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World Vision 

# Ebola Virus Disease Emergency Response

Real-time Evaluation of World Vision DRC's Response

December 2019

Democratic Republic  
of the Congo



## Executive summary

**On 1 August 2018, the Democratic Republic of the Congo's (DRC) Ministry of Health declared a new outbreak of Ebola in the town of Mangina, North Kivu. By 4 December 2018, the outbreak became the second largest in history. On 17 July 2019, the World Health Organization (WHO) declared a Public Health Emergency of International Concern.**

As of 12 December 2019, 3,324 cases of Ebola (3,206 confirmed and 118 probable) had been registered. The disease has claimed 2,206 lives, making it the second largest Ebola outbreak in history.<sup>1</sup>

The humanitarian response to the outbreak has been complicated by formal military action by the Armed Forces of the DRC against the Allied Democratic Forces (ADF). Further complications include retaliatory attacks against civilians attributed to the ADF, proliferation of Mai-Mai (community-based militia group formed to defend territory), existing food insecurity and vulnerability of affected populations. This is in addition to poor telecommunications, roads and social infrastructure.

At the time of the outbreak, World Vision, which has been present in DRC since 1984, was implementing food security, livelihoods, water, sanitation and hygiene (WASH), education and child protection programming in the eastern zone.

The organisation declared a Category 2 national response to the outbreak on 29 October 2018. This was followed by two re-declarations, first to a Category 3 national response on 25 June 2019 and then a Category 3 global response on 24 October 2019. The response operates under the umbrella of the country-wide sustained humanitarian response (SHR). This also includes emergency relief programming in Kasai, Tanganyika, Ituri and north-west provinces.<sup>2</sup>

The objective of the response is to halt the transmission of Ebola in North and South Kivu, reaching 1,187,729 affected people (700,760 children). Key sectors are 1) risk communication and community engagement 2) WASH 3) food security and 4) child protection and psychosocial support.

The response has provided 40,522 contacts and patients with 741 metric tonnes of food assistance, while 10,461 families, schools and churches have received 11,065 hygiene kits. The response is also providing psychosocial support to affected families, especially children. The total projected budget for the response is US \$21,750,212. To date, the response has reached 57 percent of its funding target.

The real-time evaluation of World Vision DRC's response to Ebola took place in December 2019. The purpose was to assess the response against four criteria: organisational efficiency, coordination and influence, relevance, and programme effectiveness.

The evaluation culminated in a workshop with World Vision staff, and was informed by 133 unique voices from affected communities, World Vision and partner agencies. Workshop participants validated the findings, refined and prioritised recommendations, and developed action plans around five items for immediate improvement.

## Main findings

### Organisational efficiency

Decision-making processes have been consultative rather than autonomous and the National Office (NO), zonal and response structures are in frequent contact with each other. Declarations have been significantly delayed and the initial determination of the response severity was inappropriate.

Despite frequent contact between the various entities involved in the response, internal coordination has been ad-hoc rather than strategic and use of information management platforms inconsistent. Organisational coordination processes are generally functioning, though engagement in certain mechanisms is haphazard. The World Vision Partnership has supported the response with multiple deployments, though there is a "short bench" of French-speaking staff that are Hostile Environment Awareness Training certified and deployable.

Inclusion of the Ebola response in the World Vision Humanitarian Response Unit and absence of clear security standard operating procedures (SOPs) in place in Beni, particularly the Incident Management Team, delayed decision-making. This exposed the team to security threats when the situation deteriorated in November 2019. In addition, the absence of a security management plan and security needs assessment in Beni led to inadequate budgeting for such a complex environment and consequently delayed the deployment of a Global Security Advisor.

World Vision's Emergency Management System (EMS) for Category 3 global response has not been fully implemented and staff report confusion over the response structure. This includes the roles and responsibilities of staff from various Partnership offices (e.g.: response versus zonal versus national office). The response is chronically understaffed and relies on short-term deployments and secondments for critical positions, with mixed results. Support services are generally not keeping up with the pace of the emergency response and national office and zonal staff are overburdened by the need to support both development and response programming.

### Coordination and influence

Given the complexity of the operating environment, World Vision has coordinated relatively well with the government, United Nations agencies, religious leaders and other non-governmental organisations (NGOs) to meet the needs of affected people. Additionally, it is proactive in sharing information with other actors, particularly at Beni and Goma levels. However, participation in sub-commission mechanisms<sup>3</sup> has been weak to date, and internal coordination and communication around external engagement inconsistent. This is linked to overall weak information management.

Strong advocacy is a key achievement of the response. The response works well with the Partnership to develop briefs, advocacy advice and recommendations, reports and calls for action. The response has been quick to engage media as needed. A high-quality communications

deployment and secondment resulted in development of materials (photos, videos, stories) for whole-of-Partnership use. Although communications staffing overall has been inconsistent.

### Relevance

The response leverages verified surveillance lists from the Ministry of Health and WHO to target those most affected by Ebola and has established operations in the two most affected areas – Beni and Butembo.

World Vision activities are highly aligned with the outbreak response strategy and generally aligned with humanitarian minimum standards. Partners note that World Vision's protection and psychosocial support activities address a gap that few organisations are trying to fill. World Vision programmes also enjoy some of the highest rates of community acceptance, though risk communication activities are not widely understood by affected populations as "relevant assistance".

Protection against sexual exploitation and abuse and safeguarding training was rolled out for staff more than a year after the response's initial Category 2 declaration. Despite having signed the safeguarding policy, a number of staff demonstrate poor understanding of safeguarding issues, reporting imperatives and processes. Staff, partners and affected people do not report major conflict or harm as a result of World Vision activities. The possibility of resentment between beneficiaries and non-beneficiaries remains a risk, as does stigmatisation of food assistance beneficiaries and religious leaders.

There is room for improvement with regard to implementation of accountability procedures, which the response leadership has recognised and taken steps to overcome with an accountability-focused deployment and training of trainers. Nonetheless, affected people have not been adequately sensitised on the purpose of feedback mechanisms, resulting in low use, while communities report limited consultation in programme conception. Furthermore, reporting, responding to and closing complaints is not systematic.

### Programme effectiveness

To date, the response has reached 696,709 affected people (58 percent of targeted people) through a combination of sensitisation, food assistance, WASH and protection programming. Of those reached, 291,613 (42 percent) were children.

A significant number of targeted people were expected to be reached using funding from a US \$10 million grant in the funding pipeline. However, status of the grant is uncertain and communication from the donor has stalled.

1. For the most up-to-date numbers, see "Ebola in the Democratic Republic of Congo: Health emergency update": <https://www.who.int/emergencies/diseases/ebola/drc-2019>

2. The category of the response is intended to be reflective of the scale of humanitarian need, the complexity of the operating environment and existing organisational capacity in the affected country. This categorisation determines World Vision's response model, including structure, decision-making and funding.

3. Under the Strategic Response Plan for the outbreak, a number of commissions have been activated in Goma, and sub-commissions reporting into these commissions are active in Beni and Butembo, among other locations.

World Vision's unique Channels of Hope methodology, through which the organisation works with Christian and Muslim faith leaders, has been acknowledged by staff, partners and affected people as enabling World Vision to reach populations inaccessible or resistant to other partners. WASH, food assistance and protection programmes are of high quality.

The response strategy is focused, leverages existing World Vision technical capacity, is aligned with the wider humanitarian response and was developed in consultation with all relevant departments.

Timeliness of the response is mixed. Though World Vision was quick to implement Channels of Hope and distribute hygiene kits, more comprehensive programming was not implemented until more than a year after the outbreak was declared. This was partially due to the lack of a Category 2 response manager and restrictions which barred NGOs from accessing external pooled funding streams until April 2019.

The grant acquisition and management (GAM) team has mobilised US \$12.4 million (57 percent of funding target). However, as mobilisation of funds was delayed, the response operated on a budget of only US \$500,000 for the first 10 months. Donors appreciate World Vision's responsiveness and flexibility.

Despite staffing challenges, the response effectively carried out project-specific monitoring and evaluation activities. More strategic response-wide indicators and reporting systems have yet to be developed. Compiling gender and age-disaggregated data also remains a challenge.

## Breakout sessions

Participants broke into smaller groups to capture collective knowledge around four strategic areas. These four areas were:

### Post-Ebola planning

Participants ultimately decided that World Vision will sustain its presence in the Ebola-outbreak zones, in large part due to existing programmes outside of the response. Any new staff or response structure should reflect the need to build the capacity of base or national staff.

### Security and humanitarian access

Given the complex operating environment, the response has taken several steps to strengthen organisational security. This includes deployment of a global security advisor, and

hiring a response security manager and security officer for Butembo. This is in addition to the existing security officer in Beni. Furthermore, security will identify safe lodgings for staff – up to and including the identification of team houses as required. Full evacuation, relocation and hibernation plans with non-negotiable triggers are to be developed, and Ebola-specific SOPs shared with all staff (resident and visiting) in the eastern zone.

## Emergency response declarations

Participants determined that World Vision DRC benefitted from and faced challenges as a result of the revision of World Vision's Disaster Management Standards. More clarification around management of acute crises within an SHR was requested from the global centre.

## EMS and response structure

Identified staffing gaps include: People and Culture; monitoring, evaluation, accountability and learning manager; US Office of Foreign Disaster Assistance chief of party; communications advisor; mental health and psychosocial support technical advisor; finance; and GAM staff. Ultimately, given the downturn in new Ebola cases, participants recommended maintaining the status quo of the Ebola response manager reporting to the SHR director.

## Prioritised recommendations

The five recommendations prioritised by workshop participants were:

- 1. Leadership:** Refresh minimum weekly internal coordination mechanisms within the response, including reviewing key stakeholders.
- 2. Leadership:** Develop a joint recovery and transition strategy for the response, aligned with NO strategy, incorporating risk and programme assessment, and with consideration for agility of operational areas.
- 3. Support services:** Proactively develop service-level agreements.
- 4. Security:** Review projected security costs for response start-up and implement recommended activities.
- 5. Liaison:** Prioritise coordination meetings and identify primary and delegate staff members responsible for engagement and information sharing.

Following prioritisation, action plans were developed for each recommendation.



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