

Emergency Plan of Action Final Report

Rwanda: Ebola Preparedness

DREF operation	Operation n° MDRRW017
Date of Issue: 27 September 2019	Glide number: --
Operation start date: 11 September 2018	Operation end date: 11 March 2019
Host National Society: Rwanda Red Cross Society	Operation budget: CHF 188,638
Number of people at risk: 4,948,731 (total population of 11 target districts)	Number of people assisted: 3,364,113 people
N° of National Societies involved in the operation: Austrian RC, Belgian Red Cross-FI, - Belgian Red Cross-Fr, Danish Red Cross, Spanish RC, IFRC	
N° of other partner organizations involved in the operation: Ministry of Health (MoH), Rwanda Bio-Medical Centre, World Health Organization (WHO), Centre for Disease Control and Prevention (CDC), United Nations Children's Fund (UNICEF), World Food Program (WFP), DFID, Enabel, National Reference Laboratory (NRL), OXFAM, and UNHCR.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. ECHO, the Belgian Government and Canadian Government contributed in replenishing the DREF for this operation. On behalf of Rwanda Red Cross (RRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in North Kivu Province. Following this declaration, nine (9) neighbouring countries were put on alert by the World Health Organization (WHO) and advised that they are at high risk of spread of the virus based on their proximity to the affected area.

Rwanda was among the countries ranked as Priority 1 based on its shared borders and proximity to the affected area in North Kivu. Indeed, Beni is approximately 370 kilometres from Rubavu district in Rwanda, which borders DRC through the town of Goma. There is high population movement in the border area with an estimated 45,000 - 60,000 people reported to cross daily to either side for trading and private business. In addition, Rwanda has a high population density which increases the risk of a possible EVD outbreak.



Volunteer training on SDB at RRCS HQ ©RRCS

Eleven (11) districts in Rwanda were initially considered most at risk of the outbreak, namely:

- Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu (bordering DRC)
- Musanze, Burera, Gicumbi and Nyagatare (bordering Uganda)
- Kigali city (comprised of 3 localities) due to the presence of Kigali International Airport.

The National Contingency plan was revised in February 2019 and two districts added to the list (Nyabihu and Nyanza), bringing total districts at risk to 13. During the timeframe, the operation, however covered the 11 initial districts.

In response, the IFRC launched a [DREF operation](#) in September 2018 for an initial period of three months to enable RRCS to support the government's preparedness plans. The operation was revised in November 2018 through [Operations Update No.1](#), which allowed for upwards revision of the budget allocated to SDB and contact tracing volunteer trainings. The amounts that were initially budgeted had envisaged supplementary funding from the National Coordination Committee, but these funds ended up not being availed. The timeframe was also increased for two months to end in February 2019 to allow for completion of the trainings. [Operations update No.2](#) was issued in February 2019 to extend the operation for one month, until March 2019 and allow for continuation and transition of activities, with the launch of the [EVD One International Appeal for DRC](#).

The overall regional risk posed by the outbreak in the Democratic Republic of the Congo remains very high considering the chances of cross border spread. The EVD Appeal countries continue to implement precautionary and preparedness measures to mitigate against the spread of the disease. Figures as of 25 June 2019 indicate a total 2,277 cases of which 2,183 confirmed cases and 94 probable cases. In addition, some 1,531 deaths have been reported with 1,437 of them being confirmed of Ebola and 94 probably linked to the disease.

As at now, this DREF operation is ended. However, Red Cross preparedness actions for Rwanda are carrying on under the [EVD One International Appeal for DRC](#). This Appeal outlines the response and containment strategy and focuses on response activities in the DRC as well as preparedness plans in the four priority countries (Burundi, Rwanda, Uganda and South Sudan). To note, the World Health organization (WHO) declared the EVD outbreak in DRC a [public health emergency of international concern \(PHIEC\)](#) on 17 July 2019.

Summary of response

Overview of Host National Society

Following the alert by WHO, Rwanda Ministry of Health activated the National Rapid Response Team (NRRT), which is the national level coordination taskforce for Ebola preparedness. The taskforce is comprised of MoH/ Rwanda Bio-Medical Centre, WHO, the Centre for Disease Control (CDC) and other partners involved in the response, including Rwanda Red Cross Society. The NRRT updated the National Contingency plan and roles were assigned to the various actors.

RRCS was tasked with:

1. Community surveillance/contact tracing
2. Risk communication/social mobilization and community engagement
3. Safe and Dignified Burials (SDB)/Decontamination
4. Psychosocial Support (PSS).

As part of the NRRT, RRCS was also presented in the following Technical Working Groups (TWGs):

1. Risk Communication and Community Engagement & Community sensitization/ mobilization
2. Infection Prevention and Control and Case Management (IPC/CM): SDB, Decontamination and PSS.
3. Surveillance and Contact tracing; Contact tracers.

RRCS requested for a DREF allocation to support the government's efforts in implementing the preparedness strategies as per the National Contingency Plan.

The following was achieved by RRCS in targeted 11 districts within the six months period of the operation:

- 550 volunteers were trained on community surveillance and contact tracing (50 per district);
- 110 volunteers were trained on SDB (10 per district);
- 55 volunteers (5 per district) were trained as ToTs on psychosocial support;
- Formation of two (2) National SDB frontline teams comprised of volunteers from each district and one reserve SDB team in each of the high-risk districts;
- Each district team is currently comprised of 10 SDB volunteers and 5 PSS volunteers (reserve team), and those are reinforced by the 2 national frontline teams;

- 10 volunteers from Nyagatare district were trained on mobile cinema because this is the only district that did not have trained volunteers on mobile cinema;
- 175 mobile cinema sessions were conducted in 13 districts; Burera (22 sessions), Gasabo (9 sessions), Gicumbi (20 sessions), Karongi (4 sessions), Kicukiro (9 sessions), Musanze (22 sessions), Nyabihu (5 sessions), Nyagatare (20 sessions), Nyamasheke (11 sessions), Nyarugenge (9 sessions), Rubavu (24 sessions), Rusizi (13 sessions) and Rutsiro (7 sessions);
- Community sensitization by volunteers through different meetings, mass sport events, and house to house;
- Procurement and prepositioning of 10 PPE kits, 2 Ebola starter kits, 3 SDB kits and 60 body bags;
- RRCS SDB volunteers were involved in two Simulation Exercises (SIMEX) organized by MoH, including a full-scale exercise in January 2019.

Overview of Red Cross Red Crescent Movement in country

The IFRC Eastern Africa Country Cluster provided technical support to RRCS in the design of the operation and subsequent updates to the strategy. The cluster continued to monitor the situation in the DRC and provided regular updates. The Africa Regional Office also supported through their EVD team who provided technical health advise.

A Surge FACT member was deployed in January 2019 for one month to support RRCS with coordination and strengthening of the SDB teams. One key outcome was the change of strategy for the SDB teams. Initially, RRCS plan was to have only one SDB team in each of the districts. However, this was revised due to the wide geographical area which would have limited coordination of the different teams. The strategy was revised to have 2 National SDB frontline teams who would be trained as the first responders in case of an outbreak and maintain the 10 person teams as reserve teams in each of the target districts.

The Partner National Societies (PNSs) in-country supported start up preparedness activities as seen below:

Partner	Activities
Belgian RC-FI	<ul style="list-style-type: none"> - Translation of the mobile cinema videos from English to Kinyarwanda. - Training of 150 NDRT on community surveillance and contact tracing and SDB - Handwashing facilities - Printing of 2,000 flyers and 1,000 posters
Belgian RC- FR	<ul style="list-style-type: none"> - Community sensitization and 7 mobile cinema sessions in Karongi, Rutsiro, Nyabihu (bordering DRC), and Ngororero and Gakenke - Printing of 2,000 flyers and 1,000 posters.
Danish RC	<ul style="list-style-type: none"> - Community sensitization and 7 mobile cinema sessions in Musanze, Burera and Gicumbi (districts bordering Uganda)
Spanish	<ul style="list-style-type: none"> - Supported review of the DREF documents
Austrian	<ul style="list-style-type: none"> - Supported review of the DREF documents

Overview of non-RCRC actors in country

The Rwanda Ministry of Health/Rwanda Bio-medical Centre has been coordinating actors involved in EVD preparedness through establishment of a national coordination forum. The National Rapid Response Team is composed of MOH/ Rwanda Bio-Medical Centre, WHO, the Centre for Disease Control (CDC), RRCS, UNICEF, National Reference Laboratory (NRL), World Food Program (WFP), DFID, Enabel, OXFAM, UNHCR FAO, Epidemiologists, and other partners.

Following on the WHO recommendations for preparedness for surrounding countries, the MOH, supported by WHO and partners in the NRRT developed the National EVD preparedness plan for implementation over a six-month initial time frame targeting 11 districts. The plan was then updated in February 2019 targeting 13 districts.

Weekly meetings were being held (and are continuing), to update and coordinate the response. MOH also shared a weekly bulletin of EVD preparedness activities in Rwanda.

In addition:

- MoH supported RRCS to train 300 volunteers on community surveillance and contact tracing and 100 volunteers on SDB at the beginning of the response.
- Two Simulation Exercises (SIMEX) were conducted, including a full-scale exercise in January 2019
- An Ebola Treatment Centre was set up in Rubavu and Rugegero
- The Emergency Operations Centre was activated by the Ministry of Health to monitor EVD preparedness activities.
- Laboratory staff from the National Reference Laboratory, ETC and target district hospitals were trained on testing and sample management and health staff trained on EVD patient management.
- Frontline staff and volunteers were vaccinated in 5 districts.
- Standard Operating Procedures (SOPs) for Case Management, Infection, and Prevention & Control were developed
- A public hotline was set up to receive calls on Ebola. Questions from callers were focused on signs and symptoms of Ebola Virus Disease and its mode of transmission.

Needs analysis and scenario planning

North Kivu is one of the most densely populated provinces of the DRC and has a history of active military conflict. Conflict and insecurity have significantly complicated the response in DRC and made tracking and tracing the outbreak difficult. Prediction of where the outbreak will move and tracing of contacts is extremely difficult, making preparedness activities more crucial to the containment of the epidemic.

Beni is approximately 370 kilometres from Rubavu district in Rwanda. Cross border movements due to trade and other activities are frequent, posing a significant threat of transmission of the disease. Each day between 45,000 and 60,000 persons cross the Rwanda-DRC border to participate in trade and other activities. Additional risk of an outbreak is present at the Kigali International Airport through international travel. The Ministry of Health intensified screening efforts at all Points of Entry. Frontline healthcare workers in five (5) border districts were vaccinated, while laboratory staff from the National Reference Laboratory, ETC and target district hospitals were trained on testing and sample management and health staff trained on EVD patient management.

Initially, awareness on appropriate Ebola prevention measures was low among communities, volunteers and health workers as Ebola is not a disease that has affected Rwanda in the past. Continued community sensitization through community meetings and mobile cinema helped to spread awareness on the disease and enable communities to identify signs and symptoms in order to take precautionary measures against the infection.

Since the declaration of the outbreak, preparedness and prevention activities have been ongoing. Rwanda has an average family size of 6.2 people and the people are very social. In addition, Rwanda has a high population density, meaning conditions are ripe for rapid spread should a case be detected.

The Rwandan MoH intensified efforts on strengthening preparedness for prevention and control of a possible EVD outbreak. Initially, 11 districts were identified as being at most at risk of the outbreak. This included 5 districts sharing borders with DRC (Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu), 5 districts bordering Uganda (Nyabihu, Musanze, Burera, Gicumbi, Nyagatare), and Kigali city due to presence of the International airport.

Later, a workshop review to update the contingency plan was held by the National Coordination committee and two other districts were added to the list: Nyabihu (which was initially overlooked and bordering DRC) and Nyanza (where a refugee transit centre is located).

Initially, the National Coordination Committee which is led by the Ministry of Health and the Rwanda Biomedical Centre (RBC) had envisaged supplementary funding to support RRCS conduct preparedness activities. However, this extra funding did not materialize, which led to RRCS request to seek an additional DREF allocation and to extend the operation timeframe from the initial three months to five months.

The operation was again extended for one more month in February 2019 and a third DREF allocation granted, to allow for continuity of preparedness activities as the revision of the Democratic Republic of Congo Emergency Appeal was ongoing, to include surrounding countries in preparedness as a containment strategy. Activities in the two additional districts were also included in the revised operational plan.

Risk Analysis

The outbreak in DRC is still ongoing, meaning that the risks are very much active, despite the close of the DREF operation.

- There is risk of contamination of health workers and RC volunteers. The government conducted training of health workers from Kigali and districts bordering DRC on Emergency Operation Centre (EOC), Incident Management system, laboratory, case management and infection prevention and control. RRCS volunteers were trained on SDB and PPEs for volunteers were also provided for the operation.
- The outbreak in DRC is still active and with security issues, there is a risk of population movement with refugees fleeing the conflict and insecurity. MOH intensified screening at Points of Entry. Sensitization and risk communication was also conducted in these high-risk districts.
- Cultural norms may also put people at risk as people are very social and participate in many communal activities, raising the risk in case of an outbreak. This was addressed by the sensitization sessions by RC volunteers and radio and mobile cinema.
- Funding shortage for implementation of comprehensive preparedness activities. IFRC and RRCS continue to lobby and advocate for funding to continue preparedness activities.
- Inadequate human resources and technical skills. A FACT member was deployed to Rwanda and helped revise the SDB strategy. Technical support was also provided through the IFRC Regional office.
- The rainy season was experienced in September to December 2018 but did not adversely affect implementation of the operation as there was no flooding in the target districts.
- Some areas bordering DRC and Uganda are not easily accessible due to poor road infrastructure and topography. However, sensitization sessions were still conducted in these areas using the volunteers from those district branches.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this DREF operation was to prevent morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in the 11 identified districts. The response plan was for 6 months and focused on risk communication, social mobilization and community engagement, contact tracing, SDB and PSS in the identified districts.

Proposed strategy

The DREF operation was complementary to the government's efforts in implementing the preparedness strategies as per the National Contingency Plan.

As previously mentioned, Rwanda Red Cross was part of the National Rapid Response Team (NRRT), which is the national level coordination taskforce for Ebola preparedness. The NRRT was responsible for updating the National Contingency plan which provided a roadmap for all stakeholders to engage and contribute to its implementation.

The updated plan outlined the context and situational analysis, the goal and objectives of the plan, activities and a budget and incorporated WHO priority areas for EVD preparedness. The plan also included a full scale and comprehensive simulation exercise (SIMEX) to test the operational readiness capacity of the country to prevent, detect and effectively respond to contain a potential introduction of EVD case into the country.

In the event of a confirmed case /outbreak of EVD in the country, a response plan informed by situation analysis and risk assessment will be developed and implemented to contain the outbreak.

The DREF operation focused on the below five key pillars:

1. Risk communication and community engagement
2. Infection, prevention and control (IPC) and Case Management (CM), and Psychosocial support (PSS)
3. Community surveillance and contact tracing
4. Safe and Dignified Burials (SDB)
5. National Society capacity strengthening .

Procurement of PPE kits, SDB starter kits and SDB kits was done through IFRC Regional Logistics unit.

Stock item	Quantity	Unit	Status
Visibility material (Plastic boots, T-shirts, raincoats)	660	Pieces	Distributed
Ebola starter kit	2	Kit	In emergency stock
SDB kit	3	Kits	In emergency stock
PPE kit	10	Kits	- 3 used for trainings/ can be reused after cleaning with chlorine - 5 kits (preposition 2 kits in Rusizi, 2 in Rubavu, 2 in Nyagatare and 4 in Kigali)
Body bags	60	Pieces	5 used for trainings
Posters	5,300	Pieces	Printed and distributed

The IFRC Eastern Africa Country Cluster Team provided technical support to RRCS in the design of the operation and subsequent updates to the strategy. The cluster continued to monitor the situation in the DRC and the provide regular updates. The Africa Regional Office also supported through the EVD Operations Coordinator and Health Advisor who provided technical advice.

A Surge FACT member was deployed in January 2019 for one month to support RRCS with coordination and strengthening of the SDB teams. One key outcome was the change of strategy for the SDB teams. The strategy was revised to have 2 National SDB frontline teams who would be trained as the first responders in case of an outbreak, and then have one reserve team in each of the target districts.

A monitoring mission was carried out in March 2019 by IFRC EA Cluster. The monitoring mission was conducted a week to the end of implementation thus, served as a minor evaluation. The methodology involved focus group discussions and a field mission to the sites where awareness was being conducted. The below were the various findings:

1. Activities carried out included sensitisation of the public on Ebola, training of volunteers and other focal points, organizing of mobile cinemas in schools and other public places, distribution of IEC materials.
2. To equip them on the task ahead, various trainings were conducted including Safe and Dignified Burials, Psychosocial support, Contact Tracing. The other support included the provision of Personal Protective Equipment. Simulation exercises were equally conducted using role play, while volunteers allowances, transport vehicles, t-shirts and vests for visibility purposes were made available.
3. Through the operation, the capacity of the NS staff and volunteers has been improved tremendously -- they are now better equipped to handle an Ebola Case should there be an active case scenario.
4. The mobile cinema is a much welcome idea but not appealing to the first and middle class, since the sessions are handled in open areas where the low class live. The blind and the deaf are also not covered by this media.
5. When asked what did not go well in this DREF, the replies were as follows;
 - not everyone has been reached with the information with the IEC and mobile cinemas,
 - the number of volunteers is small, the capacity of volunteers and focal points needs to be improved,
 - some events were hampered by the weather,
 - reporting has been a challenge, geographical location needs to be considered when planning,
 - the right materials for intervention, the digital communications need to be cascaded,
 - increased communications between DRC Red Cross and Rwanda Red Cross.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 3,364,113

Male: N/A

Female: N/A

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities (teaching and demo sessions)	1,250,000	3,364,113

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
# of volunteers trained in SDB and contact tracing and risk communication, social mobilization and community engagement	550	550
# of volunteers having received refresher training on mobile cinema	110	110
# of IEC materials produced and distributed	1,300	5,300

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	1,250,000	3,364,113
# of mobile cinema sessions conducted	110	175
# of households reached with community engagement and social mobilization	250,000	672,822
# of community engagement teams set up in affected and surrounding villages (including within SDB teams)	11	11

Output 1.4: Epidemic prevention and control measures carried out.

# of district branches supported in the planning and implementation of EVD prevention activities	11	11
# of people reached with community-based epidemic prevention and control activities	1,250,000	3,364,113
# of contact tracing and community surveillance teams set up	11	11

Output 1.5: Psychosocial support provided to the target population

# of volunteers trained in psychosocial support	55	55
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Narrative description of achievements

- Some 50 volunteers from 10 district branches and Kigali (550 volunteers total) were trained as ToT on community surveillance and contact tracing, and 110 of them were trained on SDB and decontamination.
- The 550 conducted community sensitization activities, through different meetings, groups and school visits, mass campaigns, house to house, and cascaded information to the rest of the volunteers.
- Some 55 volunteers (5 in 11 districts) were trained on psychosocial support.
- Each district team is comprised of 10 SDB volunteers and 5 PSS volunteers (reserve team),
- Two (2) national frontline teams were formed who will act as the first responders in case of an outbreak. The district teams act as the reserve teams.
- Ten (10) volunteers from Nyagatare district were trained on mobile cinema because this is the only district that did not have trained volunteers on mobile cinema.
- Ebola prevention messages from Rwanda MoH were shared with all local branches to inform the volunteers and community.
- Some 175 mobile cinema sessions were conducted in all districts, reaching 672,822 households. This is more than the initial target because two mobile cinemas were conducted per day for some districts.
- A total of 3,364,113 people was reached with the community sensitization activities against the initial target of 1,250,000. This was the sum of people who attended the sensitization sessions which was more than initially predicted.

<ul style="list-style-type: none"> 10 PPE kits, 2 Ebola starter kits, 3 SDB kits and 60 body bags were procured and prepositioned in Kigali 5,300 IEC materials were printed and distributed against the initial 1,300. This was covered under the third allocation.
Challenges
<ul style="list-style-type: none"> Main challenge was the lack of adequate funding to strengthen SDB teams' readiness by conducting regular refresher trainings and drills The lack of funds also impacted continuation of community sensitization on EVD during this DREF operation . As 2 new districts were added to the National plan (Nyabihu and Nyanza), there is need to train additional SDB and contact tracing teams from those districts. PPE and SDB kits took long to be procured and be cleared by customs which delayed the trainings. The equipment will also need to be topped up as it is not currently enough to be prepositioned in all target districts. The outbreak in DRC is yet to be contained, meaning that the risk of a possible spread to neighbouring countries remains high.
Lessons Learned
<ul style="list-style-type: none"> There is need to plan for sufficient time for procurement and clearance of PPE and SDB kits. The current processes will not work in the event of an outbreak and equipment is needed in-country. Funding is needed to ensure SDB teams remain ready in the event of an outbreak Continue coordination with MoH and other members of the NRRT.

Strengthen National Society		
Outcome S1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Indicators:	Target	Actual
# of NS contingency and preparedness plans updated	1	1
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
# of sessions conducted to review the contingency and preparedness plans	2	1
Narrative description of achievements		
<ul style="list-style-type: none"> RRCS is part of the committee established by MoH that is currently reviewing the contingency plan. The process is still ongoing with coordination meetings still in progress. Standard Operating Procedures (SOPs) for Case Management, Infection, and Prevention & Control were developed by the NRRT technical working groups, and awaiting approval by the Ministry of Health 		
Challenges		
<ul style="list-style-type: none"> MoH also facing funding shortage to support implementation of activities in the National Contingency plan. Screening at Points of Entry, however, is still ongoing as well as training of frontline health workers, and dissemination of messages to the public. 		
Lessons Learned		
N/A.		

International Disaster Response		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	1,250,000	3,364,113
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		

Indicators:	Target	Actual
# of volunteers trained in epidemic control	550	550
Output S2.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming		
Indicators:	Target	Actual
# of monitoring missions conducted	1	2
# of evaluation and lessons learned reviews	1	0
Narrative description of achievements		
<ul style="list-style-type: none"> • A Surge FACT member was deployed in January 2019 for one month to support RRCS with coordination and strengthening of the SDB teams. One key outcome was the change of strategy for the SDB teams. • SOPs for SDB and training plan for the reserve and SDB teams were developed. • A monitoring mission was conducted by the EVD Health advisor in December 2018, who attended the national simulation exercise and identified the gaps and areas of improvement by RRCS. IFRC EA PMER also conducted a monitoring mission towards the end of the operation to check on progress of implementation. • A lessons learnt review was not conducted as preparedness activities continued beyond the DREF operation, with the outbreak in DRC still active. It was also envisioned that the operation would transition into the regional EVD appeal. 		
Challenges		
<ul style="list-style-type: none"> • It was hard to find a qualified external trainer to conduct the SDB trainings. Most IFRC profiles had been deployed to support the operation in DRC. The trainings were conducted with support from MoH and RRCS Head of Health who is trained in SDB. • There was a one-month delay in transferring the third allocation to RRCS. The NS is currently on Working advance system and needed to account for the previous two transfers before receiving the third transfer. It took time to collect returns from the 11 districts, which delayed the transfer. The third allocation was transferred one month after the end of the operation to reimburse for costs incurred during the operation timeframe. 		
Lessons Learned		
<ul style="list-style-type: none"> • It is important to have a technical person in-country to support RRCS with the regular training of the SDB teams. However, the selected profiles need to have strong technical expertise on SDB. In addition, consider deploying a profile for a longer period of time (at least 3 months) to ensure they can fully support the operation. • Deployment of technical support should go hand in hand with the financial resources available to the NS. If there are no funds in-country to mobilize volunteers on the ground, the technical support is not relevant. • There is need to consider adequate timeframes for items that will be procured out of the country. Rwanda has lengthy customs procedures which delay clearance of items. An additional one month for procurement should be factored in for future operations. • In the event of an additional DREF allocation, there is need to factor in time to account for the previous transfers to allow enough time to collect returns and report on previous transfers. 		

D. THE BUDGET

Funding received from the DREF was CHF 188,638. Total expenditure was CHF 144,582. Closing balance as of reporting date is CHF 44,056. The balance is because (1) the cost of the PPE and SDB kits was overbudgeted and (2) SDB Surge deployment cost was budgeted for two months. However, there was a challenge finding the right profile. Eventually, a FACT profile was deployed and was fully funded by the Danish Red Cross.

Explanation of variances

- **Medical and First Aid-** Under expenditure of CHF 23,499 due to overbudgeting cost of the PPE and SDB kits.
- **National Society Staff-** Under expenditure of CHF 49,969 as NS staff per diems were omitted when budgeting.
- **Volunteers-** Over expenditure of CHF 39,324 as volunteer per diems were budgeted under workshops and trainings.
- **Workshops & Training-** Over expenditure of CHF 13,901 as volunteer per diems were under-budgeted.
- **Travel-** Under expenditure of CHF 20,565 as surge deployment was fully funded by Danish RC.

- **Information & Public Relations-** Over expenditure of CHF 6,986 as radio shows and printing of IEC materials was under budgeted.
- **Office Costs-** Under expenditure of CHF 674 as stationery costs were covered under workshops and trainings.
- **Communications-** Over expenditure of CHF 937 as this was underbudgeted.
- **Financial Charges-** Over expenditure of CHF 465 due to underbudgeting.

A [Note to file](#) was made on 30 April 2019 to allow the transfer of third allocation after DREF timeframe. As per IFRC procedures on Working Advance, RRCS could not receive the third allocation before reporting on the first and second tranches transferred to them. The working advance returns were received in Nairobi office on 11 March 2019, on the end date of the operation hence the transfer could not be made. RRCS had requested for **CHF 32,630** to enable payment for activities that happened during the DREF timeframe. The payments relate to volunteer per diems for sensitization activities, mobile cinema sessions and supplier payments for procurement of IEC and visibility materials.

Contact information

Reference documents



Click here for:

- [Operation Update 2](#)
- [Operation Update 1](#)
- [Emergency Plan of Action \(EPoA\)](#)

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For In-Kind donations and Mobilization table support:

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

IFRC Africa Regional Office: Sammy FWAGA, Acting PMER Coordinator, email. sammy.fwaga@ifrc.org

How we work

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

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2019/08	Operation	MDRRW017
Budget Timeframe	2018/09-2019/08	Budget	APPROVED

Prepared on 26/Sep/2019

All figures are in Swiss Francs (CHF)

MDRRW017 - Rwanda - Ebola Virus Preparedness

Operating Timeframe: 11 Sep 2018 to 11 Mar 2019

I. Summary

Opening Balance	0
Funds & Other Income	188,638
DREF Allocations	188,638
Expenditure	-144,582
Closing Balance	44,056

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	148,740	143,287	5,453
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	148,740	143,287	5,453
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management	10,653	1,295	9,358
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	10,653	1,295	9,358
Grand Total	159,393	144,582	14,811

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2019/08	Operation	MDRRW017
Budget Timeframe	2018/09-2019/08	Budget	APPROVED

Prepared on 26/Sep/2019

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MDRRW017 - Rwanda - Ebola Virus Preparedness

Operating Timeframe: 11 Sep 2018 to 11 Mar 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	30,195	8,066	22,129
Water, Sanitation & Hygiene		1,370	-1,370
Medical & First Aid	30,195	6,696	23,499
Logistics, Transport & Storage	5,926	10,080	-4,154
Storage	117		117
Distribution & Monitoring		2,560	-2,560
Transport & Vehicles Costs	5,809	4,520	1,289
Logistics Services		3,000	-3,000
Personnel	68,540	60,608	7,932
National Society Staff	51,538	1,568	49,969
Volunteers	17,003	59,040	-42,037
Workshops & Training	22,483	36,385	-13,901
Workshops & Training	22,483	36,385	-13,901
General Expenditure	22,520	20,619	1,901
Travel	10,003	1,217	8,785
Information & Public Relations	10,675	17,661	-6,986
Office Costs	674		674
Communications	100	1,137	-1,037
Financial Charges	1,068	604	464
Indirect Costs	9,728	8,824	904
Programme & Services Support Recover	9,728	8,824	904
Grand Total	159,393	144,582	14,811