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DREF Operations update
Democratic Republic of Congo (DRC): Ebola Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRCD020	**GLIDE n° XXXEP-2017-000048-COD**
EPoA update n° 1; 2 June 2017	**Timeframe covered by this update:** 15 to 31 May 2017
Operation start date: 15 May 2017	**Operation timeframe: 15 May-14 September 2017**
Overall operation budget: CHF 381,022	**DREF first allocation: CHF** 199,110 **DREF second allocation**: **CHF 181,912**
N° of people being assisted: Original target-5,831 people, **Revised target-** 18,662 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Public Health, WHO, UNICEF, MSF, ALIMA, CDC, USAID	

This Operations Update reports on activities of the DREF operation launched on 14 May 2017 to tackle Ebola virus disease (EVD) outbreak in DRC. This update aim to present the needs related to the situation as it has evolved. In this case strengthening surveillance for 2 more months as well as community engagement and accountability, safe and dignified burials for al suspected cases and psychosocial support. Considering geographical isolation and potential missed and resurgence cases and based on MoH recommendations, the activities are continued for an additional 2 more months. The operation is being revised to widen the scope of intervention and reach an additional 12,831 people, bringing the overall number of targeted persons to 18,662 people. The operation shall receive an additional CHF 181,912 for extended period (one month) up to 14 September 2017.

On 15 May 2017, a DREF operation to control an EVD outbreak in DRC was launched, seeking CHF 199,110 to assist 5,831 people for 3 months. Since the start of this operation, major progress towards operational plan has been achieved. During the reporting period, a total of 1,354 people (23%) against initial target of 5,831 people have been reached with thematic activities of contact tracing, social mobilization on safe and dignified burials (SDB) and infection prevention and control (IPC), community engagement and accountability (CEA) and psychosocial support. Under the training component, a total of 196 volunteers out of 150 volunteers targeted initially (131%) targeted have been trained on water, sanitation and hygiene (WATSAN), social mobilization and psychosocial support. After

Photo: PPE Dressing and undressing training session © RDRT

evaluation and post-test, a pool of 171 volunteers (114%) is working. This training was conducted by the RDRT and the DRC RC WATSAN department in collaboration with Ministry of Public Health (MoPH), MSF, WHO and UNICEF.

Although the situation gradually improves, surveillance, social mobilization, CEA and psychosocial support activities need to be extended to the people who remain at risk in the affected communities. The DRC RC in coordination with other partners, including the MoPH, WHO and UNICEF will continue its intervention. Therefore, this operation update revises the EPoA of the current DREF operation, including a one month timeframe extension (new end date: 14 September 2017) and an additional allocation of CHF 181,912to ensure a proper surveillance system and preparedness or rapid response and control activities for an additional 12,831 people (new target: 18,662 people) in the Likati Health Zone of Bas-Uele Province, DRC. This will be done through awareness-raising, hygiene promotion, early warning system, surveillance/contact tracing, safe and dignified burials (SDB), psychosocial support and community engagement and accountability(CEA)/social mobilization.

The expenditure of first DREF allocation stands at CHF 84,170 (42%) as of 1 June 2017.

A. Situation analysis

Description of the disaster

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

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

Table 1: Distribution of cases per health area (31st May 2017)

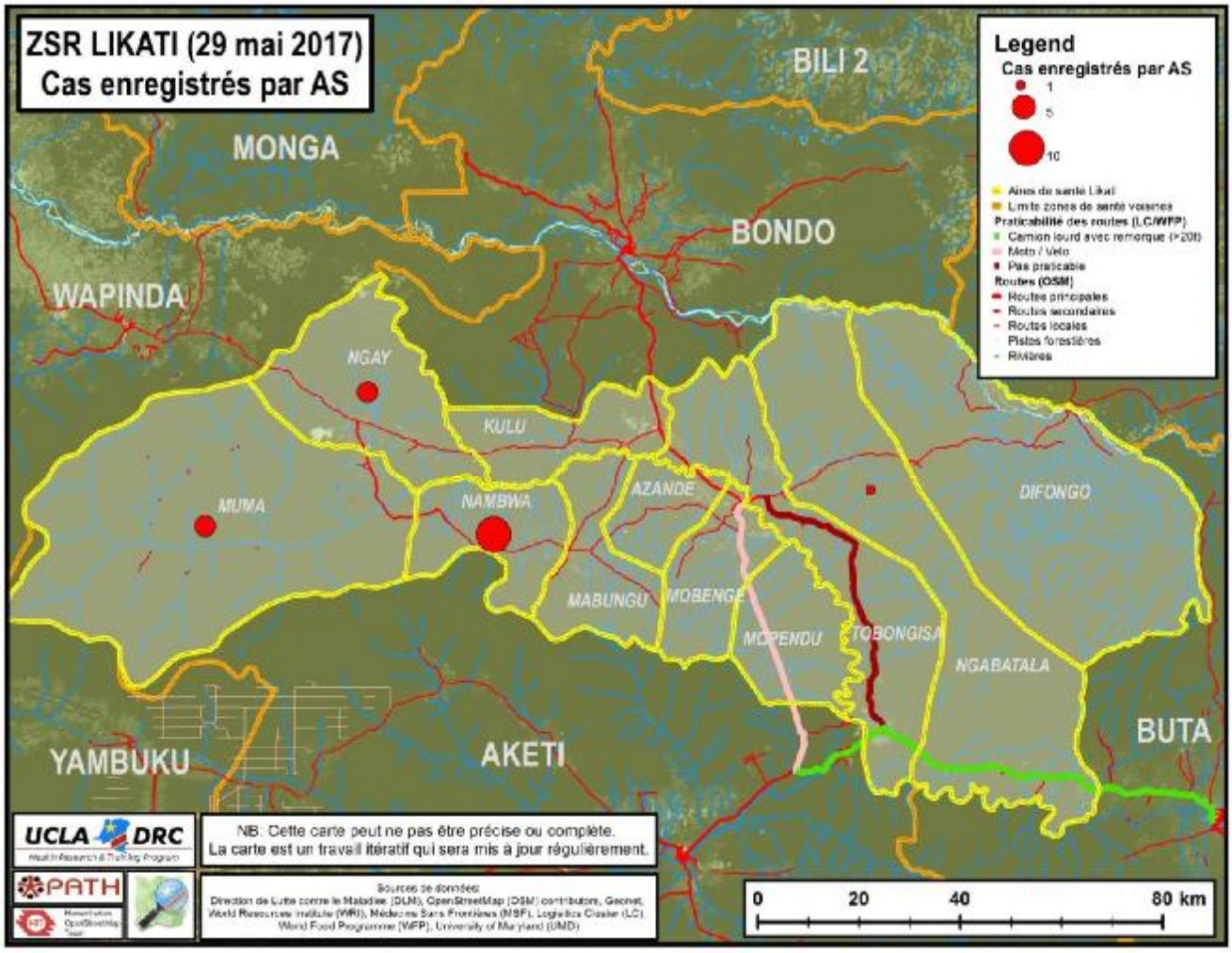
Health Zone	Confirmed	Probable	Suspected	Total
NAMBWA	2	2	6	10
MUMA			1	1
NGAY		1	3	4
AZANDE			2	2
TOTAL	2	3	12	17

Source: SitRep, MoPH, 31 May 2017

For these cases, some 101 contact cases were identified and followed-up.

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

Figure 1: Cases recorded per Health area in the Likati Rural Health Zone (29 May 2017)



It should be noted that the Likati health zone is located within the Bas-Uelé province, at 165 km from the city of Buta and only accessible by very poor road (five days by vehicle and two days by motorcycle). Likati has a population of 74,648 inhabitants in an area of 10,426 km^2. Population density is approximately 7 people / Km^2. Low population density and poor transportation routes will limit the likelihood of disease spread. However, this will inhibit large response without significant logistics support.

What is needed is to ensure that the life span of the ongoing operation goes beyond the 42-day waiting period before the area is declared Ebola free. The last confirmed case was on the 11th of May which makes it 20 days as at 31st of May 2017. This position is further justified by WHO computer simulations of the outbreak scenarios which predicts that there is 67% chance that there will be no further case in the next one month. In addition, the MoPH has approved the RVSV-ZEBOV Ebola Vaccine amongst those at high risk of contracting the disease, the 100% efficacy of this vaccine further strengthens the confidence that this outbreak will be contained.

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Summary of current response

Overview of Host National Society

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

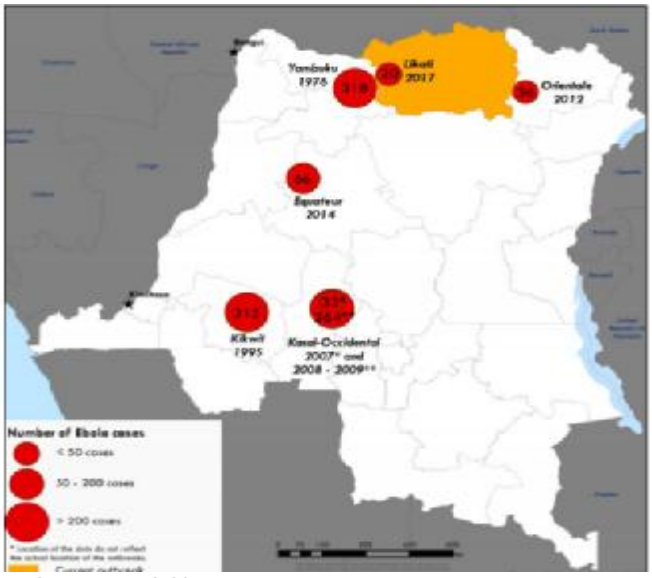
The DRC RC has one branch in each of the 26 provinces. ICRC has active presence in Bas Uele province with Restoring Family Link activities.

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

In terms of health disasters, the country is experiencing its eighth (8) Ebola haemorrhagic fever outbreak since 1976 (see Figure 2 below for details on the previous seven (7) outbreaks). Cholera is endemic in some localities, as are measles, poliomyelitis and Marburg fever, among others. More recently, in 2016 the country experienced a combined yellow fever, measles and cholera outbreak, which required an Emergency Appeal by the IFRC to support the DRC RC response.

Figure 2: History of EVD in DRC

- 2014: 66 cases of EVD, 49 deaths
- 2012: 36 cases, 13 deaths
- 2008–2009: 32 cases, 15 deaths
- 2007: 264 cases, 187 deaths
- 1995: 315 cases, 250 deaths
- 1977: 1 case*
- 1976: 318 cases, 280 deaths



Source: WHO 2017 report

In response to the current outbreak of Ebola disease, this DREF operation was launched on 14 May 2017, to enable a more in-depth assessment of the situation and inform a response to limit the spread of the disease. Under the operation, the DRC RC mobilized 196 volunteers. During the reporting period, out of 150 volunteers, 171 volunteers were trained which is 131% of the initial target of 150 volunteers on WASH, awareness raising and psychosocial support and qualified for deployment in affected areas of in Nambwa, Mouma, Ngay and Likati. This training was conducted by the RDRT and the DRC RC WATSAN department in collaboration with Ministry of Public Health (MoPH), MSF, WHO and UNICEF.

Photo: Volunteer training session in Likati © RDRT

At the DRC RC national headquarters level, a WATSAN specialist is part of the joint assessment mission with the MoPH and other partners. The MoPH-led mission left Kinshasa on Saturday 13 May 2017 to visit the affected areas. An RDRT joined the mission on 15 May 2017. In addition, DRC RC health director and staff together with IFRC delegates have been participating in all emergency meetings on the outbreak held at various levels, including the inter-agency and government.

DRC RC/IFRC are members of the government formed WASH, Surveillance, Communication and psycho social support committees. More than 20 agencies including WHO, MSF, DRC RC, IFRC and ALIMA participate in these committee meetings held on regular basis. They also participate with the IFRC in the large daily coordination meeting chaired by the Minister of MoPH in person.

The health coordinator of the IFRC Central Africa Country Cluster joined the team in Kinshasa – composed of a Head of Operations, a Logistician, and a RDRT medical doctor deployed to Likati on 17 May 2017. On the ground, Cluster health coordinator has been issuing daily situational reports on the operation, participating in coordination meetings and preparing various documentation upon request, while ensuring proper and timely implementation of activities as programme manager for this operation. The IFRC Central Africa Head of Cluster also completed a three-day mission to Kinshasa during which a series of strategic meetings were held with the Cabinet Director of the Minister of Public Health (who chairs the Ebola National Coordination Committee), the Head of WHO and the UN Humanitarian Coordination Team (HCT) during which the role of the DRC RC/IFRC in the current response was strongly underlined. A Movement Coordination meeting as well as separate discussions with the DRC RC and the ICRC were also organized, further strengthening the ongoing efforts to position the DRC RC/IFRC as reliable and effective humanitarian actors.

As concerns the logistics aspects, a first stock of 60 PPE kit and other material left Kinshasa on Tuesday 16 May 2017. This stock is in Likati since 21 May 2017. Additional 180 PPE kits were dispatched from Yaoundé to Kinshasa, out of which 50 reached the affected communities. A supplementary 60 PPE kits are being planned to be procured either for replenishment of stock or to be dispatched to meet preparedness and response capacity. Among the three motorcycles planned, two have been purchased to meet the requirements for this field operation at a higher unit cost.

The in-country IFRC logistic delegate, providing support on this operation needs to carry out the following, to further support the operation:

- An inventory of equipment related to the response available at the DRC RC warehouse.
- Prepare and dispatch Ebola emergency equipment (EPI kit, body bags, and other protective equipment) to Likati via Kisangani by helicopter.
- Receipt of Ebola protection equipment from Yaoundé consisting of dead body management (DBM) kits, hand sanitizer, and other protective equipment.
- Dispatch 2 tents for staff on the field.
- In consultation with the field team, send a generator, communication equipment, office supplies and equipment, as well as basic necessities to Likati.

Regarding communications, a daily facts and figures bulletin has been initiated by the IFRC's Central Africa Country Cluster Communications unit for both internal and external information on the outbreak as the situation unfolds in the affected areas. An article intended to showcase the Red Cross action at the early stage of the outbreak has been published on the IFRC website : https://media.ifrc.org/ifrc/2017/05/19/ebola-outbreak-in-drc-red-cross-mobilizes-volunteers-for-response/ . At the National Society level, communications material (flyers, posters, spots) from former outbreaks have been identified and made ready to be used for awareness on the disease. Contacts have been made between the DRC RC communications unit and the communications cluster of the National Coordination Committee to ensure approval of content before effective use of this material. The IFRC's communications unit at regional level has also been present on social media with regular updates on the outbreak and suggested tweets to keep ongoing information on the situation, as well as Red Cross response plans.

Overview of Red Cross Red Crescent Movement in country

The IFRC Central Africa Cluster Country Support team (CCST), based in Yaoundé, is already supporting the DRC RC with the coordination of all activities within the DREF operation launched on 15 May 2017. Moreover, the team in Kinshasa has been participating in coordination meetings and monitoring/evaluation missions, and this support will continue through this DREF operation.

All levels of the IFRC are mobilized; from the SG to the Regional office for Africa. A Joint Task Force (JTF) consisting of IFRC country, cluster, region and Geneva level technical departments/units have been formed. Since the JTF was setup, eight (8) meetings have been held to update on the situation and inform response strategies and, most importantly, coordinate the operation. In addition to the JTF, a skype call with PNSs was organized to keep them updated on the situation, ongoing response and request support needed to reinforce DRC RC capacity in dealing with the crisis.

Partner National Societies present in the country include the Belgian Red Cross, Canadian Red Cross, French Red Cross, Iranian Red Crescent, Spanish Red Cross and Swedish Red Cross societies. In addition, the International Committee of the Red Cross (ICRC) also has extensive presence in the DRC. The ICRC confirmed that they can support with flight transports where possible.

IFRC is coordinating with ICRC in terms of information sharing and coordination at various levels.

Overview of non-RCRC actors in country

The **"NATIONAL PLAN FOR THE PREPARATION AND RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK"** was updated and validated in August 2014 by the MoPH and its partners, including WHO, UNICEF, DRC RC, CDC, and *Médécins Sans Frontières*. The "Response Plan for the Ebola Haemorrhagic Fever Epidemic in the Likati Health Zone of Bas Uele Province" was drafted and shared with partners on 18 May 2017.

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

Actions already undertaken by government include:

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

The set up for various committees includes:

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

In the meantime, all these meetings are held every day under the leadership of the MoPH
To date,

- the mobile laboratory is operational;

- MSF has set up an Ebola treatment centre (ETC) in Likati;
- the MoPH has set up an ETC in Ngayi;
- ALIMA has set up an ETC in Mouma; and
- MSF to provide treatment at home in Nambwa.

The MoPH and WHO urged all partners to share information / ToRs on their various contributions including human resources, specifically international staff entering the country. With the support of MSF, WHO and the MoPH have mobilized 200 doses of vaccines from the manufacture Merck for exclusive contact cases and secondary contact. The discussion is ongoing to use the vaccine for health staff. A total of 2,000 more doses of vaccines are ready from the manufacturer.

Needs analysis and scenario planning

The EVD epidemic is currently located in the heart of the forest, in an enclosed and almost inaccessible area. The affected area is accessible exclusively by motorcycles. However, the health zone is quite populated with 74,648 inhabitants.

. An emphasis on contact tracing is a priority to ensure limited spread of the disease and ensure rapid control of the outbreak.

As such, it is an extremely important and urgent task to continue the ongoing response to this outbreak, to limit its impact and to effectively contain the disease. This intervention aims to reduce the threat of an outbreak of Ebola in the surrounding countries and districts by addressing “at risk groups” and “at risk behaviours” among the population. This update aim to present the needs related to the situation as it has evolved. In this case strengthening surveillance for 2 more months as well as community engagement and accountability, safe and dignified burials for al suspected cases and psychosocial support. This should not be limited to 42 days but for 2 more months regarding geographical isolation and potential missed and resurgence cases. MoH has recommended the surveillance for at least 2 more months.

B. Operational strategy and plan

Overall Objective

The overall goal of this DREF operation is to stop the spread of EVD in the affected communities, prevent the spread to surrounding provinces and countries by identifying and ending all transmission chains in Namwa, Mouma, Ngayi, and Azande in the Bas-Uelé province of DRC.

Proposed strategy

Based on current information, the strategy for the DRC RC will be to contribute to the containment of the EVD outbreak with a focus on the following.

- Surveillance and contact tracing.
- Psycho-social support.
- Infection prevention and control (IPC) including safe, and dignified burials (SDB).
- Community engagement and accountability, and social mobilization

The DRC RC will target 18,662 persons (25% of 74,648 persons) in the affected health areas of Namwa, Mouma, Ngayi and Azande with a sensitization campaign to improve awareness on EVD and consequently reduce the impact and spread of the epidemic. The operation is being revised to widen the scope of intervention and reach an additional 12,831 people, bringing the overall number of targeted persons to 18,662 people as the volunteers will work for one more month so the incentives are increased, 30 bicycles for the volunteers (one bicycle per 5 volunteers), some new trainings, 60PPE, more posters, and one more RDRT for community engagement and accountability. The DRC RC plans to support the national efforts through the following activities:

1. Surveillance and contact tracing

Rapid detection and isolation of new cases is the key to preventing onward transmission of the virus.

a. Strengthen surveillance and contact tracing capacity in the affected and surrounding health areas (20 teams composed each of 1 surveillance officer + 2 contact tracers). Everyone who has come into close contact with

a patient with EVD must be monitored at least once every 24 hours in case they develop signs of infection. This plan is being shared with other humanitarian actors. During course of implementation, these volunteers remain available to be deployed in joint response.

b. Establish community-based active case-finding teams in the affected and surrounding villages (171 community volunteers trained). Waiting for patients to present at health centres is not enough. To get ahead of transmission, case-investigation teams are needed to get out into affected and at-risk communities so that any undetected chains of transmission can be quickly discovered. DRC RC takes a practical approach of using same set of volunteers for better acceptance and access from to affected households during operation.

2. Safe and dignified burial and decontamination

The bodies of patients who have died from EVD remain infectious and must be handled by teams trained to provide SDB and minimize the risk of onward transmission in the community to:

a. establish safe and dignified burial teams in the affected health areas (3 teams each composed of 6 persons). There will be six (6) persons. One (1) team leader/ supervisor, 1 sprayer, and 3 to manage body plus 1 community engagement person to talk to the affected families. Volunteers involved in the SDB will be trained on basic first aid as part of wider training in Ebola environment.

b. Establish household decontamination teams in the affected health areas (10 people).

3. Community engagement and social mobilization

Past experience shows that affected communities hold the key to preventing the transmission of EVD. Listening to the concerns of communities and providing appropriate and well-targeted information to them maximizes the effectiveness of the response. Establishing two -way communication systems tallow people to voice their understanding of the issues and provide feedback on how we are delivering services. This will strengthen trust with the community and contribute to community owned solutions.

This will be achieved by:

a. Establishing community engagement and social mobilization teams in affected and surrounding health areas (171 community volunteers trained on community engagement).

b. Conducting the sensitization campaign through 171 volunteers and 15 supervisors. The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers will work three days a week for three months of the four months of implementation. Given the challenge of access, volunteers will use bicycles, an average of one bicycle per 5 volunteers.

c. Establishing a system for two-way communication that allows communities to voice their needs and assist in capturing rumours, myths and feedback, as well as complaints. This information will be used to inform messages shared during community engagement and social mobilization activities. At National Society level, communications material (flyers, posters, spots) from former outbreaks have been identified and ready to be used for sensitization around the disease.

4. Provide psychosocial support to the affected families and communities in the affected health areas.

These actions will meet the immediate needs for Ebola awareness and sensitization of the affected communities and areas at risk, as well as the need for support to the government in psychosocial interventions, transport of patients, safe management of bodies and disinfection of suspected infected houses and areas. All this will be done with regards to local culture and traditions.

Based on the thematic areas, volunteers will be trained on EVD transmission and prevention, as well as safety procedures and psychosocial support. As per the plan, 50 volunteers undertaking IPC or SDB work will be provided with additional specialised training and supervision. Volunteers supporting contact tracing will also be provided with specialised training in coordination with WHO and MoPH.

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

Some 25 volunteers, out of the overall 171 volunteers dedicated to this operation, will be mobilized and trained specifically for psychosocial support of the affected or exposed population.

In addition to the RDRT deployed to support the DRC RC in SDB, another RDRT for CEA with Ebola operation experience will be deployed. The finance and administration delegate from the IFRC Yaoundé – CCST will also be deployed for short mission to ensure IFRC financial compliance and accountability in the operation.

Operational support services

Human resources

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

At headquarters in Kinshasa, the NS will have a national coordinator as well as the finance manager.

At sub regional level, the operation shall be headed by the Head of the IFRC Central Africa Cluster, with the cluster Health Coordinator as thematic leader and budget holder. The Operations manager, based in Kinshasa, will coordinate the implementation at country level as well as overseeing and sharing practical security details. He shall also be in-charge of monitoring and liaising with the Movement and external partners.

An RDRT has been deployed for SDB and one RDRT for CEA will be deployed.

Moreover, the IFRC Yaoundé Multi-Country Cluster Support Team (Yaoundé-CCST) will provide technical assistance through its cluster health coordinator, planning, monitoring, evaluation and reporting (PMER) assistant, communication and finance officers. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units. The head of IFRC Yaoundé - CCST will be responsible for the overall implementation, reporting, compliances and financial management of this operation.

The operation will deploy a security consultant to conduct a careful analysis of cultural practice and maintain security awareness to ensure its operations are understood and respected by community members. In addition, an audio-visual professional who speaks French and Lingala will be deployed for one month.

Logistics and supply chain

Today, logistics remains a major concern for the success of this operation. Likati, which is the epicentre of the response, is accessible only by helicopter and motorbike and has no infrastructure, no building, vehicles or motorbikes available to rent, let alone roads. The team lives in tents at the WHO base camp. The actions planned by logistics include:

- Shipping of equipment to the field
- Identifying a warehouse for storage in the field

Providing training of volunteers on the use of motorcycles.

Prepositioned personal protective equipment (PPE) has been supplied to the operation from regional and country stock and additional supplies will be made available if need be.

IFRC and the DRC RC are key members of the coordinating cell and will have access to the affected areas with WFP, UNHAS and MONUSCO for both cargo and personnel movement.

A total of two (2) vehicles to be deployed for use during this operation. In addition, two (2) motorcycles and 30 bicycles supporting safe burials, social mobilization and psychosocial support in Likati and surroundings shall be procured.

IFRC is also coordinating with ICRC which operates flights to Bas-Uele province.

Information technologies (IT)

The DRC RC will use the available internet networks for communications in Likati. The provincial branch of the DRC RC will be equipped with satellite phones and internet connection modems. This will allow for internal and external coordination and communication of the operation.

Communications

With technical support from the communication officer of IFRC Yaoundé, the Communications Officer of the NS will support the operation with regards to content production, communication and visibility of the National Society and its partners operating in the affected areas. The cluster communication officer will be deployed to DRC and to support NS communication officer.

In addition, case studies of best practices, photographs, key messages, audio-visual, newsletter, infographic and human interest stories will be created and used on the IFRC website and social media platforms. Moreover, the DRC RC will seek to secure media airtime to highlight DRC RC response.

Security

Security management accountability rests with the Head of CCST Yaoundé. An in-country Security Focal Point is appointed, in the person of the Kinshasa-based Head of Operations, to manage staff security and safety on a day to day basis. Considering the prevailing security environment in the country, including in the implementation area and its environs, an adequate security management system is required for this and all other operations in DRC. This includes adequate and operation specific security and contingency plans, and adequate security briefings and trainings. All RC/RC personnel (incl. IFRC, RDRT, NDRT, volunteers, supervisors, and local personnel) deployed as part of this operation must be covered by a relevant insurance, and must complete the relevant IFRC online security courses (Stay Safe Personal Security, Security Management, or Volunteer Security). IFRC and DRC RC must ensure good and consistent security and safety analysis, e.g. utilising sources such as the host government, ICRC, INSO, United Nations agencies, funds and programmes. Furthermore, the IFRC has noted that EVD outbreak response can prompt negative, even violent responses from communities, as the Red Cross may be associated with death and/or disruption of burial services.

Planning, monitoring, evaluation, & reporting (PMER)

The DRC RC will be supported by the PMER unit of the Central Africa Cluster for a better follow-up regarding the timeframe and quality of programming.

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

The IFRC Yaoundé – CCST, health coordinator will carry out monitoring visits in support of this DREF operation.

Administration and Finance

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

C. Detailed Operational Plan

Health & care

Health & care			
Outcome 1: The spread and impact of the epidemic is reduced through surveillance and contact tracing	**Outputs**		**% of achievement**
	Output 1.1 The government is assisted by DRC RC volunteers in surveillance and contact tracing		27%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
1.1.1 Training of 150 volunteers and 15 supervisors on the signs and symptoms of Ebola, epidemic management, surveillance, contact tracing and community engagement	X		114%
1.1.2 Carry out community based surveillance and contact tracing in affected and surrounding health areas using mobile phone for data collection.	X		10%
1.1.3. Establish community-based active case-finding teams in affected and surrounding villages.	X		10%
1.1.4. Training of volunteers in referral of suspected Ebola cases.	X		10%
1.1.5. Procure 60 PPE kit for replenishment of stock/for use in the operation.	X		0%

Progress towards outcomes

1.1.1 During the reporting period, 171 volunteers have been trained on WASH, awareness raising and psychosocial support. The training mainly focused on dressing/undressing of PPE (personal protective equipment), preparation of chlorine solution, assembling a sprayer and hand washing. Breakdown of 171 trained volunteers in different locations are as follows:

- Ngay: 35 volunteers
- Mouma: 43 volunteers
- Nambwa: 43 volunteers
- Likati: 50 volunteers

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1.1.2 In progress. So far, surveillance and contact tracing activities have been conducted in Likati communities and surrounding health areas. They have reached 564 people.

1.1.3 Although 75 volunteers were partially trained, MoPH requested another refresher training before starting activities. Before this, volunteers have reported 5 suspected cases.

1.1.4 Partially done for 75 volunteers, a refresher session is planned with MoPH in the coming weeks.

1.1.5 Activity is planned for the second quarter of June 2017.

Outcome 2: The psycho-social effect of the epidemic is reduced through direct support to exposed and affected population.	**Outputs**		**% of achievement**
	Output 2.1 The population in affected areas of Bas-Uelé province receive psychosocial and recovery support during and after the epidemic		42%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	

2.1.1 Provide psychosocial support to the families who lost their family members or property using culturally appropriate and accepted approaches.	X		10%
2.1.2 Provide psychosocial support to staff and volunteers involved in the operation through briefing and debriefing sessions.	X		25%
2.1.3 Training of 25 volunteers on psychosocial support.	X		92%

Progress towards outcomes

2.1.1. The volunteers provided psychosocial support to families of suspected cases in Likati and during burial in Likati, Mouma and Ngayi. They have reached 677 people so far.
2.1.2 and 2.1.3.: Thanks to MoH, 23 volunteers from Ngayi and Mouma were trained on psychosocial support, and psychological preparation before entering an ETC.

It is important to notify the support of RC volunteers during landing and take-off of helicopters in Likati, Nambwa, Mouma and Ngay. Population there had never seen this, so volunteers organised a security belt around and facilitated all movements (goods, people).

Outcome 3 : Social mobilization, community engagement and accountability activities are conducted to limit the spread and impact of EVD	**Outputs**		**% of achievement**
	Output 3.1 18,662 people in Likati have engaged with DRC Red Cross social mobilization campaigns and wider EVD operation		33%

Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
3.1.1. Production of locally targeted information, education and communication materials	X		50%
3.1.2. Establish two-way communication systems to capture rumour, myths, feedback and complaints and address these.	X		10%
3.1.3. Adapting and multiplying existing information aids and distributing them in targeted localities.	X		50%
3.1.4. Training of 150 volunteers and 15 supervisors on community engagement skills.	X		100%
3.1.5. House-to- house community engagement and social mobilization.	X		23%
3.1.6 Establish community engagement and social mobilization teams in affected and surrounding villages.	X		10%
3.1.7 Support MoPH and partner during vaccination against Ebola.	X		0%

Progress towards outcomes

3.1.1 All communication tools were validated on 31st May with agreement to add partners' logos. Each organisation has now started the production of these material.
3.1.2 Operational plan in progress
3.1.3 700 posters and leaflets from the previous outbreak in DRC were sent on the field. However, these materials were reviewed, especially to remove signs that appear at the end of the disease, highlighting warning signs and adding messages on safe burial.
3.1.4 It has reached more than its initial target.
3.1.5 171 volunteers are carrying out sensitization sessions. So far they have reached 564 in Likati, 140 in Ngayi, 250 in Mouma and 400 in Nambwa for a total of 1354 people.
3.1.6 Partially done during sensitization sessions
3.1.7The MoPH has not yet started the vaccination

Water, sanitation, and hygiene promotion

Water, sanitation, and hygiene promotion			
Outcome 4 The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions.	**Outputs**		**% of achievement**
	Output 4.1 The affected population is assisted through safe and dignified burial and decontamination activities		31%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
4.1.1 Training of 50 volunteers on infection prevention and control and safe and dignified burials.	X		70%
4.1.2 Provision of disinfection materials and protective equipment for the team.	X		33%
4.1.3 Conducting disinfection activities in contaminated places, including houses of Ebola patients and in Ebola management facilities (mattresses, blankets, clothing and others).	X		10%
4.1.4 Implementation of safe and dignified burials in partnership with communities.	X		10%
Progress towards outcomes			
4.1.1. During the reporting period, 36 volunteers were trained on infection prevention and control by the NS WASH: *Ngayi: 13 volunteers and Mouma 23 volunteers*4.1.2. 60 PPE and disinfection material out of 180 planned have been delivered on the field 4.1.3 Volunteers are doing the disinfection and preparing chlorine solutions for health centres and ETC in Likati and Mouma, cleaning and disinfection of base camps. These activities will continue and be extended to Nambwa and Ngay in the coming days. 4.1.4. 3 Safe and dignified burials were done in Likati, Mouma and Nambwa			

Programming / Areas common to all Sectors

Programming / Areas Common to all Sectors			
Outcome 5: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation	**Outputs**		**% of achievement**
	Output 5.1 Planning, monitoring and reporting on activities planned within the DREF operation in implementation areas		77%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
5.1.1 Participation in planning and coordination meetings at national, provincial and field levels.	X		100%
5.1.2 Joint monitoring with relevant partners (MoPH, UNICEF and WHO).	X		100%
5.1.3 Reporting on activities planned; including promotion of the DREF operation with relevant in-country partners.	X		90%
5.1.4. Deployment of National staff	X		80%
5.1.5. Deployment of International staff	X		80%
5.1.6 Post-operation workshop	X		10%

Progress towards outcomes
5.1.1, 5.1.2 and 5.1.3: DRC RC and IFRC is working in close coordination with both Movement partners and external partners, maintaining close contact and sharing regular updates. On 19th May 2017, a first teleconference call was held with partners to share a brief update of the situation on the ground, actions taken to prevent the spread of the disease/implementation strategy and to discuss RC/RC Movement support to face the Ebola outbreak in DRC. Discussions with partners are being led by the regional unit dedicated to partnerships and resource mobilization, with support from the IFRC Country Cluster office in Yaoundé and the country office in DRC as well as IFRC Geneva office. The IFRC EVD Task Force is participating in an Inter-Agency Joint Task Force (IATF), led by WHO. The IATF is developing a joint fundraising plan, to which the IFRC has contributed. At regional level, IFRC is participating in a regional weekly teleconference organized by WHO Africa regional office. The National Society is working with the IFRC, MoPH, WHO, UNICEF, MSF as well as other partners who have expressed interest in assisting with the operations. In country, WHO has provided the team with NFIs for use such as chlorine and PPE kits for distribution. In addition, based on their technical expertise they will be training RC volunteers to handle activities such as surveillance and contact tracing. The RC team on the ground is equally working in partnership with WFP on logistics and improving the telecommunications network, which will assist in mobile data collection. The IFRC regional office is maintaining contact with other partners, informing them about the needs on the ground. Africa Centres for Disease Control and Prevention (CDC) is interested in working on surveillance in the neighbouring localities of the affected areas. UNICEF is working with their in-country team on the axis on communication, social mobilization and WASH. UNICEF has also expressed interest in supporting the vaccination process with the MoPH and WHO. The initial DREF was translated in French and shared with MoPH and DRC RC on their request but also with different partners. The updates, final reports will be shared in the same way. IFRC is coordinating with ICRC in terms of information sharing and coordination at various levels. **5.1.4:** Under the operation, the DRC RC has mobilized 150 volunteers to be deployed in the affected communities. At the DRC RC national headquarters level, a WATSAN specialist is a member of the joint assessment mission with the Ministry of Public Health (MoPH) and other partners. **5.1.5:** The IFRC Central Africa Head of Cluster had completed a three-day mission of MoPH, WHO and UN Humanitarian Coordination Team (HCT) to Kinshasa. During the mission, the role of the DRC RC/IFRC in the current response was strongly underlined. Deployment of Finance and Administration Delegate is underway. Call for deployment of two RDRTs for CEA and SDB is being launched. ToR/Job description of security consultant, and audio-visual professional are being drafted. 5.1.6 Concept of the post-operation workshop is in progress.

Ebola DRC

01/06/2017

Budget Group	DREF Grant Budget	Budget CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	46,405	46,405
Medical & First Aid	6,700	6,700
Teaching Materials	13,000	13,000
Ustensils & Tools	750	750
Other Supplies & Services	22,500	22,500
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**89,355**	**89,355**
Land & Buildings	0	0
Vehicles Purchase	15,800	15,800
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	2,000	2,000
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	**17,800**	**17,800**
Storage, Warehousing	5,000	5,000
Distribution & Monitoring	0	0
Transport & Vehicle Costs	19,000	19,000
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	**24,000**	**24,000**
International Staff	24,000	24,000
National Staff	2,000	2,000
National Society Staff	11,400	11,400
Volunteers	66,038	66,038
Total PERSONNEL	**103,438**	**103,438**
Consultants	10,000	10,000
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	**10,000**	**10,000**
Workshops & Training	47,975	47,975
Total WORKSHOP & TRAINING	**47,975**	**47,975**
Travel	34,500	34,500
Information & Public Relations	7,200	7,200
Office Costs	9,600	9,600
Communications	11,400	11,400
Financial Charges	2,500	2,500

Other General Expenses	0	0
Shared Support Services	0	
Total GENERAL EXPENDITURES	**65,200**	**65,200**
Programme and Supplementary Services Recovery	23,255	23,255
Total INDIRECT COSTS	**23,255**	**23,255**
TOTAL BUDGET	**381,022**	**381,022**

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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: