CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

DEMOCRATIC REPUBLIC OF THE CONGO
RAPID RESPONSE
EBOLA
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21-RR-COD-47069

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	February 2022
The AAR meeting was no longer conducted in its traditional format given the current context. For these reasons, this meeting was replaced by a request for contributions that each of the UN agencies (FAO and WFP) had provided directly by email. A consultation of the agencies by email was therefore carried out at the end of December 2021, which made it possible to collect the elements of answers to the questions usually discussed during formal AAR meetings, in particular the main results achieved, the targets and people reached, the main challenges encountered, the CERF's Added Value and lessons learned. This is how the UN agencies, stakeholders in this process, had shared their contributions to the relevant sections of this final narrative report.	
Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒ No ☐
Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒ No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

This CERF allocation enabled partners to support the Ministry of Health (MoH) in its efforts to break the chain of transmission of the new Ebola virus disease (EVD) outbreak in North Kivu province, in keeping the number of potential infections low, and preventing its spread to other provinces in The Democratic Republic of Congo (DRC). While the 2020 post EVD Rapid Response CERF allocation helped to ensure a continued support to areas after the epidemy was declared over in June 2020, this allocation built on the achievements of the on-going allocation and complemented with a new package of activities that enabled an immediate action on the ground to respond to the new outbreak. This allocation has been helping to strengthen the health situation through prevention and control of infections, reinforcement of the surveillance and improvement of the quality of the health services in the affected areas. Thus, it contributed to reduce avoidable morbidity and mortality in EVD response activities related to the prevention of virus transmission. In addition, the CERF funds strengthened the capacities of health care providers and health facilities. Furthermore, it secured lifesaving assistance to the families of the survivors' and the most vulnerable communities in the EVD affected areas.

CERF's Added Value:

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes ☒ Partially ☐ No ☐

Yes, CERF funds led to a fast delivery of assistance to people in need, as the funds were received at the beginning of the epidemic, contributing to a fast response. In the other hand, geographical flexibility and the rapid process of the funds disbursement allowed UNICEF to provide beneficiaries with life-saving assistance in a timely manner. The presence of UNICEF existing partnerships with different actors, including implementing partners already deployed in the area and Community Animation Committees trained during the 10th Ebola response represented a critical element to mobilise communities in response to the EVD resurgence.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Yes, CERF funds have helped respond to time-critical needs, because an early response in an epidemic outbreak contributes to early control of the spread and containment of the outbreak. CERF funds helped to rapidly scale up life-saving interventions and prevent the spread of Ebola Virus Disease (EVD). Providing a timely response was critical to minimize the risk of epidemic spread in burdening health zones, provinces and countries.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

CERF improved coordination amongst the humanitarian community notably through the district/health zone cluster coordination mechanism in order tackle common challenges and to improve service delivery in collective efforts. Moreover, the coordination allowed timely sharing of information with other partners including UN, INGOs and NGOs which helped in tracking the progress and ensure that the project is implementing as planned.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

Resource mobilization for the EVD epidemic was very challenging and limited to the availability of very few donors. The length of the funds was however very useful to ensure that activities could be maintained during the post-epidemic period, where enhanced surveillance is paramount to reduce the risks of recurrence, despite the shortage of funds available for the overall response.

However, CERF funds helped to increase opportunities for mobilizing additional resources to respond to the EVD resurgence, while the country had to tackle multiple humanitarian crises at the same time. CERF funds not only allowing the immediate roll out of the response but also promoted the approach to be replicated and the needs assessment which served as a basis to approach other donors in order to examine the way forward in addressing the identified issues. The funds have become a catalyst particularly in the successive Ebola responses at the level of North-Kivu.

Considerations of the ERC's Underfunded Priority Areas[1]:

See the individual agency reports on how the 4 priority areas were considered..

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**11,600,000**
CERF	4,013,391
Country-Based Pooled Fund (if applicable)	
Other (bilateral/multilateral)	
Total funding received for the humanitarian response (by source above)	4,013,391

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
IOM	21-RR-IOM-003	Health	500,000
UNFPA	21-RR-FPA-001	Health - Sexual and Reproductive Health	300,000
UNFPA	21-RR-FPA-001	Protection - Gender-Based Violence	0
UNICEF	21-RR-CEF-004	Protection	468,365
UNICEF	21-RR-CEF-004	Health	396,309
UNICEF	21-RR-CEF-004	Water, Sanitation and Hygiene	336,262
WHO	21-RR-WHO-004	Health	2,012,455
Total			**4,013,391**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**2,994,422**
Funds sub-granted to government partners*	85,628
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	867,376
Funds sub-granted to Red Cross/Red Crescent partners*	65,965
Total funds transferred to implementing partners (IP)*	**1,018,969**
Total	**4,013,391**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

On 7 February 2021, the Democratic Republic of Congo declared an outbreak of Ebola after the laboratory confirmation of a case in North Kivu. As of 9 March, 11 cases were reported across 4 health zones (Katwa, Biena, Musienene and Butembo). An additional 11 neighbouring health zones in North Kivu (Kalunguta, Mabalako, Manguredjipa, Vuhovi, Masereka, Lubero, Kyondo, Beni, Mutwanga, Goma, Karisimbi) and 3 health zones in Ituri (Komanda, Mandima, Mambasa) were identified to be at risk, and in need of heightened surveillance and awareness-raising. It is important to note that North-Kivu province was also affected by the Covid-19 pandemic which increased the humanitarian needs in the area. Thus, any intervention had to ensure a comprehensive response to Covid-19 pandemic as well as to the EVD outbreak, to the extent possible.

Consequently, the Congolese government developed a three-months response, calling the key actors for joint efforts to ensure a maximum control of the new outbreak and strengthening of the preventive measures. Several partners were already engaged in the response, including UN agencies WHO, UNICEF (protection, health and Water Sanitation and Hygiene -WASH), IOM (WASH), UNFPA (Health, Protection/GBV and PSEA), OCHA (support to the coordination); and INGOs: Alima and IMC (Health), OXFAM (WASH in health facilities), MSF France (Health) and IRC, Save the Children, Heal Africa which newly arrived to Butembo. It should be mentioning that the presence of partners in Lubero, one of the high areas at risk targeted by this allocation, had decreased after the 9th EVD response was declared over in June 2020. However, the area remained highly fragile with newly displacements of populations (approx. 20,000 households) fleeing armed conflicts occurred in December 2020 and January 2021.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 16 February allocated $6 million from CERF's rapid response window for life-saving humanitarian action. These funds enabled 4 UN agencies (IOM, UNFPA, UNICEF, WHO) and partners to support government-led efforts to break the chain of transmission of the new Ebola Virus Disease outbreak. These 4 agencies responded together to the most critical needs by complementing each other on the ongoing response and intervening at community and household levels, as well as responding to the current gaps with time critical and life-saving activities. Being part of the previous EVD responses in DRC, the four (4) proposed recipients of this allocation had already developed appropriated mechanisms to respond in a timely and efficient matter to the new outbreak. Indeed, the allocation built on the on-going activities that were funded through a $40 million CERF allocation to DRC in 2020. Thus, the synergy of the interventions had an impact on behaviour change within communities.
Through this allocation, a total of **2,650,440** beneficiaries including travellers were reached through a Health, WASH, and Protection (GBV and PSEA) package. The key priorities implemented by the identified agencies, were identified across the following clusters: (i) Health, (ii) WASH, (iii) Protection, Comprehensive Health/ Protection package, (iv) and Protection against VBG.
In the WASH sector, CERF has enabled the following achievements:

Trough IOM project:

- 16 hand washing stations were rehabilitated/constructed to strengthen IPC practices against EVD at the POE/POC
- A permanent water source was constructed in the community at Mabalako and extended water adductions to the community in Kangote and Kasindi.

Trough UNICEF project:

- The decontamination within 72 hours of all healthcare facilities (28**)** contaminated by EVD was made.
- 3 healthcare facilities in Butembo received IPC-WASH kits and 6 health facilities benefited from WASH infrastructure including sanitation facilities.
- 84 households received provision of EVD prevention kits and were sensitized on their use and on EVD prevention measures.
- 20,500 people were provided with an improved access to drinking water through the rehabilitation of water supply system via the laying of 12,460 linear meters of piping and the rehabilitation and construction of reservoirs.
- 102 members of water management committees at village level were strengthened in capacities to ensure an adequate management and maintenance of these infrastructures.

- 34,874 people were sensitized EVD as well as COVID-19 and water-borne diseases prevention measures.

In the health sector, CERF has enabled the following achievements:

Trough IOM project:

- 21 Points of Entry and Points of Control (POE/POC) were supported along mobility corridors.
- Epidemiological surveillance, Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC)/WASH activities were implemented at POE/POCs.
- 4,073,952 (98.1%) people who crossed the POE/POCs were reached with tailored, culturally appropriate EVD and Coronavirus (COVID-19) risk communication messages.
- 1,236 household visits were conducted in communities living around POE/POCs during which 6,753 persons (3,097 men and 3,656 women) were reached with tailored risk communication messages.
- 13,438 people (6,409 men and 7,029 women) reached through 83 mass sensitization events conducted at assembly points.
- 10 Health Areas in Vuhovi and Lubero Health Zones around the POE/POCs benefited from strengthened epidemiological surveillance.
- 478 Community Health Workers (CHW) from 40 Cellule d'Animation Communautaire networks were trained on CBS of EVD and other epidemic prone diseases under surveillance including COVID-19.
- 3 Population Mobility Mapping (PMM) exercises were conducted in affected and neighboring health zones (Kyondo, Lubero and Musienene Health Zones in North-Kivu Province).
- 2 Flow Monitoring Points (FMP) were set-up along the major axis of mobility and allowed evidence-based implementation of targeted public health interventions and positioning of POE/POCs.
- donated equipment and supplies for the functioning of the POE/POC[2] and donated contingency stock to the MOH to support the functioning of POEs and to activate POCs in the event of a resurgence of EVD.

Trough WHO project:

- 26,738 live alerts were launched: 99.8% (27,882 / 27,925) of them were investigated, and 17.2% (4,794/27,882) of alerts were validated.
- 3, 2021, 4.281 lab samples were collected and analyzed.
- Among 126 prioritized health facilities, 70 (55.5%) had a score < 50%, 55 (43.7%) were between 50-79% and 1 (0,8%) more than 80% at the first assessment. During the second assessment, 19.0% (24/126) had a score ≥80%.
- 88% (429/487) of community incidents were solved within 72 hours since their report.
- 1898 people have been vaccinated among them 136 EVD direct contacts, 465 contacts of contacts and 1297 probable contacts. 556 of vaccinated people were health care workers.

Trough UNICEF project:

- 280,000 U-reporters were reached with information on the Ebola resurgence, the importance of vaccination and community-based surveillance in households.
- 7,344 CACs members trained on EVD prevention measures and awareness raising techniques reached more than 595,794 people with messages on EVD prevention measures.
- 612 CACs were revitalized and conducted community-based surveillance activities.
- More than 11,000 people requested information via the interactive SMS notifications system on Ebola resurgence, transmission, and treatment.
- *A* comprehensive review of existing evidences and recommendations issued from the 55 studies and researches conducted during the 10th Ebola outbreak (2018-2020) was conducted.
- 22 priority recommendations were identified to consider in the design and implementation of the response to the 12th outbreak in Butembo.

In the specific sector of reproductive health, CERF has enabled the following achievements:

[2] *According to a standardized list approved by the Ministry of Health*

Trough UNFPA project:

- capacities of 97 healthcare providers (doctors, nurses, and midwives) were strengthened on infection prevention and control, including in obstetrics, management, and referral of suspected cases of pregnant EVD.
- 200 hand washing kits and 200 PCI kits were distributed in 9 affected health zones.

In the Protection sector, CERF has enabled the following achievements:

- 9,376 members of influential leaders and groups were reached/sensitized through advocacy, community engagement and interpersonal communication activities.
- 57 children separated from their families affected by the EVD were reintegrated in schools, and 15 of these children were trained on life skills.
- 1,867 children benefited from individualised psychosocial support provided in 2 ETCs.
- 6,058 persons around confirmed cases were reached with messages on EVD through psychoeducation sessions conducted by para-social workers and psychologists.
- Several EVD awareness tools and materials (posters, etc.) were produced and delivered to the affected health zones.
- 131,442 were sensitized on signs of EVD to adopt responsible behavior to prevent it.

In the specific sector of Protection/GBV, CERF has enabled the following achievements*:*

- 14 recommendations on PSEA and GBV were co-developed with all response actors.
- 635 Gender-Based Violence (GBV) survivors were referred to appropriate sexual and reproductive health and psychosocial services and received individualised support.
- 29,203 women and children benefited from GBV risk mitigation measures (including SEA risks) and 591 children and adults had access to a safe and accessible complaint mechanism for reporting sexual exploitation and abuse.
- CERF funds were also critical for the set-up of a PSEA focal point within the Ebola coordination. A protocol of good humanitarian conduct was adapted and signed by the various members of the commission and all commissions members were trained on PSEA.
- 168 government partners, humanitarian actors and partners involved in the Ebola response were informed about the PSEA and 102 of them signed the code of conduct.
- 20,966 people were sensibilized on prevention against gender-based violence, abuse and sexual exploitation.

People Directly Reached:

A total of 2,650,440 people including 397,566 people living with disabilities out of a target of 854,219 people targeted in the chapeau document received direct assistance in 11 neighbouring health zones in North Kivu (Kalunguta, Mabalako, Manguredjipa, Vuhovi, Masereka, Lubero, Kyondo, Beni, Mutwanga, Goma, Karisimbi) and in 3 health zones in Ituri for an overall achievement level of 310 %. This overrun (310% of the target) is a result of the fact that the number of individuals directly assisted with CERF funding was significantly higher than expected. Indeed, the initial target population did not consider the spread of the outbreak to other health zones and therefore only covered the population living in the Butembo area. As the epidemic spread, IOM opened Points Of Control (POCs) in other areas, increasing the overall coverage area. In addition, the number of people directly assisted by IOM had not taken into account occasional travellers crossing this area from North Kivu to other provinces (Tshopo and Ituri) and vice versa, as well as communities crossing the border with Uganda.
This total of 2,650,440 people corresponds to the number of people directly affected in the health sector. This figure, which is the highest between the different sectors (Health, Reproductive health, Protection, EHA) has been considered to avoid overlaps and double counting of beneficiaries between the clusters. It should be noted that 32,106 people (including 19,619 women and girls) benefited from assistance in Reproductive Health, 20,500 people assisted in Water, Hygiene and Sanitation (EHA) and 20,966 people (including 10,465 women and girls) in Protection/GBV.

People Indirectly Reached:

Globally, about 4,000,000 people living in the affected and high-risk areas were indirectly assisted through the 4 projects.

Through IOM project, all the population in the areas and the travellers from surrounding communities around the health screening points and along the mobility corridors (approx. 2,892,752 people including 742,659 Internally Displaced People) indirectly benefited from the activities implemented by the project. Specifically, they benefited from risk communication and health education that was conducted at the POC and surrounding areas, which contributed to sensitize and raise alerts in the surrounding community on the risks of spreading the disease and on the measures to be implemented to reduce the risk of infection.

Through UNICEF project, approximately 4,000,000 (including 30% of women) people living in the affected and high-risk areas were reached with messages on EVD prevention through 45 radio programmes. Under WASH component, additional households within the coverage zones benefitted from the construction and rehabilitation of WASH facilities as well as IPC awareness activities in relation to EVD and Acute Water Diarrhoea (AWD) prevention measures, while under Child Protection component, the affected population benefitted from psychosocial support, access to child protection services, including 1,200 teachers, 250,000 women and 40,000 men reached by PSEA awareness campaign and information on GBV through radio programmes.

Through UNFPA project, 131,442 persons were reached by SRH awareness activities, and benefit from messages on prevention and response measures for SEA /GBV cases through media and community actions. The project benefit also to different community members and leaders, who were trained and sensitized, including humanitarian actors and government workers whose capacities were strengthened.

Through WHO project, about 2,644,782 people living in the 9 ZS targeted by the project were reached through the community health workers, community leaders and health practitioners in health facilities.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	50,693	46,336	46,938	43,183	187,150	796,961	753,546	565,366	534,567	**2,650,440**
Health - Sexual and Reproductive Health	6,364	6,161	8,678	10,757	31,960	10,411	6,058	9,208	6,429	**32,106**
Protection	1,350	1,200	2,354	2,200	7,104	1,133	755	1,243	1,261	**4,392**
Protection - Gender-Based Violence	4,208	4,107	5,785	5,973	20,073	4,863	4,607	5,602	5,894	**20,966**
Water, Sanitation and Hygiene	1,764	1,680	2,520	2,436	8,400	4,305	4,100	6,150	**5,945**	**20,500**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	187,150	2,650,440
Other affected people	19,428	0
Total	**206,578**	**2,650,440**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	54,395	796,961	29,872	84,805
Men	50,590	753,546	28,102	80,185
Girls	52,400	565,366	40,240	119,544
Boys	49,193	534,567	37,923	113,032
Total	**206,578**	**2,650,440**	**136,137**	**397,566**

Note: The estimated people targeted was calculated based on the highest population figure provided under the IOM project

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-IOM-003

1. Project Information

Agency:	IOM	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Health	**CERF project code:**	21-RR-IOM-003
Project title:	Active surveillance among travellers and mobile populations in Ebola Virus Disease outbreak in North Kivu, Eastern Democratic Republic of the Congo		
Start date:	15/03/2021	**End date:**	14/09/2021
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 150,000**
Amount received from CERF:	**US$ 500,000**
Total CERF funds sub-granted to implementing partners:	**US$** 65,965
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 65,965

2. Project Results Summary/Overall Performance

The project, implemented from 15 March 2021 to 15 September 2021, sought to support the Point of Entry Commission by strengthening epidemiological surveillance of Ebola Virus Disease (EVD) at Points of Entry (POEs) and Points of Control (POCs) in North Kivu province of DRC; and mitigate its risk of spread to neighbouring health zones and countries (Uganda and Rwanda) through population mobility.
- 21 Points of Entry and Points of Control (POE/POC) were supported along mobility corridors.

- Epidemiological surveillance, Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC)/WASH activities were implemented at POE/POCs.

- A cumulative total of 4,151,785 crossings were registered across the 21 POE/POCs with 4,077,600 (98.2%) of them screened for EVD (See Annex 1). Among those screened, 529 EVD alerts were reported among which 528 (99.8%) were investigated and 279 (53%) validated as EVD suspect cases and referred for further management (See Annex 2). None of the suspect cases were confirmed positive for EVD.

- 4,073,952 (98.1%) people who crossed the POE/POCs were reached with tailored, culturally appropriate EVD and Coronavirus (COVID-19) risk communication messages. Furthermore, 1,236 household visits were conducted in communities living around POE/POCs during which 6,753 persons (3,097 men and 3,656 women) were reached with tailored risk communication messages.

- 13,438 people (6,409 men and 7,029 women) reached through 83 mass sensitization events conducted at assembly points.

- 16 hand washing stations were rehabilitated/constructed to strengthen IPC practices against EVD at the POE/POC (See Annex 3). All 21 functional POCs had two functional hand-washing stations with clean water and soap for hand hygiene. Furthermore, IOM constructed a permanent water source in the community at Mabalako and extended water adductions to the community in Kangote and Kasindi.

- 10 Health Areas in Vuhovi and Lubero Health Zones around the POE/POCs benefited from strengthened epidemiological surveillance. IOM collaborated with Ministry of Health (MOH) and DRC Red Cross to train 478 Community Health Workers (CHW) from 40 Cellule d'Animation Communautaire (CAC) networks on CBS of EVD and other epidemic prone diseases under surveillance including COVID-19. These CHWs notified 5,964 alerts[3] to the MOH alert center in their respective health zones.

- 3 Population Mobility Mapping (PMM) exercises were conducted in affected and neighboring health zones (Kyondo, Lubero and Musienene Health Zones in North-Kivu Province), (See Annex 4).

- 2 Flow Monitoring Points (FMP) were set-up along the major axis of mobility (at Kangothe and Mususa POCs), (See annex 5). The PMMs and FMPs led to optimal understanding of movements to and from the affected health areas which allowed evidence-based implementation of targeted public health interventions and positioning of POE/POCs (See Annex 6).

- IOM additionally donated equipment and supplies for the functioning of the POE/POC[4] and donated contingency stock to the MOH to support the functioning of POEs and to activate POCs in the event of a resurgence of EVD[5].

3. Changes and Amendments

- During the implementation of the project, the context changed requiring IOM to make commensurate adjustments to the overall strategy to compensate for the challenges and changes. The most significant challenge was a reduction in community acceptance of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), United Nations (UN) Agencies and international Non-Governmental Organizations (NGOs) in Beni, Butembo health zones and Lubero and Rwenzori territories. This community rejection led to multiple protests by local communities against these organizations. The ensuing insecurity led to the evacuation of UN agencies and international NGOs including IOM on 16 April 2021, for a period of 5 weeks. The evacuation, coupled with unrest and increased insecurity in the areas affected by the epidemic brought to a halt the overall EVD response for several weeks, with limited capacity to maintain key activities. The epidemiological surveillance at POCs was also reduced and the activity at some points of control was interrupted due to security risks. This explains why the indicators 2.1 and indicator 2.2 were not achieved.

- During the temporary closure of the IOM field office, IOM developed a strategy for tele-supervision to support the frontline workers and conduct remote supervision of activities at the POE/POC, in collaboration with the POE Commission. After resolution of the situation, IOM reopened its field office in Butembo on 14th May 2021 and restored field activities after 5 weeks of closure. To regain community trust, IOM reinforced its risk communication and community engagement activities, engaging authorities, religious and community leaders, women's groups, youth groups, men's groups, and mobile populations such as drivers of transport agencies and motor-bike riders. This explains the **overachievement** of the 3.4 indicator, which implemented 184 RCCE activities instead of the 2 activities planned.

-There was a change in the dynamics of the EVD outbreak during the project. On 3 May 2021, 8 weeks after the start of the project, the MOH declared the end of the 12th EVD outbreak. IOM worked with the MOH to elaborate a 90-day post-Ebola transition plan with hightened epidemiological surveillance. During this period, IOM scaled down the number of functional POCs from 21 to 14 according to the POE Commission strategy. Furthermore, IOM initiated Community-Based Surveillance (SBC) activities in health areas around POE/POCs.

- Finally, the **number of individuals directly assisted with CERF funding was significantly higher than expected**; the initial target population did not consider the spread of the outbreak to other health zones and therefore only covered the population living in the Butembo area. As the epidemic evolved, IOM opened POCs in other areas, increasing the overall coverage area. In addition, the number of people directly assisted by IOM did not consider occasional travellers who cross this area from North Kivu to other provinces (Tshopo and Ituri) and vice versa, as well as communities that cross the border with Uganda.

[3] *Alerts of EVD and Disease with Epidemic Potential*
[4] *According to a standardized list approved by the Ministry of Health*
[5] *The contingency stock was used by the National Border Health Program (PNHF) to activate POCs during the 13th EVD outbreak in Beni Health Zone.*

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	121,097	114,501	184,736	174,673	**595,007**	796,961	753,546	565,366	534,567	**2,650,440**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**121,097**	**114,501**	**184,736**	**174,673**	**595,007**	**796,961**	**753,546**	**565,366**	**534,567**	**2,650,440**
People with disabilities (PwD) out of the total										
	21,640	20,463	32,326	30,564	**104,993**	**84,805**	**80,185**	**119,544**	**113,032**	**397,566**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The overall population living in the geographic area, where POE/POC were activated and supported by the project, is estimated at **2,892,752** people including 742,659 Internally Displaced People (IDP). The local community living around the health screening points and along the mobility corridors benefited indirectly from the activities implemented by the project even if they do not travel. Specifically, they benefited from risk communication and health education that was conducted at the POC and surrounding areas, which contributed to sensitize and raise alerts in the surrounding community on the risks of spreading the disease and on the measures to be implemented to reduce the risk of infection. Thus, they could notify themselves (self-reporting), requested for support from the frontline workers in charge of screening, and if the community-based surveillance case definition was met, early isolation and transfer for laboratory investigation was organized reducing the time a possible case spent in the community and risks of further contamination before isolation.

Furthermore, given the commercial role played by the city of Butembo, with its busy economic exchanges with neighbouring cities, provinces and countries, the traders and merchants passing through the city indirectly benefited from the implemented activities.

The mining sector played a role in the movements of the population around the affected area. Economic migrants working in the mines and travelling through the region benefited from the public health measures implemented at points of health control.

6. CERF Results Framework

Project objective	Mitigate the EVD epidemic in the affected area by focusing on reducing the population mobility related risk factors for the spread of the disease.
Output 1	Health surveillance of mobile populations is strengthened through the analysis of risks linked to mobility patterns.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of population mobility mapping exercises (PMM) conducted	3	3	PMM reports
Indicator 1.2	# of active flow monitoring points setup to inform Ebola response and preparedness programming	2	2	FMP report

Explanation of output and indicators variance:

- During the Project, 3 PMMs exercises were planned and all 3 were conducted in Kyondo, Lubero and Musienene Health Zones.
- Furthermore, 2 FMPs were planned and all 2 were set-up in Kangothe and Mususa POCs.

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct population mobility mapping (PMM) around hotspot health zones to inform the implementation of health surveillance points	IOM, MOH, PNHF,
Activity 1.2	Activate flow monitoring points at high mobility POC and/or major congregation points of targeted mobility corridors and develop dashboard to inform public health emergency preparedness and response programming	IOM, DRC Red Cross
Activity 1.3	Train enumerators on flow monitoring data collection	IOM, DRC Red Cross

Output 2	Disease surveillance along the mobility corridors (POC) and at-risk international borders is reinforced

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# active health screening points (POCs) that do not experience interruption of screening during opening hours	15	11	• Weekly IOM situation reports • PNHF epidemiological surveillance database for 12th EVD outbreak.
Indicator 2.2	% POC having reported at least 1 alerts/week	75%	37.3%	• Weekly IOM situation reports • PNHF epidemiological surveillance database for 12th EVD outbreak.
Indicator 2.3	% frontline POC/PoE workers trained on health screening of travellers	90%	92% (231/251)	• Weekly IOM situation reports. • Training reports.
Indicator 2.4	% frontline POC/PoE workers trained on SOP on management of sick travellers and IPC measures at POC	90	231 (165 men, 66 women)	• Weekly IOM situation reports. • Training reports.
Explanation of output and indicators variance:		• EVD response activities at POC were interrupted due to tensions between the local community and MONUSCO, UN Agencies and International NGOs that lead to unrest, as well as insecurity in the area and attacks by armed groups along the main roads including targeting existing official roadblocks where POC were established. This resulted in the under-achievement of indicator 2.1 and 2.2. Furthermore, this also led to delays in the training of frontline health care workers, particularly in health zones which were plagued by insecurity and ADF attacks, hence the limited achievement of indicator 2.3, although still meeting the target. • Due to insecurity especially in Biena, day to day supervision could not be conducted at the POCs in this health zone, where most movements were possible only with armed escort and initially prohibited to UN agencies. As a result, supervision of those POCs was only done by PNHF and BCZ staff that were deployed sporadically when the security situation allowed. This minimal supervision compromised the capacity and consistency of POC to implement surveillance activities. IOM also developed a guide for tele-supervision to support the frontline workers and conduct remote supervision of activities at the POE/POC, in collaboration with the POE Commission.		

Activities	**Description**	**Implemented by**
Activity 2.1	Activate and operate POC	IOM in collaboration with Ministry of Health (BCZ and PNHF)
Activity 2.2	Report alerts at POC/POE to the surveillance teams for investigation within 1 hour of detection	IOM in collaboration with Ministry of Health (BCZ and PNHF)

Activity 2.3	Train frontline POC community health workers on health screening of travellers, prevention of sexual exploitation and abuse, data collection at POC, communication under stress, stress management	IOM in collaboration with Ministry of Health (BCZ and PNHF)
Activity 2.4	Conduct active contact tracing based on constantly updated lists of contacts shared at POC/POE with the use of digital data	IOM in collaboration with Ministry of Health (BCZ and PNHF)
Activity 2.5	Report daily on POC/POE data collected by using the POE data application	IOM
Activity 2.6	Train frontline health workers at POC and multidisciplinary border teams of POC/POE on IHR and disease surveillance	IOM in collaboration with Ministry of Health (BCZ and PNHF)

Output 3	Travellers and communities living around POC/POE and along mobility corridors are informed of the risks of disease and the measures to prevent and control the infection.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# hand washing stations built/rehabilitated at POC/POE	15	16	• Goods receipts note for hand-washing stations constructed or rehabilitated. • IOM weekly situation reports.
Indicator 3.2	# permanent hand washing points built along mobility corridors	2	2	• Goods receipts note for hand-washing stations constructed or rehabilitated. • IOM weekly situation reports.
Indicator 3.3	% travellers receiving information on risk communication	95%	98.1% (4,073,952/4,151,785)	• Weekly IOM situation reports • PNHF epidemiological surveillance database for 12th EVD outbreak.
Indicator 3.4	# community engagement events organised per health area	2	184	• Weekly IOM situation reports • PNHF epidemiological surveillance database for 12th EVD outbreak.

Explanation of output and indicators variance:	• IOM constructed/rehabilitated handwashing stations at 16 POE/POCs. • A total of 2 permanent hand-washing stations were constructed in the community during the project in Kasindi Health Zones and Mabalako Health Zones. • In an effort to regain community trust, IOM reinforced its risk communication and community engagement activities, and engaged

	authorities, religious and community leaders, women's groups, youth groups, men's groups, groups of mobile populations. This explains why the indicator of the number of CREC activities achieved was 184 instead of 2 activities planned.

Activities	Description	Implemented by
Activity 3.1	Construction/rehabilitation of hand washing points at POC/POE	IOM
Activity 3.2	Construction of permanent hand washing points along the mobility corridors	IOM
Activity 3.3	Organisation of risk communication and community engagement events at POC/POE and along mobility corridors	IOM and implementing partner
Activity 3.4	Community feedbacks are collected and analysed to improve the functionality of the disease surveillance of travellers	IOM
Activity 3.5	Train frontline community health workers on risk communication, infection prevention and control measures,	IOM

7. Effective Programming

a. Accountability to Affected People (AAP) [6]:

Before activation of POCs, IOM conducted Population Mobility Mapping exercises to understand population mobility. Local communities participated in PMM exercises and participated in the decision on the ideal locations for activating POCs and assembly points to be targeted for public health interventions. Furthermore, before activation of POCs, IOM communicated with traditional, administrative, and religious leaders and local communities living around the POCs to get their approval. Multi-disciplinary POC platforms were created in four POC, including Kangote, Cudjeki, Mususa and Bulambo with the participation of frontline workers, PNC, Fonds National d'Entretien Routier (FONER- maintenance service at the POE), local leaders and Division Générale de la Migration (DGM), also aimed at providing community feedback to the IOM team on POE/POC activities. This platform monitored POE/POC activities and implemented local solutions to issues that arose at POE/POCs. For example, the POC platforms were instrumental in increasing the acceptability of rapid diagnostics test of corpses intercepted at the POC. This was due to the multi-disciplinary approach used with psychosocial teams explaining the procedure, obtaining consent from families, and providing psychosocial support, health personnel conducting the tests, local security officers ensured crowd control and orderly conduct at the POC

With the zonal strategy during the 12th EVD response, local health authorities of the health zone led the implementation of activities at the POCs. Furthermore, frontline workers were recruited from local communities which resulted in a high acceptance of public health interventions at the POCs. A total of 63 community feedback sessions and 13 suggestion boxes were used to collect community feedback (See part b).

Guided by the localization agenda as championed by the Grand Bargain, IOM involved DRC Red Cross (RC) to implement risk communication and community engagement, flow monitoring and SBC activities in the project areas. Working with Red Cross volunteers who resided in the target areas significantly enhanced the acceptance of IOM interventions while making it possible to reach areas which would have been ordinarily difficult to reach.

b. AAP Feedback and Complaint Mechanisms:

IOM implemented multiple community feedback mechanisms during the project to collect community feedback. IOM installed suggestion boxes at 13 POC/POEs for the collection of community feedback while maintaining confidentiality (feedback was written anonymously and only the feedback management committees had the ability to access the boxes to analyse feedback). Furthermore, IOM conducted 46 community dialogues (833 participants, 221 females, 612 males) to collect feedback on the activities at POE/POCs. During the entire

[6] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

period of the project, a total of 164 community feedback was received, analysed, and addressed by the IOM team. This feedback also led to identification of additional needs in the community which IOM responded to. For example, community feedback led to identification of gaps in water supply and handwashing stations at assembly points such as the market in Kyambogho and Mabalako health Centre. In response to these gaps, under a different project, IOM constructed a borehole in Mabalako with outlets to serve the health center and neighboring communities. Furthermore, IOM constructed handwashing stations in Kyambogho market. IOM shared community feedback with local health authorities so they could be addressed.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

IOM is part of the interagency initiative to combat sexual exploitation and abuse (SEA) and worked in close collaboration with the interagency team led by United Nations Population Fund (UNFPA) experts on the ground in Butembo, which ensured a common functional mechanism to prevent and report SEA. Furthermore, the SEA coordination designated a national phone number to provide the opportunity to the community and all IOM interlocutors for complaints and feedback, while maintaining full confidentiality, as part of the interagency initiative for prevention of PSEA, fraud and complaints. During the project, there were no reports of SEA against IOM staff.

All IOM staff attended an internal PSEA training and signed a code of conduct, which was part of the interagency mechanism. A PSEA focal person was identified in Butembo, and represented the organization at PSEA local coordination meetings, ensured all new staff arriving at Butembo were briefed on PSEA and delivered the PSEA training module during the frontline workers' training sessions at POC/POEs. IOM also ensured that DRC Red Cross (implementing partner) staff attended a PSEA training module before being deployed to the field.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

IOM involved women in activities by encouraging people of different gender, ages, and occupations to participate in population mapping (PMM) exercises and community sensitization at POC/POEs to ensure their interests were represented. Women and men were included during sensitization and risk communication sessions, which targeted cross-border saleswomen and small traders or women working in the markets located in mobility corridors. IOM ensured that women were represented among frontline workers at POE/POCs as well as in supervision (at POC, FMP). A total of 61 (26.2%) of frontline workers, six (26%) of investigators and five (21.7%) of team leaders were women., Women were also involved in the organization of the POE/POC multidisciplinary platforms to ensure their interests and priorities were represented and included in the discussion. This was particularly important for the local small female traders that sell their goods at the POE/POC.

e. People with disabilities (PwD):

IOM conducted a specific community dialogue session for people with disabilities in the HZ of Beni (19 participants, 11 females, 8 males). People with disabilities also had access to disease surveillance at health screening points. In situations where people with disabilities could not join the screening circuit, frontline workers exited the circuit to take their temperature and visual screening. Furthermore, in similar situations where beneficiaries with disabilities could not have access to hand-washing stations, hand sprayers or alcohol-based hand rubs were used by frontline workers to ensure that they could perform hand hygiene. An educational talk was held with persons with disabilities to sensitize them on methods of transmission and prevention of EVD during which 19 persons with disability participated (8 males and 11females).

f. Protection:

IOM ensured that protection was mainstreamed during the entire project.

Prioritizing safety, dignity and avoid causing harm: During the response, IOM ensured that the POE/POCs were located in safe locations with a low likelihood of security concerns or could not be used by thieves to stop travellers. Furthermore, alerts and suspect cases were treated with dignity and respect. While in temporary isolation awaiting transfer to Ebola treatment centers, suspect cases were provided with counselling support by frontline workers to ensure they understood the reasons for delaying their travel and eventual referral.

Ensure meaningful access: IOM ensured that all travellers passing through POE/POCs were offered to be screened for EVD irrespective of their age, sex, gender, nationality, race, or ethnic origin.

g. Education:

Not Applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not Applicable

9. Visibility of CERF-funded Activities

Title	Weblink
Construction de stations de lavage des mains dans le cadre de la lutte contre Ebola et la COVID-19.	https://twitter.com/IOMinDRC/status/1454063435407372298
Construction d'un forage et de système d'adduction d'eau dans le cadre de la lutte contre Ebola.	https://twitter.com/IOMinDRC/status/1454065699048103945

3.2 Project Report 21-RR-FPA-001

1. Project Information

Agency:	UNFPA	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	**CERF project code:**	21-RR-FPA-001
Project title:	Reduction of Ebola disease transmission in affected areas through the strengthening of SRH health services and protection against sexual exploitation and abuse in Katwa, Butembo, Biena and Musienene		
Start date:	08/04/2021	**End date:**	07/10/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 1,100,000**
	Total funding received for agency's sector response to current emergency:	**US$ 0**
	Amount received from CERF:	**US$ 300,000**
	Total CERF funds sub-granted to implementing partners:	**US$** 120,909
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 120,909
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

-UNFPA and its partner have strengthened the capacities of **97** healthcare providers (doctors, nurses and midwives) on infection prevention and control, including in obstetrics, management and referral of suspected cases of pregnant EVD;
-**200** hand washing kits and **200** PCI kits were distributed in 9 affected health zones (Biena, Beni, Mabalako, Kalunguta, Katwa, Butembo, Musienene, Manguredjipa, Vuhovi).
-**131,442** were sensitized on signs of EVD to adopt responsible behavior to prevent it, including **20,966** on prevention against gender-based violence, abuse and sexual exploitation;
-**168** government partners, humanitarian actors and partners involved in the Ebola response were informed about the PSEA and **102** of them signed the code of conduct.
- And several EVD awareness tools and materials (posters, leaflets, panels, brochures, video, radio spots) were produced and delivered to the affected health zones.
At the end of the implementation period, majority of result indicators have been achieved at least 100%.

3. Changes and Amendments

Nothing to report

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	4,208	4,107	5,785	5,973	**20,073**	4,863	4,607	5,602	5,894	**20,966**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**4,208**	**4,107**	**5,785**	**5,973**	**20,073**	**4,863**	**4,607**	**5,602**	**5,894**	**20,966**
People with disabilities (PwD) out of the total										
	212	205	289	298	**1,004**	**420**	**228**	**249**	**193**	**1,090**

Sector/cluster	Health - Sexual and Reproductive Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	6,364	6,161	8,678	10,757	**31,960**	10,411	6,058	9,208	6,429	**32,106**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**6,364**	**6,161**	**8,678**	**10,757**	**31,960**	10,411	6,058	9,208	6,429	**32,106**
People with disabilities (PwD) out of the total										
	318	308	434	448	**1,508**	**716**	**240**	**321**	**302**	**1579**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In addition to the direct beneficiaries, the project benefit also to different community members and leaders, who were trained and sensitized, including humanitarian actors and government workers whose capacities were strengthened. (i) 22 midwives capacities were strengthened through IPC training, (ii) 131,442 persons were reached by SRH awareness activities, and benefit from messages on prevention and response measures for SEA /GBV cases through media and community actions.

6. CERF Results Framework

Project objective	Reduce the risk of transmission of viruses through strengthening the capacity of care providers on sexual and reproductive health services and support services for victims of SEA/GBV with a particular focus on infection prevention and control (IPC) in obstetric care and by improving multi-sectoral prevention and response to SEA/GBV cases.
Output 1	Infection Prevention and Control is strengthened in sexual and reproductive health services including for adolescents and young people services in 04 targeted and affected health zones

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health - Sexual and Reproductive Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of hands washing kits and disinfecting products distributed	200	200	Implementing Partner Report, UNFPA Monitoring Mission Reports and Indicator Monitoring Table.
Indicator 1.2	Number of Kits IPC distributed	200	200	Implementing Partner Report, UNFPA Monitoring Mission Reports and Indicator Monitoring Table.
Indicator 1.3	Number of persons trained	24	22	Training Report and Indicator Monitoring Table.
Indicator 1.4	Number of midwives' supervisor mobilized	1	1	UNFPA Report

Explanation of output and indicators variance:	Indicator 1.3: 22 out of 24 healthcare providers from affected health zones benefited a refresh session (in Butembo health zone) on IPC in obstetric and neonatal settings, 2 providers expected from Manguredjipa Health zone were unable to participate in the session due to insecurity on the Manguredjipa-Butembo axis.

Activities	**Description**	**Implemented by**
Activity 1.1	Ensure acquisition and distribution of hand washing kits and disinfecting products for the maternity's wards in the affected most – at-risk health zones.	UNFPA
Activity 1.2	Ensure acquisition and distribution of IPC supplies including personal protective equipment (PPE) to obstetric settings in the health facilities of the affected most at-risk health zones	UNFPA
Activity 1.3	Organize refresh sessions on IPC in obstetric and neonatal settings for targeted providers in affected health zones.	UNFPA & North Kivu Provincial Health Division

Activity 1.4	Update and deploy UNFPA midwives' supervisor in the Butembo area for IPC supervision in Maternity Units.	Sofepadi

Output 2	Members of affected communities are educated about the signs of EVD and adopt responsible behaviour to prevent it.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of awareness sessions of sensitization organized	20	22	Implementing Partner Report, Indicator Monitoring Table
Indicator 2.2	Number of persons sensitized	129,697	131,442	Implementing Partner Report, Indicator Monitoring Table
Indicator 2.3	Number of campaigns against EVD organized by Association of Winners	20	20	Implementing Partner Report, Indicator Monitoring Table
Explanation of output and indicators variance:		Indicator 2.1: Given the interest of the communities in the messages broadcast, the community radio collective (Coracom) carried out 2 additional awareness-raising sessions free of charge. Indicator 2.2: More people were sensitized than expected because of the interest that communities gave to awareness-raising messages to protect themselves and others.		

Activities	**Description**	**Implemented by**
Activity 2.1	Increase awareness in communities, in collaboration with the media	Sofepadi
Activity 2.2	Train and refresher training of humanitarian midwives, health providers, on infection prevention and control and delivery/management and or referral of suspected cases of pregnant EVD	Sofepadi
Activity 2.3	Provide sensitization through community radios and prevention programs and information in local language focusing women.	Sofepadi
Activity 2.4	Use the Association of Winners (EVD survivors) to organize a community mobilization campaign against EVD in the city of Butembo and its surroundings.	Sofepadi & Association of Winners

Output 3	Protection from Sexual Exploitation and Abuse is improved

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of the PSEA work plan for their implementation in place based on PSEA National strategy	1	1	Implementing Partner Report, Indicator Monitoring Table
Indicator 3.2	Number of Information Sharing Protocols available	1	1	Implementing Partner Report, Indicator Monitoring Table

Indicator 3.3	Number of codes of conduct signed with government partners, humanitarian actors and partners involved in the Ebola response.	100	102	Implementing Partner Report, Indicator Monitoring Table
Indicator 3.4	Number of focal points and humanitarian actors and government members briefed on the PSEA	160	168	Implementing Partner Report, Indicator Monitoring Table
Indicator 3.5	Number of targeted awareness-raising campaigns organized within the communities on a regular basis and through the local media and Women-led organizations on PSEA/GBV	72	74	Implementing Partner Report, Indicator Monitoring Table
Indicator 3.6	Number of people in communities sensitized on PSEA/GBV	20,106	20, 966	Implementing Partner Report, Indicator Monitoring Table
Indicator 3.7	Number of interagency complaint mechanism strengthened and operational	08	8	Implementing Partner Report, Indicator Monitoring Table
Indicator 3.8	% of SEA cases received at least one care service	100	100	Implementing Partner Report, Indicator Monitoring Table
Explanation of output and indicators variance:		Indicators 3.4 & 3.3 168 government partners, humanitarian actors and partners involved in the Ebola response were informed about the PSEA and 102 of them signed the code of conduct, instead of 160 and 100 respectively planned, because of the need to reach 100% of humanitarian workers present on the sites. This did not incur an additional cost. Indicator 3.5: Given the interest of the communities in the messages broadcast, the community radio collective (Coracom) carried out 2 additional awareness-raising sessions free of charge. Indicator 3.6: More people were sensitized than expected because of the interest that communities gave to awareness-raising messages to protect themselves and others		

Activities	**Description**	**Implemented by**
Activity 3.1	Inclusively develop and monitor the implementation of the network's PSEA action plan	UNFPA & Sofepadi
Activity 3.2	Share Information Protocol discussed, signed, and implemented by network members and Ebola coordination	UNFPA
Activity 3.3	Ensure that all stakeholders, government partners and coordination actors and members sign the Interagency code of conduct	UNFPA
Activity 3.4	Support the briefing/training of humanitarian actors, network members, government partners and community members on PSEA, complaints mechanisms and victim assistance mechanism in coordination with Child Protection working group and GBV Sub Cluster	UNFPA
Activity 3.5	Produce SEA awareness tools in different local languages (posters, flyers, signs, leaflets, videos, radio spots, etc.).	Sofepadi
Activity 3.6	Carry out awareness and information campaigns on prevention, SEA risk mitigation measures and existing SEA response mechanisms through local radio stations, women Led organization and promotion of the hotline 49 55 5, the dissemination of messages in the local languages of the communities;	Sofepadi
Activity 3.7	Strengthen inter-agency complaints mechanisms adapted to the realities of communities	UNFPA

Activity 3.8	Support a quality multi-sectoral assistance tailored to the needs of victims (medical, psychosocial, legal, reintegration and protection assistance) in coordination with the GBV SC and child protection working group referral pathway and in link with the victim assistance mechanisms of each network's members.	UNFPA & Sofepadi
Activity 3.9	Conduct SEA case management training for 20 service providers	Sofepadi
Activity 3.10	Conduct Clinical Management of Rape training for HW	Sofepadi
Activity 3.11	Collect feedback, analysis and share non-confidential information on prevention and case reporting with network members (analyses, lessons learned, etc.) and Ebola coordination	Sofepadi

7. Effective Programming

a. Accountability to Affected People (AAP)[7]:

This project involved the target beneficiaries as well the Association of Recovered Ebola group in the intervention package. The 9 commitments of the Core Humanitarian Standard guided the implementation of the project from its launch to its closure. "Do No Harm" and PSEA checklist analysis preceded the sector intervention carried out within the community, resulting in a positive impact. Mechanisms for accountability collection and complaint management and reporting EAS regardless of activity were shared with target communities equipped with tools to reach out their members. Community leaders involved and engaged in the implementation and monitoring of activities and gender equality was taken into account in the targeting of beneficiaries. UNFPA and Sofepadi use suggestion boxes at service delivery points to collect and address complaints from service recipients. In addition, complaints management mechanisms aimed to maintain the confidence of communities and stakeholders affected by EAS-related issues. The complaints mechanism was accessible: the CBCM was known to all through outreach, information desks, media, and promotion of 495555.

b. AAP Feedback and Complaint Mechanisms:

Complaint mechanisms was done in consultation with communities' members. Register complaints was done in complete confidentiality. Service providers observed confidentiality in the treatment of information they have received from victims through the materialization of a confidentiality protocol, that defining their roles, tasks and responsibilities, and a close of sanction through legal action in case of breach of confidentiality or disclosure of any information concerning victims.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

PSEA checklist analysis preceded sector intervention carried out within the community, giving a positive impact. Mechanisms for accountability collection and complaint management and reporting EAS regardless of activity were shared with target communities equipped with tools to reach out their members. Community leaders involved and engaged in the implementation and monitoring of activities and gender equality was taken into account in the targeting of beneficiaries. UNFPA and Sofepadi used suggestion boxes at service delivery points to collect and address complaints from service recipients. In addition, complaints management mechanisms aimed to maintain the confidence of communities and stakeholders affected by EAS-related issues.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project in its entirety focused on strengthening the resilience of women and girls in Ebola affected zones. The project ensured access to confidential and safe services taking into cognizance the stigma and protection concerns faced by victims of Gender Based Violence including SEA.

e. People with disabilities (PwD):

[7] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

During project implementation, with “no one behind approach”, Non-discriminatory ethics was applied, so all beneficiaries, especially the most vulnerable (people living with disabilities, HIV, older people, and marginalized peoples), had equal access to services sensitizations, service offer, medical services, including management and referral of suspected cases of pregnant EVD, etc.) according to their needs. Mechanism of beneficiaries’ identification was clear and explain to all, and local leaders were consulted through focus groups.

f. Protection:

All project activities were implemented according to protection issues, so any harm was caused to beneficiaries and their dignity was respect. Non-discriminatory ethics was applied, and beneficiaries had equal access to services according to their needs, including the most vulnerable (people living with disabilities, HIV, the elderly and marginalized people). The principles of "Do No Harm" were applied.

g. Education:

Awareness and training planned activities, implemented had an educational and informative character. To facilitate access to the large number of affected communities, sensitizations were also carried out in local languages through radio stations. 131,442 people benefited from this mode of education to protect themselves and others against Ebola and covid 19.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Because of both security deteriorated and volatile situation and limited access to some affected sites, it was not realistic to plan a CVA for any assistance, including dignity kits assembly and distribution.

9. Visibility of CERF-funded Activities

Title	Weblink
Formation sur la Prévention et le Contrôle des infections à Butembo, pour la réduction de la transmission de la MVE	https://drc.unfpa.org/fr/news/formation-sur-la-pr%C3%A9vention-et-le-contr%C3%B4le-des-infections-%C3%A0-butembo
Ne jamais perdre la vie en voulant donner la vie	https://drc.unfpa.org/fr/news/%C2%AB%C2%A0ne-jamais-perdre-la-vie-en-voulant-donner-la-vie-%C2%A0%C2%BB
Lutte contre la maladie à virus Ebola : UNFPA remet 2,1 tonnes d’équipements médicaux au Gouvernement provincial du Nord Kivu.	https://drc.unfpa.org/fr/news/lutte-contre-la-maladie-virus-ebola-unfpa-remet-21-tonnes-dequipements-medicaux-au-gouvernement

3.3 Project Report 21-RR-CEF-004

1. Project Information

Agency:	UNICEF	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Protection Health Water, Sanitation and Hygiene	**CERF project code:**	21-RR-CEF-004
Project title:	Provision of life-saving interventions in Ebola pandemic response in North Kivu province, Democratic Republic of the Congo		
Start date:	15/03/2021	**End date:**	14/09/2021
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 3,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 1,333,800**
Amount received from CERF:	**US$ 1,200,936**
Total CERF funds sub-granted to implementing partners:	**US$ 832,095**
Government Partners	US$ 85,628
International NGOs	US$ 0
National NGOs	US$ 746,467
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners provided a timely response to people affected by EVD in North Kivu.

Risk Communication and Community Engagement:
-9,376 members of influential leaders and groups including Community Animation Committees (CACs), religious /traditional leaders, opinion leaders, etc were reached/sensitized through advocacy, community engagement and interpersonal communication activities.
- 612 CACs were revitalized and conducted community-based surveillance activities.
- 7,344 CACs members trained on EVD prevention measures and awareness raising techniques reached more than 595,794 people with messages on EVD prevention measur
- Through the U-Report platform, 280,000 U-reporters were reached with information on the Ebola resurgence, the importance of vaccination and community-based surveillance in households.
- In addition, more than 11,000 people requested information via the interactive SMS notifications system on Ebola resurgence, transmission and treatment.

With CERF and complementary funds, the UNICEF led Social Science Analytics Cell (CASS)
- Conducted a comprehensive review of existing evidences and recommendations issued from the 55 studies and researches conducted during the 10th Ebola outbreak (2018-2020), with the aim of ensuring an evidence based, effective and efficient response to people affected by the epidemic resurgence in Butembo.
-This review resulted in the identification of 22 priority recommendations to consider in the design and implementation of the response to the 12th outbreak in Butembo.
- Co-developed 14 recommendations on PSEA and GBV with all response actors. A follow up on the implementation of these recommendations was organized in April 2021 gathering together key stakeholders and response actors. 100% of the 22

recommendations were realised across 58 different documented actions. 18 documented programme actions were taken to cover 100% of the 14 PSEA-GBV related recommendations.

In terms of Water, Sanitation and Hygiene (WASH), UNICEF and its partners:
- Ensured the decontamination within 72 hours of all healthcare facilities (28) contaminated by EVD.
- Provided 3 healthcare facilities in Butembo with IPC-WASH kits and provided 6 health facilities with WASH infrastructure including sanitation facilities (impluvium with standpipes, latrines, showers, incinerators placenta pits, ash pits and chippers)
- Provided, at community level, 84 households with provision of EVD prevention kits and sensitized them on their use and on EVD prevention measures.
- Provided 20,500 people with an improved access to drinking water through the rehabilitation of water supply system via the laying of 12,460 linear meters of piping and the rehabilitation and construction of reservoirs. A total of 102 members of water management committees at village level were strengthened in capacities to ensure an adequate management and maintenance of these infrastructures.
- Sensitiized 34,874 people on EVD as well as COVID-19 and water-borne diseases prevention measures.

UNICEF and its partners could provide adapted psychosocial support to 108 children EVD confirmed and/or suspected cases in ETCs and nurseries and to 732 families affected by EVD while visiting their relatives in ETCs.
- Overall, 1,867 children benefited from individualised psychosocial support provided in 2 ETCs, in 9 listening service points set up in health centres and run by psychologists and psychosocial assistants and in 21 fixed and 7 mobile child-friendly spaces run by community-based child protection networks (RECOPE).
- Among the supported children, 57 children separated from their families affected by the EVD were reinterated in schools, and 15 of these children were trained on life skills.
- In addition, 6,058 persons around confirmed cases were reached with messages on EVD through psychoeducation sessions conducted by para-social workers and psychologists.
- A total of 29,203 women and children benefited from GBV risk mitigation measures (including SEA risks) and 591 children and adults had access to a safe and accessible complaint mechanism for reporting sexual exploitation and abuse.
- A total of 635 Gender-Based Violence (GBV) survivors were referred to appropriate sexual and reproductive health and psychosocial services and received individualised support.
- CERF funds were also critical for the set-up of a PSEA focal point within the Ebola coordination. A protocol of good humanitarian conduct was adapted and signed by the various members of the commission and all commissions members were trained on PSEA.

3. Changes and Amendments

Overall, there was no amendment (no re-programming / no-cost extensions) made to the original project and CERF funds have been fully utilized. While the coverage of the implementation in mitigation and prevention measures was higher than the planned target, this had been addressed on the intermediate report.
Given the pandemic had been brought under control in less than 3 months – activities related to affected/confirmed cases reached less beneficiaries than expected. Simlarly, for WASH/IPC activities, UNICEF allocated remaining funds related to activities of indicator 2.1 and 2.2 - in support of activities related to indicator 2.3. In particular, the UNICEF invested in the improvement of access to safe water, benefitting to more than 20,500 people (244% of the target) through the rehabilitation of water supply systems via the laying of 12,460 linear meters of piping and the rehabilitation and construction of reservoirs connected to standpipes in Biena and Musienene health zones
Some challenges were reported during the reporting period, in particular due to security access in the intervention areas as well as the effects of the COVID-19 pandemic and the eruption of the Nyirangongo volcano.
RCCE

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	588	1,374	588	1,374	**3,924**	3,703	3,310	1,378	985	**9,376**
Total	**588**	**1,374**	**588**	**1,374**	**3,924**	3,703	3,310	1,378	985	**9,376**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	
Returnees	0	0	0	0	**0**	0	0	0	0	
Internally displaced people	0	0	0	0	**0**	0	0	0	0	
Host communities	0	0	0	0	**0**	0	0	0	0	
Other affected people	1,350	1,200	2,354	2,200	**7,104**	1,133	755	1,243	1,261	**4,392**
Total	**1,350**	**1,200**	**2,354**	**2,200**	7,104	**1,133**	**755**	**1,243**	**1,261**	**4,392**
People with disabilities (PwD) out of the total										
	45	35	75	63	**218**	**0**	**0**	**3**	**2**	**5**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	1,764	1,680	2,520	2,436	**8,400**	4,305	4,100	6,150	5,945	**20,500**
Total	**1,764**	**1,680**	**2,520**	**2,436**	**8,400**	**4,305**	**4,100**	**6,150**	**5,945**	**20,500**
People with disabilities (PwD) out of the total										
	53	50	75	73	**251**	**51**	**52**	**12**	**8**	**123**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Within RCCE component, approximately 4,000,000 (including 30% of women) people living in the affected and high-risk areas were reached with messages on EVD prevention through 45 radio programmes. Under WASH component, additional households within the coverage zones benefitted from the construction and rehabilitation of WASH facilities as well as IPC awareness activities in relation to EVD and Acute Water Diarrhoea (AWD) prevention measures. Under Child Protection component, the affected population benefitted from psychosocial support, access to child protection services, this includes 1,200 teachers (including 137 women), 250,000 women and 40,000 men reached PSEA awareness campaign and information on GBV through radio programmes.

6. CERF Results Framework

Project objective	Reduce avoidable morbidity and mortality through the provision of access to lifesaving, WASH and protection services, during the Ebola Pandemic
Output 1	Risk mitigation is strengthened through RCCE and evidence-based programming.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities. Community Animation Cells religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, and adolescents.	4,192	9,376	Implementing partner Reseau des Medias pour le Developpement (REMED)'s reports
Indicator 1.2	# of functional Community Animation Cells	327	612	Implementing partner (REMED)'s reports
Indicator 1.3	# of products / tools developed based on Social Sciences Analytics Cell (CASS) evidence	3	3	Tools and products are available here: 1. Suivi des Recommandations des analyses intégrées pour la réponse à la résurgence d'Ebola (Butembo) 2. Folder with the interim report, documentation 3. Final report
Explanation of output and indicators variance:		RCCE activities were implemented by UNICEF and its partner Reseau des Medias pour le Developpement (REMED) in the health zones of Beni, Kalunguta and Mangurejipa. **Indicators. 2.1 and 2.2:** The target was more than doubled because of a charge in the mobilisation strategy operated by the government-led		

	coordination of the EVD response. During the project implementation the strategy focused on the mobilisation of key influencers at health areas level, instead of health zone level only. This allow to sensitize and mobilize a higher number of people in the fight against EVD. **Indicator 2.2:** More CACs than expected (612 out of a target of 327) were revitalized and conducted community-based surveillance activities. The target was overreached because, based on EVD response coordination decision, the interventions was extended to the Beni health zone, not included in the target estimation, considered as an EVD 'high risk' zone for EVD. Through CACs, 43,656 alerts of community sickness and deaths were raised in the three targeted health zones, 6,832 feedback from the community received which allowed to improve the response activities. In addition, thanks to the CERF funds, 7,344 members of CACs were trained on Ebola awareness, prevention measures for community awareness and mobilization. Among these, 295 CAC leaders (including 103 women) were trained for the real-time data reporting and provided with tablets to conduct community-based surveillance activities and share EVD alerts in real time with healthcare providers. CERF funds were also critical to strengthen the capacities of 650 community leaders and 20 members of the Communication Task Force to conduct outreach activities include the promotion of community engagement around the response interventions and Ebola awareness raising campaign on risk prevention and mitigation measures. Overall, through the CERF-funded activities, more than 595,794 people were reached by messages on prevention against EVD through home visits, educational talks and awareness-raising activities conducted by CACs. Messages were also shared through the U-Report platform and 45 community radios. Through U-Report, 6 SMS push notifications were launched to 280,000 U-reporters. The first three sets of SMS aimed at engaging youth with information on (1) the Ebola resurgence in North Kivu; (2) the importance of vaccination and (3) community-based surveillance in households. These SMS notifications were followed by another three sets of interactive SMS notifications, with specific theme on (1) Ebola is back (information requested from 4,506 people); (2) How Ebola is transmitted (information requested from 3,900 people); and (3) How to cure Ebola (information requested from 2,664 people). **Indicator 2.3:** CASS produced the following documents: 1. Co-developed actions by pillar with indicators to follow over time 2. Updated final report on the actions agreed and indicators identified over time based on collaborative calls with the MoH, WHO and UNICEF response coordination 3. Short presentations were developed for the Global Outbreak Alerts Response Network (GOARN) in the form of PowerPoint to show the use of pre-existing evidence over time. No new risk communication tools were developed as the evidence did not indicate their need (new tools based on CASS evidence had been recently produced in 2019 already). However, products from CASS were used to communicate and reinforce evidence use (58 actions taken to ensure 100% of co-developed recommendations were applied within the response).

Activities	Description	Implemented by
Activity 1.1	Briefing of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities	REMED

Activity 1.2	Organise sessions to revitalize and make functional the CACs	REMED
Activity 1.3	Develop Social Sciences Analytics Cell (CASS) products/ tools and data presentation	Local researchers contracted through SODEICO

Output 2	Strengthen infection prevention and control measures at health facilities and communities with emphasis on WASH

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of households having recorded positive cases of Ebola or listed as contact beneficiaries of a prevention kit	1,400	84	Partners narrative reports
Indicator 2.2	% of places of stay of confirmed cases of EVD having been decontaminated within 72 hours	80% (80 decontaminations)	100% (28 decontaminations)	IPC-WASH Commission Sitrep and Database
Indicator 2.3	Number of people with access to a safe water source in areas affected by the epidemic	8,400	20,500	Partners narrative reports and reports of UNICEF staff field visits
Indicator 2.4	% of priority health facilities provided with prevention kits	90% (40 health facilities)	7% (3 health facilities)	Partners narrative reports

Explanation of output and indicators variance:

Indicator 2.1: 84 households received provision of EVD prevention kits (1,400 planned). The number of HHs receiving prevention kits was less than expected, due to the fact that the EVD outbreak was brought under control so the target in terms of number of cases, set by Health Ministry, were not reached. These households were also made aware of prevention measures and how to use/the important of kits. These kits were the standard package during the 10th epidemic.

Indicator 2.2.: 28 contaminated healthcare facilities, representing 100 per cent of contaminated facilities were decontaminated within 72 hours during the EVD outbreak (125 per cent of the target). Since the pandemic was brought under control, the number of decontaminations is lower than the target (80)

Indicator 2.3: 20,500 people (including 4,305 women, 4,100 men and 12,095 children) in Musienene and Biena health zones benefitted from an improved access to safe water through the rehabilitation of water supply systems and the rehabilitation and construction of reservoirs. In particular, in Musienene health zone the water supply system was rehabilitated via the laying of 4,500 linear meters of piping. A reservoir with a capacity of 100m^3 was rehabilitated feeding 57 standpipes at community level, including in 3 healthcare facilities and 2 schools. More than 14,000 people benefitted from these interventions. In Biena health zone, the water supply system was rehabilitated via the laying of 7,960 linear meters of piping. A reservoir with a capacity of 70 m^3 was constructed, feeding 26 standpipes, providing safe water to more than 6,500 people. In addition, 102 members of local water management committees (30 people in Musienene and 72 people in Biena, 43% of women) were strengthened in capacities to ensure the adequate management and maintenance of these infrastructures.

	Furthermore, in Butembo, 3 healthcare facilities benefitted from an improved access to safe water through the installation of 3 impluviums (1 per FOSA) equipped with a tank of 2,500 l for rainwater collection. **Indicator 2.4**: Three health facilities received hygiene kits instead of 40. This is due to the fact that at the time of the allocation of funds, many health facilities were supplied in kits with complementary funds. However, it should be noted that 100% of health facilities have benefited from kits. The rest of the kits were made available to the DPS to continue supplying the various health facilities to comply with IPC-WASH standards even after the end of the epidemic. In addition, 6 health facilities benefited from WASH infrastructures including sanitation facilities: 3 impluviums with standpipes, 9 latrines doors 6 showers doors, 3 incinerators, 3 placenta pits, 3 ash pits and 3 chippers were installed in the six health facilities.

Activities	**Description**	**Implemented by**
Activity 2.1	Distribution of prevention kits to households having referred cases or listed as high-risk contacts and establishment of handwashing in the public areas	Centre de Promotion Socio Sanitaire (CEPROSSAN), Consortium de l'Agriculture Urbaine de Butembo (CAUB)
Activity 2.2	Rehabilitation/development of community water points	CEPROSSAN, CAUB
Activity 2.3	Decontamination of places of stay of positive Ebola cases and distribution of prevention kit to priority health facilities	CEPROSSAN, CAUB in collaboration with Health Provincial Division/Ministry of Health
Activity 2.4	Organize awareness sessions on essential hygiene actions related to the risk of Ebola contamination in collaboration with the Commission 'Risk Communication and Community Engagement CREC'	CEPROSSAN, CAUB

Output 3	Affected children and adolescents are identified, receive care adapted to their needs and their protective environment is strengthened through Psychosocial Support, GBV and PSEA interventions.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Child Protection

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	50	108	BDOM (Bureau Diocésien des Oeuvres Medicales) reports
Indicator 3.2	# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	1,184	732	BDOM, Division des Affaires Sociales (DIVAS) and Actions Concrètes pour la Protection de l'Enfant (ACOPE) reports
Indicator 3.3	Number of people who participated in psychoeducation sessions on EVD around confirmed case	3,000	6,058	BDOM reports and Field Visits reports of the Psychosocial Commission/Ministry of Health
Indicator 3.4	Percentage of women and children who benefited from GBV risk	80% (10,200)	229% (29,203/10,200)	Solidarité des Associations Féminines

	mitigation measures (including SEA risks) in the different program interventions			pour le Développement (SAFDF) reports
Indicator 3.5	Percentage of children and adults who have access to a safe and accessible complaint mechanism for reporting sexual exploitation and abuse	80% (510)	115% (591/510)	DIVAS and BDOM reports

Explanation of output and indicators variance:

Indicator 3.1 :108 children from confirmed and/or suspected cases received psychosocial support, both in ETCs set up in Katwa and in Biena and nurseries set up to care for children impacted by Ebola. Psychosocial assistance was provided by psychologists and psychosocial workers trained by the psychosocial commission supported by UNICEF. In nurseries children were assisted by local lullabies who were EVD survivors trained to provide psychosocial care to children separated by their parents under treatment in ETCs.
The over-achievement of this target is explained by the reporting of support to both confirmed and suspected cases while the target value was set based on expected confirmed cases only.

Indicator 3.2: 732 families affected by Ebola received psychosocial support while visiting their relatives in ETCs. Due to the fact the epidemic was brought under control sooner than expected, less families were supported than targeted.

The above-mentioned activities and results were completed by the following ones, funded through the CERF contribution:

- A total of 1,867 children (946 girls and 921 boys) benefited from individualised psychosocial support provided by psychologists and psychosocial assistants in 2 ETCs, in 9 listening service points set up in health centres and run by psychologists and psychosocial assistants and in 21 fixed and 7 mobile child-friendly spaces (CFS) run by 21 trained members of community-based child protection networks (RECOPE). These achievements were possible thanks to the strengthening of the protection environment and support to community-based structures as well as social services.
- A network of 40 para-social workers was set up by the DIVAS supported by UNICEF in Katwa and Butembo. These actors acted as a relay between the community level and the psychologists of the commission for providing specialised psychologic care. In addition, UNICEF supported BDOM in the training of 10 psychologists in Butembo on the psychological care of the EVD confirmed cases, with a special focus on children.
- Social and educational contracts were also signed with 6 health centres and 4 vocational centres in Butembo and enabled 57 children separated from their families affected by the EVD to return to school, and 15 of these children were trained on life skills to develop their abilities and motivations for a future employment in the local market.

Indicator 3.3: Throughout the project, 6,058 persons around confirmed cases participated in psychoeducation sessions on EVD. These sessions were conducted by para-social workers and psychologists. The target was largely exceeded as the teams mobilised people not only around confirmed cases but also neighbouring households and wider population in EVD affected areas. In comparison to previous epidemic outbreaks, a minor resistance against the

	response was observed, allowing the teams to carry out these information and education activities more easily. **Indicator 3.4** and 3.5. 29,203 women and children benefited from GBV risk mitigation measures (including SEA risks) in the different program interventions. As part of the intensification of information activities on SEA and GBV, key messages and information tools on SEA were developed by UNICEF partner SAFDF and 2,650 posters and 10,200 leaflets were distributed in 8 targeted health zones. In addition, 591 children and adults had access to a safe and accessible complaint mechanism for reporting sexual exploitation and abuse. Cases of GBV were reported through these mechanisms and were managed at the community level through the listening service points. The over-reaching of the target is explained by the fact that partners increased the awareness-raising messaging both within the communities and in schools as the community network became more active. As part as prevention of SEA, SAFDF set up 7 mobile teams (composed of 1 psychologist and 1 health worker) in the areas of Butembo, Kalunguta, Katwa, Biena, Kayna, Vuhovi and Musienene. 8 social contracts were signed with health facilities for the treatment of GBV cases including SEA and listening service points were set up in these facilities. In addition, 24 community-based mechanisms were set up and managed by RECOPE. Local population, including survivors, was informed, and sensitized on these available mechanisms. Thanks to these strengthening of services, a total of 635 Gender-Based Violence (GBV) survivors were referred to appropriate sexual and reproductive health and psychosocial services and received individualised support, ensuring access to additional services according to their expressed needs, such as legal counselling and assistance, as well as socio-economic opportunities. CERF funds were also critical for the set-up of a PSEA focal point within the Ebola coordination. A protocol of good humanitarian conduct was adapted and signed by the various members of the commission and all commissions members were trained on PSEA.

Activities	Description	Implemented by
Activity 3.1	3.1.1 - Provision of psychological support at the level of the CTEs and nurseries 3.1.2 - Provision of psychological support to front-line workers (FLPL)3.1.3 - Identification and provision of appropriate support and care - as needed - to orphans and other vulnerable/separated children due to EVD.3.1.4 - Reduction of risks of discrimination/stigmatization through the organization of psychoeducational activities in the communities of origin of children and families affected by EVD.	BDOM and DIVAS
Activity 3.2	3.2.1 - Strengthening of RECOPEs strengthened to support the identification, referral and care of vulnerable children3.2.2 - Implementation of community alert mechanisms through the TPS & RECOPEs.3.2.3 - Establishment of mobile and/or fixed child-friendly spaces in Ebola-affected communities, particularly around health structures and centres.	ACOPE and DIVAS
Activity 3.3	3.3.1 - Training of health, WASH, nutrition actors in the identification and referral of protection cases.3.3.2 - Access to GBV and SEA services for survivors3.3.3 - Use of RECOPEs for complaint mechanisms and CACs to escalate alerts Awareness raising. 3.3.4 - Extension of the inter-agency line and intensification of the dissemination of awareness messages, jointly with the PSEA Network.	SAFDF and DIVAS

7. Effective Programming

a. Accountability to Affected People (AAP) [8]:

UNICEF and its partners have encouraged beneficiaries to play an active role in all stages of project implementation. Beneficiary communities were informed about the objectives of the different interventions, the targeting criteria as well as the duration and areas of coverage and the donor.

The AAP approach was placed on the affected population, in particular women and children, and ensure that beneficiary needs and priorities are reflected and integrated throughout the project cycle, UNICEF mainstream AAP across the sectors within the project. In the planning and implementation of the interventions, UNICEF had considered the views of targeted beneficiaries and communities. Community consultation regularly holds through the engagement with the Community Child Protection Networks (RECOPE) and CACs, representative bodies established as intermediaries for the population in a particular area/health zone. Moreover, discussions with children, adolescents, members of the network took place to understand the impact of the project. In terms of **child protection**, community members, including youth and women, were involved in raising awareness about children's rights and protection as well as the fight against sexual and gender-based violence (GBV). The tents that served as shelters in the child-friendly spaces were handed over to the communities to continue the activities after the end of the project. The implementation plans of the activities were shared with the communities as well as the vulnerability criteria. This allowed the community to take ownership of the project for a good follow-up and to ensure its sustainability. At the level of the areas affected by the 10th epidemic and within the framework of the national survivors program, at least 6 focus groups were carried out with the survivor gathered in association, the new survivors of the 11th epidemic were able to join these focus groups particularly in Katya, Butembo and Biena. A satisfaction survey was also carried out by an external consultant among the survivors benefiting from psychosocial activities and income-generating activities. This survey showed that some of the survivors were able to take care of their families and were able to survive without necessarily seeking help from the national programme when they left the follow-up cohort.

In WASH, the beneficiaries were actively involved in the identification of infrastructures to be built/rehabilitated in health structures as well as at the community level. The communities were also involved in the management of the facilities through the establishment and training of water and sanitation management committees, and in the identification of people living with disabilities and other vulnerable people requiring special assistance.

The water network/system was constructed nearby the households to support the women, the initiative was based on the inputs received from the committees at the community level. These efforts were complemented by CAAS Social Science analysis including information from the partners report/updates, programme activities and monitoring exercise, such as field monitoring visits, Programme Documents. UNICEF also use SMS-based citizen engagement platform U-Report to inform the communities about the programme and maintain this function as a feedback and complaints mechanism to ensure that the concerns of the affected communities is heard.

b. AAP Feedback and Complaint Mechanisms:

Throughout the project cycle, UNICEF ensured that its partners demonstrated their commitment to accountability to beneficiaries by ensuring that accountability mechanisms were fully integrated into activities. During focus groups and meetings with community representatives, the message about free assistance and reporting of sexual abuse and exploitation was clearly mentioned and communities were encouraged to report. The communities were sensitized on the behaviour of the partners as well as on the complaint management mechanisms.

UNICEF and partners collected feedback/complaints from community leaders and directly from affected people while ensuring accessibility, confidentiality, and follow-up. Implementing partners across all three sectors, organized consultations at different levels and held monitoring activities to collect feedback from the local authorities, community leaders and directly from affected people. Under WASH, the committee with women representative held different consultation sessions as part of the implementation of this project, household visits took place for hygiene awareness activities as well as take stock of the feedback from the population. All project-supported healthcare facilities had confidential complaint mechanisms in place and caregivers of children with EVD, but not limited to, had access to this system. During joint monitoring visits with partners, UNICEF engaged with representatives from each sectors committee as well as individual population to understand their needs and priorities. Feedback and complaints received through different channels were analysed, shared and referred to respective focal points for action and used to plan for preventive measures. To scale up the response operations, RCCE and its partners reinforced the feedback and complaint mechanisms through beneficiary sensitization and distribution of IEC materials (e.g., posters, photo box) on safety measures to prevent spread of EVD with contact information visible in the community in promoting equal and inclusive access to the system/service. Community radio broadcast were used to convey EVD related messaging and address some of the gaps in the response through live sessions with the experts. Child Protection Networks (RECOPE) engaged in creating protective environment for the children including unaccompanied and separated children and their referral to the relevant services.

[8] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

Moreover, monthly report from RECOPE and coordination meetings with CACs informed the response team on the feedback and allowed to share the progress made in the interventions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Prior to and during the CERF project, a significant investment was made in system and capacity building of UNICEF offices and partners on the PSEA mechanism. 100 percent of UNICEF staff in DRC have completed the mandatory online training on PSEA. UNICEF has also trained its implementing partners on PSEA and encouraged their staff to sign the code of conduct, mentioning PSEA and the anti-fraud commitments.
During focus groups and meetings with community representatives in the different intervention components, messages about free assistance and reporting of sexual abuse and exploitation were clearly mentioned and communities were encouraged to report such episodes. No complaints related to PSEA were reported.
UNICEF continued to work closely with the DRC United Nations Sexual Exploitation and Abuse networks (PSEA Network) and other implementing partners to strengthen and scale-up programmes to prevent and respond to sexual exploitation and abuse. To record and handle SEA-related complaints, the partners followed the mechanism that includes some important principles such as maintain safety, confidentiality, transparency and accessibility and follow-up. They also ensured to avoid creating or exacerbating risks for reporting allegations or concerns, secured referral procedures and protection measures, enforced strict information-sharing practices such as obtaining consent of the complainant to explain clearly how the information would be shared, with whom and for what purpose. At the community level, PSEA was mainstreamed in activities run by different platforms including CACs, WASH committees and Child Protection Networks (RECOPE). Beneficiaries were informed on PSEA through awareness raising activities, to ensure that they are aware of PSEA measures and their right to protection including how they can raise a concern about SEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

With the existing structural inequality, girls and women are exposed and vulnerable to sexual exploitation and abuse and other forms of GBV. Prevention of GBV was part of the project design across all sectors, to ensure child and adult victims and survivors of sexual exploitation and abuse have access to quality services, in line the Inter-Agency Minimum Standards on GBV in Emergencies and UN Victims' Assistance Protocol. Accordingly, through CERF project women and children were reached with EVD related information but also GBV prevention messages, psychosocial support, including access to child service centers with multisectoral programming interventions. Under the Child Protection component, during counselling sessions, women were given the priority to initiate a discussion and jointly take the decision regarding the improvement of health seeking behaviour and to bring children into the facility for timely treatment. Case workers were trained on GBV emergency response including caring for women and child survivors. Under WASH component, women were part of the consultation for the construction/installation of WASH facilities. For example, the standpipes were installed close to the households in order to mitigate women and girls from GBV risks. In addition, water committees were set up at the community level - 102 members trained (44 are women ie representing 43% of overall member). WASH partners also included gender equality and women's empowerment activities, led by GBV specialist and GBV survivors (women and girls). Gender-sensitivity was taken into account across the training programmes and interventions.

e. People with disabilities (PwD):

While the project does not focus specifically on PwD but during the implementation UNICEF ensured equity in service delivery in order to address the needs and specific risks that people living with disabilities are encounter. Under WASH, all the standpipes had been designed/installed to ensure that they are accessible to all beneficiaries, including people with disabilities and elderly. Children Protection, case management process had been followed and referred them to receive services. 5 children with disabilities were reached through this intervention.

f. Protection:

UNICEF ensured equity in service delivery and referral assistance. During the RCCE sensitization sessions, the themes of protection, in particular the prevention and management of GBV/PSEA, respect for dignity and gender issues were also discussed. Under WASH component, priority was given to women and girls in the targeted health zones for latrine repair and installation of WASH devices. UNICEF and partners constructed latrine and shower room including waste management that meet the critical needs of vulnerable population. The standpipes were placed in the villages close to the households. For showers and latrines in health facilities, cabins reserved for women have been separated from those for men. These service provisions are part of GBV/PSEA mitigation measures. Moreover, in Musienene health zone, two schools located along the network were connected to the constructed water network. To have access to safe drinking water in communities and schools, not only protect children from AWD but also to have a healthy learning environment for children to study and realize their full potential. Under Children Protection, case management process had been followed and referred them to receive

services according to their needs. The additional 10% of children and vulnerable persons in the targeted community also benefitted from the interventions in avoiding and prevention social stigma and discrimination against the people with EVD; and to obtain support from their community and maintain social protection.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not Applicable

9. Visibility of CERF-funded Activities

Title	Weblink

3.4 Project Report 21-RR-WHO-004

1. Project Information

Agency:	WHO	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Health	**CERF project code:**	21-RR-WHO-004
Project title:	Rapid response to the Ebola virus disease (EVD) outbreak in Nord Kivu province in the Democratic Republic of Congo.		
Start date:	15/03/2021	**End date:**	14/09/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 5,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,012,455**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ **0**
International NGOs	US$ **0**
National NGOs	US$ **0**
Red Cross/Crescent Organisation	US$ **0**

2. Project Results Summary/Overall Performance

On September 14, 2021, activities funded by the CERF fund to the response against the 12th epidemic of Ebola disease in the North Kivu province were ended. The epidemic was quickly brought under control, within 3 months, including the period of 42 days after the exit of the last confirmed case at the Ebola Treatment Unit (ETU). The goal of the project, "Contribute to the reduction of the morbidity and mortality of people affected and vulnerable to EVD in 4 emergency health zones in the province of Nord-Kivu, by rapidly interrupting the chains of transmission of the Ebola virus disease in this province, in order to avoid its spread to other health zones and surrounding provinces, neighbouring countries and even beyond" was then achieved. The epidemic declared on February 7, 2021 recorded its last positive cases on March 1, 2021. On May 3, 2021, the Ministry of Health declared the end of this 12th epidemic. This epidemic will have made a total of 12 EVD cases, 11 confirmed cases and one probable cases. The lethality was 50%, with 6 deaths and 6 people cured (already enrolled in the National Monitoring Program for People Cured of Ebola Virus Disease, abbreviated PNSPG).

This project targeted 9 Health Zones (equivalent of Health District) namely 4 hot spots (Biena, Butembo, Katwa, Musienene) and 5 neighbouring ZS (Beni, Kalunguta, Mabalako, Mangurujipa and Vuhovi).
The project contributed to the physical and mental wellbeing of the most vulnerable people affected by the 12th epidemic of Ebola virus in North Kivu, by implementing public health measures to quickly stop chains of transmission of EVD in this province, by preventing its spread to other health zones and surrounding provinces, neighbouring countries and beyond.
To achieve this, the WHO has used the "faire-faire" support strategy by the structures and staff of the Ministry of Health, by supporting early detection, contact tracing and active search for EVD cases, including in the laboratory; improving infection prevention and control (IPC) measures in health facilities and medical care for people affected by EVD and their families in health areas affected by EVD and people at high risk in the province of North Kivu.
These interventions, through the support pillars of the response (monitoring, PCI, Immunization, RCCE, logistics, coordination) have contributed enormously to reduce the mortality and morbidity of those affected by the Ebola disease in the province of North Kivu and to the end of the epidemic within a short time.
Here are some major outcomes:
- 26,738 live alerts, 1,184 deaths. The proportion of alerts investigated was 99.8% (27,882 / 27,925) while the proportion of validated alerts was 17.2% (4,794/27,882). From February 6 to May 3, 2021, 4.281 lab samples were collected and analyzed.

- Among 126 prioritized health facilities, 70 (55.5%) had a score < 50%, 55 (43.7%) were between 50-79% and 1 (0,8%) more than 80% at the first assessment. During the second assessment, 19.0% (24/126) had a score ≥80%.
- 88% (429/487) of community incidents were solved within 72 hours since their report.
- 1898 people have been vaccinated among them 136 EVD direct contacts, 465 contacts of contacts and 1297 probable contacts. 556 of vaccinated people were health care workers.

3. Changes and Amendments

This project supported capacity building activities in health zones that experienced the epidemic after the declaration of the end of the epidemic. This was made possible with the agreement of a no cost extension. The activities were not changed from the initial project, they remained in line with the pillars supported by WHO during the response period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	**0**
Returnees	0	0	0	0	0	0	0	0	0	**0**
Internally displaced people	0	0	0	0	0	0	0	0	0	**0**
Host communities	50,693	46,336	46,938	43,183	187,150	13,060	11,937	12,093	11,125	**48,215**
Other affected people	0	0	0	0	0	0	0	0	0	**0**
Total	**50,693**	**46,336**	**46,938**	**43,183**	**187,150**	13,060	11,937	12,093	11,125	**48,215**
People with disabilities (PwD) out of the total										
	7,604	**7,041**	**7,041**	**6,477**	**28,163**	1,959	1,814	1,814	1,669	7,256

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

All the people living in the 9 ZS were indirect beneficiaries of this project, about 2,644,782 inhabitants. They were reached through the community health workers, community leaders and health practitioners in health facilities. Isolation of suspected and confirmed cases, management of suspected and confirmed cases in treatment units, vaccination of contacts, of contacts of contacts and of probable contacts help prevent the spread of the epidemic in the country. among the general population.

6. CERF Results Framework

Project objective	Contribute to the reduction of the morbidity and mortality of people affected and vulnerable to EVD in 4 emergency health zones in the province of Nord-Kivu, by rapidly interrupting the chains of transmission of the Ebola virus disease in this province, in order to avoid its spread to other health zones and surrounding provinces, neighbouring countries and even beyond.
Output 1	Early detection, contact tracing, active case finding of Ebola virus disease (EVD) and laboratory diagnostic capabilities are improved.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of trained health personnel350 (200 health workers (50 people / HZ x 4 HZ affected by the outbreak) and (150 health workers from neighbouring HZ at risk (30 people / HZ / 5HZ)	350	284	Report of training sessions for health care providers
Indicator 1.2	Number of trained community groups.400 voluntary community groups (100CWG / HZ / 4HZ) from the 4 areas affected by the outbreak	400	475	Report of RECO training sessions
Indicator 1.3	% contacts followed regularly	100% (9000 contacts)	85% (1194 contacts)	Biena EVD Outbreak Report
Indicator 1.4	% case alerts are followed up by an investigative mission	100% (13,748)	99,8% (27.882 / 27.925)	Biena EVD Outbreak Report
Indicator 1.5	% suspected cases (living and deceased) for which a sample has been taken for laboratory diagnosis	100% (5,751)	100% (4281)	Biena EVD Outbreak Report
Indicator 1.6	% trained volunteer community groups involved in active case finding	80% (400)	49.7% (1,989)	Report of RECO training sessions before this outbreak
Indicator 1.7	Number of days of reagents" stock out and other laboratory inputs	0	0	Biena EVD Outbreak Report
Explanation of output and indicators variance:		This response to the EVD epidemic in Biena benefited from the activities of the post-Ebola CERF 20. The providers of Biena, Butembo, Katwa and Musienene health zones were already trained on IDSR. Likewise, all the RECOs in the 9 HZs were trained in community-based surveillance. This CERF 2021 made it possible to fill the training gaps for providers of health		

	centers in the ZS PRODS (Kyondo, Musienene, Vuhovi et Masereka), in the ZS of Kamango. Community health workers were also trained in Kamango health zone.

Activities	Description	Implemented by
Activity 1.1	Refresher training of 350 health personnel (200 personnel from the 4 areas affected by the outbreak and 150 health personnel from the 5 neighbouring health zones at risk) on surveillance, early detection and alert, case investigation, monitoring contacts and active case finding in health facilities;	The training of health personnel was carried out by the ZS executive team with technical and logistical support from WHO.
Activity 1.2	Refresher training of 400 volunteer community groups (100CWG / HZ / 4HZ) from the 4 areas affected by the outbreak on community-based surveillance and active search for suspected cases in the communities.	The refresher training of community health workers was carried out by the trained nurses with technical and logistical support from WHO.
Activity 1.3	Provide technical and operational support to investigative missions	WHO in collaboration with Ministry of Health (Health personnel from HZ and PHD)
Activity 1.4	Provide technical and operational support for the collection and shipment of samples to laboratories.	WHO in collaboration with Ministry of Health (Health personnel from HZ and PHD)
Activity 1.5	Provide technical and operational support to active case finding	WHO in collaboration with Ministry of Health (Health personnel from HZ)
Activity 1.6	Provide support for the management of surveillance data and regular production of Sitrep and other necessary analyzes	WHO in collaboration with Ministry of Health (Health personnel from HZ and PHD)
Activity 1.7	Support integrated supervision of health facilities	WHO in collaboration with Ministry of Health (Health personnel from HZ and PHD)
Activity 1.8	Provide the laboratories of Butembo and Goma with reagents, consumables for the biological monitoring of patients and survivors and for sequencing;	WHO OSL Team
Activity 1.9	Support the laboratories of Butembo and Goma with collection and transport kits of EVD samples;	WHO OSL Team
Activity 1.10	Support the functioning of the laboratory in Butembo and Goma.	WHO OSL Team

Output 2	Infection prevention and control (IPC) measures in health facilities (HFs) are improved.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of priority healthcare facilities mapped and rated using the Kobo IPC dashboard.	100%	100% (126)	Biena EVD Outbreak Report
Indicator 2.2	% confirmed and probable cases for which the ring approach was applied.	100%	100% (10 confirmed and one probable cases)	Biena EVD Outbreak Report

Indicator 2.3	Number of frontline providers and supervisors recycled on the IPC / WASH package	350	6,775	Biena EVD Outbreak Report
Indicator 2.4	% nosocomial infections	< 2%	36,4% (4/11)	Biena EVD Outbreak Report
Indicator 2.5	% priority health facilities that meet IPC standards	100% (126)	38,9% (49/126)	Biena EVD Outbreak Report
Indicator 2.6	% SDBs supported	100% (105)	52,3% (349/664)	Biena EVD Outbreak Report

Explanation of output and indicators variance:	The estimate of the number of frontline providers to be briefed had been underestimated. In reality there have been many more. The proportion of nosocomial infections was very high than the planned target because of the low level of PCI in the FOSA. PCI capacity building activities being implemented after probable infections. The proportion of FOSAs having reached PCI standards is low because some FOSAs require reorganization of infrastructure and (sterilization) equipment. This was not possible to achieve in a hurry. The protocol did not provide for systematic DSB; bodies that tested negative were returned to the families. There were also cases of reluctance to carry out DSB.

Activities	**Description**	**Implemented by**
Activity 2.1	Map and assess priority health facilities using the Kobo IPC dashboard.	WHO in collaboration with the Ministry of Health / health staff of HZMT and PHD
Activity 2.2	Refresher training of front-line providers and supervisors on the IPC / WASH package;	WHO in collaboration with the Ministry of Health / health staff of HZMT and PHD
Activity 2.3	Detect all potential cases of nosocomial infections to carry out the necessary corrective actions in health structures;	HZMT, frontline Workers, PHD and WHO
Activity 2.4	Strengthen the IPC / WASH standards and practices of priority health facilities (using the IPC toolkit) through regular assessments (using the dashboard), improvement plans, active supervision, and mentoring;	WHO in collaboration with the Ministry of Health / health staff of HZMT and PHD
Activity 2.5	Conduct an IPC ring approach, around each confirmed and probable case of EVD (decontamination, assessment, briefing, supply of IPC kits);	WHO in collaboration with the Ministry of Health / health staff of HZMT and PHD
Activity 2.6	Help ensure Dignified burials of all confirmed EVD deaths.	Ministry of Health and other partners in collaboration with WHO

Output 3	187,751 people affected by the Ebola virus disease (patients and their families) receive specific and quality medical care.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 3.1	Number of health care providers trained in the management of EVD cases	350	350	Biena EVD Outbreak Report
Indicator 3.2	% of ETCs and transit centers out of stock of medicines	0%	0%	Biena EVD Outbreak Report
Indicator 3.3	% of ETCs and transit centers that correctly apply patient management protocols (cases and suspects) in ETCs and transit centers;	100% (52)	100%	Biena EVD Outbreak Report
Indicator 3.4	Number of people supported free of charge1350 patients suspected of EVD including 50 confirmed and 36,150 sick people having consulted free of charge in the health structures of 4 affected health zones.	1350	4500	Biena EVD Outbreak Report
Explanation of output and indicators variance:		Free healthcare is a challenge in most of the health facilities which have opted for cost recovery despite requests from partners as well as drug allocations. Only a few health facilities have adhered to this free healthcare strategy.		

Activities	**Description**	**Implemented by**
Activity 3.1	Refresher training of staff in ETCs to take charge of EVD cases in the 4 health zones affected by the outbreak.	WHO in collaboration with the Ministry of Health / health staff of HZMT and PHD
Activity 3.2	Contribute to the supply of drugs and other critical inputs for the correct management of EVD cases and suspects.	WHO
Activity 3.3	Monitor compliance with patient care protocols (cases and suspects) in ETCs and transit centers;	WHO in collaboration with the Ministry of Health / health staff of HZMT and PHD
Activity 3.4	Provide free care to patients in ETCs, health centers and hospitals in the 4 health zones affected by the outbreak.	CTEs, health centers and hospitals in the 4 health zones supported under the supervision of ECHZ, PHD and WHO

7. Effective Programming

a. Accountability to Affected People (AAP) [9]:

All project activities were effectively implemented with the active participation of the people targeted by the local health authorities, in accordance with the zonal approach adopted by the Ministry of Health. The training content, training methods and operational procedures will be developed with the DPS, health workers and community workers. WHO and DPS used key people from the community to train the volunteer community groups who were involved in managing the outbreak.

b. AAP Feedback and Complaint Mechanisms:

A mechanism had been put in place to collect complaints and comments from beneficiaries and these complaints and comments were used during project appraisal and to ensure that the views of beneficiaries were taken into account, not only to improve current interventions but also to improve future WHO interventions.

[9] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

A risk monitoring matrix has been developed and monitored by a committee throughout the response period.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The Prevention against Sexual Exploitation and Abuse (PEAS) pillar consisted of a staff, specialist in charge of the issue. The PEAS was structured around 4 axes: prevention, management and coordination, support and engagement with populations and finally response.
As part of the prevention of AES, a strengthening of the prevention system took place internally within the organization, to draw the attention of staff and partners to the standards of conduct to be respected, the consequences of misconduct, the responsibility of each other, the establishment and training of focal points. This was done through compulsory training, the Organization's prevention policy against SEA, the multiplication of awareness and prevention tools, the signing of a code of conduct, and briefings and even debriefings. .
The specialist made sure that everyone who entered the field had completed the mandatory training, signed the code of conduct and received a briefing.
Coordination and management were provided by UNFPA. All the partners were represented in this coordination.
Support and commitment to the populations have been provided through training and community awareness raising through associations.
No cases of SEA were reported during the period of response activities against the 12th EVD outbreak.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project made a significant contribution to gender equality in all phases of its implementation. Thus, the free materials and services took into account the specific needs of vulnerable people and paid particular attention to the situation of women, girls, children and people living with a disability, as well as the elderly.

e. People with disabilities (PwD):

A mechanism has been put in place to identify the obstacles for women living with a disability to come to consult or give birth in the hospital. The most vulnerable children and families, the most remote villages, have been included in the supply and demand for services.

Particular attention, without stigmatization, has been paid to the identification of people living with a disability in the community, through the network of community groups, with the aim of facilitating their access to care structures. Data collection has been organized in such a way as to better highlight the needs of people living with a disability. The indicator of the number of disabled people supported was monitored during the implementation period of this project.

f. Protection:

The project made a significant contribution to gender equality in all phases of implementation. In this case, free materials and services were taken into account to the specific needs of vulnerable people and paid special attention to the situation of women, girls, children and people living with disabilities, as well as the elderly. These groups were also taken into account in the disaggregated collection of information and data contributing to the monitoring and evaluation process.

g. Education:

Not Applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.
Not Applicable

9. Visibility of CERF-funded Activities :

Title	Weblink

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities By Implementing Partner*
			Extended Name	Acronym					
21-RR-IOM-003	Health	IOM	Red Cross	RedC		RedC	$65,965	17-Jun-21	1-Jun-21
21-RR-FPA-001	Protection	UNFPA	Solidarité Féminine pour la Paix et le Développement Intégral	SOFEPADI	Yes	NNGO	$120,909	30-Apr-21	6-May-21
21-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	CEPROSSAN	CAPROSSAN	Yes	NNGO	$92,652	1-Jun-21	1-Jun-21
21-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	Consortium de l Agriculture Urbaine de Butembo	CAUB	Yes	NNGO	$117,384	12-May-21	12-May-21
21-RR-CEF-004	Child Protection	UNICEF	Solidarite des Associations Feminin pour les Droits de la Femme	SAFDF	Yes	NNGO	$53,272	28-Apr-21	28-Apr-21
21-RR-CEF-004	Child Protection	UNICEF	Bureau Diocesain des Oeuvres Medicales Butembo Beni	BDOM	Yes	NNGO	$53,031	23-Apr-21	23-Apr-21
21-RR-CEF-004	Child Protection	UNICEF	Division Provinciale des Affaires Sociales	DIVAS	Yes	GOV	$85,628	8-Jul-21	8-Jul-21
21-RR-CEF-004	Child Protection	UNICEF	Actions Concretes pour la Protection l'Enfance	ACOPE	Yes	NNGO	$169,127	14-Jul-21	14-Jul-21
21-RR-CEF-004	Health	UNICEF	Réseau Medias Pour Développement	REMED	Yes	NNGO	$261,000	22-Apr-21	22-Apr-21