			1,689		

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Selected Parameters

Reporting Timeframe	2012/8-2013/4	Programme	MDRCD011
Budget Timeframe	2012/8-2013/1	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	262,913	0	262,914	262,914	261,224	1,690	
Subtotal BL2	262,913	0	262,914	262,914	261,224	1,690	
GRAND TOTAL	262,913	0	262,914	262,914	261,224	1,690	