CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

DEMOCRATIC REPUBLIC OF THE CONGO
RAPID RESPONSE
CHOLERA
2021

21-RR-COD-48131

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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 (UNICEF and WHO) had provided directly by email. A consultation of the agencies by email was therefore carried out at the beginning of February 2022, 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:

CERF funds enabled partners to support the DRC Government in its efforts to scale up the cholera response and improve access to WASH services to people in need following the Nyiragongo volcan eruption in North Kivu province, in providing immediate assistance to meet the needs of displaced populations in sites in areas of concentration in shelter, water, sanitation and hygiene (WASH), health (with focus on epidemics - cholera and mental health). Indeed, in the health sector, this allocation has been helping to strengthen the capacities of health and WASH actors in the affected area to mitigate a potential cholera outbreak for a period of three months, in the displacement areas as well as it allowed the recipient agencies to mitigate any additional risks in the areas of return, including Goma. CERF funds have specifically allowed to (i) strengthen rapid detection of suspected cholera cases, active investigation and case finding in communities, as well as response around each suspected case within 48 hours and (ii) to strengthen the number and frequency of rapid responses around confirmed cholera cases. In the WASH sector, CERF's funds have specifically allowed a critical response by providing drinking water which remains a crucial need in these kinds of crises, especially for displaced people in an area where the water distribution network was affected by the volcanic eruption.

CERF has enabled the following achievements**:**

In WASH sector:

- 46,950 benefited from access to drinking water via water trucking on the sites of displaced people in Sake and Goma. The same beneficiaries were reached were reached by the hygiene promotion activities, associating messages on COVID-19 prevention.
- Water quality monitoring was carried out throughout the supply chain (pumping station, transport, distribution sites and at the household level).
- WASH kits including purifiers have been distributed to households for good hygiene practice.
- 28 latrine doors were rehabilitated in 7 schools hosting IDPs in Sake.

In the Health sector:

- The epidemiological surveillance system was maintained active and operational. Indeed, the surveillance system allowed the notification of 868 suspected cholera cases and the collection of samples and laboratory analysis of 73% of them (5% positivity rate)
- Analysis of surveillance data were completed and weekly surveillance Sitreps developed and disseminated electronically from week 18 to week 39.
- 8 cholera treatment centres (CTCs) have been rehabilitated, including that of Katindo in Karisimbi Health zone.
- Active research of cases of epidemic prone diseases in health facilities were carried out regularly
- 16 rapid response teams of the CATI type instead of 10 already in place before the start of the project were maintained over the entire period.
- 77,790 people were reached (54,000 expected) and received a cholera kit to protect themselves and stop the transmission of cholera. The same 77,790 people were trained in the practical use of this material and sensitized on key hygiene practices through door-to-door visits by CATI teams. On average, 17.8 households per suspected case were disinfected.
- 400 Community Health Workers (CHW) in the Health Zones of Goma, Nyiragongo, Karisimbi and Kirotshe were trained and equipped in community-based surveillance.
- The laboratories were supplied with reagents, sampling materials, rapid diagnostic test for cholera, Covid19, malaria and transport media. The samples were analysed for potential epidemic prone diseases;
- All drug kits and materials have been purchased and delivered to the health facilities, including IPC kits, Cholera tests.

CERF's Added Value:

CERF funds enabled UNICEF to scale up the cholera response and improve access to WASH services to people in need following the Nyiragongo volcan eruption.

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

Yes ☒ Partially ☐ No ☐

Indeed, CERF funds enabled UNICEF to scale up the cholera response in the context of the Volcano eruption. As part of Cholera response, CERF funds have specifically allowed to : (a) strengthen the number and frequency of rapid response CATI methodologies including rapid detection of suspected cases, active investigation and case finding in communities, and response around each suspected case within 48 hours and (b) strengthen the number and frequency of rapid responses around confirmed cholera cases. These confirmed cases had already received an initial response when they were detected as suspects. Through CERF-funded WASH life-saving intervention, 133.000 people have immediate access to drinking water through trucking in dignified and secure conditions. Futhermore, thanks to the rehabilitation of 28 latrine doors, the displaced persons of Sake benefited from hygienic sanitary facilities and, beyond the response, students from the 7 beneficiary schools were able to use them immediately in dignified and secure conditions. The distribution of hygiene kits and subsequent hygiene promotion campaigns have fastly improved basic hygiene practices in site and household level.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Indeed, the CERF contribution allowed to launch the first response to adress Nyiragongo crisis. Thus, CERF funds were crucial to conduct cholera-related life-saving activities in areas affected by the Nyiragongo eruption (including active search for cases, causes investigation, households' decontamination and door to door awareness raising activities). Funds were also essential to ensure the procurement of cholera kits to be distributed to households around suspected cases to stop the cholera transmission. CERF's contribution was critical for the response because drinking water remains a crucial need in these kinds of crises, especially for displaced people in an area where the water distribution network was affected by the volcanic eruption. This certainly could have avoided the spread of cholera in this endemic area.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

Yes, the CERF contribution complemented a program of cholera control and rapid response already underway by UNICEF and partners since January 2020 in support of Programme National pour l 'Elimination du Cholera (PNECHOL), the Division Provinciale de la Santé (DPS) of North-Kivu and Comité Provincial d'Action de l'Eau, Hygiene et Assainissement (CPAEHA). This CERF contribution enabled the mobilization of partners under the coordination of the WASH cluster. The involvement of the WASH cluster has made it possible to avoid duplication and to orient partners in areas where needs are critical.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

CERF-supported interventions were complemented by those supported through complementary funds, which supported: (a) the strengthening epidemiological and microbiological surveillance activities, (b) the improvement of coordination with DPS, CPAEHA and WASH cluster based on strengthened surveillance and (c) the production of scientific evidence on cholera. The CATI response project, supported by CERF and other donors, contributed to have a number of cholera suspected cases lower than expected. In particular, the addition of 6 CATI teams (16 in total), allowed a significant reactivity to treat each suspected case in less than 48 hours. Similarly, in the WASH sector, the CERF contribution, which allowed to launch the first response, was followed by additional contributions from other donors.

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

[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.

Not applicable.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**6,441,000**
CERF	1,197,576
Country-Based Pooled Fund (if applicable)	3,476,220
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**4,673,796**

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	21-RR-CEF-020	Water, Sanitation and Hygiene	600,000
WHO	21-RR-WHO-016	Health	597,576
Total			**1,197,576**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**1,022,575**
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	100,000
Funds sub-granted to Red Cross/Red Crescent partners*	75,001
Total funds transferred to implementing partners (IP)*	**175,001**
Total	**1,197,576**

* 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.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

On 22 May 2021, the Nyiragongo volcano near the city of Goma in eastern DRC erupted with lava streams pouring down towards the east and the city itself. The lava flow, ash, and gas as well as the multiple ensuing earthquakes destroyed houses, public buildings (schools and health structures), and fields. Water and electricity supply systems have also been affected and roads cut off. In the evening of 26 May, the government of DRC ordered the evacuation of 10 neighbourhoods in the eastern part of Goma as a cautionary measure. Approximately 390,445 people (or 78,000 households) moved towards the west (Sake and surrounding villages, until reaching Bukavu along Lake Kivu) and towards the north (road to Rutshuru), while others crossed the border to Rubavu in Rwanda. Most people moved by foot, taking with them what they could. This large movement of population has placed additional stress on host communities and services in neighbouring areas and increased the risk of a cholera outbreak in the area. The city of Sake, with its initial population of 70,000 people, was overcrowded, with 62,802 displaced people concentrated in churches, schools, mosques, the market, and with host communities. Water services were limited and were not likely to be able to absorb the demand given the influx of population. The risk of waterborne diseases, particularly cholera, remained high in this endemic area. Thirty-four suspected cases of cholera were reported between 24 to 30 May in Sake, including one confirmed case of cholera. With a limited supply of drinking water and an increased displaced population, there was a further increased risk for cholera and diarrheal disease outbreaks in Sake. These outbreaks could spread to Bukavu, Goma, and other neighboring cities as people continued to move. The humanitarian community developed a response strategy to cover the needs of the affected population by the Volcanic Eruption, aiming to: 1. Provide immediate assistance to meet the needs of displaced and host populations in food security (food), shelter, water, sanitation and hygiene (WASH), health (with focus on epidemics - cholera and mental health), and protection (including VBG and child protection); and 2. Support the return movements to the most vulnerable among the displaced (transportation).

Operational Use of the CERF Allocation and Results:

In response to the crisis, the RC/HC for Democratic Republic of Congo requested US$2 million on 26 May 2021 from CERF's Rapid Response window for the immediate commencement of life-saving activities to provide access to safe water to people affected by the volcanic eruption in Goma and to ensure a cholera outbreak rapid response**.** This funding enabled UN agencies and partners to provide life-saving assistance to **232,433** people, including **109,917** Internally Displaced People (IDPs), and **122,516** people from host communities in Water, sanitation, and hygiene (WASH), and Health sectors. The CERF allocation served as a critical injection of early funds for the strategic response prepared by the Humanitarian Community and enabled UN agencies and partners to timely start the emergency response to prevent a cholera outbreak.

People <u>Directly</u> Reached:

A total of **232,433** people affected by the Nyiragongo crisis including 36,438 people living with disabilities received direct assistance in health and WASH sectors in the affected areas (Sake and Goma agglomeration). This total of 232,433 people correspond to the number of people directly affected in the health sector. This figure, which is the highest between the two sectors (Health, WASH) has been considered to avoid overlaps and double counting of beneficiaries between the two clusters. It should be noted that **133,000** people benefited from access to drinking water via water trucking on the sites of displaced people in Sake and Goma and were reached by the hygiene promotion activities, while **77,790** people were reached by the response activities centred around the cases. On average, 15 households around each case received a cholera kit to protect themselves and stop the transmission of cholera and benefitted from follow up visits from CATI teams to ensure the proper utilisation of kits, while being sensitized on key hygiene practices. Furthermore, **400** frontline aid workers received short refresher training to support programme implementation (Recos trained in Community-Based Surveillance).

People Indirectly Reached:

The indirect beneficiaries of this project were almost all the populations living in the HZs of Goma, Nyiragongo, Karisimbi and Kirotshe., and this through the access to safe water and health care, and through the activity of community health workers. The number of indirect beneficiaries of this allocation through projects implemented by WHO and UNICEF was estimated to 568,486 persons.

If several sectors assist the same people, the overlaps between them should be eliminated as best possible in tables 5 and 6 to avoid counting the same people several times. Totals in tables 5 and 6 should be the same.

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	35,857	33,201	33,200	30,544	132,802	62,758	58,109	58,107	53,459	**232,433**
Water, Sanitation and Hygiene	15,054	12,545	29,270	26,761	83,630	8,575	6,944	16,159	15,272	**46,950**

* 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	62,802	109,917
Host communities	70,000	122,516
Other affected people	0	0
Total	**132,802**	**232,433**

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	35,857	62,758	5,621	9,838
Men	33,201	58,109	5,205	9,110
Girls	33,200	58,107	5,205	9,110
Boys	30,544	53,450	4,788	8,380
Total	**132,802**	**232,433**	**20,819**	**36,438**

***Note**: Considering that the 2 sectors assist the same people, the overlaps between them has been eliminated in tables 5 and 6 to avoid counting the same people several times.*

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-CEF-020

1. Project Information

Agency:	UNICEF	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Water, Sanitation and Hygiene	**CERF project code:**	21-RR-CEF-020
Project title:	UNICEF Response to Mount Nyiragongo volcano eruption in North Kivu		
Start date:	01/06/2021	**End date:**	30/11/2021
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$ 500,000**
Amount received from CERF:	**US$ 600,000**
Total CERF funds sub-granted to implementing partners:	**US$ 175,001**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 100,000
Red Cross/Crescent Organisation	US$ 75,001

2. Project Results Summary/Overall Performance:

Through this CERF grant, UNICEF and its partners allowed for providing an immediate life-saving response increasing **access to safe water** and sanitation for **133,000 people** (about 26,600 households) affected by the Nyiragongo crisis, while preventing the outbreak of cholera in the affected areas (Sake and Goma agglomeration). This was achieved during week 21 to 47 (June 1 - Nov 30, 2021), exceeding the target (29,630 people) due to greater needs arising during the crisis simultaneously to partial destruction of the REGIDESO network. Access to drinking water was provided via water trucking on the sites of displaced people in Sake and Goma and ensured hygiene promotion actions focusing on the prevention of cholera, including messages on COVID-19 in favour of the same beneficiaries. UNICEF continued to support water trucking until beyond 3 months after the start of the crisis. Furthermore, UNICEF carried out water quality monitoring throughout the supply chain (pumping station, transport, distribution sites and at the household level), while distributing WASH kits including purifiers to households for good hygiene practice. Also, UNICEF rehabilited **28 latrine** doors in 7 schools hosting IDPs in Sake.

Regarding prevention of the outbreak of cholera, UNICEF, in partnership with the Red Cross movement, ensured a cholera rapid response using the CATI approach through support of cholera response activities in areas affected by the Nyiragongo outbreak (including active case finding, investigation of causes, decontamination of outbreaks, and door-to-door outreach activities), and ensuring the purchase of anti-cholera kits to be distributed to households around suspected cases to stop cholera transmission. Thus, **77,790** people, including 14,554 women, 11,230 men and 52,006 children, were reached (54,000 expected) and received a cholera kit to protect themselves and stop the transmission of cholera. The same people were trained in the practical use of this material and sensitized on key hygiene practices through door-to-door visits by CATI teams. On average, 17.8 households per suspected case were disinfected; **91%** of appropriate responses (target 100%) were conducted within 48 hours from laboratory confirmation of the suspected case; **76.9%** of appropriate responses (target 80%) were conducted within 24 hours from notification of suspected cases and 86% of them received a response; Out of 737 interventions of which 94.7% were carried out in less than 48 hours, 86% of suspected cases were treated against cholera.

UNICEF maintained active and operational epidemiological surveillance system despite the strike of health personnel country-wide, including in North Kivu. The surveillance system allowed the notification of **868 suspected cholera cases** and the collection of samples and laboratory analysis of 73% of them (5% positivity rate). Furthermore, 16 rapid response teams of the CATI type instead of 10 already in place before the start of the project were maintained over the entire period.

3. Changes and Amendments:

The initial version of the project proposal mentioned AIDES an implementing partner supported through CERF funds. This was a mistake since UNICEF partner in North Kivu for cholera response is Croix Rouge only. Thus, in terms of partnership, CERF funds supported Croix Rouge only for the entire agreed amount (US$ 75,001).

4. Number of People Directly Assisted with CERF Funding*

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	7,226	6,021	14,050	12,845	**40,142**	6,040	4,832	11,229	10,764	**32,865**
Host communities	7,828	6,524	15,220	13,916	**43,488**	2,535	2,112	4,930	4,508	**14,085**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**15,054**	**12,545**	**29,270**	**26,761**	**83,630**	**8,575**	**6,944**	**16,159**	**15,272**	**46,950**
People with disabilities (PwD) out of the total										
	1,505	1,254	2,928	2,676	**8,363**	**429**	**347**	**808**	**764**	**2,348**

* 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:

For Output 1: WASH interventions focused on water trucking directly benefitting people in need. Indirect beneficiaties are the students, teachers and directors benefitted from WASH interventions in 7 schools hosting IDPs in Sake, i.e. 2,506 people (estimates of 350 students, 6 teachers, 1 director, 1 hygiene focal point per school).
For Output 2: The CERF proposal is part of a multi-donor supported program, which reached over 1,097,826 people as indirect beneficiaries in North Kivu, South Kivu and Tanganyika since January 1st, 2021. Among these people, indirect beneficiaries in North Kivu, target of the CERF-funded intervention, amount at 568,486 people.

6. CERF Results Framework

Project objective	Provide access to water and sanitation for the most vulnerable persons affected by the volcanic eruption crisis and Prevent cholera outbreak in the affected areas.
Output 1	Provide access to safe water to the people affected by the volcanic eruption in Goma

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 1.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (Number of persons provided with clean drinking water)	29,630	46,950	Caritas reports and UNICEF reports of programmatic visit
Explanation of output and indicators variance:		**Indicator 1.1**: 46,950 people (about 26,600 households) benefited from access to drinking water via water trucking on the sites of displaced people in Sake and Goma. The same beneficiaries were reached by hygiene promotion activities, focused on cholera and COVID-19 prevention. The project target was overreached since needs revealed to be greater than expected. This is particularly due to the partial destruction of the REGIDESO network in Goma, with thousands of people at risk of being left without access to safe water. During the time needed to mobilize resources for the rehabilitation of the network by the Government, UNICEF continued to ensure access to safe water to thousands of people in need through water tracking for more than three months after the start of the crisis. This was done through CERF and complementary contributions.		

Activities	**Description**	**Implemented by**
Activity 1.1	Water trucking as first response in affected area (7.5 litre per day per person of chlorinated as per 0.5mg/L FRC with water trucking and reservoir/bladder distributions for a period of 2 months)	Caritas

Output 2	Ensure a cholera rapid response using the CATI approach

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	% of appropriate responses conducted within 24 hours after cases being notified (Axe Sake - Goma)	80	76,9	Croix Rouge Nord-Kivu & UNICEF database (linear list)
Indicator 2.2	% of appropriate responses conducted within 48 hours after cases being notified and confirmed by laboratory	100	91	Croix Rouge Nord-Kivu & UNICEF database (laboratory database AMI LABO)
Indicator 2.3	Number of persons reached around cholera suspected cases (600 suspected cases x 15 households x 6 persons per household)	54,000	77,790	Croix Rouge Nord-Kivu & UNICEF database (response database)

Explanation of output and indicators variance:

Indicator 2.1 and **Indicator 2.2:** The initial indicator to measure the effectiveness of the CATI response, scientifically demonstrated (2), is 80% of suspected cases responded within 48 hours. As part of this CERF-funded project and given the massive displacement of the population in areas that had already notified some cholera confirmed cases, UNICEF increased the target for this indicator to 100% and added a new indicator fixing at 80% the proportion of appropriate responses conducted withing 24h after cases being notified and confirmed by laboratory. This choice was done to boost and measure of the response reactivity in the aftermath of the volcano eruption. Although targets were not fully achieved, we can nevertheless consider an extreme reactivity of the response in 24h and 48h. This resulted in an absence of transmission of the disease demonstrated in the laboratory with 0 confirmed suspect cases out of 73% sampled. This absence of transmission was visible from week 26 to 30 (28 June to 01 August 2021) and from 32 to 34 (09 to 29 August 2021).

Indicator 2.3: More people than expected were reached around cholera suspected cases, because 877 suspected cases were reported instead of 600 as initially planned. Thus, with 77,790 people reached by the response activities centred around the cases, an average of about 15 households around each case was reached (which is the minimum standard), received a cholera kit to protect themselves and stop the transmission of cholera and benefitted from follow up visits from CATI teams to ensure the proper utilisation of kits, while being sensitized on key hygiene practices.

Results for the 2nd level response intervention for confirmed cases within 48 hours after receiving lab results improved throughout the project, passing for 78.6% of confirmed cases in June 2021 to 91% in November 2021. To do so, UNICEF strengthened data collection, analysis and sharing through a) the

2 Michel, Edwige, Jean Gaudart, Samuel Beaulieu, Gregory Bulit, Martine Piarroux, Jacques Boncy, Patrick Dely, Renaud Piarroux, and Stanislas Rebaudet. "Estimating Effectiveness of Case-Area Targeted Response Interventions against Cholera in Haiti." *ELife* 8 (December 30, 2019): e50243. https://doi.org/10.7554/eLife.50243.

	organization of a dedicated meeting on laboratory surveillance and related response activities gathering all response actors, b) the support to an assistant data manager to improve cholera-related databases quality and the c) the organization of regular formative supervisions of implementing partners on surveillance and comprehensive response methodology. CERF funds were used to support 16 CATI teams instead of 10 already in place before the start of the project. The addition of the 6 CATI teams was critical to (a) anticipate a possible epidemic outbreak since the movement of the populations affected by the outbreak took place in areas with actual cholera transmission (laboratory), (b) reinforce the reactivity of the response teams to cut all possible transmission chains (hence the addition of an additional indicator of response in less than 24 hours) and (c) be able to monitor and adapt the response when suspected cases are confirmed. These 6 additional teams were first deployed directly and 24 hours a day in the affected areas that had suspected cases. Here the interest is to get closer to the medical care structures (CTC/TCU), while already being in the communities (Sake - Goma axis). Subsequently, with the significant decrease in the number of suspected cases and the absence of confirmed cases, these teams have increased their monitoring activities in the communities, implementing prevention activities, awareness raising, and specific actions in the markets identified as a possible former transmission chain.

Activities	Description	Implemented by
Activity 1.1	Undertake immediate targeted responses at community level within 24h for all reported suspected cases. (First round response with rapid investigation, active suspected cases research on communities, sanitary cordon definition with an average of 15 – 20 HH targeted around each suspected cases: distribution of cholera kit, direct household disinfection and direct hygiene promotion, Implement manual chlorination points directly in the affected areas with directs links with suspected cases).	Croix Rouge Nord-Kivu
Activity 2.2	Undertake immediate targeted responses at community level within 48h (after the laboratory result) for all reported confirmed cases. (Second round of rapid response when the suspected case is confirmed on laboratory after 5 days delay. As the case has been confirmed, it is a real chain of transmission. This second intervention consists in completing the first one with the same activities, if necessary, enlarge the sanitary cordon, complete the active search for cases, check that people use the products of the cholera kit, especially the water treatment products and if necessary, increase the number of manual chlorination points	Croix Rouge Nord-Kivu

7. Effective Programming

a. Accountability to Affected People (AAP)[3]:

In Sake, the WASH response targeted IDPs hosted in reception sites. After their return in Goma, returnees, welcomed in host families, were involved in the choice of sites for the location of storage tanks and water taps. Awareness-raising campaigns on key hygiene practices and Cholera and COVID-19 prevention were organized in collaboration with local community-based structures (community health workers, community animation committees etc). The identification of vulnerable households to benefit from WASH kits was conducted in collaboration with local actors, well recognized by local communities, including heads of neighbourhoods or avenues.

b. AAP Feedback and Complaint Mechanisms:

UNICEF continued to support the functioning of existent community-based complaint mechanisms (CBCMs) implemented by its partner HEAL Africa. Two models of CBCMs implemented are the Wamama Simameni (based on female leadersip) and the Comité Néhémie (based on religious leadership).As part of interventions in response to the Nyiragongo eruption, with complementary funds UNICEF through its partner HEAL Africa supported the establishment and continuous functioning of 4 *Dispositif Itinerants de Protectio*n (DIAP) which served as platform to ensure displaced communities in Nyiragongo would be reached with information on available services for survivors as well as would access safe mechanisms should they wish to disclose allegations of sexual exploitation and abuse. The functioning of the DIAP was relied on community outreach activities to strengthen awareness raising, the promotion of positive masculinity through 'Comité Néhémie' and female leadership through the 'Wamama Simameni' approach. The functionality and quality of DIAP was maintained through continuous monitoring and evaluation by NGO partner, child protection actors and other community members.

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

With complementary funds, to mitigate the risk of sexual exploitation and abuse and ensure safe access to reporting mechanisms and victim assistance, UNICEF worked to strengthen existing systems and structures. Over 60 organisations responding to the volcanic eruption, including UNICEF partners, benefitted from a SEA risk mitigation induction training. UNICEF also conducted a study on the health impact of the volcanic eruption including the risks of sexual exploitation and abuse. With complementary funds, UNICEF trained a total of 71 staff (100%) on crosscutting protection aspects including sexual exploitation and abuse and GBV risk mitigation and safe identification and referral of GBV survivors. Among them, 36 were identified among WASH and cholera partners. Training package included induction PSEA core concepts, GBV and risk mitigation measures and how to support survivors who may seek access to services. UNICEF also supported training for staff working on the humanitarian response in Sake.

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

In addition to above mentioned elements, UNICEF ensured regular consultations with women and girls in the implementation of the emergency response. For instance, a GBV safety audit was conducted with Caritas on WASH facilities installed in Sake. The key objective of the exercise was to consult women and girls on perception of risks associated with location, timing and distance to water distribution points in order to identify measures to reduce these risks.

e. People with disabilities (PwD):

CATI interventions benefitted to cholera suspected cases and people around these cases, irrespective of their disability. WASH kits distribution and the awareness raising activities on kits utilization and the importance of hygiene practises were organized so to also include people with physical disability (ex. Door to door distribution and sensitization by the CATI team).
During the distribution of water, priority was given to people with disabilities, the elderly and pregnant women. Distribution ramps were installed on sites accessible to everyone, including people with disabilities.

f. Protection:

[3] 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.

As part of this project, UNICEF ensured the protection of people, and especially women and children, through the installation of lights at the water distribution points, thus reducing their exposure to risk of violence and abuse. In addition, during hygiene promotion sessions, beneficiaries were also sensitized to go and collect water in group. More in general, as part of the UNICEF multisectoral and integrated response to the Nyiragongo crisis and capitalizing on the long-term investment in capacity building of local implementing partners and child protection actors in North Kivu, UNICEF supported community-based child protection networks in the timely identification of children separated from their families following the volcan eruption, and their reunification.

g. Education:

CERF-funds contributed to the improve of access to sanitation facilities in 7 schools in Sake, hosting IDPs from Goma. Through these funds, UNICEF supported the rehabilitation of 28 latrine doors. After the return of IDPs in Goma, students and teachers in Sake could also benefit from these rehabilitated latrines, reducing their exposure to the risk of transmission of diarrheal diseases.

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.

The modality Cash and Voucher was not appropriate for this kind of project.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction
N/A	0	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities:

Title	Weblink
Nyiragongo volcano eruption: the aftermath	https://www.unicef.org/drcongo/en/stories/nyiragongo-volcano-eruption-the-aftermath
Pregnant Goma mother hails UNICEF-supported volcano water stands	https://www.unicef.org/drcongo/en/stories/pregnant-goma-mother-hails-unicef-supported-volcano-water-stands
L'UNICEF a remis des couvertures, des nattes, des moustiquaires, des savons et des kits d'hygiène pour assister plus de 200 enfants séparés suite à l'éruption du volcan	https://twitter.com/UNICEFDRC/status/1401833910598836224

L'UNICEF et ses partenaires continuent à apporter assistance aux familles touchées par l'éruption du volcan	https://twitter.com/UNICEFDRC/status/1417092239155679233
L'UNICEF distribue des seaux, des bidons et des articles d'hygiène aux familles déplacées par l'éruption du volcan	https://twitter.com/UNICEFDRC/status/1400453396155363339
Ces articles vont m'aider à améliorer mon hygiène	https://twitter.com/UNICEFDRC/status/1400776965527851012
#Sake: distribution of emergency kits to 3,000 families displaced by the eruption of the #Nyiragongo volcano	https://twitter.com/UNICEFDRC/status/1400120590724386824

3.2 Project Report 21-RR-WHO-016

1. Project Information

Agency:	WHO	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Health	**CERF project code:**	21-RR-WHO-016
Project title:	Rapid response to the humanitarian crisis caused by Nyiragongo Volcanic eruption in Nord Kivu province in the Democratic Republic of Congo		
Start date:	01/06/2021	**End date:**	30/11/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,441,000**
Total funding received for agency's sector response to current emergency:	**US$ 597,576**
Amount received from CERF:	**US$ 597,576**
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

Through this CERF UFE grant, WHO contributed to rapid response activities to the health consequences of the Nyiragongo volcanic eruption in North Kivu, in the east of the Democratic Republic of Congo. All planned activities were implemented with a performance of 95%. The main achievements were as follows:

- Training and equipping of 400 CHW in the HZs of Goma, Nyiragongo, Karisimbi and Kirotshe in community-based surveillance;

- The supplies of the alerts' centers of the 4 HZs targeted by the project (phones, communication credit). In addition to these 04 health zones, the Rutshuru (Nord Kivu province) and Minova health zones (South Kivu Province);
- Active research of cases of epidemic prone diseases in health facilities were carried out regularly;
- Analysis of surveillance data were completed and weekly surveillance Sitreps developed and disseminated electronically from week 18 to week 39;
- The laboratories were supplied with reagents, sampling materials, rapid diagnostic test for cholera, Covid19, malaria and transport media. The samples were analysed for potential epidemic prone diseases;
- All drug kits and materials have been purchased and delivered to the health facilities. Including IPC kits, Cholera tests;
- 8 cholera treatment centres (CTCs) have been rehabilitated, including that of Katindo in Karisimbi Health zone;
- Joint MoH – WHO supervisions were carried out.

3. Changes and Amendments

The project was carried out according to the established plan without any modification.

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	16,957	15,701	15,700	14,444	**62,802**	29,679	27,480	27,478	25,280	**109,917**
Host communities	18,900	17,500	17,500	16,100	**70,000**	33,079	30,629	30,629	28,179	**122,516**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**35,857**	**33,201**	**33,200**	**30,544**	**132,802**	**62,758**	**58,109**	**58,107**	**53,459**	**232,433**
People with disabilities (PwD) out of the total										
	5,621	5,205	5,205	4,788	**20,819**	9,838	9,110	9,110	8,380	**36,438**

* 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 indirect beneficiaries of this project were almost all the populations living in the HZs of Goma, Nyiragongo, Karisimbi and Kirotshe through the accessibility of health care. The number of indirect beneficiaries of this project for activities implemented by WHO is estimated to 509,000 persons.

6. CERF Results Framework

Project objective	Contributes to the reduction of morbidity and mortality related to health risks following the volcanic eruption.
Output 1	Early detection, active case finding, and laboratory diagnostic capacities 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	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (Relais Communautaires (Recos) trained in Community-Based Surveillance)	320	400	WHO Internal report
Indicator 1.2	Proportion of active search visits made to the number of planned visits (soit 312/528)	80%	100% (1480)	WHO Internal report
Indicator 1.3	Number of outbreak alerts notified and investigated	550,000	721	WHO Internal report

Explanation of output and indicators variance:	**Indicator 1.2**: The number of active research visits was higher than expected thanks to the integration of this activity. All the supervisors who went into the field were called upon to carry out this active research. Also, the planning of activities had been made for 3 months (May, June, and July 2021). But in the implementation, activities continued until the end of September 2021. **Indicator 1.3:** The number of alerts had been greatly overestimated during the planning. But also, some challenges have certainly impacted this result, in particular the strike of service providers. That is why the number of outbreak alerts recorded is very low.

Activities	**Description**	**Implemented by**
Activity 1.1	Train 320 Community Relais in surveillance of major diseases, conditions, and health events	MOH and WHO
Activity 1.2	Provide the Recos with management tools and communication credits	WHO
Activity 1.3	Provide alert centers with communication credits.	WHO
Activity 1.4	Organize active search visits to health facilities	MOH and WHO
Activity 1.5	Analyse surveillance data and develop Weekly Surveillance Sitreps	MOH and WHO

Activity 1.6	Supply the HGRs laboratories with reagents, sampling material and RDTs for cholera, Covid19, malaria and transport media (Cary blaire, Milieu de Transport Viral /MTV)	WHO
Activity 1.7	Ensure the collection and transportation of samples	MOH and WHO

Output 2	Infection prevention and control (IPC) measures in health facilities 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	Number of IPC kits provided to 32 priority health facilities (structures equipped with IPC kits)	96 IPC kits	99	WHO internal report
Indicator 2.2	H.3 Number of people benefitting from cholera kits	380	377	WHO internal report
Explanation of output and indicators variance:		No variance in indicators		

Activities	**Description**	**Implemented by**
Activity 2.1	Purchase of IPC kits	WHO
Activity 2.2	Distribution of the IPC Kits	WHO

Output 3	People affected by the humanitarian crisis (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	H.7 Number of functional health facilities supported (Cholera Treatment Centres CTC/ Cholera Treatment Unity CTUs)	8	8	WHO internal report
Indicator 3.2	Number of the units (Cholera Treatment Centres, Cholera Treatment Unit and Healthcare facilities) provide the kits/drugs	40	57	WHO internal report
Indicator 3.3	Number of health care providers reached	240	270	WHO internal report
Explanation of output and indicators variance:		**Indicator 3.2**: Rutshuru and Minova have also been provided with cholera drugs and kits. Indeed, the volcanic eruption of Nyiragongo was accompanied by earthquakes which led the provincial authorities to order the displacement of populations. Because of that, some populations have moved to Rutshuru and Minova in South Kivu province. That is the reason why these HZs benefited from these allocations and their service providers involved.		

Activities	**Description**	**Implemented by**

Activity 3.1	Rehabilitate (Cholera Treatment Centre) CTC and (Cholera Treatment unit) CTU	WHO
Activity 3.2	Provision of drugs for the case management of MAPEPI and other common diseases;	WHO
Activity 3.3	[Supervise health care providers (on-site staff briefing ...).	MOH and WHO

Output 4	People affected by humanitarian crisis (patients and their families) vaccinated against cholera			
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 4.1	H.4 Number of people vaccinated (among eligible Internal Displaced People (IDPs))	111,042	0	WHO internal report
Explanation of output and indicators variance:		**Indicator 4.1:** The vaccination activity was not carried out as it was not part of the project budget. However, the assessment conducted in collaboration with the health authorities of the Ministry of Health showed that vaccination against cholera was not necessary.		

Activities	**Description**	**Implemented by**
Activity 4.1	Conduct a risk assessment for vaccination and determine the target population for vaccination	WHO
Activity 4.2	Organize the vaccination campaign against cholera	Any

7. Effective Programming

a. Accountability to Affected People (AAP)[4]:

All project activities were implemented with the active participation of people targeted by WHO and local health authorities (community health workers, health care providers, local NGOs in displaced camps. The training content, training methods and operational procedures had been developed with health partners, health workers and community workers.

b. AAP Feedback and Complaint Mechanisms:

WHO had a system in place to directly assess its operational activities and interventions against the needs of beneficiaries. During field visits and missions, WHO had also involved health personnel in the individual assessment of fact-finding missions, as well as volunteer community groups in active case finding. Complaint boxes have been set up and feedback collected to be used during evaluation of the project and to ensure that beneficiaries' views are taken into account in improving future WHO interventions.

[4] 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.

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

Victims of gender-based violence and sexual abuse and exploitation are also covered by the services offered in this project. This intervention ensured close collaboration with the protection services, coordination of partners and PEAS networks to optimize the management of reported and suspected complaints and cases. All cases were treated with maximum confidentiality. Seven (7) SEA cases were reported as of end of August - assessments have taken place - victims/survivors have been cared for. Investigations took place by government structures to identify- potential abusers. This intervention paid particular attention to the needs of survivors of gender-based violence, especially children and women. WHO had already recruited a focal point for the prevention of sexual abuse-based Goma sub-office.

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

The project respected gender equality in all phases of implementation. Free materials and services considered the specific needs of vulnerable people and paid particular attention to the situation of women, girls, children, people with disabilities, as well as the elderly. A mechanism has been put in place to identify barriers to women with disabilities to come for consultation or give birth in hospitals and health centres. The most vulnerable children and families, the most remote villages, were included in the supply and demand for services.

e. People with disabilities (PwD):

Particular attention, without stigmatization, has been paid to the identification of people living with disabilities in the community affected by this volcanic eruption, through the network of community groups, to facilitate their access to health care structures and health needs. Data collection has been organized in such a way as to better highlight the needs of people with disabilities.
The indicator of the number of people with disabilities supported was periodically monitored during the implementation period.

f. Protection:

The specific needs of vulnerable people have been taken into account with particular attention to the situation of women, girls, children and people with disabilities, as well as the elderly. These groups were also considered in the disaggregated analysis 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.

Cash modality was not suitable for this project, as it aims to provide free health care services to beneficiaries, including treatments or drugs offered. Also, technical support to health structures had been provided through supplies of kits and medicines.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction

(incl. activity # from results framework above)				
N/A	0	0	Choose an item.	Choose an item.

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$
			Extended Name	Acronym			
21-RR-CEF-020	Water, Sanitation and Hygiene	UNICEF	Caritas North Kivu	Caritas NK	Yes	NNGO	$100,000
21-RR-CEF-020	Water, Sanitation and Hygiene	UNICEF	Croix-Rouge RDC Nord-Kivu	CRRDC NK	Yes	RedC	$75,001