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## Revised One International Appeal

Democratic Republic of the Congo:

*Ebola Virus Disease (EVD) Outbreak Containment Strategy and Red Cross / Red Crescent Response Plan*



International Federation  
of Red Cross and Red Crescent Societies

One International Appeal n° MDRCD026

15.5 million people to be assisted

[Appeal launched](#) 21 May 2018

[Revision no. 1](#) 14 June 2018

[Operation Update 1](#) 19 July 2018

[Operation Update 2](#) 07 August 2018

[OIA revision no. 2](#) 21 August 2018

[6 months update](#) 10 December 2018

[OIA revision no. 3](#) 21 March 2019

[Operation Update 3](#) 11 July 2019

Appeal end date 21 February 2020

Glide n° EP-2018-000049-COD

DREF allocated

OIA: CHF 800,000

Uganda: CHF 369,385

South Sudan: CHF 274,994

Rwanda: CHF 188,638

Burundi: CHF 138,160

CHF 43 million current OIA budget

CHF 27.8 million funding gap

This revised One International Appeal (OIA) seeks a total of **CHF 43 million**, increased from CHF 31.5 million, to enable the Red Cross and Red Crescent Movement (Movement) to continue supporting the **Democratic Republic of the Congo Red Cross (DRC RC), Burundi Red Cross (BRCS), Rwanda Red Cross (RRCS), South Sudan Red Cross (SSRC), and Uganda Red Cross (URCS)**, to deliver assistance and support the response to and containment of the current Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo (DRC). This revised OIA aims to support **15.5 million people** until February 2020 with a specific focus on five thematic pillars: risk communication and community engagement and accountability (RCCE and CEA), infection prevention and control (IPC) support to health facilities and at community level, safe and dignified burials (SDB), including community-based harm reduction approaches to safer burials in inaccessible communities (ECUMR), psychosocial support (PSS), as well as capacity strengthening of the Red Cross National Societies in all five countries. The activities in this OIA focus on maintaining and adapting the response in affected health zones in the DRC, while at the same time enhancing activities in the surrounding health zones, provinces, and priority countries bordering DRC to encircle and contain the outbreak and ensure rapid response to cases that cross international borders, as was the case in Uganda in June 2019. The adaptation of response activities based on strategic recommendations with enhancement in the neighbouring province until February 2020 requires a budget increase to CHF 43 million in order to maintain the quality and impact of the Movement response.

The activities in this revised OIA are fully aligned with the DRC National Strategic Response Plan (SRP4) and WHO Regional Strategic EVD Readiness Preparedness Plan and will continue to be implemented in close collaboration with the respective Ministries of Health, WHO and other organizations in each country. This revised OIA includes operational support and Ebola-related activities from the International Committee of the Red Cross (ICRC), which has ensured permanent presence in North Kivu for over two decades to the Movement.

The plan focuses attention on the community-led response across each of the pillars in the operation. It reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments. Details are available in the July 2019 [Operations Update](#).

## The crisis and the Red Cross Red Crescent response to date

### 9<sup>th</sup> EVD Outbreak

The original [Emergency Appeal](#) was for the 9<sup>th</sup> outbreak of EVD in Equateur, DRC. This outbreak was declared over on 25 July 2018. Recovery activities for this outbreak are nearly complete. Further details are available in the July 2019 operational update.

### 10<sup>th</sup> EVD Outbreak

- **1 August 2018:** Official declaration of a new EVD outbreak in North Kivu (the 10<sup>th</sup> epidemic in DRC). DRC Ministry of Health and WHO launch a joint EVD National Strategic Response Plan (SRP1)
- **2 August 2018:** Agreement between DRC RC President, IFRC Country Head and ICRC Head of Delegation that IFRC has the operational expertise for programmatic response especially in SDB, CEA, PSS, and IPC, with the ICRC supporting the operation mainly in terms of security (including movements, deployment capacity, accommodation, etc.) and field expertise in the area, especially regarding the response in detention facilities.
- **21 August 2018:** [2nd OIA Revision](#) to include the response to the new EVD outbreak in North Kivu while continuing with transition and epidemic preparedness activities in Equateur.
- **11 September 2018:** EVD Preparedness Disaster Relief Emergency Fund (DREF) launched for [Rwanda](#) and [Uganda](#).
- **28 September 2018:** WHO revised its risk assessment for the outbreak, elevating the risk nationally and regionally from high to very high.
- **2 and 9 October 2018:** EVD Preparedness DREF launched for [Burundi and South Sudan respectively](#).
- **10 December 2018:** The IFRC issues a [6 Month Operation Update](#) extending the operational timeframe (new end date 21 May 2019) to ensure alignment with the Ministry of Health (MOH) and the WHO National plan for the Response to the EVD epidemic.
- **22 December 2018:** DRC Ministry of Health launches the 2<sup>nd</sup> phase of the EVD National Strategic Response Plan (SRP2)
- **13 February 2019:** DRC Ministry of Health launches the 3<sup>rd</sup> phase of the EVD National Strategic Response Plan (SRP3)
- **17 March 2019:** The IFRC issues the [3<sup>rd</sup> OIA Revision](#) to focus on containment strategy: scale up and geographic expansion of the operations in North Kivu and Ituri; epidemic preparedness in surrounding health zones and provinces in DRC; epidemic preparedness in high-risk bordering countries, as well as intensified Regional Coordination and a 6-month timeframe extension.
- **24 March 2019:** Ebola outbreak in DRC surpasses 1000 cases.
- **2 June 2019:** Ebola outbreak in DRC surpasses 2000 cases.
- **11 June 2019:** Uganda Ministry of Health announces 1 confirmed Ebola case in Kasese district. The case was contaminated during a visit in DRC.
- **10 July 2019:** The DRC MOH launches a revised National Strategic Response Plan (SRP4), which extends the response by a further 6 months (until February 2020).
- **11 July 2019:** The IFRC issues the [3<sup>rd</sup> Operations Update](#) of the OIA to extend the timeframe of the response to February 2020.



*Goma's safe and dignified burial team being decontaminated at one of Goma's hospital morgues. Goma/IFRC 2019*

## Coordination and Partnerships

### Overview of Red Cross Red Crescent Movement in DRC

The Red Cross of the DRC (DRC RC) is present in all provinces and territories of the country. While the response for the 9<sup>th</sup> outbreak in Equateur was carried out under the co-leadership of IFRC and DRC RC, the 10<sup>th</sup> outbreak, being in an area affected by armed conflict, is under ICRC lead for operational access, including security management. This was confirmed during a Mini-Summit held on 2 August 2018 in Kinshasa. For this new epidemic and due to the specificity of the location, the IFRC and the ICRC developed together a joint approach where clear roles and responsibilities have been agreed upon through multi-level and daily coordination.

The ICRC, in the frame of the security agreement with the IFRC, is offering security management for movements and accommodation of all international staff operating in the two provinces of North Kivu and Ituri. In addition, the ICRC is also supporting activities to the particularly vulnerable categories of the detainees and war wounded in the four major prisons and two major hospitals in the two provinces.

Several Movement coordination mechanisms have been put in place at provincial level (Equateur, North Kivu and Ituri), national (Kinshasa), regional (Nairobi) and headquarters level (Geneva) between the DRC RC, the IFRC and the ICRC in order to ensure smooth implementation of the different activities. Tripartite meetings are also regularly organised for operational and strategic discussion.

A third Movement strategic workshop was held in Kinshasa on 7 and 8 June 2019 to review and reflect on the operational objectives, to strengthen intra-Movement coordination and prepare for contributing to the review of third strategic response plan (SRP3) and the development of the fourth (SRP4). The commitment of the Movement partners to continue until the end of the 10<sup>th</sup> epidemic was reiterated, and it was recognised that an operational 'reset' was required to not only respond to Ebola but to address the wider needs of the affected communities and strengthen links to the immediate, medium, to long-term development objectives. The overall EVD response is struggling to contain the outbreak not just as a result of armed conflict but also due to community resistance and lack of trust, with people refusing vaccines, concealing symptoms and attacking treatment centres. Further, the social fabric/community structures have been disrupted by parallel Ebola structures and a 'monetized' community action in a context where traditionally communities have led their own response to recurrent risks and vulnerabilities. The Movement is committed to and advocating for the EVD response to be better owned and co-led by the community as a condition for success.

### External Coordination

There are currently more than 60 national and international organizations (including local authorities) involved in the ongoing EVD response in North Kivu and Ituri provinces. In addition, there are 166 humanitarian actors registered on the 2019 Humanitarian Response Plan<sup>1</sup>, outside of the EVD response although a number of partners are active in both domains.

This revised OIA ensures coordination with the Ministry of Health and is aligned to the SRP4 and the WHO National Plan. Red Cross teams are attending national and sub-coordination meetings and inputting relevant recommendations into the wider discussions and making presentations in relevant focus pillars, with a particular focus on relaying community feedback.

## The operational Strategy

### Needs assessment

Given the persistence of the disease, it is crucial to maintain the efforts made so far and to increase efforts to stop the spread of this outbreak in other areas not yet affected by the epidemic. Aligned with the revised SRP4, the operational timeframe of the OIA extends to 21 February 2020 and focuses on community ownership of response activities.

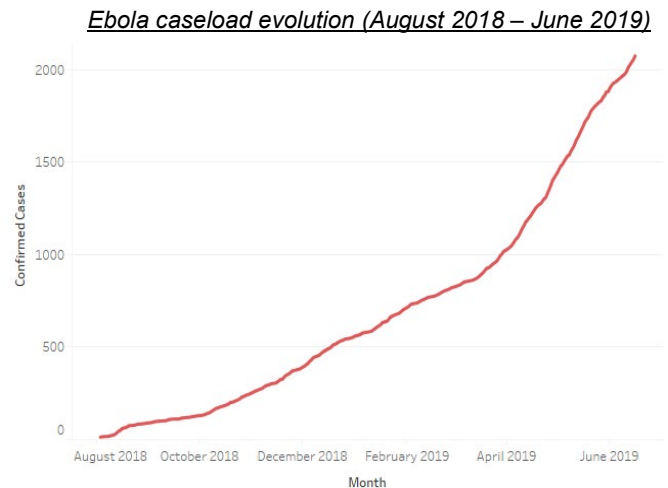
<sup>1</sup> <https://www.humanitarianresponse.info/en/operations/democratic-republic-congo/document/rd-congo-plan-de-reponse-humanitaire-2019>

This revised OIA ensures alignment with the Ministry of Health, SRP4, and the WHO National Plan as well as updated orientations at national level across Uganda, Rwanda, Burundi and South Sudan. Further details are available in the latest operations update.

### Evolution of the EVD outbreak in North Kivu and Ituri provinces (DRC)

The epidemic continues to grow, with nearly 2,500 cases reported by July 7<sup>th</sup> 2019. There is no indication that the outbreak is being successfully contained, and the risk of further spread to new health areas or countries is nearly guaranteed. Several factors contribute to the risk of further spread:

- Continued transmission of the virus in health facilities, to staff and patients;
- Continued high numbers of contacts of EVD cases lost to follow-up or never identified;
- Continued deaths from EVD in the communities or within 24 hours of admission to an ETC, meaning the deceased's entire infectious period was spent not in isolation;
- Mistrust towards the government and health care system, which contributes to community resistance and negatively impacts access to affected communities;
- Concurrent humanitarian crises and unmet health needs;
- Continued limited level of knowledge of Ebola among both members of the public and healthcare workers;
- As a public health emergency within a complex humanitarian environment, the ongoing conflict in North Kivu which involves multiple armed groups poses considerable access constraints and operational challenges.



### Security Constraints and Other Risks

The response to this 10th Ebola outbreak has many challenges, as a public health emergency within a wider complex humanitarian response involving multiple armed groups it faces ongoing insecurity and a difficult social and political context. This has produced an environment of mistrust within the affected communities and has led to the reluctance, refusal and resistance of some communities to the EVD response.

There are many incidents or threats that directly, or indirectly, affect the teams involved in the response. Since the beginning of the epidemic, several cases of security incidents have been recorded by the International NGO Safety Organisation (INSO) teams, with at least two deaths, including an international staff from Cameroun working for WHO. Discussions have already been held at several levels with the authorities at local, national and international level to calm people's minds, but much remains to be improved in this regard.

This situation has had very significant impacts on the intervention in the region, especially in the Butembo and Katwa health zones.

Additionally, the risk of spread to neighbouring countries and new health zones/provinces in DRC remains very high. The provinces of North Kivu and Ituri border Uganda, Rwanda and South Sudan, with Burundi located just south, and close social, cultural and economic ties between affected communities exacerbate the risk of the disease spreading to new locations. Cross border movements due to trade and other activities are frequent and pose a significant threat of transmission of the disease. Prediction of where the outbreak will move and tracing of contacts is extremely difficult, making preparedness activities all the more crucial to containment of the epidemic.

### Key Achievements

The Movement is grateful for all support to the operation to date, which has seen positive impacts and results as noted in the *Key results achieved to date* below. Nevertheless, delays in securing funding commitments

have impeded proactive operational planning and the ability to mobilize contingency funding to follow the epidemic trends. This also plays a role in contributing to the spread of the disease and the wider effectiveness of the response.

### Key results achieved to date

- **DRC**
  - **80%** of the **7,110** SDB alerts have been successfully completed by 107 SDB teams (31 Red Cross, 26 Civil Protection, 13 community-led harm reduction burial teams (ECUMR) trained by the Red Cross and 37 community burials teams trained by Civil Protection).
  - **807** CEA volunteers have reached **1,311,234** people from the target population with door-to-door and mass sensitization activities.
  - **298,156** community feedback data points have been collected from community members.
  - **14** health facilities are being supported with an IPC package, supervision, and training
  - 68 volunteers have screened **779,436** people (9% under 18 years), referred 368 suspected cases (32 confirmed cases), completed 194 decontaminations and trained more than 130 health care workers.
  - PSS teams have reached **9,208** staff and volunteers with 1,600 PSS activities and trained 87 volunteers on Psychosocial First Aid.
  - **10** DRC RC branches provided with support in addressing the Ebola Outbreak.
  - **4** Prisons with a total of **5,700** detainees and **4** temporary detention places are being assisted by the **ICRC** in Goma, Butembo, Beni and Bunia, with the introduction and supervision of IPC measures. In **3** prisons (Butembo, Beni and Bunia) detainees are assisted with additional food to avoid malnutrition and assure resilience.
  - In **3** prisons (Butembo, Beni Bunia) the **ICRC** has planned projects to rehabilitate the water and sanitation systems to improve hygiene control and living conditions.
  - In Goma (N'dosho) Hospital, a specific operating room for Ebola suspected surgical cases was established, and a second is ready for Bukavu as needed (with Respirer Personal Protective Equipment (PPE). In Beni Hospital, technical training, remote coaching and material support is provided to doctors dealing with weapon wounded patients that can no longer be evacuated to Goma. **10** other health structures receiving weapon-wounded patients in Ebola-affected health zones of N-Kivu have received stabilisation kits and training. **ICRC** is also facilitating medical evacuations of weapons-wounded patients to health facilities within these zones.
- **Uganda**
  - **360** volunteers have been conducting sensitization activities at community level (increased from 180 through funds from UNICEF).
  - **418** volunteers have been conducting screening at Points of Entry (PoE) through support from WFP and the DREF.
  - **5** SDB kits pre-positioned.
- **South Sudan**
  - SSRC reached over **240,418** people (aggregated) in the four operational locations through awareness sessions in communities, schools, places of worship, entertainment centers and markets; public announcements of key messages, house-to-house visits and mobilization of people at border-crossing for screening.
  - **5** SDB kits pre-positioned.
- **Rwanda**
  - **550** volunteers (50 per district in 11 districts, which includes Kigali) were trained as trainers on community surveillance and contact tracing, and **110** on SDB (10 per district), where they form teams of 10 persons.

- All districts have volunteers trained on mobile cinema, and **175** mobile cinema sessions have been conducted in 13 districts, reaching 672,822 people directly. In total, **3,364,113** people were sensitized through different channels of communication.
- **5** SDB kits pre-positioned.
- **Burundi**
  - **56** people have been trained in SDB and are conducting simulation exercises in their respective branches.
  - **84** people have been trained on RCCE and are helping in promoting messages and behaviour change in their own communities.
  - **90** staff and volunteers have been trained in PSS and are cascading the training to their communities.
  - **4** SDB kits pre-positioned.

Additional information on both the strategy and achievements to date in EVD response and preparedness are available in the latest operations update.

## Proposed Areas for intervention

### Areas of Focus

The overall objective of this OIA is to contribute to preventing and reducing morbidity and mortality resulting from Ebola virus disease in the DRC, and to contain the spread of EVD into neighbouring countries, while preparing those countries to respond if/when cases cross the border.

## Democratic Republic of Congo response and preparedness

### i) 9<sup>th</sup> and 10<sup>th</sup> Outbreaks – Equateur, North Kivu and Ituri



#### Health

**People targeted:** 5,275,000

Male: 2,600,000

Female: 2,675,000

**Requirements (CHF):** 24,170,000

**Needs analysis:** The current epidemic continues to increase in intensity and expand geographically, including reinfection of areas previously affected and cleared of the virus. This ongoing high level of transmission and moving epicentre, along with new infections requiring response in entirely new geographic areas, requires a continued high level of IFRC support for the DRC RC response, and flexibility to create and maintain readiness for rapid response. The Movement response is planned in support of the proven EVD prevention and response strategies at community and health facility levels, supported by MOH and WHO, on areas where Red Cross response will bring added value. The approach is grounded in community engagement and the use of local resources, local knowledge and local feedback to guide the response.

**Population to be assisted:** Red Cross is targeting 5,275,000 people to be reached with health activities. Information will be collected from communities and used to tailor and target prevention and response activities. The ICRC is also targeting 5,700 detainees and hundreds of surgical patients with continued care, prevention and rapid reaction measures.

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

#### Key ongoing and future activities include:

- Safe and dignified burials, including the community-based harm reduction burial (ECUMR) approach
  - Maintain quality burials by existing SDB teams
  - Train new SDB teams where there are cases in accessible communities
  - Provide training to Civil Protection on the conduct of safe and dignified burials
  - Train and equip new ECUMR teams
  - Provide routine oversight, support and resupply to ECUMR teams
  - Develop and roll-out ECUMR reporting strategy
- Infection prevention and control activities in targeted health facilities
  - Maintain existing coverage and expand to new assigned facilities – 20 health facilities in total
  - Provide materials, equipment, infrastructure (water, sanitation), training and supportive supervision to achieve or surpass an 80% score on the IPC scorecard
  - Installation of triage and isolation facilities, and pre-screening for early detection of EVD
- Community engagement and accountability
  - Engage, educate and collect feedback from affected and at-risk communities
  - Implement mass communication activities, including mobile cinema, interactive radio broadcasts, and others

- Enhance analytical capacity to ensure quality rapid and regular interpretation of community perspectives and social science analysis to help inform responders about community concerns, priorities and needs at all stages of the response
- Maintain an information management and quality control system to ensure timely, accurate and reliable feedback and perceptions data collection and analysis (in close coordination with CDC);
- Proactively engage with affected and at-risk communities to provide timely and accurate health information to encourage positive behaviour change (care-seeking behavior, etc.)
- Meetings with community leaders (district and cellule chief, religious leaders etc.), influencers (young leaders, women, artists etc.) to plan and organize joint community-based activities
- Scale community engagement activities including house-to house visits, focus groups and mass sensitization, prevention and public health messages
- PSS
  - Provide PSS to SDB and CEA volunteers at risk of negative psychosocial effects resulting from their activities
- Detention and surgical settings
  - Continued nutritional, water and sanitation, IPC and rapid response support;
  - Maintenance of surgical options in Ebola affected Health zones (from which medical evacuations are not possible)
- Facilitation of specific vulnerable population vaccination, pending MoH/OMS decisions



### Protection, Gender and Inclusion

**People targeted: 3,200,000**

Male: 1,500,000

Female: 1,700,000

**Requirements (CHF): included in other lines**

**Needs analysis:** This response is taking place in an area with an extremely high rate of sexual and gender-based violence, marginalization of a number of populations and presence of extremely vulnerable groups. The major needs in this sector include ensuring all populations including the most vulnerable are reached by Ebola preparedness and response activities; training DRC RC volunteers and staff on key areas including prevention of sexual and gender-based violence as well as protection against sexual exploitation and abuse.

**Population to be assisted:** Given the continued insecurity of the context, the target is to reach 60% of the overall population with PGI activities. Detainees are also considered as a particularly vulnerable category and are assisted by the ICRC.

**Programme standards/benchmarks:** The programme standards used include IFRC Minimum Standard Commitments to Protection, Gender and Inclusion and other IFRC guidelines and documents including the Code of Conduct and documents on Protection against Sexual Exploitation and Abuse.

#### Key ongoing and future activities include:

- Gender-balanced volunteer mobilization, to the extent possible in the context;
- Collection, analysis, and dissemination of sex- and age-disaggregated data;
- Protection, gender and inclusion concerns are considered across the assessment and intervention design and implementation with ensuring participation of women, girls and other vulnerable groups through community engagement approaches, including engaging with women's and youth groups;
- Training of volunteers on protection, gender and inclusion, including gender analysis, basic prevention of sexual and Gender Based Violence, Sexual Exploitation and Abuse and Child Protection;
- Assess specific needs of the affected population based on IFRC Minimum Standards for PGI;
- Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning and aim for gender parity in volunteers;
- During community consultations and awareness sessions, special effort is made to ensure women and people with disabilities are also included and feel comfortable to share their concerns and feedback. This includes gender-segregated group discussions to enable women to speak freely;



- Establishing a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard and appoint Prevention of Sexual Exploitation and Abuse (PSEA) and Code of Conduct focal person.

## ii) Provincial Preparedness



### Health

**People targeted:** 350,000

Male: 140,000

Female: 210,000

**Requirements (CHF): 2,600,000**

**Needs analysis:** To prevent the propagation of the outbreak in surrounding health zones in North Kivu and Ituri, 11 high risk zones were identified by the Ministry of Health and the Movement and will be supported with preparedness activities, including CEA. The Ministry of Health will be strengthening epidemic preparedness through the training and deployment of inter-disciplinary Rapid Response Teams (RRT) that will include DRC RC SDB teams that can quickly be activated. These activities are currently being re-assessed to align with the current disease trends and coordination discussions for at-risk areas.

**Population to be assisted:** The total population being targeted is 350,000 people with the health and preparedness activities.

#### Key ongoing and future activities include:

- Create an EVD containment strategy in the 11 territories of North Kivu while strengthening the epidemic preparedness capacity of the National Society, including supporting the community-based epidemiological surveillance system in coordination with the Ministry of Health;
- Training of volunteers and their deployment in the field for risk communication and CEA, for SDB and for Psychosocial Support PSS;
- Capacity building of DRCRC to respond effectively to this and possible future outbreaks and strengthen the coordination system with the Ministry of Health and other partners.

## Regional Containment

### Burundi



### Health

**People targeted:** 170,000

Male: 70,000

Female: 100,000

**Requirements (CHF): 240,000**

**Needs analysis:** Burundi has never experienced an EVD outbreak, thus there is a need to provide technical support for volunteers and staff training on SDB. Training of trainers and community educators training on psychosocial support is also required along with simulation exercises on EVD activities on SDB and PSS, and provision of PSS to volunteers. Risk communication and community engagement on key Ebola messages, community perceptions and community feedback are also important in the social mobilization activities. There is also a need to provide and enhance the NS capacities in community messaging/referrals and data collection to ensure proper tracking and reporting of suspected cases and contacts.

**Population to be assisted:** The Operation will target 170,000 people with risk communication and community engagement, SDB and PSS.

**Key ongoing and future activities include:**

- Staff and volunteer training in SDB, contact tracing and risk communication, social mobilization and community engagement;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Social mobilization on EVD through mobile cinemas.

**Rwanda****Health****People targeted: 2,500,000**

Male: N/A

Female: N/A

**Requirements (CHF): 230,000**

**Needs analysis:** The major needs include carrying out risk communication, social mobilization and community engagement to avoid the spread of the disease.

**Population to be assisted:** RRC is targeting 2,500,000 people (approximately 500,000 households) which is the average population of the 13 target districts.

**Key ongoing and future activities include:**

- Staff and volunteer training in SDB, contact tracing and risk communication, social mobilization and community engagement;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Social mobilization on EVD through mobile cinemas.

**South Sudan****Health****People targeted: 600,000****Male: 240,000****Female: 360,000****Requirements (CHF): 860,000**

**Needs analysis:** There is limited health literacy and low knowledge of EVD among the local communities in South Sudan, which poses a high risk of an outbreak if urgent preparedness and preventive measures are not adopted. This needs to be countered by intensified prevention training around EVD, including through selected evidence-based social behaviour change communication (SBCC) and RCCE strategies and actions.

**Population to be assisted:** The intervention targets 600,000 people at the four highly at-risk states prioritized by the Ministry of Health and partners. Currently, SSRC EVD Preparedness operations are limited in four main towns classified as high-risk. Through this proposed operation, SSRC aims to expand on the scope of its EVD Preparedness geographically, as well increase its activities.

**Key ongoing and future activities include:**

- Staff and volunteer training in SDB, contact tracing and risk communication, social mobilization and community engagement;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Train and equip the NS staff and volunteers to be the first responders for EVD preparedness and interventions.

## Uganda



### Health

**People targeted: 7,068,060**

**Male: 3,463,349**

**Female: 3,604,711**

**Requirements (CHF): 1,500,000**

**Needs analysis:** URCS continues to undertake preparedness activities in 7 targeted districts to prevent and be prepared for a possible EDV outbreak in Uganda, focusing on: risk communication, community engagement and sensitization; community-based surveillance; screening at PoEs; provision of PSS; implementation of IPC measures; SDB; strengthening the National Society in Epidemic Preparedness and response through the revision of Contingency Plans and SOPs as well as through training and equipment of a National Disaster Response Team (NDRT) on Epidemics; support the MoH to enhance health partners capacities in conducting SDB.

**Population to be assisted:** Total target population directly targeted through the action is 7,068,060.

#### Key ongoing and future activities include:

- Staff and volunteer training in SDB;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Social mobilization on EVD through mobile cinemas;
- Train and equip the NS staff and volunteers for Point of Entry screening.

## Regional Coordination

In terms of regional coordination, the 9<sup>th</sup> and 10<sup>th</sup> outbreak operations have been coordinated and given strategic, technical, financial, and operational support and direction through the IFRC Nairobi Regional Office. Highlights of the coordination and support activities include:

- Strategic oversight in driving a coordinated EVD preparedness and response strategy amongst IFRC and Movement partners;
- Establishment and maintenance of an Ebola team at the IFRC Africa Regional Office, at ICRC HQ and at Kinshasa level, as well as Emergency Response Unit (ERU)/Regional Disaster Response Team (RDRT) from National Societies, to support multi-country response coordination and country-specific preparedness activities;
- Rapid response for the recent Ebola confirmed cases in Uganda;
- Completion of the Regional EVD Strategic Plan and Regional Contingency Plan;
- Facilitation of numerous surge deployments to DRC, Burundi, Rwanda, Uganda and South Sudan covering Operations management, Health, RCCE, Information Management, Finance, Resource Mobilisation and Communications;
- Establishment of a qualitative measure for the standard assessment of SDB and CEA preparedness, with application in Uganda, Rwanda, South Sudan, and Burundi, to enhance SDB and CEA readiness;
- Review and harmonization of training packages, operational guidelines, guidance for NSs and Standard Operating Procedures on SDB and RCCE;
- Establishment of an information management platform for the regional containment strategy to enhance coordination between operations and support external communications;
- Technical support to community feedback mechanism. Feedback data, which are coded in DRC and analysed with Centre for Disease Control (CDC) support, are visualized and shared among partners and responders through an online dashboard with more granular data by health area. This data is reviewed weekly to adapt RCCE activities as needed based on the feedback received. This technical support includes training of volunteers on its usage;
- Establishment of a community platform for EVD exchange of knowledge and best practices for the Movement.

## Strategies for Implementation

Based on the demand for the technical and coordination support required for this operation, the following programme support functions will be put in place or maintained to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; finance and administration; and information management (IM). A core emphasis of the strategy is to strengthen the five Red Cross National Societies in the above-mentioned areas. The regional coordination strategy and plans, in addition to providing technical and strategic guidance, further allows for the coordination and overview needed for monitoring, reviews and a final evaluation of the operation. More details are available in the Emergency Plan of Action.

### **SFI 1: Strengthen National Society capacities and ensure sustained and relevant Red Cross and Red Crescent presence in communities**

**National Societies Targeted: 5**

**Male: N/A**

**Female: N/A**

**Requirements (CHF): 1,700,000 + components of the above health budgets**

**Needs analysis:** Following on the learning experience from West Africa EVD operations, capacity building of the National Societies to effectively respond to Ebola is critical. This is also in line with the IFRC Africa region road map which envisions National Societies that are stronger and better prepared to respond to current and future disasters. The areas that need strengthening include but are not limited to Finance, PMER, logistics, leadership and governance.

#### **Key ongoing and future activities include:**

- Training of project staff and National Societies focal persons on financial management, security management, and reporting;
- Strengthening use of volunteer management information system;
- Review duty and care protocol for volunteers with reference to lessons learnt from the EVD response;
- Enhance analysis of context, hazards, risks and plans to respond to different type of hazards and for epidemics;
- Appointment of counterparts from the National Society for each of the teams' coordinators in the respective activity pillars. Particular focus on hiring of national programme staff to build technical capacity and provide mentoring support;
- Strengthening coordination mechanisms among other key topics defined by the National Societies.

### **SFI 2 : Effective International Disaster Management**

**Male: N/A**

**Female: N/A**

**Requirements (CHF): 8,600,000**

**Needs analysis:** Given the heightened technical elements needed for an EVD response, an effective response can be strengthened with the support of Movement surge mechanisms as well as including all components of the Movement based on their specialized added value. This needs to be supported through strong communication flow and regular meetings.

#### **Key ongoing and future activities include:**

- Deploy surge personnel to reinforce and strengthen the National Society response;
- Implement a counterpart system between IFRC and DRC RC to support knowledge transfer;
- Ensure joint planning and decision making of Movement in implementation and reporting of operational activities;
- Ensure complementarity of roles and responsibilities in the EVD response between movement partners;
- Set-up an information management system to monitor progress on operation and provide timely data to Movement components.

**SFI 3: Ensure A Strong IFRC****Male:** N/A**Female:** N/A**Requirements (CHF): 3,100,000**

**Needs analysis:** The IFRC secretariat, together with National Societies, can use its unique position to influence decisions at local, national and international levels that affect the most vulnerable. IFRC needs to produce a data-driven response supported by high-quality research and evaluation that can then inform advocacy, as well as resource mobilization. The programmatic reach of the National Societies and the Movement can be strengthened based on the results.

**Key ongoing and future activities include:**

- Develop and implement a communications strategy;
- Create and chair a sub commission dedicated to Safe and Dignified burials at provincial and district level;
- Ensure key messages – operational and advocacy - are available and communicated on a regular basis;
- Continuous planning and reporting process to ensure effective accountability internally and externally.

## Budget

With some 15.2 million Swiss francs of contributions received, the net multi-lateral needs amount to 27.8 million Swiss francs.

International Federation of Red Cross and Red Crescent Societies

### ONE INTERNATIONAL APPEAL

#### *MDRCD026 - DRC - Ebola Virus Disease Outbreak*

#### *Funding requirements - summary*

HEALTH	29,600,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	1,700,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	8,600,000
ENSURE A STRONG IFRC	3,100,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>43,000,000</b>

*all amounts in Swiss Francs (CHF)*

**Elhadj As Sy**  
Secretary General

## Reference documents



Click here for:

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

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

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**For IFRC Resource Mobilization and Pledges support**

- IFRC Africa Regional Office for resource Mobilization and Pledge: Franciscah Cherotich – Kilel, Senior Partnerships and Resource Development Officer, Africa Region phone: +254 20 283 5275; email: [franciscah.kilel@ifrc.org](mailto:franciscah.kilel@ifrc.org)

**For In-Kind donations and Mobilization table support**

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

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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:



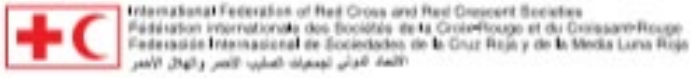
**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



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

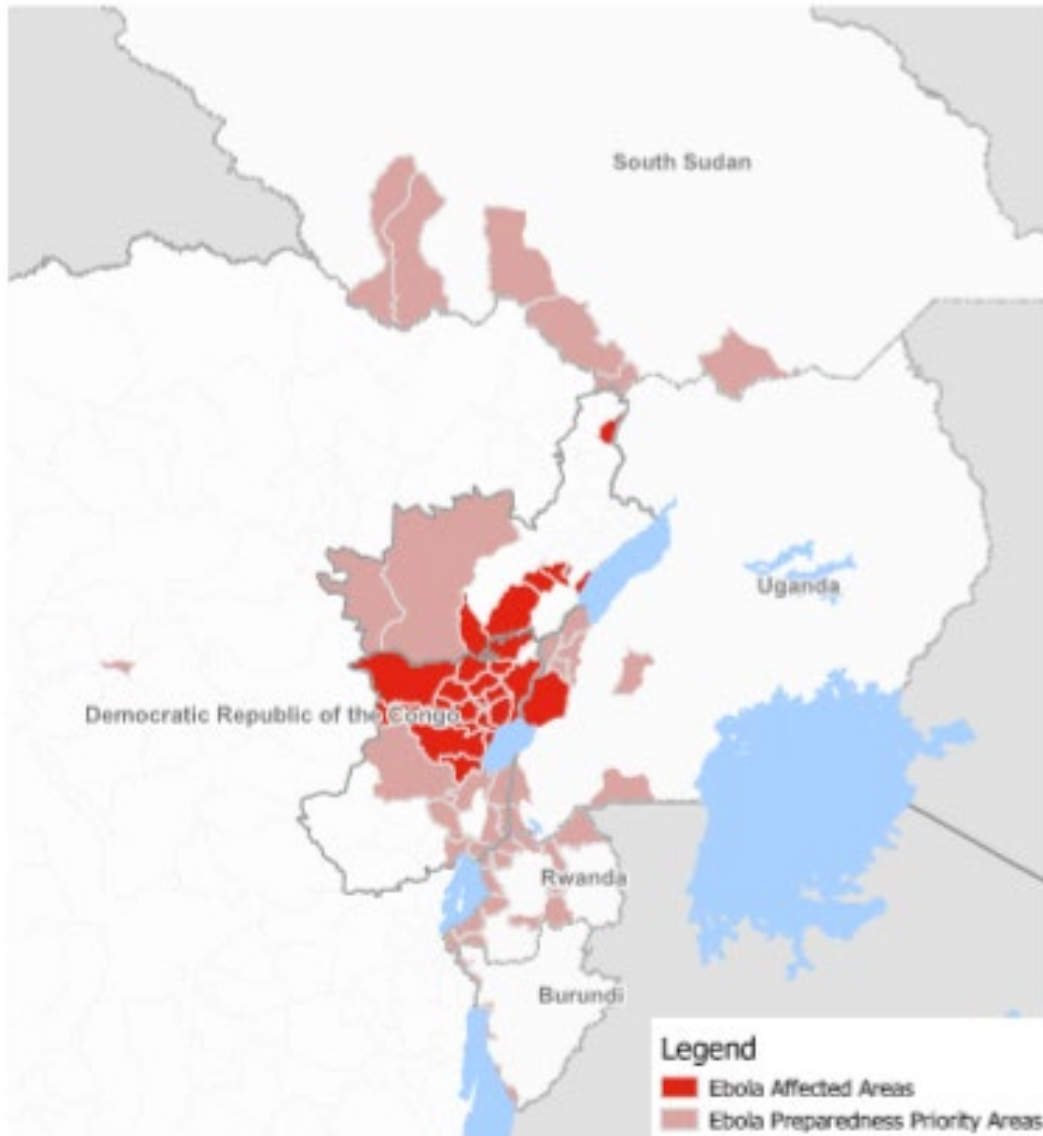


Promote **social inclusion**  
and a culture of  
**non-violence** and **peace.**



### Ebola Virus Disease Response and Containment Revised Emergency Appeal

13 July 2019 ● EP-2018-000129-COD



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, Natural Earth, MSF, IFRC.

