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Emergency Plan of Action (EPoA) Republic of Congo: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n°: MDRCG015 / PCG017	Glide No.
Date of issue: 14 June 2018	Expected timeframe: 3 months
Operation start date: 13 June 2018	Operation end date: 13 September 2018
Category allocated to the disaster or crisis: Orange	
DREF allocated: CHF 83,438	
Budget Holder/project Manager IFRC: Andrei Engstrand - Neacsu, Head of IFRC Yaoundé CCST	NS Point of contact: Dr. BOTEYA DJOKE Lambert, Head of Health and Social Action Department, Congolese Red Cross
Total number of people at risk: 17 million	Number of people to be reached: 50,000 people (10,000 households)
Host National Society's presence: 13,000 volunteers across 12 divisions of Congo, including 8,000 active volunteers	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), French Red Cross (FRC)	
Other partner organizations actively involved in the operation: MoH, WHO, UNICEF, IOM	

A. Situation analysis

Description of the disaster / crisis

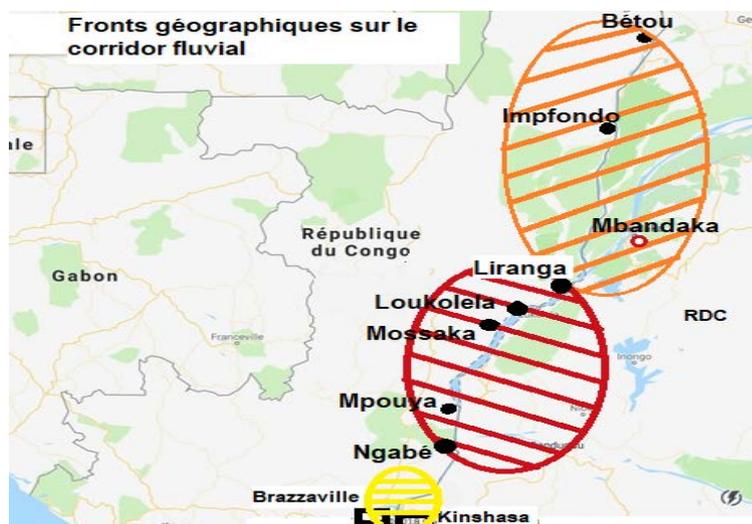
Since 3rd May 2018, more than 56 suspected, probable and confirmed cases of Ebola Virus Disease (EVD) have been reported in the Equateur Province of the Democratic Republic of Congo (DRC). As of 7 June, there were a total of 59 confirmed, probable and suspected Ebola cases, of which 27 people had died. According to WHO, a new case was confirmed on 6 June.

Following the Ebola Virus Disease outbreak declared by WHO on 8 May in the Bikoro health zone of Equateur province in DRC, some nine countries bordering the affected nation have been alerted and highlighted as being at-risk of a potential spread of said outbreak. Of these nine countries, the Republic of Congo (RoC) is amongst the priority countries, where WHO and the Ministry of Health (MoH) have engaged in preventive actions to reduce the impact of an eventual outbreak in the country.

The Ministry of Health (MoH) of the Republic of Congo and partners (WHO, UNICEF, IOM, FAO) have identified a high risk of importation of the epidemic into Congo for the following reasons:

- Regular and continuous movements of the population on the various waterways and through various points of entry along the Ubangi River and the Congo River, between the Equateur (proximity with the Likouala Division (districts of Liranga, Dongou, Betou, Impfondo), the Central Cuvette Division (districts of Mossaka, Loukoléla and Mongolo) and the Plateaux Division, especially the districts of Makotimpoko, Bouémba, Mpouya. (See map above).
- This part of the Congo River located between Mbandaka, Bikoro, Liranga, Kinshasa and Brazzaville, is a very intense trading corridor and weekly public markets are organized in several of the aforementioned localities.

As a result, MoH and partners have activated an Ebola Preparedness and Response Coordination Committee and are carrying out activities relating to emergency assessment, epidemiological surveillance, case detection and management, as well as social mobilization.



At risk areas along Rivers Congo and Ubangi corridor © RoC National Coordination for Ebola Response

Summary of the current response

Overview of Host National Society

The Red Cross of the Republic of Congo (CRC) is a humanitarian organization, auxiliary to public authorities. It is structured in all the 12 divisions of Congo and is a permanent member of the inter-agency coordination committee (ICC). CRC participates in emergency coordination meetings at all levels (central, divisional, municipal and health districts). The national headquarters houses an operational management structure consisting of four technical departments and trained professionals. CRC has an extensive experience in the management of epidemics and internal conflicts. Congo has witnessed four Ebola virus disease (EVD) outbreaks.

It must be recalled that CRC has a network of 13,000 volunteers, 70 per cent of whom are trained and available young people. Between 2013 and 2014, five hundred volunteers were trained on epidemic management for volunteers and the community-based health and first aid (CBHFA) approach in action. Congo has witnessed four EVD outbreaks, the latest of which was in 2014 in the Cuvette Ouest Division and the volunteers do have enough expertise to cope with.

In collaboration with MoH, WHO, UNICEF and NGOs, CRC contributes to the preparation for the epidemic response through the identification of entry points, social mobilization alongside medical services and will receive training amongst the community caregivers of MoH.

At Headquarters level, with the support of the NS (Secretary General) and IFRC, the Head of the Health Department is providing technical support in developing this DREF request, alerting volunteers for their mobilization, identifying volunteers trained in epidemic management, participating in emergency coordination meetings and providing necessary updates on the prevention action plan building on previous responses, in line with the MoH's roadmap.

Overview of Red Cross Red Crescent Movement in the country

The IFRC Central Africa country cluster support team (CCST) based in Yaoundé assists the CRC in coordinating all activities with deployment, financial support, logistics and insurance of volunteers, particularly for the development of a DREF request, Planning, Monitoring, Evaluation and Reporting (PMER), as well as participation in field supervision missions.

The French Red Cross is the only partner National Society present in the country and supports health and WaSH projects.

The International Committee of the Red Cross (ICRC) has a strong presence in the RoC and is also active in conflict areas. It should, however, be noted that the areas concerned by this operation are not in these conflict areas, but rather in the river corridor where there is intense population movement between DRC and RoC.

Overview of non-RCRC actors in country

A technical coordination meeting presided over by the Director General of Epidemiology and Disease Control (DGELM) with delegations from the Ministry of Forest Economy and UN agencies (WHO, UNHCR, FAO, IMO) took place on Thursday 10 May 2018. Participants revisited the Contingency Plan for Ebola Prevention and Response.

At the level of the National Public Health Laboratory, a case confirmation and clinical trial preparation team has been set up. A national coordination committee is set up and is chaired by the National Director of the Health Laboratory and an executive of WHO Congo.

WHO is supporting nine countries bordering the DRC to scale up their national emergency preparedness and response capacities. A plan finalized on 7 June outlines how these countries can review their readiness to respond, while identifying any gaps in their capabilities. WHO is working closely with the Ministries of Health and wider government stakeholders, and partners in these countries to put these measures in place.

The WHO / Congo office made an inventory of personal protective equipment (PPE), body bags, disinfectants and existing communication media under production. The following items are available and prepositioned: PPE, 10 body bags, 10 containers of 45 kg each of calcium hypochlorite (NaOCl) at 65%, 7 MAXI WATA bleach machines, specimens of communication media (image box, leaflets, posters). The inventory of PPE and body bags still available at the Directorate General of Hygiene is underway.

Technical commissions are set up to update the contingency plan in view of preparation for the response.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The main needs include the sensitization of the population, in order to reduce to zero, the risk of an eventual spread of the EVD outbreak from neighbouring DRC. This will be made possible by facilitating the preparation of response activities in selected risk areas. In this light, CRC will conduct a door to door outreach in order to convince communities to get interested in the activities, to respect the rules of hygiene and to report any suspected cases of fever.

The Congolese RC intends to reach 10,000 households or 50,000 people within a period of 2 months. Other needs include the following:

- the repositioning of body bags;
- the acquisition and storage of 45 kg containers of calcium hypochlorite (NaOCl) at 65% and disinfection equipment;
- the communication media (image box, leaflets, posters);
- the acquisition of PPE
- the waterway transport means for the transfer of patients and emergency teams

Targeting

Within a period of 2 months, the Congolese RC intends to reach 10,000 households or 50,000 people in the risk areas. This will be achieved following the deployment of 55 volunteers and 8 supervisors in 10 districts of 4 Division as described in below table.

Distribution of volunteers in at-risk areas

Divisions	Districts	N° of volunteers	N° of team leaders
Likouala Division	Liranga	10	1
	Dongou	5	1
Total for Likouala		15	2
Central Cuvette Division	Mossaka	3	1
	Loukolela	3	1
Total for Central Cuvette		6	2
Plateaux Division	Makotipoko	4	1
	Bouemba	4	1
Total plateaux		8	2
Brazzaville Division	Potopoto (beach)	8	
	Talangai (Yoro)	8	1
	Makelekele (Main bleue)	5	
	Bakongo	5	1
Total Brazzaville		26	2
Grand total		55	8

Scenario planning

Two scenarios are proposed by CRC in this response:

- ✦ The first scenario involves the training of volunteers on RCRC Fundamental Principles (including knowledge of the Movement and IFRC code of conduct), EVD awareness and prevention, preparedness to safe and dignified burials (SDB), community engagement and accountability (CEA), WASH and how to develop a response preparedness plan, monitoring, evaluation and reporting. Activities will equally include community-based surveillance and social mobilization.
- ✦ The second scenario will involve the deployment of rapid response teams for active surveillance, contact tracing and alerts, safe and dignified burials, sensitization and community mobilization, and infection prevention and control.

It should however be noted that as this is a preparedness operation, only preparedness (scenario 1) will be considered in the detailed operational plan and budget.

Operation Risk Assessment

The operational risks are inevitable. CRC will measure the extent of these risks using ICRC's Safer Access tool and IFRC's Code of Conduct.

The ICRC is present in the Congo and any security problem will be brought to the attention of CRC during the coordination meetings and before the deployment of volunteers.

Targeted areas have waterway and air access hence, the importance of acquiring means of transport meeting these natural requirements such as motorized canoes for example.

Torrential rains can cause flooding and cause the displacement of the riparian populations concerned, thereby creating a difficulty in controlling and monitoring the operation.

The presence of the Ministry of Water Resources and Forestry in the coordination committee would favour action by prohibiting hunting for some time.

Retained and deployed volunteers will be covered by insurance against accidents while being deployed and each team of four volunteers will have a first aid kit.

B. Operational strategy

Overall operational objective:

Contribute to avoiding the spread of the EVD in the republic of Congo by conducting EVD preparedness and prevention activities in at-risk localities sharing border with Equateur province, epicentre of the epidemic in DRC. This will be done in line with recommendations and directions provided by WHO and the MoH in Republic of Congo.

CRC will develop its strategy based on the first scenario which consist in preparing the health services and the volunteers to carry out preventive actions to avoid any importation and spread of EVD in Congo. The following activities will be undertaken to achieve this:

- Identification and training of volunteers;
- Acquisition of equipment and inputs;
- Information, education and communication with the population to help prevent and reduce stigma, including collecting feedback on community perception, beliefs and rumours;
- Provision of technical support and counselling on community-based surveillance;
- Community commitment;
- Support for epidemiological investigations and measures against epidemics with MoH;
- Referral of any case of fever to nearby health centres;
- Coordination (participation in coordination committee meetings, ensuring monitoring, evaluation and reporting);

Scenario 2 will be taken into account if a suspected, probable or confirmed case of EVD is notified in Congo. It will take into account aspects related to support for prevention, social mobilization and safe and dignified burials (SDB) activities and IPC activities in the Division concerned, and this operation will be adjusted accordingly to respond to the situation.

With regards to **human resources**, 55 volunteers and 8 supervisors will be trained and deployed in 10 districts of 4 Division (see Table of distribution of volunteers in at-risk areas) to ensure full coverage of the at-risk areas. They will be deployed over a period of 24 days (3 days per week for 8 weeks) with the aim of reaching 50,000 people (10,000 households). In addition, 18 NS staff will equally be deployed for 24 days to support volunteers in their mission. An RDRT member with experience in Ebola preparedness and response skills will also be deployed for a period of one (1) month to support Congo Red Cross with the training of volunteers in RCRC Fundamental Principles (knowledge of the Movement and IFRC code of conduct), EVD awareness and prevention, CEA, WASH and preparedness to safe and dignified burials (SDBs). Volunteers will also be trained on how to develop a response preparedness plan, and monitoring, evaluation and reporting, community-based surveillance, social mobilization and community engagement.

Planning, monitoring, evaluation and reporting (PMER) will be ensured by CRC with support from the IFRC Central Africa CCST based in Yaoundé. The team will also provide coordination, communication and finance management support as needed, to ensure visibility of Red Cross action and financial monitoring of the operation. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters include health and care, PMER, communications, security, finance and administration units. The Head of the IFRC Central Africa CCST will assume overall responsibility for the implementation, reporting, compliance and finance management of this project as the budget holder for the operation. Since CRC is a French speaking National Society, there is need for translation of this EPoA, any eventual operations update and final reports from French into English and French, to ensure that NS can share its achievements as part of this operation with Government and other non-English speaking partners.

A lessons-learned workshop will also be organised at the end of the operation, to assess the implementation of the operation, highlighting successes and areas which need improvement in order to address these and inform future planning in the country.

Logistics support will be provided for international procurement of specialized items like Personal Protective Equipment (PPE), chlorine and body bags to ensure quality. It should be mentioned that WHO regional preparedness plan mentions that PPE will be provided. As such, the PPE procured through this operation are just for training and for NS to have a few immediately available while making arrangements with MoH and WHO in the event of an outbreak. All local procurement to support training activities will be conducted in line with the IFRC procurement procedures. If possible, items could be taken from the Yaoundé Cluster warehouse and be replenished through this DREF operation. Moreover, warehousing and fleet needs are presently limited and will be reviewed in case there is an outbreak or scale up of activities.

To **minimise security and safety (non EVD) related risks** to RCRC personnel, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security E-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Road travel presents a considerable safety hazard, which will be addressed appropriately. Especially, contingency plans must be in place to enable the NS and its staff to manage emergencies adequately (e.g. medical evacuation, staff relocation due to increased security challenges or violence).

AP024	Support the acquisition of visibility materials and rent appropriate and available means of transport for each area in coordination with other partners																		
AP021	At community level, support the referral of cases of fever to Integrated Health Centre (CSI).																		
P&B Output Code	Health Output 1.3: Community-based prevention of EVD and health promotion are provided to the target population	<i>Number of people reached with Ebola awareness messages (Target: 50,000 people)</i> <i>Number of social mobilization activities organized</i> <i>Number of meetings held with local leaders (Target: 16 meetings)</i>																	
		Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Purchase didactic and communication media to support the preparedness activities carried out by 55 volunteers																		
AP021	Conduct social mobilization and an independent monitoring in coordination with the Ministry of Health / WHO / UNICEF																		
AP021	Door to door social mobilization																		
AP021	Distribution of leaflets and other communication media																		
AP021	Transportation of volunteers																		
AP021	Hold discussion group meetings with local leaders to facilitate community engagement and collecting feedback on community perceptions, beliefs and rumours																		
AP021	Attend coordination meetings																		

Strategies for Implementation
Requirements (CHF): 30,045

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	<i>Number of RDRT deployed for the operation (Target: 1)</i>																	
	Output S2.1.4: Deployment of surge capacity	<i>Number of volunteers deployed for the operation (Target: 63 (55 volunteers and 8 supervisors) in 10 districts and 4 divisions)</i> <i>Number of NS staff deployed for the operation (Target: 18)</i>																	
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		

D. Budget (see Annex)

The overall budget for this operation is CHF 83,438 as seen in attached budget.

Budget Group		DREF Grant Budget	Budget CHF
500	Shelter - Relief	0	0
501	Shelter - Transitional	0	0
502	Construction - Housing	0	0
503	Construction - Facilities	0	0
505	Construction - Materials	0	0
510	Clothing & Textiles	0	0
520	Food	0	0
523	Seeds & Plants	0	0
530	Water, Sanitation & Hygiene	10,925	10,925
540	Medical & First Aid	9,396	9,396
550	Teaching Materials	1,700	1,700
560	Ustensils & Tools	0	0
570	Other Supplies & Services	0	0
571	Emergency Response Units	0	0
578	Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		22,021	22,021
580	Land & Buildings	0	0
581	Vehicles Purchase	0	0
582	Computer & Telecom Equipment	0	0
584	Office/Household Furniture & Equipment	0	0
587	Medical Equipment	0	0
589	Other Machiney & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT		0	0
590	Storage, Warehousing	0	0
592	Dsitribution & Monitoring	0	0
593	Transport & Vehicle Costs	3,750	3,750
594	Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE		3,750	3,750
600	International Staff	8,000	8,000
661	National Staff	0	0
662	National Society Staff	3,500	3,500
667	Volunteers	18,125	18,125
Total PERSONNEL		29,625	29,625
670	Consultants	0	0
750	Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES		0	0
680	Workshops & Training	5,750	5,750
Total WORKSHOP & TRAINING		5,750	5,750
700	Travel	9,000	9,000
710	Information & Public Relations	2,600	2,600
730	Office Costs	600	600
740	Communications	2,500	2,500
760	Financial Charges	2,500	2,500
790	Other General Expenses	0	0

799	Shared Support Services	0	
	Total GENERAL EXPENDITURES	17,200	17,200
599	Programme and Supplementary Services Recovery	5,092	5,092
	Total INDIRECT COSTS	5,092	5,092
	TOTAL BUDGET	83,438	83,438

Reference documents



Click here for:

- Previous appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:**In CRC**

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How we work

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