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Revised Emergency Appeal Democratic Republic of the Congo (DRC) Ebola Virus Disease Outbreak Red Cross Red Crescent Response Plan

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRCD026

400,000 people to be assisted

Appeal launched 21 May 2018

Glide n° EP-2018-000049-COD

216,168 Swiss francs DREF allocated

Revision no 1 issued 14 June 2018

7,879,764 Swiss francs revised Appeal budget

Appeal ends 21 November 2018 (6 months)

This revised Emergency Appeal seeks a total of **7,879,764** Swiss francs (including CHF 445,731 of bilateral contribution through Health Emergency Response Unit -ERU- staff deployment) to enable the IFRC to support the Democratic Republic of the Congo Red Cross (DRC RC) and RCRC Movement partners to respond to the ongoing **Ebola Virus Disease (EVD)** and deliver humanitarian assistance to **400,000 people** in an emergency health intervention for **6 months**. The emergency operation focuses on epidemic control with emphasis on community-based surveillance and contact tracing, safe and dignified burials (SDB), risk communication and community engagement, disinfection of households, psychosocial support and support to health structures and prison. The Emergency Appeal is revised reflecting the evolving situation of the outbreak and comprises International Committee of the Red Cross (ICRC) support. The activities in this Appeal are fully aligned with the response strategy of the DRC Ministry of Health and will be implemented in close coordination with the MoH and other organizations in the country. *Details are available in the Emergency Plan of Action (EPoA) <click here>*

The disaster and the Red Cross Red Crescent response to date

08 May 2018: A new outbreak of Ebola Virus Disease (EVD) was declared by the Government of Democratic Republic of the Congo (DRC) after two samples tested positive for EVD in Bikoro, Equateur Province.

08 May 2018: A first IFRC Joint Task Force (JTF) was established to inform Red Cross Red Crescent response strategies, and Field Assessment Coordination Team (FACT) and Regional Disaster Response Team (RDRTs) alerts were sent.

09 May 2018: DRC RC convened a meeting of RCRC Movement partners in country to brief them on the situation.

12 May 2018: A team of 4 members of the DRC RC and IFRC travelled to Equateur Province and met with DRC RC local branch and health authorities.

12 May 2018: The IFRC approved an allocation of 216,168 Swiss francs from the Disaster Relief and Emergency Fund (DREF) to assist 238,950 people with surveillance, contact tracing and case investigation, risk communication and community engagement, SDB preparedness and psychosocial support.

19 May 2018: Mini-summit organized between DRC President, ICRC Head of Delegation and IFRC Country Representative to set the main priorities of the response

21 May 2018: The IFRC launches an Emergency Appeal for 1,630,297 Swiss francs to serve 716,850 people for 6 months.

14 June 2018: The Emergency Appeal is revised seeking 7,879,764 Swiss francs to assist 400,000 people for 6 months.



Photo: DRC volunteers conducting community sensitization campaign

The operational strategy

Context

On 8 May 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo reported two suspected cases of Ebola virus disease in the health zone of Bikoro in the province of Equateur. The event was initially reported on 3 May 2018 by the Provincial health authorities following a cluster of 21 cases of an undiagnosed illness, involving 17 community deaths. A team from the Ministry of Health, supported by partners, visited Ikoko-Impenge health area on 5 May 2018 and found five suspected case-patients in health facilities in Bikoro and Ikoko-Impenge. Samples were taken from each case and sent for analysis to Kinshasa. Of the samples taken, two tested positive for Ebola virus (Zaire ebolavirus species) on 7 May 2018 and the outbreak was officially declared on 8 May 2018 by the MoH. Since the declaration, two other health zones have reported cases, Iboko and Wangata.

As of 9 June 2018, a total of 66 cases and 28 deaths have been reported. Of these cases, 38 are confirmed as incidents of Ebola Virus Disease (EVD), 14 are probable and 14 are suspected. This is the ninth Ebola outbreak in the country, and the first in the province of Equateur. The Equateur province has a population of approximately 2.5 million people spread over an area of approximately 103 902 km². The two affected health zones within the Equateur Province (Bikoro and Iboko) are remote, with limited communication and transportation infrastructure. The third affected health zone, Wangata, is more urban and includes the capital city of Equateur province, Mbandaka, which is an important port city with over 1.5 million inhabitants. Mbandaka is reachable by plane from Kinshasa.

As of beginning of June, almost one month since the declaration of the outbreak, the urban spread has so far been contained with total of 4 confirmed cases reported from Mbandaka. The outbreak remains localised to the three health zones initially affected. The new suspected cases seem to be coming from known contacts although it is important to note that contact tracing coverage has not reached optimal level; leaving many contacts without rigorous surveillance. This remains a crucial risk factor for the further spread of the disease. Information about the true extent of the outbreak remains still limited and the remoteness of the area as well as the geographic spread challenge the investigation as well as the response. Currently, WHO considers the public health risk still to be high at the national level due to the serious nature of the disease, challenging geographical area, insufficient epidemiological information and the delay in the detection of initial cases, which has made it difficult to assess the magnitude and geographical extent of the outbreak. Therefore, the situation continues to be serious and flexibility and continuous vigilance is needed in the response.

Vigilance against the outbreak spreading to other areas in the province, to neighbouring provinces and potentially into neighbouring countries is important due to potential population movement, limited detection and safe treatment capacity as well as existing cultural practices that may pose risks. An emphasis on contact tracing and active case finding at community level, Safe and dignified burials (SDB) and risk communication for early detection to limit spread of the disease and ensure rapid control of the outbreak are crucial. As such, it is an extremely important task to continue to respond to this outbreak, to contain the disease and limit its impact.

Needs assessment and beneficiary selection

The current EVD outbreak is taking place in three health zones in Equateur province (Wangata, Bikoro and Iboko), approximately 2 million people reside in the health zone (which includes the city of Mbandaka with a population of 1.5 million). This is the first Ebola outbreak in Equateur province and therefore knowledge of Ebola is limited within the population. Initial feedback collected through Red Cross volunteers suggests issues that complicate understanding of Ebola such as people questioning whether or not Ebola is real, how it is transmitted, the risks of vaccination and resistance to changing cultural burial practices or consumption of bushmeat. There is a clear need to share clear, factual information in ways that make the information accessible to communities and collect and address rumours and misinformation, so they do not undermine social mobilization efforts.

The major means of transportation in the region is by road during the dry season. Water way transportation is also a very prominent means of movement - the water way transport runs along the border with the Republic of Congo and Central African Republic, from Brazzaville and Kinshasa to Bangui, traversing many communities along the river. These movements constitute a potential risk for spread considering the number of people who use such means of transport daily and in poor hygienic condition.

The needs assessment analysis completed highlight support in four areas of the DRC MoH Strategic Response Plan¹: Surveillance, active case finding, contact tracing and investigation of cases; Infection prevention and control in health facilities and communities; Risk communication, social mobilization and community engagement and Psychosocial care. In addition, the MoH requested involvement in safe and dignified burials due to the experience of the Red Cross.

Targeting

Of the total population in the affected health zones, the Red Cross Red Crescent Movement is targeting 25% of the population (400,000 individuals). In addition, in the four neighbouring provinces of Equateur (Sud Ubangi, Mongala, Tshuapa, Mai-Ndombe) and Kinshasa, the Movement will undertake preparedness and prevention activities.

Based on the assessments carried out and indications provided by the Ministry of Health and World Health Organization, high risk groups and opinion leaders will be prioritized:

- Local community leadership
- Women's associations
- Transportation providers (via road and river)
- Schools
- Health centres
- Religious centres
- Public gathering places

Coordination and partnerships

On 8 May, the MoH convened a coordination meeting of partners at the *Comité National de la coordination* (National Coordination Committee) during which the response strategy of the Government was presented to partners. A decision was made to activate the 7 coordination mechanisms or Commissions for the response namely;

1. Epidemiological surveillance and active case detection
2. Water Sanitation and Hygiene Promotion
3. Risk communication and social mobilization
4. Psychosocial support
5. Logistics
6. Research and laboratory
7. Case management.

The DRC RC is a member of the first 4 commissions with responsibility to carry out community interventions.

The IFRC and DRC RC are working closely with UNICEF and other partners on coordinated risk communication and community engagement approaches. Other partners currently active on the ground are MSF, AFENET (Africa Field Epidemiological Network) and WHO carrying out assessments that will inform scaling up the response based on findings.

The DRC country office of the International Federation of Red Cross and Red Crescent Societies (IFRC) has been strengthened through the deployment of global surge capacity to support the National Society. Five partner National Societies (Belgium Red Cross, Canadian Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long standing programs with the National Society. The ICRC is present in the country with programmes responding to the protection and assistance needs of the population affected by armed conflict and other violence.

Through this revised Emergency Appeal, the IFRC is seeking funds for activities of all RCRC Movement partners. The activities of this operation will be implemented by a combination of Movement partners – the National Society, IFRC, ICRC and in-country partner NS (Canadian, Swedish and French RC). Partner NS and ICRC operations related to the EVD outbreak are fully integrated into this plan and budget as part of a Red Cross Red Crescent Movement response. The Swedish RC will focus its activities in preparedness and capacity building in Kinshasa; the Canadian RC Red Cross activities will focus on preparedness and capacity building in Sud Ubangi, Mongala, Tshuapa and Equateur while the French RC activities will focus on PSS activities in affected areas. The ICRC will contribute to the Movement response by implementing infection and prevention control in health facilities and at Mbandaka prison,

¹ DRC MoH Strategic Response Plan available at:

http://prddsgofilestorage.blob.core.windows.net/api/sitreps/3067/DRC-ebola-disease-outbreak-response-plan-28May2018-EN_final_.pdf

including sanitation and waste management. The ICRC will also participate in activities to strengthen the capacity of DRC volunteers in emergency health and will provide logistics support, such as the use of ICRC plane (and if needed forensic support upon request).

Several movement coordination mechanisms are currently being put in place or strengthened. This includes Task Forces at the ICRC and IFRC level (Geneva, Nairobi and Kinshasa); Kinshasa level coordination group to prioritize activities, allocate funding and report against outcomes; and Mbandaka and Bikoro level coordination mechanism to ensure joint-planning and complementary in activities and harmonization of resources for efficiency.

Given the potential risk of EVD outbreak to DRC's neighbouring countries, IFRC regional office is preparing risk profile and reviewing readiness of Republic of Congo, Central African Republic, Angola, Burundi, Rwanda, Tanzania, South Sudan, Uganda and Zambia. Based on the roles identified for national societies and capacities a regional EVD preparedness strategy is being prepared. The strategy will support individual national society in preparedness actions to its own context. High risk level countries, including CAR, has requested support from the IFRC Disaster Relief Emergency Fund (DREF) to carryout preparedness activities.

B. Operational strategy

Summary of the current response

Since the first alert of the outbreak, the DRC RC has been coordinating its activities with the Ministry of Health. IFRC personnel in country provided technical support and together with the National Society deployed pre-positioned Personal Protective Equipment (PPE) to the affected areas and began training volunteers on Ebola awareness, surveillance and disinfection procedures. On 12 May 2018, the IFRC allocated CHF 216,168 from its Disaster Relief Emergency Fund for the response and together with the National Society developed a three-week plan of action.

Throughout the affected Health Zones; the following achievements are reached as of 10 June 2018:

- Training of 270 volunteers in different areas including Community Engagement and Accountability, Ebola sensitization, disinfection techniques, Safe and Dignified Burials
- 53,793 people reached with the above activities and awareness sessions in schools and churches, including 11 Safe and Dignified Burials conducted
- Support to six hospitals and health centres in Mbandaka with Infection Prevention and Control and capacity building activities
- In addition, preparedness sessions and contingency planning in Kinshasa and the four neighbouring provinces of Equateur have started as well as in some of the neighbouring counties at risk like CAR and Congo Brazzaville

The operation has its main coordination structure in Kinshasa and two field offices have been established in Mbandaka and Bikoro.

Overall Operational objective:

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola virus disease in Democratic Republic of the Congo

The strategy of the Red Cross Red Crescent Movement will focus on the following:

- Reinforcing the DRC RC response for immediate lifesaving interventions in the affected area
- Roll out prevention and response activities in the affected and at-risk areas
- Coordinated response with the authorities/Ministry of Health
- Engaging the affected people throughout the entire process
- Strengthening the capacity of the National Society to respond to epidemics

The response plan is for six months, with most response activities focused on the first three months. This is aligned with the Ministry of Health and WHO timeframe of the operation.

The operational strategy of the RCRC Movement will focus on six pillars:



Social
Mobilization,
Risk
communication
and Community
Engagement
and
Accountability



Surveillance
and contact
tracing



Safe and
Dignified
Burials and
disinfection



Psychosocial
support



Infection
and
Prevention
Control
support to
a) health
facilities and
Mbandaka
prison and
b) at
community
level



strengthening
the capacity
of health staff
to respond to
EVD
outbreaks

1. **Social mobilization, Risk communication and Community engagement and accountability**

Community engagement is essential at all stages of epidemic preparedness and response and will be integrated across all aspects of the operation. Trusted, clear and effective communication and engagement approaches are critical to ensure that fear, panic and rumours do not undermine the response efforts and lead to Ebola spreading even more quickly. Effective community engagement will also support the operation to gain an insight into the perceptions and behaviours of different groups, and to develop effective and targeted messaging. Engaging with communities in surrounding areas not yet affected by the outbreak will also help to prepare communities and encourage them to adopt preventative measures. It is important to note that community engagement works in support of all pillars and is mainstreamed in the work of all volunteers.

2. **Surveillance and contact tracing**

Surveillance and contact tracing will focus on the follow up of potential contacts and include the notification of potential cases for referral to Ebola treatment facility and possible Ebola deaths. Contact tracing is a key interaction with contacts of cases for 21-day incubation period to ensure early detection potential symptoms and immediate presentation to an Ebola treatment centre. It is essential to limit the next generation of cases. Surveillance and contact tracing are conducted using community engagement and a psychosocial support approach because contacts and their families require a significant amount of information, reassurance and support to adapt their behaviour to protect themselves and their community. The current pattern of increased geographic spread demands a more agile rapid response capacity to move to new locations and contain new outbreaks immediately.

3. **Safe and Dignified Burials and disinfection**

Traditional burial practice presents high-risk of infection, as family and friends often wash and touch the recently deceased. The Red Cross safe and dignified burial teams ensure that every aspect of burials, disinfection and decontamination is conducted in a safe and respectful way, taking into account cultural understanding and the sensitivity for families and communities at this difficult time. Highly trained Red Cross burial and disinfection teams, in conjunction with community engagement volunteers, limit the spread of infection by educating communities about the need for and processes behind disinfection and safe burials. Red Cross has been recognized as the main actor in safe and dignified burials by the authorities.

4. **Psychosocial support**

Raising awareness about Ebola and reducing fear and stigma are high priorities. For this reason, community volunteers who are in contact with families and communities with suspected Ebola cases or deaths are trained in supportive communication and psychological first aid.

Volunteers working in Ebola response and especially in high risk activities like safe and dignified burials are under extreme stress and carry out some of the most dangerous tasks related to the outbreak and are in need of support. Teaching volunteers and staff about stress management and peer support, and setting up support systems to help them deal with their situation without engaging in risk taking behaviour is critical.

5. Infection, Prevention and Control (IPC) support to health facilities

Infection prevention and control is crucial in containing the spread of EVD. Robust IPC measures and practices need to be in place at all health facilities, to prevent nosocomial (hospital acquired) infections. IPC aims to stop the spread of infectious diseases to other patients as well as health care workers by rapid isolation of suspected cases; creation of isolation areas that ensure correct patient flow and keep suspect patient away from others seeking usual care; and availability of appropriate facilities for hand washing, waste management and PPE for health workers. Through the response IPC measures will also be strengthened at Mbandaka prison by ICRC. Similarly, as for health facilities, IPC is important activity at community level. Handwashing will be promoted with hand washing stations established. Disinfection of HH suspected cases will be conducted as per need.

6. Strengthening the capacity of health staff to respond to EVD outbreaks

Detection of suspected Ebola cases on arrival to health facility is important for the safety of the health care workers and other patients. Ensuring appropriate triage protocols and knowledge of early case management of suspected cases is important among the health staff in local health facilities especially in the affected areas. IFRC through deployed ERU medical teams will support the capacity building of local health staff in EVD response.

Scenario planning

World Health Organization's planning assumption, based on a trend analysis and forecasting model, estimates between 100-300 Ebola cases with 10-30 contacts per case (rural/urban) by July 2018 and six separate geographic response zones. This planning assumption is used for the Movement to build several scenarios in Equateur province, neighbouring provinces, and major transportation hubs in the country and support a regional response strategy for neighbouring countries.

3 main possible scenarios are considered at this point in time:

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
Scenario 1	<ul style="list-style-type: none"> ✓ Outbreak is contained to 3 Health Zones ✓ Suspected cases continue to be reported from rural and urban area for the next 1 to 2 months and many suspected cases turn out negative ✓ Confirmed cases come mainly from rural area (Iboko/Bikoro) ✓ Risk of potential spread of a small number of cases to major transportation hubs in the country and neighbouring countries remains ✓ Risk of potential spread of a number of cases to neighbouring provinces remains with river and transportation access ✓ Timeframe end of July 	<ul style="list-style-type: none"> ✓ RCRC Interventions focus on six key pillars in 3 affected Health Zones (Wangata, Bikoro and Iboko): <ul style="list-style-type: none"> ✓ Safe and Dignified burials (SDB) ✓ Social Mobilization, risk communication and CEA ✓ Contact tracing (2 Health Zones with expansion to 3rd if needed) ✓ Psychosocial support ✓ Infection and Prevention Control at facilities in Wangata and Bikoro Health Zones) and Mbandaka prison ✓ Capacity support to local health facilities in Wangata and Bikoro Health Zones) ✓ Close coordination with partners across all pillars for an effective response ✓ Logistic and material supplies/ supply chain established for all 3 Health Zones to support the operational plan ✓ HR structure in place in all affected 3 HZs to ensure quality, effective and safe response ✓ Volunteers mobilised and trained for effective response in all 3 Health Zones ✓ Preparedness/ contingency planning activities by DRC RC in all Health Zones at risk ✓ Preparedness activities by NSs of the neighbouring countries with population movement/ transportation links with affected area ✓ Flexibility and revision of the plans as needed based on the evolution of the epidemic
Scenario 2	<ul style="list-style-type: none"> ✓ Major surge in cases in Mbandaka ✓ Appearance of cases in Kinshasa and Brazzaville ✓ A Public Health Emergency of International Concern is declared as the number of cases increases weekly, exceeding 500 and the risk to neighbouring countries increases dramatically 	<ul style="list-style-type: none"> ✓ Scale- up of all pillars in Mbandaka and other affected areas ✓ Scale- up from preparedness to active response in Kinshasa and Brazzaville ✓ Deployment of further surge to support the operation ✓ Training and mobilizing additional volunteers ✓ Close coordination with other stakeholders ✓ Revision of the emergency appeal and EPoA ✓ Adding case management as seventh pillar for response as needed

		<ul style="list-style-type: none"> ✓ Increase of supply chain and logistics to match the size of the operation ✓ Prevention and Preparedness activities in additional at-risk provinces and additional at-risk countries (regional) ✓ Flexibility and revision of the plans as needed based on the evolvement of the epidemic.
Scenario 3	<ul style="list-style-type: none"> ✓ No confirmed cases are revealed over the next 21 days ✓ The EVD outbreak appears to be contained, transmission stopped with successful tracking of contacts and contacts of contacts. 	<ul style="list-style-type: none"> ✓ Current operational set up ✓ Until two full cycles (42 days) of no cases ✓ Active response moving to prevention and preparedness phase ✓ Integration of activities to longer term programming prevention and preparedness activities for future outbreaks ✓ Evaluation/ lessons learnt of overall response captured to inform future outbreak responses

While the RCRC partners remain prepared for any scenario, the current operational plan and budget is based on scenario 1. This scenario has several planning assumptions which will continue to be monitored throughout the operation. In addition to the response in Equateur province and preparedness and prevention activities in neighbouring provinces, Kinshasa and neighbouring countries with transportation links, contingency planning is occurring with triggers to scale up relevant activities. The current Movement strategy is based on responding to this scenario and being ready to activate the contingency plan.

Proposed Areas for intervention

Areas of Focus



Health

People targeted: 400,000

Male: N/A

Female: N/A

Requirements (CHF): 2,302,408

Needs analysis: Key objective of this operational plan is to contribute to the effective containment of the EVD outbreak. Based on the current epidemiological analysis, the outbreak remains active on wide and challenging geographical area. The situation continues to be serious and flexibility and continuous vigilance is needed in the response. There is a need to continue the current momentum by increasing the coverage of the effective response with the objective of rapid containment of EVD in a localized area. The current pattern of increased geographic spread in rural areas demands a flexible and rapid response capacity to move to new locations and contain new potential outbreaks immediately.

The Red Cross response is planned in support of the proven EVD prevention and response strategies supported by MOH and WHO, on areas where Red Cross response will bring added value and in close coordination with other partners in the collective response to stop the epidemic.

Population to be assisted: Red Cross is targeting 400,000 to be reached with health activities. Information will be collected from communities and used to tailor and target prevention information.

Programme standards/benchmarks: The activities under this sector will follow strict WHO recommendations and standards for preventing and controlling the spread of EVD.

Health Outcome 1: Improved early detection mechanisms of resurgence of Ebola through integrated community-based health interventions

Health Output 1.1: Sustainable community event-based disease surveillance and contact tracing systems are set-up and operational

Activities planned:

- Train volunteers in each of the 3 affected health zones for surveillance and contact tracing
- Establish community-based active case-finding teams in affected and surrounding villages.
- Reproduce and disseminate guidelines and tools for epidemiological surveillance
- Carry out community-based surveillance in affected and surrounding health areas
- Carry out community-based contact tracing in affected and surrounding health areas
- Set up an information management system to ensure timely sharing of data with authorities
- Support the supervision and monitoring of contact tracers
- Strengthen support to the branches in the planning and implementation of activities
- Procure 50 PPE kit for replenishment of stock/for use in the operation

Health Outcome 2: The psychosocial effect of the epidemic is reduced through direct support to affected population

Health Output 2.1: The psychosocial effect of the epidemic is reduced through direct support to frontline workers and affected population

Activities planned:

- Train volunteers on psychosocial support
- Provide psychosocial support to families who lost their family members or property using culturally appropriate and accepted approaches
- Establish a psychosocial action plan to combat stigma and other consequences
- Assist in the care and social reintegration of survivors and orphans
- Support of staff and volunteers throughout the operation

Health Outcome 3: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola

Health Output 3.1: Context specific risk communication and community engagement and accountability is established

Activities planned:

- Train volunteers on the signs and symptoms of Ebola, on the management of the epidemic awareness-raising techniques
- Set up two-way communication systems to collect rumours, myths, comments and complaints are established, including meetings with community leaders and influencers and community dialogue sessions
- Establish interactive radio shows with rural radio stations
- Conduct community engagement and social mobilization activities including house-to-house visits and mass sensitization
- Adapt existing information materials to local languages including posters, video testimonials and radio spots
- Carry out regular supervision and quality checks
- Establish community engagement and social mobilization teams in affected and surrounding villages

Health Outcome 4: Targeted health facilities with improved IPC practices and protocols

Health Output 4.1: IPC activities conducted in 18 health facilities in Mbandaka and Bikoro

Activities planned:

- Deploy international health and WASH staff
- Provide support to health activities in Mbandaka and Bikoro in Infection, Prevention and Control
- Train and assist health care workers in infection control practices
- Support Ministry of Health and WHO to assess IPC needs in additional facilities
- Provide support to improve WASH mechanisms and processes in targeted health facilities
- Support in waste management measures at the health facilities

Health Outcome 5: The targeted health facility staff have better capacity to provide safe patient care during EVD outbreak including triage, early detection of cases and early management

Health Output 5.1: Capacity building and training activities conducted for health facility staff in 18 facilities

Activities planned:

- Training curriculum developed in coordination with MoH and WHO
- Training sessions conducted to local health staff
- On-job training
- Key protocols established and in place for triage and early management of suspected EV patients

Health Outcome 6: Communities in high-risk areas of the country are prepared to detect and respond to Ebola

Health Output 6.1: up to 400,000 people in 16 Health Zones have engaged with National Society risk communication social mobilization and community engagement approaches to promote healthy and protective behaviours.

Activities planned:

- Train volunteers in 16 health zones on CEA and contact tracing
- PPE equipment prepositioning
- Volunteer team activation protocols and dissemination



Water, sanitation and hygiene promotion

People targeted: 400,000

Male: N/A

Female: N/A

Requirements (CHF): 1,447,284

Needs analysis: The major needs for this sector include preventing and controlling any further spread of the EVD

Population to be assisted: Red Cross is targeting 400,000 people in Water, sanitation and hygiene promotion activities

Programme standards/benchmarks: Activities under this sector will follow WHO regulations and standards for preventing and controlling the Ebola virus

WASH Outcome1: The spread of Ebola is limited by disinfection of affected houses and area

WASH Output 1.1: Affected populations benefit from assistance in household disinfection

Activities planned:

- Training of volunteers in the prevention and control of infections
- Provision of disinfection materials and protective equipment to the team
- Conducting disinfection activities in contaminated places, including Ebola-affected households and case management facilities
- Sensitization of the population in affected households

Wash Outcome 2: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions

WASH Output 2.1: The affected population is assisted through safe and dignified burial and decontamination activities

Activities planned:

- Training of volunteers in the prevention and control of infections and in conducting safe and dignified burials
- Establish safe and dignified burial teams and household decontamination teams
- Provision of disinfection equipment and protective equipment to the team
- Implementation of safe and dignified burials in partnership with communities
- Sensitization of the population in affected households

Wash Outcome 3: The spread of Ebola is limited by hand washing campaign in affected provinces

Wash Output 3.1: Households demonstrate increased knowledge and practice safe hygiene and sanitation

Activities planned:

- Train volunteers on safe hygiene and sanitation hand washing
- Engage the community through mass hygiene promotion campaigns
- Procure and distribute IEC material on safe hygiene and sanitation



Protection, Gender and Inclusion

People targeted: 400 000

Male: N/A

Female: N/A

Requirements (CHF): exact budget included in Strategies for implementation

Needs analysis: Throughout all activities, the operation will aim to implement the minimum standards for gender and diversity. Specifically, during the volunteer selection, participation and development of community based activities, the minimum standards will be used. In the design of the community engagement and accountability activities, inclusion and protection aspects are used in the design phase and planning of community activities. In discussion with communities, this will be used to determine interaction methodologies and focus groups will be used to receive feedback.

In the safe and dignified burial training and procedures, gender and diversity aspects are introduced and the imbedded community engagement volunteer in the team ensures that interactions with family members and loved ones are based on an understanding of traditional practice and the unique risks. Specific support, such as psychosocial support, is then designed taking into consideration of individual needs of women, girls, men and boys.

Population to be assisted: 400,000 people

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Inclusion and Protection Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

Activities planned:

- Training of volunteers on the respect of gender and other diversity factors and the minimum Standard commitment
- Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity
- Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning

Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

Activities planned:

- Use Minimum Standard Commitments as a guide to support sectoral teams to include measures to mitigate the risk of SGBV and ensure referrals are available and socialized
- Include messages on violence prevention in all community outreach activities
- Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard
- Map and make accessible information on local referral systems for any child protection concerns
- Provide psychosocial support to children
- Establish community-based child protection activities, including educational ones

Strategies for Implementation

Requirements (CHF): 3,230,621

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.4: Deployment of surge capacity

Activities planned:

- Deploy surge personnel to reinforce and strengthen the National Society response

Outcome S3.1: The Movement uses its unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.1: Movement is visible, trusted and effective advocates on humanitarian issues

Activities planned:

- Develop and implement a communications strategy
- Produce communication products for the operation
- Ensure key messages – operational and advocacy - are available on a regular basis for the Movement

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.

Output S1.1.4: The National Society has effective and motivated volunteers who are protected.

Activities planned:

- Provide volunteer insurance, including high-risk insurance for safe and dignified burial team
- Provide training and support on code of conduct, fraud prevention and control
- Ensure volunteer engagement in decision-making processes
- Provide Personal Protective Equipment and visibility items to volunteers

Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place.

Activities planned:

- Strengthen the National Society in Equateur province through reinforcing the office space
- Strengthen the fleet capacity of the National Society through vehicles and reparation of existing fleet
- Preposition emergency stocks in the Equateur province and ensure SOPs are in place (mobilization, replenishment, roles and responsibilities)
- Strengthen the competencies of the National Society the Equateur province (job descriptions, function description and roles and responsibilities)
- Provide training to the National Society in the Equateur province on management, program development and planning, monitoring, evaluation and reporting
- Strengthen the Emergency Operations Centre in Equateur province and related procedures and processes
- Reinforce the information management capacity of the National Society (headquarter and Equateur province) – installing a server, HF and VHF radio stations, mobile data collection, archiving mechanism and system

Outcome S2.2: The complementarity and strengths of the Movement are enhanced.

Output S2.2.1: Movement enhance its operational reach and effectiveness through new means of coordination

Activities planned:

- Set-up Movement coordination mechanism following Strengthening Movement Cooperation and Coordination mechanism
- Ensure joint-planning and decision making of Movement in implementation and reporting of operational activities
- Set-up an information management system to monitor progress on operation and provide timely data to Movement components

Outcome S4.1: The Movement enhances its effectiveness, credibility and accountability.

Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.

Activities planned:

- Conduct regular monitoring visits to the operational sites
- Provide timely narrative and financial reports
- Develop a risk register and associated plan of action
- Perform internal audit
- Provide training on anti-fraud and corruption
- Provide training on financial management
- Ensure a combination of cash advances and direct payments in the operation

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

DRC: Ebola Outbreak

Budget Group		Bilateral response	Multilateral response	Total
500	Shelter - Relief		0	0
501	Shelter - Transitional		0	0
502	Construction - Housing		0	0
503	Construction - Facilities		29,715	29,715
505	Construction - Materials		0	0
510	Clothing & Textiles		99,051	99,051
520	Food		0	0
523	Seeds & Plants		0	0
530	Water, Sanitation & Hygiene		71,069	71,069
540	Medical & First Aid		110,437	110,437
550	Teaching Materials		100,042	100,042
560	Utensils & Tools		0	0
570	Other Supplies & Services		0	0
571	Emergency Response Units	445,731	89,146	534,877
578	Cash Disbursements		0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		445,731	499,461	945,192
			0	
580	Land & Buildings		0	0
581	Vehicles		106,575	106,575
582	Computer & Telecom Equipment		236,526	236,526
584	Office/Household Furniture & Equipment		49,526	49,526
587	Medical Equipment		0	0
589	Other Machinery & Equipment		0	0
Total LAND, VEHICLES AND EQUIPMENT		0	392,626	392,626
590	Storage, Warehousing		594	594
592	Distribution & Monitoring		0	0
593	Transport & Vehicle Costs		480,868	480,868
594	Logistics Services		14,858	14,858
Total LOGISTICS, TRANSPORT AND STORAGE		0	496,320	496,320
600	International staff (RDRTs or delegates)		788,008	788,008
640	International Staff (RDRTs)		0	0
661	National Staff		229,136	229,136
662	National Society Staff		166,604	166,604
667	Volunteers		743,057	743,057
669	Other Staff Benefits		0	0
Total PERSONNEL		0	1,926,805	1,926,805
			5	
670	Consultants		0	0
750	Professional Fees		92,000	92,000

	Total CONSULTANTS & PROFESSIONAL FEES	0	92,000	92,000
680	Workshops & Training		1,018,677	1,018,677
	Total WORKSHOP & TRAINING	0	1,018,677	1,018,677
700	Travel		76,500	76,500
710	Information & Public Relations		97,070	97,070
730	Office Costs		46,829	46,829
740	Communications		167,733	167,733
760	Financial Charges		62,000	62,000
790	Other General Expenses		10,896	10,896
799	Shared Office and Services Costs		117,908	117,908
	Total GENERAL EXPENDITURES	0	578,937	578,937
830	Partner National Societies		0	0
831	ICRC		1,975,487	1,975,487
	Total TRANSFER TO PARTNERS	0	1,975,487	1,975,487
599	Programme and Services Support Recovery		453,720	453,720
	Total INDIRECT COSTS		453,720	453,720
	TOTAL BUDGET		7,434,034	7,879,764

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates

For further information, specifically related to this operation please contact:**In the DRC RC**

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For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- IFRC Africa Regional Office: Fiona GATERE, PMER Coordinator; email: Fiona.gatere@ifrc.org; phone: +254 780 771 139

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.

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



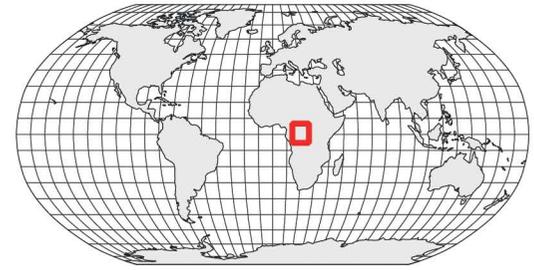
Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.

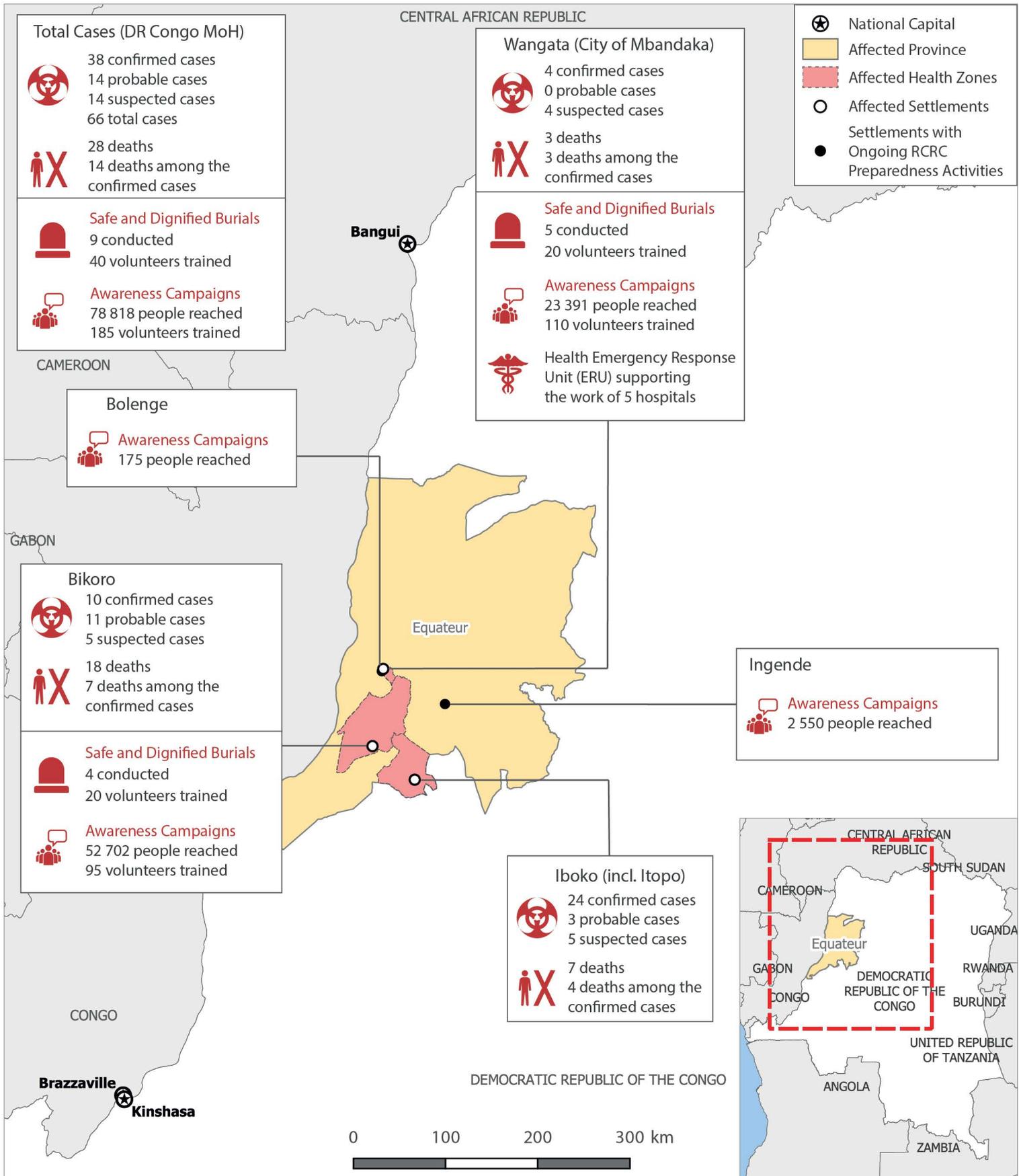


Promote **social inclusion**
and a culture of
non-violence and **peace.**



DR Congo, Ebola Virus Disease: Cases and Key Activities in the Equateur Province

Situation as of 13 June 2018 (Case Data from 12 June)



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: OCHA, OSM Contributors, ICRC, IFRC.