

Emergency Plan of Action (EPoA) Democratic Republic of Congo (DRC): Ebola Outbreak

DREF Operation: Ebola outbreak in Likasi	Operation n° MDRCD; Glide n° XXXEP-2017-000048-COD
Date of issue: 15 May 2017	Date of disaster: 12 May 2017
Operation manager (responsible for this EPoA): Viviane NZEUSSEU, Health Coordinator, IFRC Central Africa Cluster	Point of contact DRC RC: Dr Jean-Faustin Balelia, Health Director, DRC RC
Operation start date: 14 May 2017	Expected timeframe: 3 months
Overall operation budget: CHF 199,110	
Number of people affected: 23,325 persons	Number of people to be assisted: 5,831 persons
Host National Society(ies) presence (n° of volunteers, staff, branches): DRC RC, 130,000 volunteers, 11 provincial branches and 150 staff members.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Public Health, WHO, UNICEF, MSF, ALIMA	

A. Situation analysis

Description of the disaster

On 22 April 2017, the NAMBWA health centre received a 39-year-old male subject with presenting symptoms including fever, asthenia, vomiting of blood, bloody diarrhoea, haematuria, epistaxis and extreme fatigue.

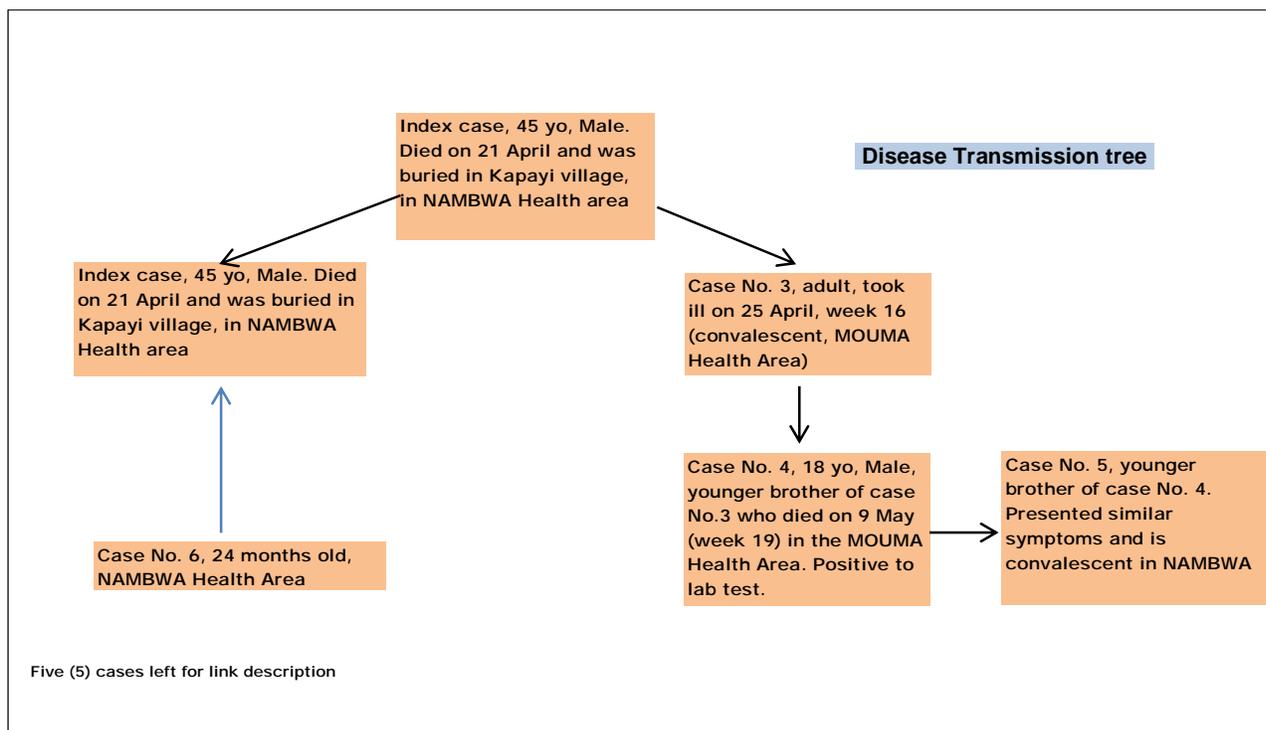
He was referred to the Reference General Hospital (RGH) of Likati, where he died 12 km from the RGH. A few days later, the driver and the person behind the motorcycle carrying the index case developed the same signs and symptoms. The death of the driver was later announced.

An investigation was initiated and five (5) samples were collected. As of the 15th May 19 suspected and 1 confirmed case has been declared with three (3) deaths, spread across three health areas. However, all three deaths have been recorded in the Nambwa health area alone.

Table 1: Distribution of cases per health area

HEALTH AREA	CASES	DEATHS	CASE FATALITY RATE (%)
NAMBWA	10	2	20,0
MOUMA	3	1	33,3
NGAYI	6	0	0,0
TOTAL	19	3	15,7

The alert was issued at national level on 8 May by the Provincial Health Division [DPS], 17 days after the death of the index case (who probably became ill between weeks 14 and 15 of 2017).

Table 2: Disease transmission tree

It should be noted that the Likati health zone is located within the Bas Uele province, at 165 km from Buta accessible by very poor road (5 days by vehicle and 2 days by motorcycle). Likati has a population of 74,648 inhabitants in an area of 10,426 km². Population density is approximately 7 people / Km². The town of Likati has three (3) health areas with 23,325 inhabitants. Low population density and poor transportation routes should limit the likelihood of disease spread but will also inhibit large response without significant logistics support.

Summary of the current response

Overview of Host National Society

The Red Cross of the Democratic Republic of Congo (DRC RC) is a neutral humanitarian organization, auxiliary to the public authorities. At the national H Q there is an operational management structure including six technical departments and professionals trained as part of the National Disaster Response Team (NDRT). The DRC RC has provincial disaster response intervention teams (PDRT) with 110 members, a national disaster response intervention teams (NDRT) with 30 members, and 10 staff members that are regional disaster response team (RDRT) trained. Moreover, the DRC RC has a pool of approx. 130,000 registered volunteers, of which 60,000 are active.

The DRC RC has one branch in each of the 11 provinces. There is no partner NS or ICRC presence in Bas Uele province.

The DRC RC has a long experience in managing natural disasters and even armed conflicts. Recurrent disasters in the country include floods, volcanic eruptions, landslides, population movements and air crashes.

In terms of health disasters, the country has experienced eight (8) Ebola haemorrhagic fever outbreaks since 1976. Cholera is endemic in some localities, as are measles, poliomyelitis and Marburg fever, among others. More recently, in 2016 the country experienced a combined yellow fever, measles and cholera outbreak, which required an Emergency Appeal by the IFRC to support the DRC RC in response.

In response to the current outbreak, the DRC RC has mobilized 70 volunteers. At the headquarters level, a WASH specialist is part of the joint assessment mission with the Ministry of Public Health (MoPH) and other partners. The mission left Kinshasa on Saturday 13 May to the affected area. In addition, DRC RC health director and colleagues have been participating in all crisis meetings on the issue.

Overview of Red Cross Red Crescent Movement in country

The IFRC Central Africa Cluster Country Support team (CCST), based in Yaoundé, will support the DRC RC with the coordination of all activities within this DREF operation, including the approval of planning, implementation, monitoring and reporting, as well as participating in monitoring/evaluation missions in the localities.

Partner National Societies present in the country include the Belgian Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross societies. In addition, the International Committee of the Red Cross (ICRC) also has extensive presence in the DRC.

Overview of non-RCRC actors in country

The "**NATIONAL PLAN FOR THE PREPARATION AND RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK**" was updated and validated in August 2014 by the MoPH and its partners, including WHO, UNICEF, CDC, and *Médécins Sans Frontiers*.

The government and other partners have agreed to deploy a multidisciplinary team Saturday, 13 May 2017 to take stock of the situation and prepare for the arrival of the main response team. The multidisciplinary team shall be in charge of assessing the situation on the ground.

Actions already undertaken by government include:

- setup of a coordination committee at national, provincial and local levels;
- training of healthcare personnel;
- raising awareness among opinion leaders;
- organisation of a patients' circuit;
- drafting of a list of contacts and family members.

The set up for various committees includes:

1. surveillance,
2. medical care,
3. laboratory and research,
4. communication and social mobilization,
5. water, hygiene and sanitation,
6. psychosocial care,
7. logistics.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The EVD epidemic is currently located in the heart of the forest, in an enclosed and almost inaccessible area. Indeed, the affected area is accessible exclusively by motorcycles. However, the health zone is quite populated with its 23,325 inhabitants.

While the risk of a spread into CAR is real and extremely serious, it is hoped that poor access to the area will create a natural defence. However, as the affected area borders CAR, there is concern about the spread of the disease throughout the health area and beyond. If the disease spreads outside the province of Bas-Uelé and thus affects neighbouring provinces and CAR, in the worst case scenario, there could be a public health emergency of international concern. This would be dramatic, as CAR is barely recovering from an almost four-year long civil unrest which has weakened its health systems.

Despite the geographical isolation of the area with suspected cases, vigilance for spread in to neighbouring provinces, and potentially into CAR should be included in preparedness plans due to potential population movement. An emphasis on contact tracing is a priority to ensure limit spread of the disease and ensure rapid control of the outbreak.

As such, it is an extremely important and urgent task to respond very quickly to this outbreak, to limit its impact and to contain the disease. This intervention will give way for awareness raising and information sharing, tracking of the different disease outbreaks and help to avoid panic among the population.

Due to the inaccessibility of Likati, which is a landlocked area, it is important to conduct an in-depth assessment on the ground, to be certain of the progression of the disease, while increasing the response in the three affected health areas of Likati. A significant international response is also expected with multiple partners indicating their have

resources within the region moving quickly to the affected area. Therefore, the response plan will be adjusted based on this information and focused on areas where RC volunteers can add significant value in partnership with key technical agencies including WHO, CDC and MSF.

B. Operational strategy and plan

Overall objective

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Bas-Uelé province of DRC.

Proposed strategy

Based on current information, the strategy for the DRC RC will be to contribute to the containment of the EVD outbreak will focus on:

- Surveillance/ contact tracing
- Psycho-social support
- Infection prevention and control including safe and dignified burials
- Economic support to survivors and families of deceased

All the above actions shall be underpinned by a thorough assessment to refine and modify the strategy as necessary for an effective response.

The DRC will target 5,831 persons (25% of 23 325 persons) in the affected district with a sensitization campaign to reduce the impact and spread of the epidemic. The DRC RC plans to support the government in patient transport, safe and dignified burials, disinfection of houses and direct psychosocial interventions and economical support to families who have lost relatives or a significant number of items or income.

This will meet the immediate needs of Ebola awareness and sensitization of affected communities and areas at risk and the need for support to the government in psychosocial interventions, transport of patients, safe management of bodies and disinfection of suspected infected houses and areas. All this will be based on local cultures and traditions

The sensitization campaign will be conducted by 150 volunteers and 15 supervisors for an average of 50 volunteers in each of the 3 health areas. The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers will work three days a week during two months out of the three months of implementation.

All volunteers will be trained on how EVD is transmitted, prevention messages, as well as safety procedures and PSS first aid. Volunteers undertaking infection prevention and control (IPC) or safe and dignified burial (SDB) work will be provided with additional specialised training and supervision. Volunteers supporting contact tracing will also be provided with specialised training in coordination with WHO and MoPH.

The DCR RC volunteers in affected areas will also be mobilised and will receive the necessary training to enhance the National Society's capacity in community based surveillance and social mobilization. This will go a long way to support early detection and control of the outbreak.

Some 25 volunteers, out of the overall 150 volunteers dedicated to this operation, will be mobilized and trained specifically for psychosocial support of affected or exposed population.

An RDRT will be deployed to support the DRC RC in conducting technical assessment, planning, implementation, coordination with government and humanitarian partners, as well as in monitoring the operation activities.

Operational support services

Human resources

An estimated 150 volunteers and 15 supervisors, a national focal point and one focal point of the affected health district will be deployed in this operation from the National Society. This team will be reinforced by two drivers and a finance officer.

Moreover, the IFRC Yaoundé Multi-Country Cluster Support Team (Yaoundé-CCST) will provide technical assistance through its regional health coordinator, planning, monitoring, evaluation and reporting (PMER) assistant, communication and finance officers based in Yaoundé, Cameroon. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units. The head of IFRC Yaoundé - CCST will assume overall responsibility for the implementation, reporting, compliance and finance management of this project.

Logistics and supply chain

Personal protective equipment (PPE) and other items will be procured by the Regional Office. These purchases will be completed in the country and if necessary, taken from the warehouse of the Central Africa Cluster in Yaoundé and replenished with this DREF operation budget. The IFRC and the DRC RC, the coordinating member, will use available facilities for accessibility to the affected area, including WFP communications equipment and UNHAS or MONUSCO flights. In addition, three (3) motorbikes will be procured for the three affected health areas, to ease supervision and access given the bad roads.

Information technologies (IT)

The DRC RC will use the internet for communications, which will allow for NHQ, cluster and regional level staff to keep in contact with supervisors and volunteers involved in the implementation of the activities planned, as well as relevant partners (MoPH, UNICEF and WHO). The Provincial Committees of the Red Cross have no internet connection, but measures will be taken to maintain regular communication between the branch office, HQ and other humanitarian actors. This could be done using satellite phones and Internet connection modems, whose costs have been budgeted. Internet connectivity in these areas is available through mobile USB sticks provided by mobile communication operators.

Communications

The Communications Officer of the NS will support the operation as concerns contacts with the media and the dissemination of RC work to contain this outbreak. This will be done with technical support from the communications officer of IFRC Yaoundé-CCST.

In collaboration with the IFRC Yaoundé-CCST, the DRC RC will ensure communication and visibility of the National Society and its partners operating in the affected areas where appropriate, through the production of a banner, bibs, caps and t-shirts, which will all contain the Red Cross emblem. In addition, case studies of best practices, photographs, key messages, and human interest stories will be created for use on the IFRC websites, and social media platforms will be prepared. The DRC RC will seek to have airtime over the media to present the operation and provide advice, as well as budgeted for costs to invite the media to the field during interventions for coverage and information dissemination.

Security

The province of Bas-Uélé is located in front of the DRC border with CAR. This increases the risk of transmission in CAR on the one hand, as well as the heightening of insecurity linked to the displacement of population on the other hand.

All volunteers, supervisors and local personnel deployed as part of this operation are covered by insurance according to the regulations of the IFRC on all deployments. Still according to this same rule, all international staff will be provided insurance for various risks. In view of the upcoming presidential election, important security issues are to be considered in the management and implementation of this operation. That said, due to the major needs of the targeted population related to this EVD outbreak, the IFRC and the DRC Red Cross will ensure good and consistent safety analysis with the ICRC and other United Nations organizations working in the DRC. Furthermore, the IFRC has noted that EVD outbreak response can elicit negative, even violent responses from communities, as the Red Cross may be associated with

death and/or disruption of burial services. The operation will conduct a careful analysis of cultural practice and maintain security awareness to ensure its operations are understood and respected by community members.

Planning, monitoring, evaluation, & reporting (PMER)

The National Society will be supported by the planning, monitoring, evaluation and reporting department of Central Africa Cluster for a better follow-up regarding the timeframe and quality of programming.

Continuous monitoring of the DREF operation will be carried out by the DRC RC with technical assistance provided by the IFRC Yaoundé - CCST. Indeed, IFRC Yaoundé - CCST shall support the DRC RC in developing a monitoring plan with indicators to measure the progress and performance of the DREF operation through the PMER assistant.

Likewise, the IFRC Yaoundé - CCST regional health coordinator will provide support to the DREF operation from launching to closure and will be accompanied by counterparts from the DRC RC (two field missions have been budgeted for ten days). Regular reports on the implementation of activities shall be produced and transmitted.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the IFRC Yaoundé - CCST and the DRC RC, which will outline the parties' responsibilities to implement the activities planned within this DREF operation, and ensure that the appropriate guidelines are complied with in terms of the use of DREF allocations. The DRC RC has a permanent administrative and financial department, which will ensure the proper use of financial resources, in accordance with conditions laid out in the MoU. Monthly field returns will be sent for verification and booking to ensure the activities are reported in accordance with IFRC Standard Financial Management procedures. Please note that office costs for stationery (printing, photocopying, paper etc.) have been budgeted in the DREF allocation.

C. DETAILED OPERATIONAL PLAN

Health & care

Outcome 1: The spread and impact of the epidemic is reduced through community awareness on surveillance and prevention																	
Output 1.1: 5,831 people in Likasi have been reached by DRC Red Cross sensitization campaigns on the disease																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.1.1 Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques																	
1.1.2 Adapting and multiplying existing information aids and distributing them in targeted localities																	
1.1.3 House-to- house sensitization activities																	
1.1.4 Production of information, education and communication material																	
1.1.5 Support of two-way communication and awareness messages through radio jingles, newspaper adverts etc.																	
1.1.6 Post-operation workshop on community surveillance to build branch and community capacity																	
Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population																	
Output 2.1: The population exposed and affected areas of Bas Uele Province receive psychosocial and recovery support during and after the epidemic																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2.1.1 Support the beneficiaries when they lose their loved one or property based on local culture and traditions																	
2.1.2 Support the staff and volunteers through the operation																	
2.1.3 Training of 25 volunteers on psychosocial support																	
Outcome 3: Suspected cases are transported to case management facilities in a safe and appropriate way																	
Output 3.1: The government is assisted by DRC RC volunteers in transporting suspected cases																	

Budget

See attached budget.

Contact information

For further information specifically related to this operation please contact:

- **DRC Red Cross:**
 - MITANTA MAKUSU Mamie, Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
 - Dr Jean-Faustin Balelia, Health Director; Email: j.balelia@croixrouge-rdc.org
- **IFRC Yaoundé Office:**
 - Andrei Engstrand Neacsu, Head of Cluster, IFRC Yaoundé Multi-Country Cluster Support Office for Central Africa; phone: +237 677117797; Email: Andrei.Engstrand.Neacsu@redcross.se
 - Dr Viviane Nzeusseu, Regional health coordinator, IFRC Yaoundé Multi-Country Cluster Support Office; Phone: +237 677 098 793; Email: viviane.nzeusseu@ifrc.org
- **IFRC Region:** Farid Aiywar, Disaster Crisis Prevention, Response and Recovery (DCPRR) Coordinator, Email: farid.aiywar@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; Email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; Email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Region:** Fidelis Kangethe, Mobilization Coordinator; Africa Region; Email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Region:** Dan Mogaka Ayuka, Snr. PMER Officer; phone: +254 732412200; Email: dan.ayuka@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 Disaster 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.

www.ifrc.org
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.

Emergency Plan of Action (EPoA) Democratic Republic of Congo (DRC): Ebola Outbreak

DREF Operation: Ebola outbreak in Likasi	Operation n° MDRCD020; Glide n° XXXEP-2017-000048-COD
Date of issue: 15 May 2017	Date of disaster: 12 May 2017
Operation manager (responsible for this EPoA): Viviane NZEUSSEU, Health Coordinator, IFRC Central Africa Cluster	Point of contact DRC RC: Dr Jean-Faustin Balelia, Health Director, DRC RC
Operation start date: 14 May 2017	Expected timeframe: 3 months
Overall operation budget: CHF 199,110	
Number of people affected: 23,325 persons	Number of people to be assisted: 5,831 persons
Host National Society(ies) presence (n° of volunteers, staff, branches): DRC RC, 130,000 volunteers, 11 provincial branches and 150 staff members.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Public Health, WHO, UNICEF, MSF, ALIMA	

A. Situation analysis

Description of the disaster

On 22 April 2017, the NAMBWA health centre received a 39-year-old male subject with presenting symptoms including fever, asthenia, vomiting of blood, bloody diarrhoea, haematuria, epistaxis and extreme fatigue.

He was referred to the Reference General Hospital (RGH) of Likati, where he died 12 km from the RGH. A few days later, the driver and the person behind the motorcycle carrying the index case developed the same signs and symptoms. The death of the driver was later announced.

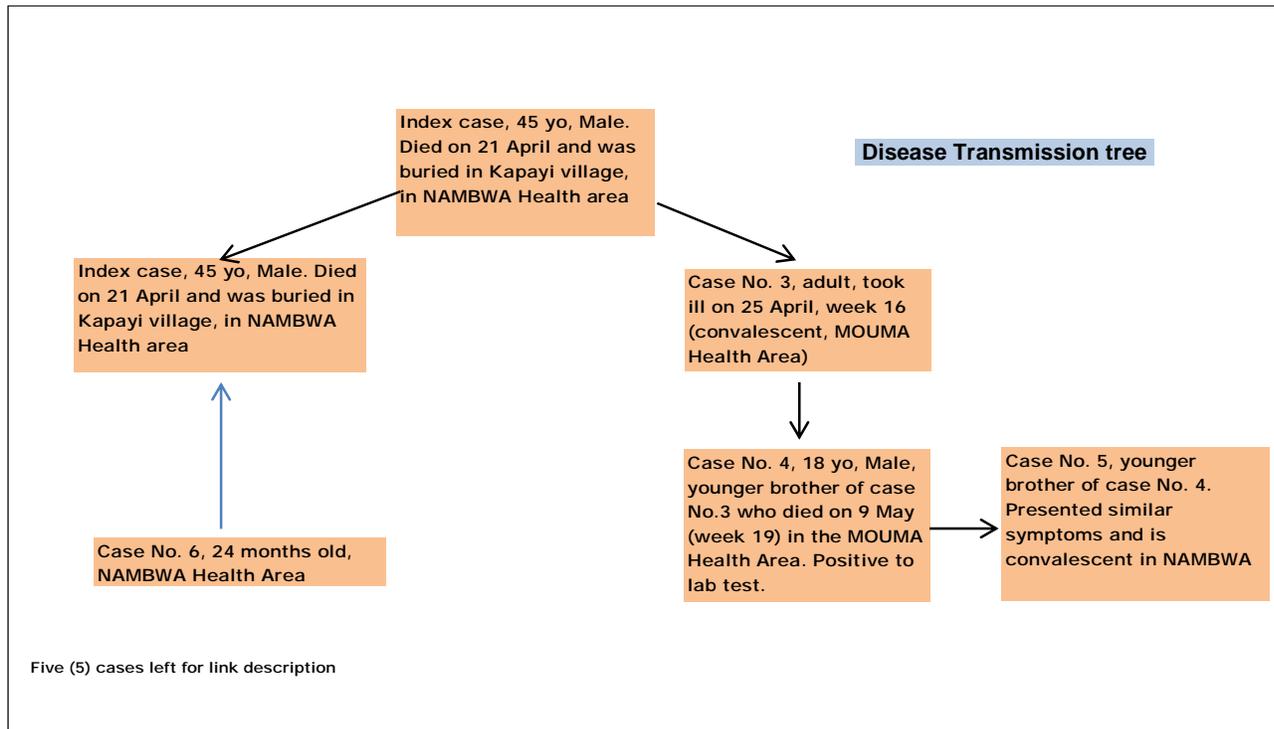
An investigation was initiated and five (5) samples were collected. As of the 15th May 19 suspected and 1 confirmed case has been declared with three (3) deaths, spread across three health areas. However, all three deaths have been recorded in the Nambwa health area alone.

Table 1: Distribution of cases per health area

HEALTH AREA	CASES	DEATHS	CASE FATALITY RATE (%)
NAMBWA	10	2	20,0
MOUMA	3	1	33,3
NGAYI	6	0	0,0
TOTAL	19	3	15,7

The alert was issued at national level on 8 May by the Provincial Health Division [DPS], 17 days after the death of the index case (who probably became ill between weeks 14 and 15 of 2017).

Table 2: Disease transmission tree



It should be noted that the Likati health zone is located within the Bas Uele province, at 165 km from Buta accessible by very poor road (5 days by vehicle and 2 days by motorcycle). Likati has a population of 74,648 inhabitants in an area of 10,426 km². Population density is approximately 7 people / Km². The town of Likati has three (3) health areas with 23,325 inhabitants. Low population density and poor transportation routes should limit the likelihood of disease spread but will also inhibit large response without significant logistics support.

Summary of the current response

Overview of Host National Society

The Red Cross of the Democratic Republic of Congo (DRC RC) is a neutral humanitarian organization, auxiliary to the public authorities. At the national H Q there is an operational management structure including six technical departments and professionals trained as part of the National Disaster Response Team (NDRT). The DRC RC has provincial disaster response intervention teams (PDRT) with 110 members, a national disaster response intervention teams (NDRT) with 30 members, and 10 staff members that are regional disaster response team (RDRT) trained. Moreover, the DRC RC has a pool of approx. 130,000 registered volunteers, of which 60,000 are active.

The DRC RC has one branch in each of the 11 provinces. There is no partner NS or ICRC presence in Bas Uele province.

The DRC RC has a long experience in managing natural disasters and even armed conflicts. Recurrent disasters in the country include floods, volcanic eruptions, landslides, population movements and air crashes.

In terms of health disasters, the country has experienced eight (8) Ebola haemorrhagic fever outbreaks since 1976. Cholera is endemic in some localities, as are measles, poliomyelitis and Marburg fever, among others. More recently, in 2016 the country experienced a combined yellow fever, measles and cholera outbreak, which required an Emergency Appeal by the IFRC to support the DRC RC in response.

In response to the current outbreak, the DRC RC has mobilized 70 volunteers. At the headquarters level, a WASH specialist is part of the joint assessment mission with the Ministry of Public Health (MoPH) and other partners. The mission left Kinshasa on Saturday 13 May to the affected area. In addition, DRC RC health director and colleagues have been participating in all crisis meetings on the issue.

Overview of Red Cross Red Crescent Movement in country

The IFRC Central Africa Cluster Country Support team (CCST), based in Yaoundé, will support the DRC RC with the coordination of all activities within this DREF operation, including the approval of planning, implementation, monitoring and reporting, as well as participating in monitoring/evaluation missions in the localities.

Partner National Societies present in the country include the Belgian Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross societies. In addition, the International Committee of the Red Cross (ICRC) also has extensive presence in the DRC.

Overview of non-RCRC actors in country

The "**NATIONAL PLAN FOR THE PREPARATION AND RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK**" was updated and validated in August 2014 by the MoPH and its partners, including WHO, UNICEF, CDC, and *Médécins Sans Frontiers*.

The government and other partners have agreed to deploy a multidisciplinary team Saturday, 13 May 2017 to take stock of the situation and prepare for the arrival of the main response team. The multidisciplinary team shall be in charge of assessing the situation on the ground.

Actions already undertaken by government include:

- setup of a coordination committee at national, provincial and local levels;
- training of healthcare personnel;
- raising awareness among opinion leaders;
- organisation of a patients' circuit;
- drafting of a list of contacts and family members.

The set up for various committees includes:

1. surveillance,
2. medical care,
3. laboratory and research,
4. communication and social mobilization,
5. water, hygiene and sanitation,
6. psychosocial care,
7. logistics.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The EVD epidemic is currently located in the heart of the forest, in an enclosed and almost inaccessible area. Indeed, the affected area is accessible exclusively by motorcycles. However, the health zone is quite populated with its 23,325 inhabitants.

While the risk of a spread into CAR is real and extremely serious, it is hoped that poor access to the area will create a natural defence. However, as the affected area borders CAR, there is concern about the spread of the disease throughout the health area and beyond. If the disease spreads outside the province of Bas-Uelé and thus affects neighbouring provinces and CAR, in the worst case scenario, there could be a public health emergency of international concern. This would be dramatic, as CAR is barely recovering from an almost four-year long civil unrest which has weakened its health systems.

Despite the geographical isolation of the area with suspected cases, vigilance for spread in to neighbouring provinces, and potentially into CAR should be included in preparedness plans due to potential population movement. An emphasis on contact tracing is a priority to ensure limit spread of the disease and ensure rapid control of the outbreak.

As such, it is an extremely important and urgent task to respond very quickly to this outbreak, to limit its impact and to contain the disease. This intervention will give way for awareness raising and information sharing, tracking of the different disease outbreaks and help to avoid panic among the population.

Due to the inaccessibility of Likati, which is a landlocked area, it is important to conduct an in-depth assessment on the ground, to be certain of the progression of the disease, while increasing the response in the three affected health areas of Likati. A significant international response is also expected with multiple partners indicating their have

resources within the region moving quickly to the affected area. Therefore, the response plan will be adjusted based on this information and focused on areas where RC volunteers can add significant value in partnership with key technical agencies including WHO, CDC and MSF.

B. Operational strategy and plan

Overall objective

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Bas-Uelé province of DRC.

Proposed strategy

Based on current information, the strategy for the DRC RC will be to contribute to the containment of the EVD outbreak will focus on:

- Surveillance/ contact tracing
- Psycho-social support
- Infection prevention and control including safe and dignified burials
- Economic support to survivors and families of deceased

All the above actions shall be underpinned by a thorough assessment to refine and modify the strategy as necessary for an effective response.

The DRC will target 5,831 persons (25% of 23 325 persons) in the affected district with a sensitization campaign to reduce the impact and spread of the epidemic. The DRC RC plans to support the government in patient transport, safe and dignified burials, disinfection of houses and direct psychosocial interventions and economical support to families who have lost relatives or a significant number of items or income.

This will meet the immediate needs of Ebola awareness and sensitization of affected communities and areas at risk and the need for support to the government in psychosocial interventions, transport of patients, safe management of bodies and disinfection of suspected infected houses and areas. All this will be based on local cultures and traditions

The sensitization campaign will be conducted by 150 volunteers and 15 supervisors for an average of 50 volunteers in each of the 3 health areas. The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers will work three days a week during two months out of the three months of implementation.

All volunteers will be trained on how EVD is transmitted, prevention messages, as well as safety procedures and PSS first aid. Volunteers undertaking infection prevention and control (IPC) or safe and dignified burial (SDB) work will be provided with additional specialised training and supervision. Volunteers supporting contact tracing will also be provided with specialised training in coordination with WHO and MoPH.

The DCR RC volunteers in affected areas will also be mobilised and will receive the necessary training to enhance the National Society's capacity in community based surveillance and social mobilization. This will go a long way to support early detection and control of the outbreak.

Some 25 volunteers, out of the overall 150 volunteers dedicated to this operation, will be mobilized and trained specifically for psychosocial support of affected or exposed population.

An RDRT will be deployed to support the DRC RC in conducting technical assessment, planning, implementation, coordination with government and humanitarian partners, as well as in monitoring the operation activities.

Operational support services

Human resources

An estimated 150 volunteers and 15 supervisors, a national focal point and one focal point of the affected health district will be deployed in this operation from the National Society. This team will be reinforced by two drivers and a finance officer.

Moreover, the IFRC Yaoundé Multi-Country Cluster Support Team (Yaoundé-CCST) will provide technical assistance through its regional health coordinator, planning, monitoring, evaluation and reporting (PMER) assistant, communication and finance officers based in Yaoundé, Cameroon. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units. The head of IFRC Yaoundé - CCST will assume overall responsibility for the implementation, reporting, compliance and finance management of this project.

Logistics and supply chain

Personal protective equipment (PPE) and other items will be procured by the Regional Office. These purchases will be completed in the country and if necessary, taken from the warehouse of the Central Africa Cluster in Yaoundé and replenished with this DREF operation budget. The IFRC and the DRC RC, the coordinating member, will use available facilities for accessibility to the affected area, including WFP communications equipment and UNHAS or MONUSCO flights. In addition, three (3) motorbikes will be procured for the three affected health areas, to ease supervision and access given the bad roads.

Information technologies (IT)

The DRC RC will use the internet for communications, which will allow for NHQ, cluster and regional level staff to keep in contact with supervisors and volunteers involved in the implementation of the activities planned, as well as relevant partners (MoPH, UNICEF and WHO). The Provincial Committees of the Red Cross have no internet connection, but measures will be taken to maintain regular communication between the branch office, HQ and other humanitarian actors. This could be done using satellite phones and Internet connection modems, whose costs have been budgeted. Internet connectivity in these areas is available through mobile USB sticks provided by mobile communication operators.

Communications

The Communications Officer of the NS will support the operation as concerns contacts with the media and the dissemination of RC work to contain this outbreak. This will be done with technical support from the communications officer of IFRC Yaoundé-CCST.

In collaboration with the IFRC Yaoundé-CCST, the DRC RC will ensure communication and visibility of the National Society and its partners operating in the affected areas where appropriate, through the production of a banner, bibs, caps and t-shirts, which will all contain the Red Cross emblem. In addition, case studies of best practices, photographs, key messages, and human interest stories will be created for use on the IFRC websites, and social media platforms will be prepared. The DRC RC will seek to have airtime over the media to present the operation and provide advice, as well as budgeted for costs to invite the media to the field during interventions for coverage and information dissemination.

Security

The province of Bas-Uélé is located in front of the DRC border with CAR. This increases the risk of transmission in CAR on the one hand, as well as the heightening of insecurity linked to the displacement of population on the other hand.

All volunteers, supervisors and local personnel deployed as part of this operation are covered by insurance according to the regulations of the IFRC on all deployments. Still according to this same rule, all international staff will be provided insurance for various risks. In view of the upcoming presidential election, important security issues are to be considered in the management and implementation of this operation. That said, due to the major needs of the targeted population related to this EVD outbreak, the IFRC and the DRC Red Cross will ensure good and consistent safety analysis with the ICRC and other United Nations organizations working in the DRC. Furthermore, the IFRC has noted that EVD outbreak response can elicit negative, even violent responses from communities, as the Red Cross may be associated with

death and/or disruption of burial services. The operation will conduct a careful analysis of cultural practice and maintain security awareness to ensure its operations are understood and respected by community members.

Planning, monitoring, evaluation, & reporting (PMER)

The National Society will be supported by the planning, monitoring, evaluation and reporting department of Central Africa Cluster for a better follow-up regarding the timeframe and quality of programming.

Continuous monitoring of the DREF operation will be carried out by the DRC RC with technical assistance provided by the IFRC Yaoundé - CCST. Indeed, IFRC Yaoundé - CCST shall support the DRC RC in developing a monitoring plan with indicators to measure the progress and performance of the DREF operation through the PMER assistant.

Likewise, the IFRC Yaoundé - CCST regional health coordinator will provide support to the DREF operation from launching to closure and will be accompanied by counterparts from the DRC RC (two field missions have been budgeted for ten days). Regular reports on the implementation of activities shall be produced and transmitted.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the IFRC Yaoundé - CCST and the DRC RC, which will outline the parties' responsibilities to implement the activities planned within this DREF operation, and ensure that the appropriate guidelines are complied with in terms of the use of DREF allocations. The DRC RC has a permanent administrative and financial department, which will ensure the proper use of financial resources, in accordance with conditions laid out in the MoU. Monthly field returns will be sent for verification and booking to ensure the activities are reported in accordance with IFRC Standard Financial Management procedures. Please note that office costs for stationery (printing, photocopying, paper etc.) have been budgeted in the DREF allocation.

C. DETAILED OPERATIONAL PLAN

Health & care

Outcome 1: The spread and impact of the epidemic is reduced through community awareness on surveillance and prevention																	
Output 1.1: 5,831 people in Likasi have been reached by DRC Red Cross sensitization campaigns on the disease																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.1.1 Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques																	
1.1.2 Adapting and multiplying existing information aids and distributing them in targeted localities																	
1.1.3 House-to- house sensitization activities																	
1.1.4 Production of information, education and communication material																	
1.1.5 Support of two-way communication and awareness messages through radio jingles, newspaper adverts etc.																	
1.1.6 Post-operation workshop on community surveillance to build branch and community capacity																	
Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population																	
Output 2.1: The population exposed and affected areas of Bas Uele Province receive psychosocial and recovery support during and after the epidemic																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2.1.1 Support the beneficiaries when they lose their loved one or property based on local culture and traditions																	
2.1.2 Support the staff and volunteers through the operation																	
2.1.3 Training of 25 volunteers on psychosocial support																	
Outcome 3: Suspected cases are transported to case management facilities in a safe and appropriate way																	
Output 3.1: The government is assisted by DRC RC volunteers in transporting suspected cases																	

Contact information

For further information specifically related to this operation please contact:

- **DRC Red Cross:**
 - MITANTA MAKUSU Mamie, Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
 - Dr Jean-Faustin Balelia, Health Director; Email: j.balelia@croixrouge-rdc.org
- **IFRC Yaoundé Office:**
 - Andrei Engstrand Neacsu, Head of Cluster, IFRC Yaoundé Multi-Country Cluster Support Office for Central Africa; phone: +237 677117797; Email: Andrei.Engstrand.Neacsu@redcross.se
 - Dr Viviane Nzeusseu, Regional health coordinator, IFRC Yaoundé Multi-Country Cluster Support Office; Phone: +237 677 098 793; Email: viviane.nzeusseu@ifrc.org
- **IFRC Region:** Farid Aiywar, Disaster Crisis Prevention, Response and Recovery (DCPRR) Coordinator, Email: farid.aiywar@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; Email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; Email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Region:** Fidelis Kangethe, Mobilization Coordinator; Africa Region; Email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Region:** Dan Mogaka Ayuka, Snr. PMER Officer; phone: +254 732412200; Email: dan.ayuka@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 Disaster 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.

www.ifrc.org
Saving lives, changing minds.



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

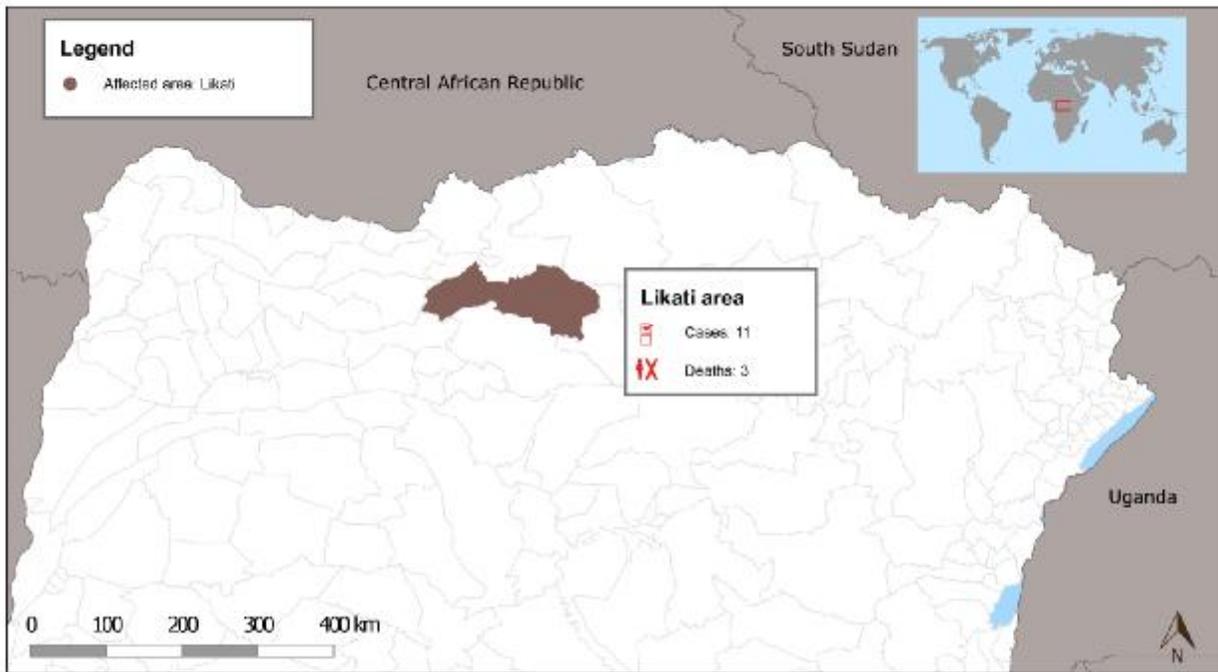
1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Ebola DRC

13/05/2017

Budget Group	DREF Grant Budget	Budget CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	26,720	26,720
Medical & First Aid	10,950	10,950
Teaching Materials	7,500	7,500
Utensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	45,170	45,170
Land & Buildings	9,000	9,000
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	9,000	9,000
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	13,750	13,750
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	13,750	13,750
International Staff	16,000	16,000
National Staff	0	0
National Society Staff	6,700	6,700
Volunteers	34,168	34,168
Total PERSONNEL	56,868	56,868
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	23,370	23,370
Total WORKSHOP & TRAINING	23,370	23,370
Travel	30,800	30,800
Information & Public Relations	1,800	1,800
Office Costs	600	600
Communications	4,100	4,100
Financial Charges	1,500	1,500
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	38,800	38,800
Programme and Supplementary Services Recovery	12,152	12,152
Total INDIRECT COSTS	12,152	12,152
TOTAL BUDGET	199,110	199,110

Democratic Republic of Congo: Ebola



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Base sources: WHO (2014) (2014) Committee of Experts on the Ebola (EVD); These are updated on May 10, 2017.
Map produced by IFRC Africa Regional Office - Information Management.

Emergency Plan of Action (EPoA) Democratic Republic of Congo (DRC): Ebola Outbreak

DREF Operation: Ebola outbreak in Likasi	Operation n° MDRCD020; Glide n° XXXEP-2017-000048-COD
Date of issue: 15 May 2017	Date of disaster: 12 May 2017
Operation manager (responsible for this EPoA): Viviane NZEUSSEU, Health Coordinator, IFRC Central Africa Cluster	Point of contact DRC RC: Dr Jean-Faustin Balelia, Health Director, DRC RC
Operation start date: 14 May 2017	Expected timeframe: 3 months
Overall operation budget: CHF 199,110	
Number of people affected: 23,325 persons	Number of people to be assisted: 5,831 persons
Host National Society(ies) presence (n° of volunteers, staff, branches): DRC RC, 130,000 volunteers, 11 provincial branches and 150 staff members.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Public Health, WHO, UNICEF, MSF, ALIMA	

A. Situation analysis

Description of the disaster

On 22 April 2017, the NAMBWA health centre received a 39-year-old male subject with presenting symptoms including fever, asthenia, vomiting of blood, bloody diarrhoea, haematuria, epistaxis and extreme fatigue.

He was referred to the Reference General Hospital (RGH) of Likati, where he died 12 km from the RGH. A few days later, the driver and the person behind the motorcycle carrying the index case developed the same signs and symptoms. The death of the driver was later announced.

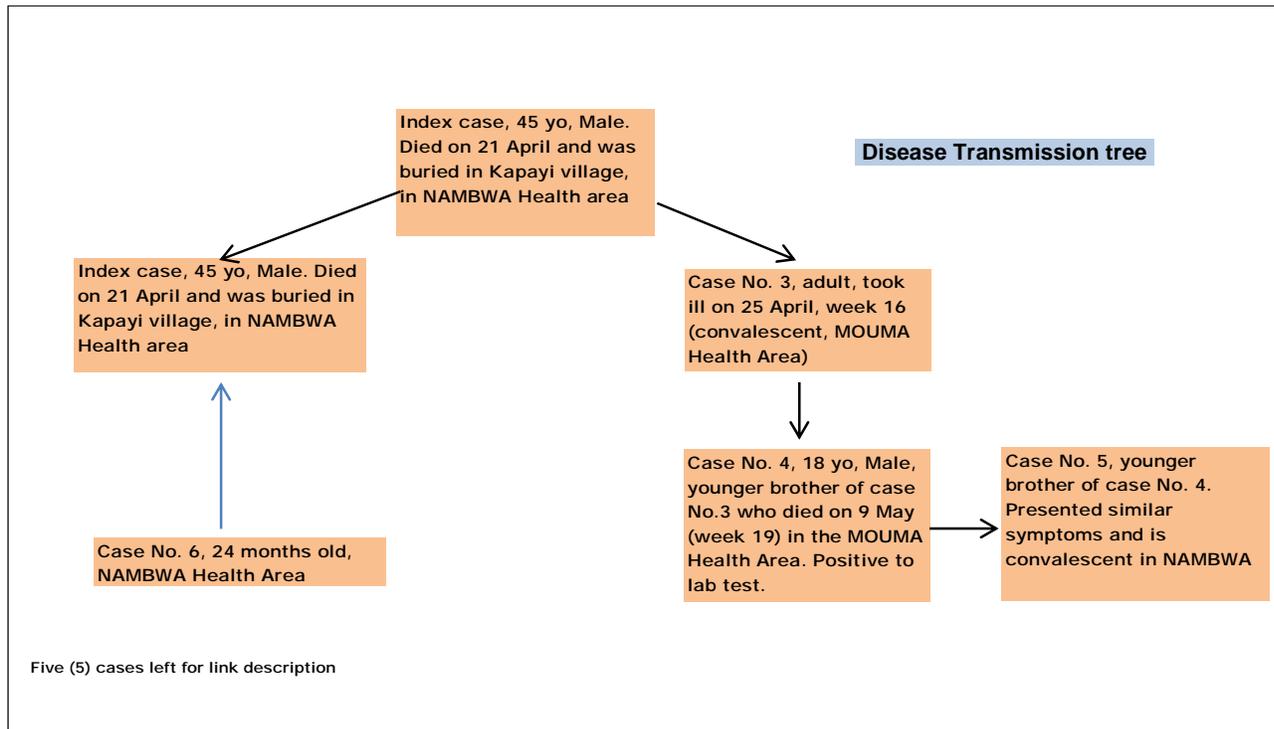
An investigation was initiated and five (5) samples were collected. As of the 15th May 19 suspected and 1 confirmed case has been declared with three (3) deaths, spread across three health areas. However, all three deaths have been recorded in the Nambwa health area alone.

Table 1: Distribution of cases per health area

HEALTH AREA	CASES	DEATHS	CASE FATALITY RATE (%)
NAMBWA	10	2	20,0
MOUMA	3	1	33,3
NGAYI	6	0	0,0
TOTAL	19	3	15,7

The alert was issued at national level on 8 May by the Provincial Health Division [DPS], 17 days after the death of the index case (who probably became ill between weeks 14 and 15 of 2017).

Table 2: Disease transmission tree



It should be noted that the Likati health zone is located within the Bas Uele province, at 165 km from Buta accessible by very poor road (5 days by vehicle and 2 days by motorcycle). Likati has a population of 74,648 inhabitants in an area of 10,426 km². Population density is approximately 7 people / Km². The town of Likati has three (3) health areas with 23,325 inhabitants. Low population density and poor transportation routes should limit the likelihood of disease spread but will also inhibit large response without significant logistics support.

Summary of the current response

Overview of Host National Society

The Red Cross of the Democratic Republic of Congo (DRC RC) is a neutral humanitarian organization, auxiliary to the public authorities. At the national H Q there is an operational management structure including six technical departments and professionals trained as part of the National Disaster Response Team (NDRT). The DRC RC has provincial disaster response intervention teams (PDRT) with 110 members, a national disaster response intervention teams (NDRT) with 30 members, and 10 staff members that are regional disaster response team (RDRT) trained. Moreover, the DRC RC has a pool of approx. 130,000 registered volunteers, of which 60,000 are active.

The DRC RC has one branch in each of the 11 provinces. There is no partner NS or ICRC presence in Bas Uele province.

The DRC RC has a long experience in managing natural disasters and even armed conflicts. Recurrent disasters in the country include floods, volcanic eruptions, landslides, population movements and air crashes.

In terms of health disasters, the country has experienced eight (8) Ebola haemorrhagic fever outbreaks since 1976. Cholera is endemic in some localities, as are measles, poliomyelitis and Marburg fever, among others. More recently, in 2016 the country experienced a combined yellow fever, measles and cholera outbreak, which required an Emergency Appeal by the IFRC to support the DRC RC in response.

In response to the current outbreak, the DRC RC has mobilized 70 volunteers. At the headquarters level, a WASH specialist is part of the joint assessment mission with the Ministry of Public Health (MoPH) and other partners. The mission left Kinshasa on Saturday 13 May to the affected area. In addition, DRC RC health director and colleagues have been participating in all crisis meetings on the issue.

Overview of Red Cross Red Crescent Movement in country

The IFRC Central Africa Cluster Country Support team (CCST), based in Yaoundé, will support the DRC RC with the coordination of all activities within this DREF operation, including the approval of planning, implementation, monitoring and reporting, as well as participating in monitoring/evaluation missions in the localities.

Partner National Societies present in the country include the Belgian Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross societies. In addition, the International Committee of the Red Cross (ICRC) also has extensive presence in the DRC.

Overview of non-RCRC actors in country

The "**NATIONAL PLAN FOR THE PREPARATION AND RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK**" was updated and validated in August 2014 by the MoPH and its partners, including WHO, UNICEF, CDC, and *Médécins Sans Frontiers*.

The government and other partners have agreed to deploy a multidisciplinary team Saturday, 13 May 2017 to take stock of the situation and prepare for the arrival of the main response team. The multidisciplinary team shall be in charge of assessing the situation on the ground.

Actions already undertaken by government include:

- setup of a coordination committee at national, provincial and local levels;
- training of healthcare personnel;
- raising awareness among opinion leaders;
- organisation of a patients' circuit;
- drafting of a list of contacts and family members.

The set up for various committees includes:

1. surveillance,
2. medical care,
3. laboratory and research,
4. communication and social mobilization,
5. water, hygiene and sanitation,
6. psychosocial care,
7. logistics.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The EVD epidemic is currently located in the heart of the forest, in an enclosed and almost inaccessible area. Indeed, the affected area is accessible exclusively by motorcycles. However, the health zone is quite populated with its 23,325 inhabitants.

While the risk of a spread into CAR is real and extremely serious, it is hoped that poor access to the area will create a natural defence. However, as the affected area borders CAR, there is concern about the spread of the disease throughout the health area and beyond. If the disease spreads outside the province of Bas-Uelé and thus affects neighbouring provinces and CAR, in the worst case scenario, there could be a public health emergency of international concern. This would be dramatic, as CAR is barely recovering from an almost four-year long civil unrest which has weakened its health systems.

Despite the geographical isolation of the area with suspected cases, vigilance for spread in to neighbouring provinces, and potentially into CAR should be included in preparedness plans due to potential population movement. An emphasis on contact tracing is a priority to ensure limit spread of the disease and ensure rapid control of the outbreak.

As such, it is an extremely important and urgent task to respond very quickly to this outbreak, to limit its impact and to contain the disease. This intervention will give way for awareness raising and information sharing, tracking of the different disease outbreaks and help to avoid panic among the population.

Due to the inaccessibility of Likati, which is a landlocked area, it is important to conduct an in-depth assessment on the ground, to be certain of the progression of the disease, while increasing the response in the three affected health areas of Likati. A significant international response is also expected with multiple partners indicating their have

resources within the region moving quickly to the affected area. Therefore, the response plan will be adjusted based on this information and focused on areas where RC volunteers can add significant value in partnership with key technical agencies including WHO, CDC and MSF.

B. Operational strategy and plan

Overall objective

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Bas-Uelé province of DRC.

Proposed strategy

Based on current information, the strategy for the DRC RC will be to contribute to the containment of the EVD outbreak will focus on:

- Surveillance/ contact tracing
- Psycho-social support
- Infection prevention and control including safe and dignified burials
- Economic support to survivors and families of deceased

All the above actions shall be underpinned by a thorough assessment to refine and modify the strategy as necessary for an effective response.

The DRC will target 5,831 persons (25% of 23 325 persons) in the affected district with a sensitization campaign to reduce the impact and spread of the epidemic. The DRC RC plans to support the government in patient transport, safe and dignified burials, disinfection of houses and direct psychosocial interventions and economical support to families who have lost relatives or a significant number of items or income.

This will meet the immediate needs of Ebola awareness and sensitization of affected communities and areas at risk and the need for support to the government in psychosocial interventions, transport of patients, safe management of bodies and disinfection of suspected infected houses and areas. All this will be based on local cultures and traditions

The sensitization campaign will be conducted by 150 volunteers and 15 supervisors for an average of 50 volunteers in each of the 3 health areas. The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers will work three days a week during two months out of the three months of implementation.

All volunteers will be trained on how EVD is transmitted, prevention messages, as well as safety procedures and PSS first aid. Volunteers undertaking infection prevention and control (IPC) or safe and dignified burial (SDB) work will be provided with additional specialised training and supervision. Volunteers supporting contact tracing will also be provided with specialised training in coordination with WHO and MoPH.

The DCR RC volunteers in affected areas will also be mobilised and will receive the necessary training to enhance the National Society's capacity in community based surveillance and social mobilization. This will go a long way to support early detection and control of the outbreak.

Some 25 volunteers, out of the overall 150 volunteers dedicated to this operation, will be mobilized and trained specifically for psychosocial support of affected or exposed population.

An RDRT will be deployed to support the DRC RC in conducting technical assessment, planning, implementation, coordination with government and humanitarian partners, as well as in monitoring the operation activities.

Operational support services

Human resources

An estimated 150 volunteers and 15 supervisors, a national focal point and one focal point of the affected health district will be deployed in this operation from the National Society. This team will be reinforced by two drivers and a finance officer.

Moreover, the IFRC Yaoundé Multi-Country Cluster Support Team (Yaoundé-CCST) will provide technical assistance through its regional health coordinator, planning, monitoring, evaluation and reporting (PMER) assistant, communication and finance officers based in Yaoundé, Cameroon. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units. The head of IFRC Yaoundé - CCST will assume overall responsibility for the implementation, reporting, compliance and finance management of this project.

Logistics and supply chain

Personal protective equipment (PPE) and other items will be procured by the Regional Office. These purchases will be completed in the country and if necessary, taken from the warehouse of the Central Africa Cluster in Yaoundé and replenished with this DREF operation budget. The IFRC and the DRC RC, the coordinating member, will use available facilities for accessibility to the affected area, including WFP communications equipment and UNHAS or MONUSCO flights. In addition, three (3) motorbikes will be procured for the three affected health areas, to ease supervision and access given the bad roads.

Information technologies (IT)

The DRC RC will use the internet for communications, which will allow for NHQ, cluster and regional level staff to keep in contact with supervisors and volunteers involved in the implementation of the activities planned, as well as relevant partners (MoPH, UNICEF and WHO). The Provincial Committees of the Red Cross have no internet connection, but measures will be taken to maintain regular communication between the branch office, HQ and other humanitarian actors. This could be done using satellite phones and Internet connection modems, whose costs have been budgeted. Internet connectivity in these areas is available through mobile USB sticks provided by mobile communication operators.

Communications

The Communications Officer of the NS will support the operation as concerns contacts with the media and the dissemination of RC work to contain this outbreak. This will be done with technical support from the communications officer of IFRC Yaoundé-CCST.

In collaboration with the IFRC Yaoundé-CCST, the DRC RC will ensure communication and visibility of the National Society and its partners operating in the affected areas where appropriate, through the production of a banner, bibs, caps and t-shirts, which will all contain the Red Cross emblem. In addition, case studies of best practices, photographs, key messages, and human interest stories will be created for use on the IFRC websites, and social media platforms will be prepared. The DRC RC will seek to have airtime over the media to present the operation and provide advice, as well as budgeted for costs to invite the media to the field during interventions for coverage and information dissemination.

Security

The province of Bas-Uélé is located in front of the DRC border with CAR. This increases the risk of transmission in CAR on the one hand, as well as the heightening of insecurity linked to the displacement of population on the other hand.

All volunteers, supervisors and local personnel deployed as part of this operation are covered by insurance according to the regulations of the IFRC on all deployments. Still according to this same rule, all international staff will be provided insurance for various risks. In view of the upcoming presidential election, important security issues are to be considered in the management and implementation of this operation. That said, due to the major needs of the targeted population related to this EVD outbreak, the IFRC and the DRC Red Cross will ensure good and consistent safety analysis with the ICRC and other United Nations organizations working in the DRC. Furthermore, the IFRC has noted that EVD outbreak response can elicit negative, even violent responses from communities, as the Red Cross may be associated with

death and/or disruption of burial services. The operation will conduct a careful analysis of cultural practice and maintain security awareness to ensure its operations are understood and respected by community members.

Planning, monitoring, evaluation, & reporting (PMER)

The National Society will be supported by the planning, monitoring, evaluation and reporting department of Central Africa Cluster for a better follow-up regarding the timeframe and quality of programming.

Continuous monitoring of the DREF operation will be carried out by the DRC RC with technical assistance provided by the IFRC Yaoundé - CCST. Indeed, IFRC Yaoundé - CCST shall support the DRC RC in developing a monitoring plan with indicators to measure the progress and performance of the DREF operation through the PMER assistant.

Likewise, the IFRC Yaoundé - CCST regional health coordinator will provide support to the DREF operation from launching to closure and will be accompanied by counterparts from the DRC RC (two field missions have been budgeted for ten days). Regular reports on the implementation of activities shall be produced and transmitted.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the IFRC Yaoundé - CCST and the DRC RC, which will outline the parties' responsibilities to implement the activities planned within this DREF operation, and ensure that the appropriate guidelines are complied with in terms of the use of DREF allocations. The DRC RC has a permanent administrative and financial department, which will ensure the proper use of financial resources, in accordance with conditions laid out in the MoU. Monthly field returns will be sent for verification and booking to ensure the activities are reported in accordance with IFRC Standard Financial Management procedures. Please note that office costs for stationery (printing, photocopying, paper etc.) have been budgeted in the DREF allocation.

C. DETAILED OPERATIONAL PLAN

Health & care

Outcome 1: The spread and impact of the epidemic is reduced through community awareness on surveillance and prevention																	
Output 1.1: 5,831 people in Likasi have been reached by DRC Red Cross sensitization campaigns on the disease																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.1.1 Training of 150 volunteers on the signs and symptoms of Ebola, epidemic management, surveillance and sensitization techniques																	
1.1.2 Adapting and multiplying existing information aids and distributing them in targeted localities																	
1.1.3 House-to- house sensitization activities																	
1.1.4 Production of information, education and communication material																	
1.1.5 Support of two-way communication and awareness messages through radio jingles, newspaper adverts etc.																	
1.1.6 Post-operation workshop on community surveillance to build branch and community capacity																	
Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population																	
Output 2.1: The population exposed and affected areas of Bas Uele Province receive psychosocial and recovery support during and after the epidemic																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2.1.1 Support the beneficiaries when they lose their loved one or property based on local culture and traditions																	
2.1.2 Support the staff and volunteers through the operation																	
2.1.3 Training of 25 volunteers on psychosocial support																	
Outcome 3: Suspected cases are transported to case management facilities in a safe and appropriate way																	
Output 3.1: The government is assisted by DRC RC volunteers in transporting suspected cases																	

Contact information

For further information specifically related to this operation please contact:

- **DRC Red Cross:**
 - MITANTA MAKUSU Mamie, Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
 - Dr Jean-Faustin Balelia, Health Director; Email: j.balelia@croixrouge-rdc.org
- **IFRC Yaoundé Office:**
 - Andrei Engstrand Neacsu, Head of Cluster, IFRC Yaoundé Multi-Country Cluster Support Office for Central Africa; phone: +237 677117797; Email: Andrei.Engstrand.Neacsu@redcross.se
 - Dr Viviane Nzeusseu, Regional health coordinator, IFRC Yaoundé Multi-Country Cluster Support Office; Phone: +237 677 098 793; Email: viviane.nzeusseu@ifrc.org
- **IFRC Region:** Farid Aiywar, Disaster Crisis Prevention, Response and Recovery (DCPRR) Coordinator, Email: farid.aiywar@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; Email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; Email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Region:** Fidelis Kangethe, Mobilization Coordinator; Africa Region; Email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Region:** Dan Mogaka Ayuka, Snr. PMER Officer; phone: +254 732412200; Email: dan.ayuka@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 Disaster 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.

www.ifrc.org
Saving lives, changing minds.



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

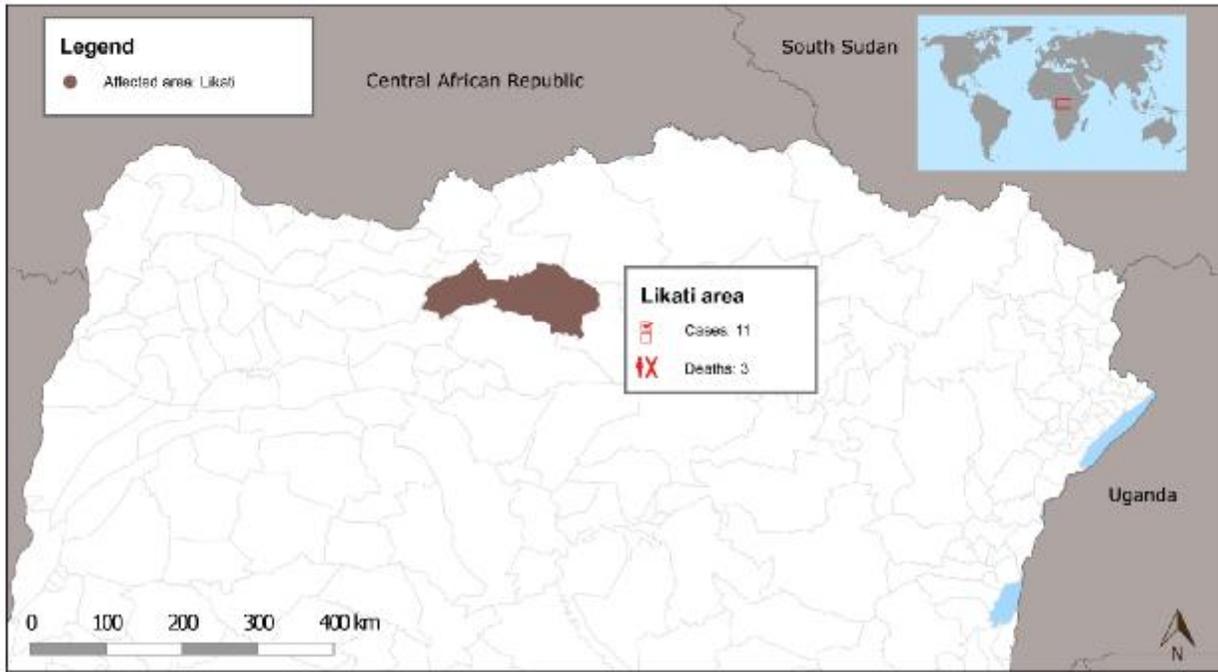
1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Ebola DRC

13/05/2017

Budget Group	DREF Grant Budget	Budget CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	26,720	26,720
Medical & First Aid	10,950	10,950
Teaching Materials	7,500	7,500
Utensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	45,170	45,170
Land & Buildings	9,000	9,000
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	9,000	9,000
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	13,750	13,750
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	13,750	13,750
International Staff	16,000	16,000
National Staff	0	0
National Society Staff	6,700	6,700
Volunteers	34,168	34,168
Total PERSONNEL	56,868	56,868
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	23,370	23,370
Total WORKSHOP & TRAINING	23,370	23,370
Travel	30,800	30,800
Information & Public Relations	1,800	1,800
Office Costs	600	600
Communications	4,100	4,100
Financial Charges	1,500	1,500
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	38,800	38,800
Programme and Supplementary Services Recovery	12,152	12,152
Total INDIRECT COSTS	12,152	12,152
TOTAL BUDGET	199,110	199,110

Democratic Republic of Congo: Ebola



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Base sources: WHO (2014) (2014) Committee of Experts on the Ebola (EVD); These are updated on May 10, 2017.
Map produced by IFRC Africa Regional Office - Information Management.