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Revised One International Appeal Democratic Republic of the Congo (DRC) Ebola Virus Disease Outbreaks Red Cross Red Crescent Response Plan

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRCD026

Glide n° EP-2018-000049-COD

800,000 people to be assisted

216,168 Swiss francs DREF allocated

9.1 million Swiss francs funding requirements

Appeal launched **21 May 2018**

Revision no 1 issued **14 June 2018**

Operation Update 1 issued **19 July 2018**

Operation Update 2 issued **10 August 2018**

Revision no 2 issued **21 August 2018**

Appeal ends 21 February 2019 (9 months)

This second revised One International Appeal (OIA) seeks a total of **9.1 million Swiss francs** to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the Democratic Republic of the Congo Red Cross (DRC RC) and International Red Cross and Red Crescent Movement (Movement) partners to respond to the ongoing **Ebola Virus Disease (EVD) in North Kivu**, while continuing to support the DRC RC in reinforcing its organizational epidemic preparedness to deal with a potential new EVD outbreak in Equateur. This revised OIA aims to support **800,000 people for 9 months** with a specific focus on risk communication, social mobilization and community engagement, surveillance and response mechanisms, Infection and Prevention Control (IPC) support to health facilities and at community level, Safe and Dignified Burials (SDBs), Psychosocial support (PSS) as well as National Society capacity building. While the operation focuses on typical responses to an EVD outbreak through the aforementioned pillars in North Kivu, it supports transition from response to EVD preparedness strategies in Equateur. The OIA is revised reflecting the evolving situation of the two Ebola outbreaks and comprises operational support from the International Committee of the Red Cross (ICRC), which has ensured permanent presence in North Kivu for over two decades. The activities in this OIA are fully aligned with the response strategy of the DRC Ministry of Health (MoH) and will be implemented in close coordination with the MoH, WHO and other organizations in the country. The planned response reflects information available at this time of the evolving operation and will be adjusted based on further developments and assessments, which will be detailed in the Emergency Plan of Action (EPoA).

The disaster and the Red Cross Red Crescent response to date

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

12 May 2018: An initial team of 4 members of the DRC RC and IFRC were deployed to Equateur Province.

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

21 May 2018: The IFRC launches an OIA for 1,630,297 Swiss francs to serve 716,850 people for 6 months, revised on **14 June 2018** for 7,879,764 Swiss francs to assist 400,000 people for 6 months. This revision includes ICRC activities in response to the Equateur outbreak.

25 July 2018: Official declaration of the end of the 9th epidemic in Equateur Province.



1 August 2018: Official declaration of a new EVD outbreak in North Kivu (the 10th epidemic in DRC), with concerns that the armed conflict in the province will pose severe challenges to the humanitarian response.

4 August 2018: Arrival of 12 personnel of IFRC and DRC RC in Béni to carry out first priority actions (safe and dignified burials).

10 August 2018: The IFRC issues an Operation Update to the OIA, informing of the geographical expansion of the response to North Kivu province and a 3-month extension.

11th of August 2018: Signature of a Security Agreement between the IFRC and the ICRC through which the ICRC provides full security management also for personnel involved in the EVD outbreak response working with or through the IFRC. The ICRC is the lead international Movement actor in North Kivu.

21st of August 2018: Revision of the OIA to include the response to the new EVD outbreak in North Kivu while continuing with transition and epidemic preparedness activities in Equateur.

The operational strategy

1. Context

EVD outbreak in Equateur (9th epidemic in DRC)

On 8 May 2018, the DRC MoH officially declared the 9th epidemic of the Ebola virus disease (EVD) in Equateur province. The event was initially reported on 3 May 2018 by the Provincial health authorities following a cluster of 21 cases of an undiagnosed illness, involving 17 community deaths.

This was the ninth Ebola outbreak in the country, and the first in the province. The Equateur province has a population of approximately 2.5 million people spread over an area of approximately 103 902 km² with 16 health zones and 284 health centres. The two affected health zones within the Equateur Province (Bikoro and Iboko) were remote, with limited communication and transportation infrastructure. The third affected health zone, Wangata, is more urban and includes the capital city of Equateur province, Mbandaka, which is an important port city with over 1.5 million inhabitants. The humanitarian community, including the Red Cross and Red Cross Crescent partners, quickly mobilized resources to face this new EVD outbreak and on 25 July the outbreak was officially declared over. This epidemic caused a total of 33 deaths for 54 cases reported (38 confirmed and 16 probable) ¹ in the three affected health zones of Wangata (Mbandaka), Bikoro and Itipo.

EVD outbreak in North Kivu and Ituri (10th epidemic in DRC)

Following an alert from the North Kivu Provincial Health authority about a cluster of cases in Mangina end of July, four samples out of six tested positive for EVD, and the DRC MoH officially declared a new EVD outbreak on 1st August in Mabalako Health Zone, Beni territory. Retrospective review of health records suggests that 26 potential cases with haemorrhagic symptoms including 20 deaths date back up till 11 May. On 6 August 2018, the *Institut National de Recherche Biomédicale* (INRB) confirmed by genetic sequencing that this latest outbreak is caused by the Zaire ebolavirus species and is not connected to the recent outbreak in Equateur Province. As of 16 August, a total of 87 EVD cases have been reported in the region, 60 of which have been confirmed and 27 which are probable. Twenty one (21) suspected cases are currently under investigation. Confirmed or probable cases are localised to five health zones in North Kivu, and one neighbouring health zone in Ituri Province. As of 16 August, 12 healthcare workers have been affected (11 confirmed and 1 suspected).

North Kivu and Ituri provinces are areas with severe access restrictions due to the volatile security situation limiting the reach of many actors involved in the response. Since January 2018, it was reported that over 18,000 people living in Beni district had almost no access to humanitarian assistance due to security constraints ². The poor road conditions also hinder humanitarian access, which depends heavily on air transport, limited during the rainy season from September to January ³.

¹ WHO Ebola dashboard : <http://ebolaoutbreak2018-who.opendata.arcgis.com/>

² Idem

³ ACAPS

Compounding factors for the risk of spread of the epidemic are the limited capacities of the health infrastructure in the area, population displacements (North Kivu hosts the highest number of Internally Displaced Persons in DRC), and the high density of the provinces (total of approximately 8 million people - in particular the city of Goma which counts more than 1.5 million of inhabitants). There is a risk of the outbreak spreading to nearby conflict-affected areas including Sud Kivu, as well as neighbouring countries especially Uganda and Rwanda.

North Kivu province and Ituri district are presenting a totally different sociological and anthropological landscape than Equateur. While the population is majority Nande in Beni territory, others minority groups are presents: Vuba, Batangi, Batalinga, and Bapakombe⁴. Tools for community engagement, social mobilization and risk communication will need to be revised and adapted according to local languages (local Swahili) and practices.

2. Overall approach

EVD outbreak in Equateur (9th epidemic in DRC)

As the 9th outbreak has been declared over, the MoH and its partners elaborated a strategic plan for the consolidation and stabilization phase following the Ebola epidemic (for the period August-October 2018). This plan has been validated by the MoH and aims at increasing the capacities of the overall system to face such epidemic. The plan outlines priority interventions in the following areas:

- ✓ Epidemiological surveillance and rapid response to alerts: to maintain and strengthen surveillance activities and investigation capacity;
- ✓ Diagnostics: to maintain laboratories and train local staff in the use of these laboratories;
- ✓ Case management: to deal with possible cases, strengthen the local capacity in the long term and make the medical and psychological follow-up of the survivors;
- ✓ Infection prevention and control: to reinforce compliance with IPC procedures and improvement of water, hygiene and sanitation situation in health facilities;
- ✓ Risk communication, social mobilization and community engagement: to ensure a better understanding of risks by the community and community ownership of the prevention and response;
- ✓ Psychosocial support: to maintain the psychological follow-up of the victims and their families;
- ✓ Immunization: to train DRC vaccinators on good medical practices, train logisticians on cold chain management and document the success of ring vaccination against Ebola;
- ✓ Free healthcare: in the 7 health zones of Equateur province will continue until December 2018.

The IFRC, the ICRC and DRC RC transition and preparedness plan is fully aligned with the MOH/WHO strategies and is focusing on:

- ✓ Risk communication and community engagement activities: development and systematic use of standardized approaches and training tools for community engagement in support of all pillars, with focus on collecting community insights to inform disease prevention and control activities;
- ✓ Community-based surveillance (CBS): training the volunteers of DRC RC and setting-up of a community surveillance system with development and systematic usage of standardized data collection and reporting tools for CBS activities. This component also includes an operational research to inform community of practice;
- ✓ Safe and dignified burials (SDB) including disinfection of households: activate a national response unit to manage affected dead bodies by Ebola virus, maintain a national contingency stock and development and systematic usage of standardized data collection and reporting tools for SDB activities. In addition, focus will also be on rolling out a research study on the socio-cultural practices of some communities in relation to safe and dignified burials. The research will inform further consultation with local groups, including religious leaders and the development of the Red Cross SDB protocol and operating procedures tailored to the country socio-cultural needs;
- ✓ Psychosocial support (PSS): conduct PSS training with an integrated Sexual and Gender Based Violence (SGBV) component assuring sustainable activities and implement those activities by DRC RC volunteers in addition to development and systematic usage of standardized data collection and reporting tools for PSS activities.

⁴ Social Science in Humanitarian Action

All above-mentioned technical pillars overlap with a transversal pillar to be funded by this revised OIA which is the development of the National Society, in terms of capacity building, especially regarding the building of stock, planning, and human resources. This includes the set-up of a multi-disciplinary team at national level to be speedily deployed with the relevant equipment and expertise to respond to epidemics anywhere in the DRC.

EVD outbreak in North Kivu and Ituri (10th epidemic in DRC)

For the response to the 10th outbreak, the MOH with support of WHO also developed a National Response plan, which is focusing on the following objectives:

- ✓ Detect all suspected cases and take samples for biological confirmation;
- ✓ Identify and follow all contacts;
- ✓ Organize medical treatment and psychosocial care (including food security vulnerabilities);
- ✓ Reduce transmission within the communities;
- ✓ Reinforce infection prevention and control measures;
- ✓ Increase surveillance in all Health Areas, taking into consideration displacements;
- ✓ Risk communication, social mobilization and community engagement: to ensure a better understanding of risks and engagement of communities to ensure ownership and inform effective response and control approaches;
- ✓ Vaccination of exposed and at risk people (health personnel, contacts, etc.);
- ✓ Support treatment of malnutrition.

The response strategy is articulated around 11 axes: reinforcement of coordination mechanisms, surveillance, capacity building of mobile laboratories, treatment, IPC, institutional communication and social mobilisation, psychosocial, vaccination, support to the gratuity of health services, operational support and logistics and security.

The Movement is well included in the National Response Plan with a recognised prominent role in risk communication and community engagement, SDB as well as IPC at community and/or health facility level, as well as detention sites.

3. Coordination and partnerships

For both response operations, the MoH convened coordination meetings of partners at the National Coordination Committee during which the response strategy of the government was presented to partners. A decision was made to activate coordination mechanisms or Commissions for the response, namely:

- Epidemiological surveillance and active case finding
- Water, sanitation and hygiene promotion
- Risk communication, social mobilization and community engagement
- Psychosocial support
- Logistics
- Research and laboratory
- Case management
- Prevention
- Security (for the outbreak in North Kivu and Ituri)

The IFRC team was and is currently active in attending various external meetings to ensure the Movement engagement with partners, and the DRC RC is present in the first four commissions with responsibility to carry out community interventions. The DRC RC will continue to attend the meetings of the commissions focussing on the pillars relevant for the Movement operational strategy.

Several Movement coordination mechanisms are currently in place and being strengthened, including specific coordination mechanisms between the ICRC and the IFRC at country, regional and headquarters levels. The IFRC DRC country office has been strengthened through the deployment of global surge capacity to support the National Society for the 9th outbreak and is aiming for the same for the 10th outbreak. Coordination is ensured with Partner National Societies (PNS), in particular the Belgian, Canadian, French, Spanish and Swedish Red Cross-National Societies which have longstanding programmes with the DRC RC. The Swedish Red Cross is focusing on preparedness and capacity building in Kinshasa Province. The Canadian Red Cross activities are focusing on capacity building and branch development in South Ubangi, Mongala, Tshuapa and Equateur provinces. The French Red Cross is focusing on PSS activities in the affected areas of the 9th outbreak as well as at national level. The Spanish Red Cross is implementing activities in Kwilu and Mayi-Ndombe, specifically the health zones of Bandundu, Bagata and Nioki.

Coordination with the ICRC is a key element of both response operations and more particularly in the ongoing response in North Kivu and Ituri. The ICRC works in the DRC with programmes responding to the protection and assistance needs of the population affected by armed conflict and other violence, and has been present in North Kivu for more than 20 years and in Beni since 2008. The ICRC has been negotiating access in the area for years and is bringing key expertise in terms of security management, logistics, activities in prisons and in provision of health services. For this new epidemic and due to the specificity of the location, the IFRC and the ICRC are developing together a joint approach, and have been defining clear role and responsibilities through multi-level and constant coordination. The IFRC has the operational expertise for the programmatic response especially in risk communication and community engagement, SDB, PSS, surveillance and IPC, while the ICRC provides critical support on security management, logistics and field access. The ICRC also contributes to the representation of the Movement response in various coordination mechanisms thanks to its long-term presence in field locations affected by the outbreak, such as in Beni within the coordination mechanisms of the MoH. As a formalization of these discussions a comprehensive security management agreement has been signed between the ICRC and the IFRC.

The activities of this operation will be implemented by a combination of Movement partners - the National Society, the IFRC, the ICRC and partner National Societies. The DRC RC, partner National Societies and ICRC operations associated with the Ebola outbreak are fully integrated into this plan and budget as part of a Movement response and with this revised OIA, the IFRC is continuing to seek funding for the activities of all Movement partners.

4. Summary of the current response

EVD outbreak in Equateur (9th epidemic in DRC)

Regarding the 9th outbreak, since the first alert of the outbreak, the DRC RC has been coordinating its activities with the MoH. IFRC personnel in country provided technical support and together with the National Society deployed pre-positioned PPE to the affected areas and began training volunteers on Ebola awareness, CEA, surveillance, SDB and disinfection procedures as well as mobilised ERU HR to support IPC and triage at the health facilities. The ICRC supported these activities, especially IPC measures in the prison of Mbandaka. The operation for the 9th outbreak has its main coordination structure in Kinshasa and in Mbandaka and two field offices have been established in Itipo and Bikoro.

Throughout the affected Health Zones; the following achievements have been reached as of end of July 2018:

- ✓ Training of **300** volunteers in different areas including 163 in risk communication and community engagement, 108 in Safe and Dignified Burials and disinfection techniques, and 100 in PSS;
- ✓ Volunteers continue to conduct active case finding activities. There are plans to expand surveillance activities in Mbandaka, Wangata, Bikoro and Iboko (including Itipo) through the Red Cross network of volunteers;
- ✓ A total of 228,421 people reached with the community engagement and awareness sessions including in schools and religious sites, including 36 SDB conducted;
- ✓ Support provided to fifteen (15) health centres and hospitals in Mbandaka (11) and Bikoro (4) with Infection Prevention and Control and capacity building activities;
- ✓ In addition, preparedness sessions and contingency planning in Kinshasa and in the Equateur province and the four neighbouring provinces of Equateur have started. The National Societies in neighbouring countries at risk also increased their preparedness levels including CAR and Congo Brazzaville.

Regarding the 9th outbreak, the ICRC contributed to the Movement's response by implementing infection control and prevention in health facilities and in Mbandaka Prison, including sanitation and waste management. ICRC also participate in activities to strengthen the emergency health capacity of DRC RC volunteers.

As the 9th epidemic has been declared over this second revision of OIA is including the upcoming priorities related to transition and preparedness activities at provincial and national level. This preparedness and transition plan focuses on "epidemic surveillance" considering in a nutshell the support and follow-up for the efforts mentioned above and deployed during the "epidemic control" phase. However, the activities related to IPC were not continued as this intervention was planned to be short term for the epidemic control phase at health structures. All the planned activities in the transition and preparedness plan fall under a crucial pillar that is the support to the DRC RC, to assure an organizational readiness at national, provincial and committees level in remote areas to deal with a potential new EVD outbreak. One important component is the scaling-up of surveillance activities as well a good community engagement capacity with the DRC RC. Despite the declaration of the 10th epidemic such preparedness activities need to continue to be implemented. In fact, the 10th epidemic is a drastic reminder on the need to reinforce the capacities of response in DRC to face such outbreaks.

EVD outbreak in North Kivu and Ituri (10th epidemic in DRC)

This revision of the OIA is now focusing on the inclusion of all components and pillars needed to respond to the 10th epidemic in North Kivu and Ituri provinces.

For the ongoing epidemic the DRC RC has relocated key staff and volunteers (Ebola and SDB provincial Coordinators and 8 volunteers experienced in SDB) from the Equateur province along with key IFRC staff from Equateur and Kinshasa to North Kivu in close collaboration with the ICRC. The IFRC relocated their Operations Manager, SDB Coordinator, Security delegate and two Logistics delegates while the ICRC has deployed the deputy Head of delegation (as Team Leader) and the Health and Wathab coordinators.

In terms of activities, the DRC RC and the IFRC focused immediately on operationalising safe and dignified burial activities in Beni. The first SDB was successfully implemented on 6 August. Through the “Red Flight” of the ICRC, Personal Protective Equipment (PPE), SDB kits and SDB starters kits have been quickly relocated to North Kivu. The Movement has now 6 SDB teams operational in Béni, Mangina and Butembo. Additional teams will be set up in line with the evolution of the outbreak. The setup of SDB teams was made possible by the relocation of key volunteers and staff from Equateur to support the implementation and training of local volunteers during the first week of the response. The SDB DRC RC teams are responding to the alerts received from the prevention and surveillance commission, and as of 20 of August 39n SDB have been conducted in Béni, Butembo and Mangina areas. Community engagement approaches are a key part of the SDB approach, with training provided to SDB teams and a member of each SDB team dedicated to engaging with families and communities during an SDB.

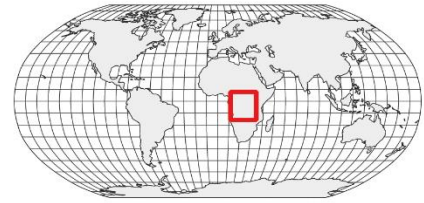
The risk communication and community engagement intervention is being scaled up with the training of local volunteers to carry-out engagement activities in Beni, Mangina and Butembo, and interactive radio shows are planned in areas with greater audience and trust on this channel. Learning from the successes in Equateur province, emphasis will be put on supporting volunteers with effective community engagement approaches. The work of volunteers is a vital part of collecting community information, which the Red Cross analyses to respond to community questions, concerns and beliefs, ensuring community engagement messages are constantly adapted to a changing situation. Evidence from the previous epidemics shows that local practices and beliefs are not static but shift and evolve in response to immediate conditions.

The ICRC also plays a role in the implementation of IPC measures, waste management, decontamination and triage activities in health centers, and detention sites in Beni, while supporting provision of health care to war wounded (potentially contaminated). The positioning of the ICRC, through its dialogue with authorities, communities and parties to the conflicts, the implementation of protection and assistance activities, as well as its material and HR set-up in North Kivu and Ituri are key in the coordination of the operation and to ensure a security network. Indeed, the ICRC plays a critical role in providing the security frame and logistics support, such as the use of the ICRC vehicles and aircraft (and, if necessary, forensic support on request).

The IFRC main operational hub is currently in Béni where the national coordination is taking place. Decisions makers as well as key operational staff are based in Béni. The IFRC and the ICRC are also developing operational hubs in Butembo and Mangina in North Kivu as well as in Bunia in Ituri in order to have autonomous teams for SDB and CEA activities. The IFRC, with the support of the ICRC, is also developing a support and liaison office in Goma. Due to the limitations of having international delegates in Béni, this office is welcoming some support functions that can operate from Goma through short terms visits. This office will also support the communication, coordination and logistics component of that response.

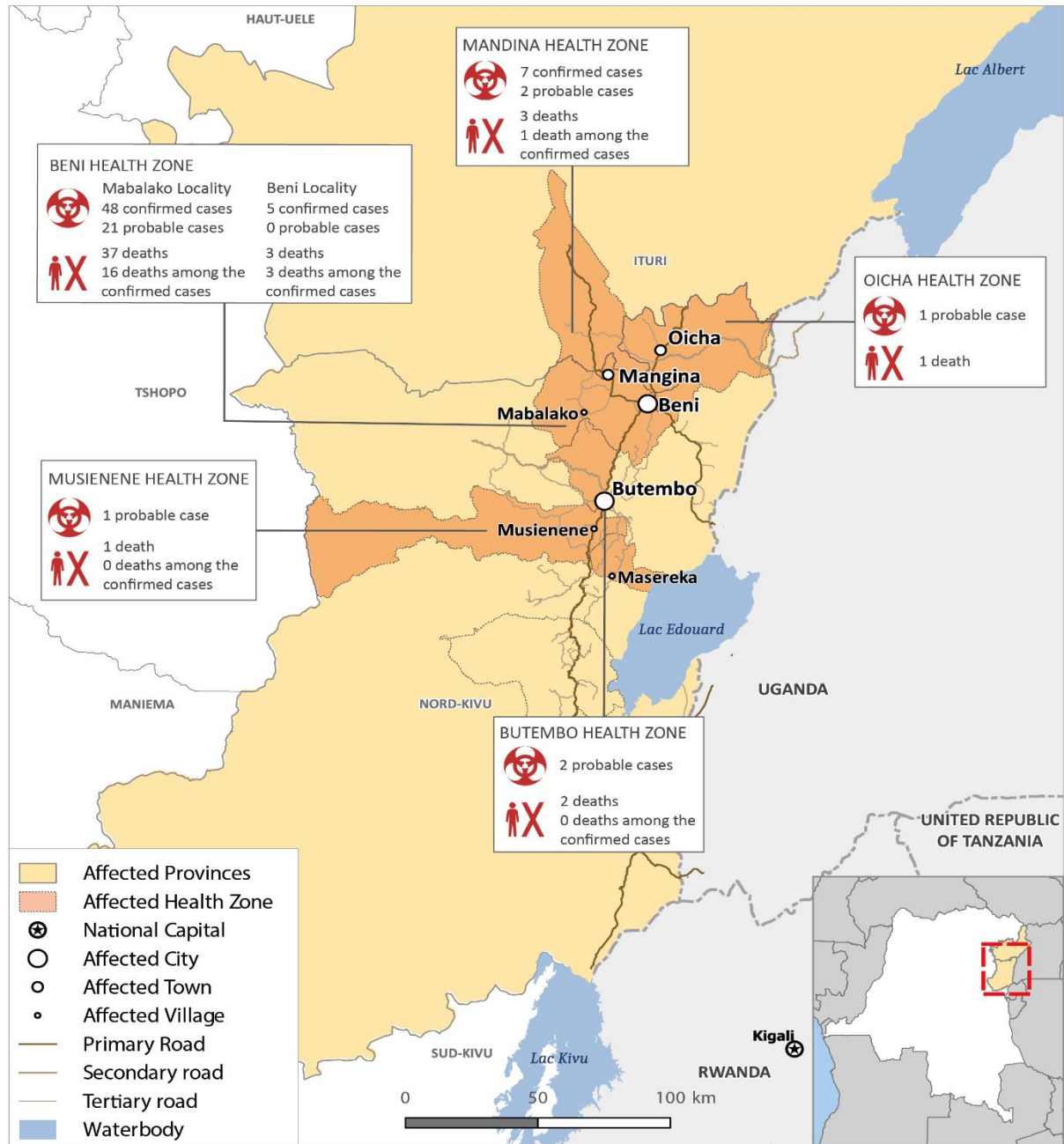


International Federation of Red Cross and Red Crescent Societies
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
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 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



DR Congo, Ebola Virus Disease: Situation Overview

18 August 2018 (Case data by DR Congo MoH, 17 August 2018)



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

5. Scenario planning

For the 9th outbreak, on the 25th of July the epidemics has been officially declared as over so the need is switching to the transition and preparedness phase.

For the ongoing outbreak in North Kivu and Ituri, the situation is highly concerning. In line with the context analysis, the current scenario is of a geographically contained outbreak, however with severe access constraints (scenario 1 below). It is expected that the number of cases keeps increasing in upcoming days and weeks. However due to the lack of clear epidemiological and demographic data, it remains yet difficult to estimate the full scope of this 10th outbreak.

Considering the risk of spread of the outbreak, RC National Societies, including Uganda RC and Rwanda RC have engaged in national level preparedness activities, including surveillance on cross border population movement and updating contingency plans. Support for EVD preparedness activities and pre-positioning of stock (PPE and SDB kits) through DREF is currently being considered for DRC's neighbouring countries.

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
Scenario 1	<ul style="list-style-type: none"> ✓ Outbreak is contained to Mabalako and Beni Health Zones and potentially single cases in other neighbouring HZ relating back to Beni and Mbalako source. ✓ Cases continue to be reported for the next 2 months and many suspected cases turn out negative ✓ Risk of potential spread cases to neighbouring provinces but PoE control is working effectively able to detect suspected cases reducing the risk. ✓ Timeframe 3 months 	<ul style="list-style-type: none"> ✓ Movement interventions focus on 5 key pillars in North Kivu and Ituri provinces ✓ Close coordination with ICRC operational modalities, including logistics and security ✓ Security situation allows effective response despite access constraints ✓ Close coordination with partners across all pillars for an effective response ✓ Increase logistics and material supplies to support the operational plan ✓ Set-up of a support/liaison office in Goma for the IFRC ✓ Increase HR structure to support the operational plan ✓ Volunteers mobilised and trained for effective response ✓ Preparedness/ contingency planning activities by DRC RC in Health Zones at risk as security allows as well as nationally ✓ Preparedness activities by National Societies of the neighbouring at risk countries with population movement/ transportation links with affected area ✓ Flexibility and revision of the plans as needed based on the evolution of the epidemic ✓ Anticipation of the next phase with preparation of a Transition & Preparedness Plan
Scenario 2	<ul style="list-style-type: none"> ✓ Major surge in cases in N Kivu in several HZs including insecure areas with access restrictions ✓ Appearance of cases in urban centres (including Goma) ✓ Spill over to neighbouring Provinces ✓ High probability of spill over of cases to neighbouring countries ✓ A Public Health Emergency of International Concern is declared as the number of cases increases weekly, exceeding 500 and the risk to neighbouring countries increases dramatically ✓ Timeframe 12 months 	<ul style="list-style-type: none"> ✓ Revision of operational plan to scale up in all pillars in affected areas in close cooperation with ICRC ✓ Scale- up from preparedness to active response in neighbouring affected provinces ✓ Scale-up of offices in each affected province jointly with ICRC ✓ Deployment of further surge to support the operation at province and national level ✓ Assess the need of Regional Ebola Hub ✓ Training and mobilizing additional volunteers from all targeted areas ✓ Close coordination with other stakeholders ✓ Revision of the OIA and EPoA ✓ Adding case management as seventh pillar for response as needed ✓ Increase of supply chain and logistics capacity to match the size of the operation ✓ Prevention and Preparedness activities in additional at-risk provinces and additional at-risk countries (regional)

		<ul style="list-style-type: none"> ✓ Flexibility and revision of the plans as needed based on the evolution of the epidemic.
Scenario 3 (best case)	<ul style="list-style-type: none"> ✓ No confirmed cases are revealed over the next 21 days ✓ The EVD outbreak appears to be contained, transmission stopped with successful tracking of contacts and contacts of contacts. 	<ul style="list-style-type: none"> ✓ Current operational set up ✓ Until two full cycles (42 days) of no cases ✓ Active response moving to prevention and preparedness phase ✓ Planning a Preparedness and Transition plan ✓ Integration of activities to longer term programming prevention and preparedness activities for future outbreaks ✓ Evaluation/ lessons learnt of overall response captured to inform future outbreak responses

Proposed Areas for intervention

Overall Operational objective:

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola virus disease in the DRC, through focusing on:

- reinforcing the DRC RC response for immediate lifesaving interventions in the affected areas
- roll out prevention and response activities in the affected and at-risk areas
- coordinated response with the authorities/Ministry of Health, WHO and other key actors
- engaging the affected people throughout the entire process
- strengthening the capacity of the National Society to respond to epidemics

The response plan is for nine months for both outbreaks, with most response activities focused on the first three months as per the acute response while the following six months focus on preparedness and capacity building. This is aligned with the MoH and WHO timeframe of the operation. In order to maintain minimum activities in the Equateur province while a massive scale up is under way in North Kivu, key staff have also been identified to stay in the Equateur province to maintain business continuity especially regarding risk communication and community engagement and community-based surveillance activities. The operation will support the DRC RC in operational and institutional capacity building activities through:

- ✓ setting up a multidisciplinary team to respond to epidemics in line with the activities outlined in the various pillars
- ✓ strengthening capacities for efficient and transparent management, including training on financial management systems
- ✓ improving the DRC RC offices in Bikoro, Itipo and Mbandaka
- ✓ training National Society teams in Mbandaka on warehousing (procedures and protocols) and on procurement procedures

The strategy combines five response pillars, and one pillar related to epidemic preparedness. With two EVD outbreaks within three months, there is a crucial need for a longer-term approach that consists in building the capacity of the communities and the DRC RC:



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

Community engagement is essential at all stages of epidemic preparedness and response and will be integrated across all aspects of the operations in Equateur and North Kivu. Trusted, clear and effective communication and engagement approaches are critical to ensure that fear, panic and rumours do not undermine the response efforts and lead to Ebola spreading even more quickly. Effective community engagement will also support the operation to gain an insight into the perceptions and behaviours of different groups, and to develop effective and targeted messaging. It is important to note that community engagement works in support of all pillars and is mainstreamed in the work of all volunteers, with a special emphasis on SDB. Through various tools and approaches, risk communication and community engagement can promote inclusive dialogue with affected communities, which ensures their adherence to preventive measures while supporting better preparedness and resilience for future crisis.

The current focus in North Kivu is on risk communication and rumour tracking within communities, ensuring households in the most affected areas have access to useful information and can have their questions answered. Focus will also be on training volunteers on good risk communication and community engagement approaches and ensuring this is well integrated within SDB teams. In addition, the Red Cross will explore the use of radio and social media in specific areas based on evidence of its use and access and the demographic of the affected population (youth) and to reach areas that we might not be able to access.

Within Equateur, diversified approaches have been adopted and are implemented in targeted areas, including adapting sensitization tools to local realities and needs, using key informants to reach people and influence their ways and practices. It has been noticed for some communities, especially in remote villages that resistance to outside support and uncertainties about the existence of the virus is directly linked to cultural practices and beliefs. Response efforts are also being extended to localities and villages that were not affected but remain exposed to the outbreak.

In addition to household visits, mass sensitization, focus group discussions, community meetings and interactive radio shows reinforce everyone's participation in awareness-raising efforts and facilitate interactions with all the structures within the villages. These approaches put communities more at the centre of all actions through community leaders, women's groups, youth and minority groups.

Today the 9th epidemic response has entered a transition phase, with a focus on the development and systematic usage of standardized approaches, including data collection and reporting tools for community engagement activities and development of standardised training packages tailored to disease prevention activities.

2. Surveillance and Active case finding

At the start of the operations and response phase, volunteers were encouraged to alert if they encountered any unusual community illness or community deaths during their community-based risk communication and community engagement activities. Now for the transition and preparedness phase in Equateur, focus will now shift to support the MoH's community-based surveillance program in health areas throughout four health zones in Equateur province which are most in need of reinforcement, and where the DRC RC has trained volunteers. The approach will rely on a cascade training in the field. The Red Cross is currently in discussions with the MoH and WHO to conduct trainings together. Joint surveillance trainings would be supplemented by Red Cross-specific trainings (e.g. community engagement and ECV) for those who do not already have this training. The cascade training would involve Master trainers conducting training of trainers for the Health Area-level supervisors and branch management structures, who would in turn train the community-level volunteers.

3. Safe and Dignified Burials (SDB) and disinfection

This aspect remains the priority of the DRC RC in each epidemic requiring SDB. Traditional burial practices present high-risk of infection in EVD outbreak, as family and friends often wash and touch the corps. The DRC RC SDB teams ensure that every aspect of burials, disinfection and decontamination is conducted in a safe and respectful way, considering cultural understanding and the sensitivity for families and communities at this difficult time. Highly trained DRC RC SDB and disinfection teams, in conjunction with community engagement and PSS volunteers, limit the spread of infection by educating communities about the need for and processes behind disinfection and safe burials. Red Cross has been recognized as the main actor in safe and dignified burials by the authorities. Activities planned under this pillar will continue until the official declaration of the end of the 10th epidemic.

The IFRC has supported the training of a group of 108 volunteers for the 9th epidemics. At the end of 9th epidemic in Equateur province, the DRC RC and the IFRC had 8 SDB teams ready at any time: 2 in Mbandaka, 2 in Bikoro, 3 in Itipo and 1 in Iboko.

For the epidemic in North Kivu and Ituri, the IFRC and DRC RC are scaling up their activities as explained above. Further SDB teams will be trained and equipped according to the needs in all affected areas.

SDB is considered crucial part of epidemic response to prevent the transmission and will continue to be so even after the declaration of the end of the EVD outbreak. Its importance comes from a perspective of quickly containing a new EVD outbreak in case it occurs. Thus, institutional preparation through discussions with the MoH is planned to draft possible pre-agreement determining the roles and responsibilities of the DRC RC for future epidemics. This will give DRC RC a unique role in country during and after the epidemics as an auxiliary service to the MoH. The IFRC is supporting the DRC RC to establish a national response unit for the management of corpses in epidemics, including Ebola and other diseases with epidemic potential, and during disasters in the national multidisciplinary team. This comes with an establishment and maintenance of a national contingency stock for the management of corpses in case of epidemics.

The IFRC and DRC RC are also looking at prepositioning knowledge and not only stocks. As a lesson learned during the current EVD outbreak response, the DRC RC is adapting its modalities to provide SDB to communities with specific needs or culture. Thus, IFRC aims to develop a guide on knowledge and practices on some specific communities, and also to commission an Anthropological study on safe and dignified burials.

4. Psychosocial support

Raising awareness about Ebola and reducing fear and stigma are high priorities. For this reason, community volunteers who are in contact with families and communities with suspected Ebola cases or deaths are trained in supportive communication and psychological first aid. As SGBV prevalence has been proven to increase in contexts of emergencies, with additional strain being put on already weak health structures, a training component on responding to the psychosocial needs of SGBV survivors will also be integrated into the PSS pillar of the response. Alongside the training of volunteers, the coordination with other actors able to provide services for survivors will be strengthened to ensure the availability of referral pathways.

Volunteers working in Ebola response and especially in high risk activities like SDB are under extreme stress and carry out some of the most dangerous tasks related to the outbreak; and need support. Teaching volunteers and staff about stress management and peer support; and setting up support systems to help them deal with their situation without engaging in risk taking behaviour is critical. Continuing and complementing the activities already being carried out during both EVD response will mainly aim at strengthening National Society preparedness in the area of psychosocial support for them to be ready to better respond to subsequent epidemics. A team of trainers in psychosocial support will be set up within DRC RC and will be able to carry out awareness activities and trainings for both the staff and volunteers involved in epidemics response, including EVD.

5. Infection Prevention and Control (IPC) and triage

IPC is crucial in containing the spread of EVD. Robust IPC measures and practices need to be in place at all health facilities. IPC aims to stop the spread of infectious diseases to other patients as well as health care workers by rapid isolation of suspected cases; creation of isolation areas that ensure correct patient flow and keep suspect patient away from others seeking usual care; and availability of appropriate facilities and materials for hand washing, waste management, cleaning and disinfection as well as PPE for health workers. It is also important that facilities have trained staff in triage and early detection of suspected EVD cases.

For the 9th epidemic in Equateur, 15 facilities have been supported through the set-up of temporary triage facilities, improving IPC measures and the training of 920 health personnel in the Equateur province. These activities were mainly implemented by the ERU HR focusing on IPC/Triage at the facility level. A similar approach has also been taken by the ICRC at Mbandaka prison by ICRC.

For the ongoing epidemic in North Kivu and Ituri IPC remains critical. IFRC, ICRC and the DRC RC are assessing the potential of responding to IPC needs taking into consideration the Movement capacities, geographical evolution of the epidemics as well as the access constraints. As of 20 August, the DRC RC, the ICRC and IFRC teams have identified 20 initial health facilities and detention sites in which the IPC models and activities are planned to take place. Depending on the needs and the capacities being deployed

on the field more health facilities can be targeted. ICRC will implement IPC activities in detentions sites (Beni) as well.

6. Cross-cutting: National Society capacity building and preparing for future outbreaks

The capacity building is to be considered as very important component in the next phase of the implementation of the OIA, once both epidemics will be declared as over to assure the autonomy of the National Society to respond fast and efficiently to subsequent EVD outbreaks. All these activities are detailed in the transition and preparedness plan which includes some elements at the provincial level but also and with a high level of priority at national level.

The capacity building includes:

- a) Risk communication and community engagement and accountability (CEA)
 - continuation of the activities launched during the emergency response such as door to door awareness, Community dialogue and public events;
 - follow-up on communication to gather rumours, myths, comments and complaints and ensure they are analysed and used to update messages and inform about changes in approach
 - planning and collaboration with the “Community Animation Unit” on awareness and standardization of messages;
 - volunteer capacity building activities
 - learning and prepositioning of communication materials
 - support to build a small community engagement and risk communication team in Mbandaka, Béni and Kinshasa
- b) Community-based surveillance (CBS):
 - continuation of activities initiated immediately following the emergency (active search for cases at door-to-door and referrals integrated in awareness-raising activities)
 - discussions with the MoH (Provincial Division of Health and Chief Medical Officers of the Health Zone) and WHO to determine the best use of the Red Cross volunteer network in the detection and reporting of cases of EVD and priority infectious diseases, and their integration into the CAC (Community Animation Committee).
 - training the volunteers of DRC RC and setting-up of a community monitoring system with development and systematic use of standardized data and reporting tools for CBS activities
 - Training of trainers at National level to replicate the approach
 - operational research to inform the community of practice
- c) Safe and dignified burials (SDB) including disinfection of households:
 - development of a national response unit to manage dead bodies affected by Ebola virus, maintaining a National contingency stock and development and systematic usage of standardized data collection and reporting tools for SDB activities.
 - prepositioning of stocks and knowledge
 - setting up a study about the knowledge and practices of some specific communities influencing safe and dignified burials.
- d) Psychosocial support (PSS):
 - continuation of current activities in the affected areas until the declaration of the end of both epidemics, this activity will continue until the end of both operations.
 - creation of a PSS unit at National level that would work in close collaboration with the Gender and Diversity unit, sitting in the same department, with an overlap on SGBV issues.

Areas of Focus



Health

People targeted: 800,000

Male: N/A

Female: N/A

Requirements (CHF): 3,121,471

Needs analysis: Key objective of this operational plan is to contribute to the effective containment of the 10th EVD outbreak. Based on the current epidemiological analysis, the outbreak remains active on wide and challenging geographical area. The situation continues to be serious and flexibility and continuous vigilance is needed in the

response. There is a need to continue the current momentum by increasing the coverage of the effective response with the objective of rapid containment of EVD in a localized area. The current pattern of increased geographic spread in rural areas demands a flexible and rapid response capacity to move to new locations and contain new potential outbreaks immediately taking into considerations drastic security restrictions at times.

The Movement response is planned in support of the MoH National Response Plan supported by WHO, on areas where the Movement will bring added value and in close coordination with other partners in the collective response to stop the epidemic.

Population to be assisted: Movement is targeting 800,000 to be reached with health activities. Information will be collected from communities and used to tailor and target prevention information.

Programme standards/benchmarks: The activities under this sector will follow the proven EVD prevention and response strategies as well as WHO regulations and standards for preventing and controlling the spread of Ebola virus.

Health Outcome 1: Improved early detection mechanisms of resurgence of Ebola through community-based surveillance

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

Activities planned:

- Continuation of activities initiated immediately upon occurrence of the emergency (active door-to-door case finding and outreach activities)
- Setting up of a community-based surveillance (CBS) system adapted to the capacities of DRC RC volunteers and to identified needs, in coordination with the Ministry of Health
- Training of volunteers
- Development and systematic use of standardized tools for data collection and reporting on early detection and response activities
- Operational study/case study on post-epidemic CBS

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

Output 2.1: The access to psychosocial support is provided for target communities and individuals affected by the EVD

Activities planned:

- Focus on volunteers and families of affected people
- Training for sustainable psychosocial activities
- Training of trainers in psychosocial support in Kinshasa and Mbandaka to increase capacity in psychosocial activities for the communities and the Red Cross staff
- Training of volunteers and their supervisors in the three health zones
- Psychosocial support activities in communities affected by the epidemic and among the first aiders of DRC-RC (staff and volunteers)
- Identification and training of a core team at the provincial level and in the 3 health zones (Equateur) and 2 health zones (North Kivu) to carry out psychosocial support activities
- Rapid needs assessment to define the activities required to improve community links
- Implementation of the activities identified during the rapid needs assessment
- Development and systematic use of standardized tools for data collection and reporting on psychosocial activities
- Possible support at the national level to a PSS unit with an important component on responses to epidemics (support via the French Red Cross)

Health Outcome 3: Risk communication and community engagement activities are conducted to limit the spread and impact of Ebola and promote healthy and protective behaviours.

Health Output 3.1: Context specific risk communication and community engagement approaches are continued in Equateur province and established and implemented in Nord Kivu.

Activities planned:

- Train volunteers on community engagement techniques, including as part of SDB activities
- Set up two-way communication systems to collect believes, rumours, myths, questions and complaints to inform community dialogue and response activities
- Engagement of key influencers, including community and religious leaders and to mobilize communities
- Establish interactive radio shows in targeted locations

- Conduct community engagement and social mobilization activities including house-to-house visits and mass sensitization
- Adapt existing information materials to local languages including posters, video testimonials and radio spots
- Carry out regular supervision, refresh session and quality checks
- Establish community engagement and social mobilization teams in affected and surrounding villages
- Explore the use of social media engagement approaches in Nord Kivu
- Planning and collaboration with community-based animation units (CAC) on sensitization and standardization of messages

Transitional activities for Equateur Province and National level:

Action 1: Support staff and volunteers to gain the skills and scale up epidemic preparedness community engagement activities

- Epidemic control for volunteers (ECV) training
- Development of a single kit for the training of Red Cross volunteers on risk communication and community engagement following a detailed training curriculum, and if possible translate it into local language.
- Continue volunteers' activities in risk communication and community engagement in affected and surrounding villages, including in remote villages, while continue to work in line with CAC strategy and work plan. Train more volunteers (150 volunteers: 50 additional volunteers in each of the targeted localities (Bikoro, Itipo and Mbandaka), making sure that volunteers are organized in pairs in each village
- Develop or adapt tools and channels that match local context, including language, and preposition those for subsequent outbreaks. Preposition at least 250 posters, 100 leaflets, and 10 image boxes in Kinshasa; 250 posters, 50 leaflets, and 5 image boxes in Equateur. These tools will also be prepositioned in North Kivu (Beni/Goma)

Action 2: Set up systems and approaches to ensure people and communities know their rights and entitlements, have access to information, participate in decisions and their feedback is used to inform programme decisions and community engagement approaches

- Strengthen feedback mechanisms to collect and analyse rumours
- Improve two-way communication systems, focussing on community leaders' and trusting influencers' engagement, as well as on community talks
- Develop messages directly linked to sociocultural bias on EVD in the DRC, get those validated and then translate them into the local language
- Engage into discussions with the communications commission on the participation of Red Cross volunteers in radio broadcast programmes, and establish collaboration conventions with radio stations
- Develop and ensure systematic use of standardized data collection and reporting tools for CEA and risk communication activities
- Organize a lessons learned workshop
- Recruit and train a counterpart for the DRC RC as part of the NS CEA and risk communication capacity building

Health Output 3.2

Up to 800,000 people in 30 Health Zones have engaged with National Society risk communication and community engagement approaches to promote healthy and protective behaviours

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

Health Output 4.1: IPC activities conducted in 13 health facilities and 2 detention sites in Equateur and a minimum of 5 health facilities and 3 detention sites in North Kivu

Activities planned:

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

Health Outcome 5: Communities in high-risk areas of the country are prepared to detect and respond to Ebola and other diseases of epidemic potential

Output 5.1:**Activities planned:**

- Conduct risk assessment to identify diseases with epidemic potential in the DRC
- Conduct training at national and local levels for a multidisciplinary team to respond to diseases with epidemic risk in the DRC
- Organize an EVD response lessons learned workshop to build on experiences and identify challenges to better inform a contingency plan (training, capacity building and organization of the response team)
- Develop and popularize a national epidemic response contingency plan (aligned with the ongoing IFRC driven CP3 programme, the SERA project (Canadian Red Cross) and the Swedish Red Cross-supported Urban disaster risk reduction (UDRR) project)
- Organize a simulation exercise with key actors

**Water, sanitation and hygiene promotion****People targeted:** 800,000

Male: N/A

Female: N/A

Requirements (CHF): 413,936**Needs analysis:** The major needs for this sector include preventing and controlling any further spread of the EVD**Population to be assisted:** The Movement is targeting 600,000 people in Water, sanitation and hygiene promotion activities**Programme standards/benchmarks:** Activities under this sector will follow WHO regulations and standards for preventing and controlling the Ebola virus**WASH Outcome1:** The spread of Ebola is limited by disinfection of affected houses and other contaminated places**WASH Output 1.1:** Affected populations benefit from assistance in disinfection of contaminated households and places**Activities planned:**

- Training of volunteers in the prevention and control of infections
- Provision of disinfection materials and protective equipment to the team
- Conducting disinfection activities in contaminated places, including Ebola-affected households and case management facilities
- Sensitization of the 800,00 population in affected households

Wash Outcome 2: The spread of Ebola is limited safe and dignified burial of the deceased under optimal cultural and security conditions**WASH Output 2.1:** The affected population is assisted through safe and dignified burial and decontamination activities**Activities planned:**

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

Wash Outcome 3: The spread of Ebola is limited by hand washing campaign in affected provinces**Wash Output 3.1:** Households demonstrate increased knowledge and practice safe hygiene and sanitation**Activities planned:**

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

After 24 July, the following activities will be implemented:

Wash Outcome 4: DRC-RC is equipped and prepared to rapidly and effectively respond to national needs for safe and dignified body management in the event of an epidemic or disaster**Activities planned:**

- Set up of appropriate base in each location (especially for SDB)
- Improvement of provinces and sub-provinces offices of DRC RC

Wash Output 4.1: DRC-RC understands the unique experiences of specific ethnic groups, and can effectively meet their needs for safe and dignified burials in the event of another outbreak or disaster

Transitional activities for Equateur Province and National level:

Activities planned

- Epidemic control for volunteers (ECV) training
- Institutional preparedness through discussions with MoH, and if possible, drafting of an agreement to establish the roles and responsibilities of DRC RC during an epidemic outbreak
- Put in place a national response unit within the national multidisciplinary team for the management of dead bodies during epidemic outbreaks (including EVD and other possible epidemics), and during disasters
 - Training of trainers at national level, including a CEA component
 - Putting in place of management tools,
 - Identification of experienced and “deployable” staff (creation of a staff roster from across the country)
- Compose and maintain a national contingency stock for the management of dead bodies during an epidemic outbreak
 - Identification of protocols for epidemics and disasters
 - preposition 10 SDB kits and 3 SDB starter kits in Mbandaka
 - preposition 10 SDB kits and 3 SDB starter kits in Kinshasa
 - preposition 10 SDB kits and 3 SDB starter kits in Beni/Goma
 - Preposition personal protective equipment (PPE) and other additional materials
- Preposition of knowledge through
 - Development of guidelines on the specific communities’ knowledge and practices
 - Anthropological study on SDB
 - Consultations with religious leaders, volunteers and staff involved in SDB
 - Defining specific protocols
- Develop and ensure systematic use of standardized data collection and reporting tools for SDB activities 5

Strategies for Implementation

Requirements (CHF): 5,607,778

Outcome 1: Effective and coordinated international disaster response is ensured

Output 1.1: Deployment of surge capacity

Activities planned:

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

Outcome 2: The Movement uses its unique position to influence decisions at local, national and international levels that affect the most vulnerable

Output 2.1: Movement is visible, trusted and effective advocates on humanitarian issues

Activities planned:

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

Outcome 3: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

Output 3.1: The National Society has effective and motivated volunteers who are protected

Activities planned:

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

Output 3.2: The National Society has the necessary corporate infrastructure and systems in place

Activities planned:

- Strengthen the National Society in Equateur province through reinforcing the office space
- Strengthen the fleet capacity of the National Society through vehicles and reparation of existing fleet
- Preposition emergency stocks in the Equateur province and ensure SOPs are in place (mobilization, replenishment, roles and responsibilities)

⁵ Already started during month 2

- Strengthen the competencies of the National Society the Equateur province (job descriptions, function description and roles and responsibilities)
- Provide training to the National Society in the Equateur province on management, program development and planning, monitoring, evaluation and reporting
- Strengthen the Emergency Operations Centre in Equateur province and related procedures and processes
- Reinforce the information management capacity of the National Society (headquarter and Equateur province) – installing a server, HF and VHF radio stations, mobile data collection, archiving mechanism and system

Outcome 4: The complementarity and strengths of the Movement are enhanced

Output 4.1: Movement enhance its operational reach and effectiveness through new means of coordination

Activities planned:

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

Outcome 5: The Movement enhances its effectiveness, credibility and accountability

Output 5.1: Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Activities planned:

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

Funding requirement

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRCD026 - DRC Ebola Virus Disease Outbreaks

Funding requirements - summary

HEALTH	3,121,471
WATER, SANITATION AND HYGIENE	413,936
STRENGTHEN NATIONAL SOCIETY CAPACITIES	396,281
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	4,653,472
Of which ICRC: 2,272,924	
ENSURE A STRONG IFRC	558,035
TOTAL FUNDING REQUIREMENTS	9,143,195

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates

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How we work

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

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



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



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



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