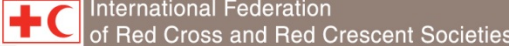


Emergency Plan of Action (EPoA)

Democratic Republic of the Congo: Ebola Virus Disease Outbreak



DREF n° MDRCD026	Glide n°: EP-2018-000049-COD
Date of issue: 14 May 2018	Expected timeframe: 03 months
Operation start date: 12 May 2018	Expected end date: 12 August 2018
Category allocated to the country of the disaster or crisis: Yellow / Orange / Red	
DREF allocated: CHF 216,168	
Budget Holder/project Manager IFRC: Momodou Lamin FYE, Head of DRC Country Office, is Project Manager and responsible for this operation.	NS point of Contact: Dr Balelia Wema Jean Faustin; DRC Red Cross-National Director for Health and Social Action
Total number of people affected: approx. 500,000 (100,000 households)	Number of people to be assisted: 238,950 (47,790 households)
Host National Society presence (n° of volunteers, staff, branches): The DRC RC has over 130,000 trained volunteers, of which 60,000 are active volunteers across the overall 1,787 branches nationwide.	
Red Cross Red Crescent Movement partners 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 (MoPH), WHO, UNICEF and MSF.	

A. Situation analysis

Description of the disaster

On 3 May 2018, the Health Division of Equateur Province in DRC reported cluster of cases of suspected VHF 21 cases with 17 deaths. On 5 May, during a field investigation, five (5) samples were collected from hospitalized suspected cases of which two (2) were confirmed positive of Ebola on 8 May. On 8 May 2018, the DRC Government declared a new outbreak of Ebola virus disease (EVD), which is the ninth (9th) in the country's history.

Between 8 and 11 May, additional information on the epidemiological situation shows that the total number of cases now stand at 32 with 18 deaths. Three (3) of the 32 cases are health workers. Majority of the cases are reported to have epidemiological linkage.

The affected community, Ikoko Impenge is situated in the Bikoro Health Zone of the Equateur province of the DRC. The epicentre is a very remote village; Ikoko Impenge health area is not covered by mobile telephone networks but is accessible by road (though access is difficult especially with the ongoing rainy season). The estimated distance from the epicentre to the capital of the Equateur province, Mbandaka, is 280km by road and can also be accessed via an airstrip that is 8km away from Bikoro and the distance between the airstrip and Ikoko Impenge the epicentre is 30 km.

There are currently suspected 10 cases in treatment in two different facilities. Ikoko Impenge health area covers 15km and includes 5 villages, all of which have reported suspected cases. This area of DRC has not suffered previous documented Ebola outbreaks before the current outbreak.

The Ministry of health (MoH) with support from WHO and partners has started response and deployed a team of technical experts from Kinshasa with equipment to supervise outbreak investigation and organise an outbreak response. This team is expected to provide more epidemiological information that will guide response within 72 hours of their deployment.

Health Zone	Health Area	Confirmed cases	Probable cases	Suspected cases	Total
Bikoro		2	18	12	32

Additional information from WHO Regional office for Africa indicates that retrospective investigations identified 135 cases, going back as far as January 2018 in the Igende zone, 60km from Bikoro. The first case of the recent cluster in Bikoro was a policeman who arrived from Igende area. He died in a health centre in Ikoko Impenge village, Bikoro area. Following the first case's funeral, 11 family members developed symptoms, of which seven (7) died. The seven (7) deceased had all either attended the funeral or acted as caregivers.

Summary of the current response

Overview of Host National Society

The Red Cross of the Democratic Republic of Congo (DRC RC) is a neutral humanitarian organization, auxiliary to the public authorities. At the national 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, a national disaster response intervention teams (NDRT) with 30 members, and 10 staff members that are regional disaster response team (RDRT) trained. Moreover, the DRC RC has a pool of approximately 130,000 registered volunteers, of which 60,000 are active.

The DRC RC has one branch in each of the 26 provinces. In addition, the National Society has a long experience in managing natural disasters and even armed conflicts. Recurrent disasters in the country include floods, volcanic eruptions, landslides, population movements, cholera outbreaks and air crashes.

In terms of health disasters, the country has experienced eight (8) Ebola haemorrhagic fever outbreaks since 1976. Cholera is endemic in some localities, as are measles, poliomyelitis and Marburg fever, among others.

In response to the current outbreak, the DRC RC has already mobilized 36 volunteers. At the headquarters level, a WASH specialist and a logistician are to be deployed on the 12 May to be part of the joint assessment mission with the Ministry of Public Health (MoPH) and other partners including MSF and WHO. The IFRC operations manager in DRC is also joining the team to the epicentre. In addition, DRC RC health director and IFRC colleagues have been participating in all crisis meetings on this specific outbreak. The DRC RC is using the available response stock assets from the 2017 Ebola outbreak response operation to kick start support for the ongoing outbreak in Equateur. To note, the Red Cross is amongst the first actors to send equipment to the epicentre of the epidemic.

Overview of Red Cross Red Crescent Movement in country

The IFRC DRC Country office will support the DRC RC with the coordination of all activities within this DREF operation, including the planning, implementation, monitoring and reporting, as well as participating in monitoring/evaluation missions in the localities.

IFRC in country presence and Appeal and DREF operations

The IFRC has secured USAID funding for Community Epidemic pandemic preparedness interventions in the Kinshasa and Kongo Central provinces of the country. While this project is not targeting the affected province at the moment, it has component of capacity of the National Society in the area of Epidemic and pandemic preparedness. This improved capacity at the NS HQ would be relevant to support future outbreaks in the country.

IFRC is currently implementing three emergency operations in DRC, the largest of which is the **emergency appeal "Population movement, phase 1: Community Health Response"** (MDRCD023) launched on 22 December 2017 and updated on 20 March 2018 with a total budget of CHF 1.78 m (current coverage CHF 625 K, plus DREF loan of CHF 200 K). The appeal responds to the 2017 cholera outbreak, which was fuelled in large part by the Kasai conflict and the subsequent near total collapse of the region's health system.

The country-wide total case load in 2017 reached 55,000 cases with 1,145 deaths; up to week 17, some 9914 cases and 246 deaths were reported. IDPs are among the most affected as they suffer from poor hygiene and sanitation and a weak health condition. The operation is currently being implemented in Lomami province and focuses on household

level sensitization campaigns in five health zones, community level surveillance, training of WASH focal points, improvement of water sources (including construction of boreholes), and construction of public latrines. In addition, the “soft” WASH elements are being implemented (hygiene promotion at household level, establishing of sanitation and water committees). Further, NFIs such as soap and jerry cans are being provided to the most vulnerable households.

Following heavy rainfalls in January of 2018, nine communes in Kinshasa were affected by flooding, resulting in damage to houses, displacement of population, and several deaths. As the flooding occurred during the cholera epidemic referred to above, heightening the risk of further spread of cholera. In this situation, IFRC supported the DRC Red Cross through a DREF operation “**Kinshasa Floods and Cholera**” and the deployment of an RDRT. The operation, which will be completed this month after an extension had been granted, is focused on sensitization on household level, training of volunteers, and distribution of NFIs, Aquatabs, and other items to affected households.

Following a request from the DRC MoH, the DRC Red Cross is supporting a polio vaccination campaign in four provinces through sensitization and social mobilization. IFRC is also contributing to this vaccination campaign through a DREF Polio operation and the deployment of an RDRT.

Partner National Societies present in the country include the Belgian Red Cross, French Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross societies. The Canadian Red Cross has an ongoing capacity building project in the Equateur province which is focused on construction of a Provincial office.

In addition, the International Committee of the Red Cross (ICRC) has extensive presence in the DRC. The ICRC has no ongoing operation in the affected area and there are no security concerns in the Equateur province. The ICRC are however ready to provide logistics support to this specific operation if the need arises.

On 9 May, the President of the DRC RC chaired an emergency operation meeting to brief the Movement partners on the Ebola outbreak and the commitment of the NS to support response activities. The meeting was attended by IFRC, ICRC, the Spanish, French and Belgian Red Cross Societies. This Emergency Operation meeting will be convened on daily basis at the DRC RC Headquarters.

Overview of non-RCRC actors in country

On 8 May, the Ministry of Health convened a coordination meeting of partners at the *Comité National de la coordination* (National Coordination Committee) during which the response strategy of the Government was presented to partners at the same meeting. A decision was made to activate the seven (7) coordination mechanisms for the response namely;

1. Commission for epidemiological surveillance and active case detection
2. Water Sanitation and Hygiene commission
3. Commission for risk communication and social mobilization
4. Commission for psychosocial support
5. Commission for logistics
6. Commission for research and Laboratory
7. Commission for case management.

The DRC RC is a member of the first 4 commissions with responsibility to carry out community interventions. The IFRC logistics delegate participates in the meetings of the logistics commission.

The World Health Organization (WHO) is supporting the MoH in preparing a response plan using the model of successful response to similar EVD outbreak in DRC in 2017 along the following pillars;

- Surveillance, case investigation, contact tracing
- Community engagement and social mobilization
- Case management and infection prevention and control
- Safe and dignified burials and decontamination
- Research Response R&D; ring vaccination/use of antiviral
- Coordination and operations support

Other partners currently active on the ground are MSF, AFENET (Africa Field Epidemiological Network) and WHO carrying out initial assessments that will inform scaling up the response based on eventual findings.

The key components of the DRC RC response in the first 3 weeks will include:

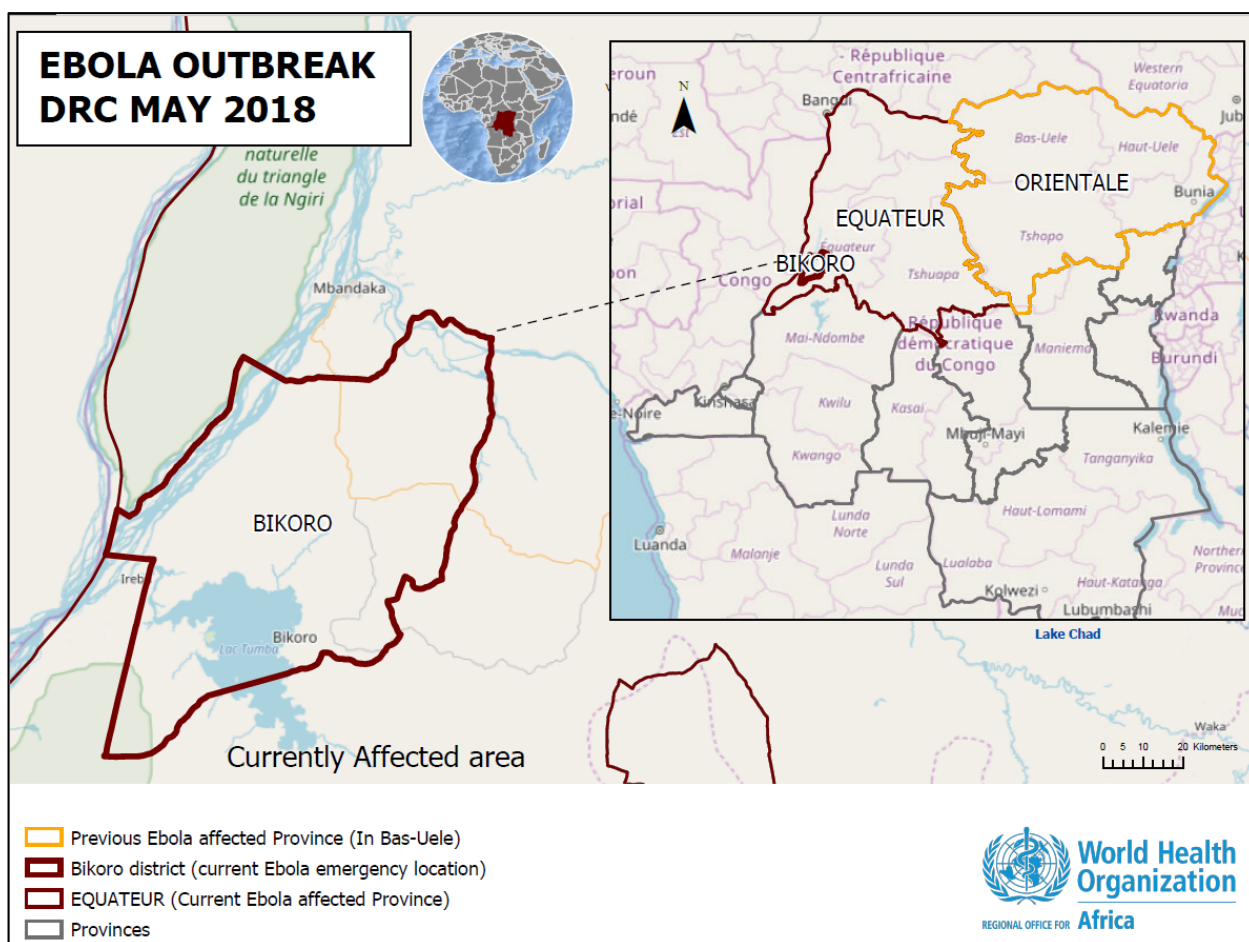
- Surveillance/ Contact tracing and case investigation

- Risk communication and community engagement
- Safe and Dignified Burials (SDB) preparedness
- Psychosocial Support (PSS)

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The current EVD outbreak is taking place in Bikoro Health Zone, Equateur Province. The area has a population of approximately 500,000 persons or 100,000 households. Bikoro town is located at about 280 km south from Mbandaka, the capital of Equateur. (See below map)



Map of DRC, indicating EVD affected Health Zone, Bikoro ©WHO Regional Office for Africa

The primary economic activity in Bikoro is fishing from Lake Ntomba, the fish are transported to Brazzaville and Kinshasa via Mbandaka. The population from the neighbouring Health zones of Iboko and Ingendie also engage in fishing activities at Lake Ntomba and pass through Bikoro to access the Lake on a daily basis.

This mixing of population is a risk factor for the population across the 3 health zones during an outbreak like Ebola. Additional risk factor for possible spread in this outbreak is the fact that the exact source and trajectory of the first cluster of cases found on retrospective investigation as made known by WHO are not yet known. Thus, this could be a risk factor for spread within the 3 Health zones.

The major means of transportation to the epicentre of the outbreak from Mbandaka to Bikoro town is by 4x4 vehicles during the dry seasons; however, during rainy seasons as it is the case now, the roads becomes impassable and thus the only means of accessing the area is with the use of motorcycles and helicopters. The UN have re-routed their helicopter schedule to enable helicopter shuttles from Mbandaka to Bikoro until further notice.

Water way transportation is also a very prominent means of movement -- the water way transport runs along the border with the Republic of Congo (RoC) and the Central African Republic (CAR) to major cities like Brazzaville in RoC, Bangui in CAR and Kinshasa in DRC. This movement too, could constitute a potential risk for spread considering the number

of people who use this means of transport daily and in poor hygienic condition. The following link provides more information on the described water ways:

https://upload.wikimedia.org/wikipedia/commons/7/7f/Congo_Transport_Map.PNG

Vigilance against spread to other areas in the province, to neighbouring provinces and potentially into neighbouring countries is important due to potential population movement. An emphasis on contact tracing and active case finding at community level for early detection to limit spread of the disease and ensure rapid control of the outbreak. As such, it is extremely important and urgent task to respond very quickly to this outbreak, to contain the disease, and limit its impact.

A significant international response is also expected with multiple partners indicating they have resources within the region moving quickly to the affected area. Therefore, the response plan will be adjusted based on this information and focused on areas where RC volunteers can add significant value in partnership with key technical agencies including WHO and MSF.

At the moment, the WHO classification of the risk level of the event is as follows:

Geographical Level	Risk	Justification
National Level	High	The nature of the disease and the lack of epidemiological and demographic information to estimate the magnitude of the epidemic.
Regional Level	Moderate	The presence of River Congo which borders three countries (CAR, RoC and DRC).

Targeting

The total population of the affected health zone is approximately 500,000 (100,000 households) and DRC RC, through this DREF operation is preparing the ground work for reaching targeting 238,950 (47,790 households) with sensitization activities. Once assessment results are obtained and depending on the operational strategy adopted, targeting will be refined to target the population in the main catchment as direct beneficiaries, while the indicated 238,950 people who are from all health zones in the affected area, will be indirect beneficiaries.

Scenario planning

Movement partners met in an emergency operation meeting to discuss the outbreak and the commitment of the NS to support response activities. Thus, as part of the initial part of this DREF operation, the DRC RC will focus on Surveillance/ Contact tracing and case investigation, Risk communication and community engagement, Safe and Dignified Burials (SDB) as well as Psychosocial Support (PSS). Any change in strategy or activities will be informed by results from the ongoing interagency assessment to which the Red Cross will be part as of 12 May.

Operation Risk Assessment

The security situation is reasonably stable across the affected area, although since the beginning of 2018, there have been several civil unrest events in the DRC, all associated with the presidential elections. However, DRC RC will ensure a continuous monitoring of security environment and implement security risk mitigation measures in cooperation with ICRC. Access is also a major challenge, as the area is only accessible by motorbikes during the rainy season, as is the case now.

In addition to the above, the movement of persons for trade reasons through the water ways (as explained under Needs analysis), could expose other countries to the outbreak.

B. Operational strategy¹

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Bikoro and neighbouring health Zones in Equateur province of DRC.

¹ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

Overall Operational objective:

Based on current information, the strategy of the IFRC response will be to contribute to containing the EVD outbreak and will focus on:

1. Support DRC RC immediate lifesaving interventions in the affected area and at-risk neighbouring Health Zones.
2. Deployment of relevant surge capacity to support the National Society to identify gaps and develop an appropriate response strategy.
3. Carrying out initial assessment in collaboration with Partners to identify clear role of the NS.

The response plan has an initial phase of 3 weeks, is focused on life saving interventions in the affected area and Ebola risk communication in the neighbouring health zones.

The deployed surge team is expected to carry out more detailed needs assessments and coordinate with the DRC RC to update this Emergency Plan of Action for either an extension of the DREF operation or an emergency appeal – the way forward will depend on the context analysis.

The plan includes the deployment of up to six surge personnel during the first three weeks of the operation. The team may include a team leader and different technical sectors, depending on the number of National Societies with qualified and available personnel that require financial assistance for deployment.

Some of the activities to be carried out by the surge team includes, but will not be limited to:

- Identify the support delivered and planned by the Government, WHO, UNICEF, MSF, and identify the gaps to be addressed by the Red Cross Red Crescent Movement in the response;
- Assist the National Society and IFRC Regional office with the formulation of a Plan of Action;
- Participate in coordination meetings as needed and in agreement with National Society;
- Conduct field visits where necessary;
- Train and support the National Society in implementing activities safely and effectively including monitoring and reporting;
- Support the National Society in the response interventions as required;
- Support the National Society with the possible use of further IFRC disaster response tools if appropriate including further technical support.

While the surge support is under way, the DRC RC will engage in immediate lifesaving intervention using available capacity and equipment from the 2017 Ebola outbreak to engage in the following activities in line with the government.

- Surveillance/ contact tracing and active case finding (early detection)
- Risk communication (SBCC) and Community engagement
- Psycho-social support
- Preparedness for safe and dignified burials.

The scale up of the above actions shall be underpinned by further assessment and close coordination with other actors to refine and modify the operational strategy as necessary for an effective response.

The DRC will target persons in the affected district with risk communication and community engagement activities. The community volunteers will be mobilized to support early detection of possible new cases through active case finding and contact tracing

The DRC RC ensures readiness to support the government in safe and dignified burial activities, disinfection of houses and direct psychosocial interventions to those affected

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

The sensitization campaign will be conducted by 150 volunteers and 15 supervisors. The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers will work three days a week during the operation, thus ensuring a 7-day per week coverage. A national focal point and one focal point of the affected health district will be deployed in this operation from the National Society. This team will be reinforced by two drivers and a finance officer.

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

Volunteers supporting contact tracing will also be provided with specialised training in coordination with WHO and MoH. The DCR RC volunteers in affected areas will also be mobilised and will receive the necessary training to enhance the National Society's capacity in community-based surveillance and social mobilization. This will go a long way to support early detection and control of the outbreak.

Surge (RDRT and FACT) support in fields of coordination, Public Health in Emergencies, Community engagement and accountability finance, logistics and WASH will be deployed to support the DRC RC in assessment, planning, coordination, implementation and monitoring of the operation. Close coordination and collaboration with other key stakeholders for effective response will be ensured

With regards to planning, monitoring, evaluation and reporting (PMER), the IFRC Yaoundé Multi-Country Cluster Support Team (Yaoundé-CCST) will provide technical assistance through its PMER, communications and finance units. It should be noted that the Yaoundé-based finance officer has already been deployed to provide necessary financial support throughout this operation. 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 DRC Country Office will assume overall responsibility for the implementation, reporting, compliance and finance management of this project. In addition, since DRC RC is a French speaking National Society, it is important to highlight the need for translation of this EPoA, any eventual Ops update and final reports from French into English and French, to ensure that NS can share its achievements as part of this operation with Government and other non-English speaking partners.

As concerns Logistics and supply chain, personal protective equipment (PPE) and other items will be procured by the Regional Office. These purchases will be completed in the country and if necessary, taken from the warehouse of the Central Africa Cluster in Yaoundé and replenished through this DREF operation budget.

The IFRC and the DRC RC, the coordinating member, will use available facilities for accessibility to the affected area, including WFP communications equipment and UNHAS or MONUSCO flights. At the moment, the following equipment are ready to be shipped to the epicentre;

Stock item	Quantity	Unit
Plastic boots	25	Pairs
Gloves	25	Pairs
Ebola kit	3 SDB + 1 starter kits.	Kit
Sprayer (15 litres)	10	pieces
Chlorine	3	Pot 45 Kg
Stretcher	5	pieces
Antiseptic soap	480	pieces
Pickaxe	10	pieces
Body bags	20	pieces
Megaphone	10	Pieces
Batteries	200	Pieces
Bib	100	Pieces
Posters	200	Pieces

N°	Equipment	Quantity	Unit
1	Modem	1	Pce
2	Solar charger	3	Pce
3	Sat phone	1	Pce
4	First-aid kit	1	Kit

AP021	Carry out community-based surveillance and contact tracing in affected and surrounding health areas using mobile phone for data collection.																		
AP021	Establish community-based active case-finding teams in affected and surrounding villages.																		
AP021	Procure 60 PPE kit for replenishment of stock/for use in the operation																		
P&B Output Code	Health Outcome 2: The psychosocial effect of the epidemic is reduced through direct support to exposed and contaminated populations in Bikoro health zone	<i>Percentage/Number of affected persons reached with PSS services</i>																	
	Health Output 2.1: The population in affected areas of the Bikoro health zone receive psychosocial support during and after the epidemic	<i>Number of volunteers trained in PSS</i> <i>Number of staff and volunteers having benefitted from PSS services</i>																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Training of 20 volunteers to psychosocial support																		
AP021	Provide psychosocial support to the families who lost their family members or property using culturally appropriate and accepted approaches.																		
AP021	Support of staff and volunteers throughout the operation.																		
P&B Output Code	Health Outcome 3: Social mobilization, community engagement and accountability activities are conducted to limit the spread and impact of EVD	<i>Number of Social mobilization sessions organized</i>																	
	Health Output 3.1: The preparation work is done to ensure that up to 238,950 people in Bikoro, Iboko and Ingende health zones have engaged with DRC Red Cross social mobilization campaigns and wider EVD operation	<i>Percentage of target population reached with Social mobilization activities</i>																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Training of 150 volunteers on the signs and symptoms of Ebola, on the management of the epidemic awareness-raising techniques																		
AP021	Adaptation and multiplication of information and distribution media in targeted localities																		
AP021	House-to- house community engagement and social mobilization																		
AP021	Establish two-way communication systems to capture rumour, myths, feedback and complaints and address these.																		
AP021	Establish community engagement and social mobilization teams in affected and surrounding villages																		
P&B Output Code	Health Outcome 4: The spread of Ebola is limited by undertaking SDB preparedness work under optimal cultural and security conditions in Bikoro health zone	<i>Number of contaminated houses/areas disinfected</i>																	
	Health Output 4.1: The affected population is assisted through safe and dignified burial and decontamination activities	<i>Number of SDBs conducted</i> <i>Number of volunteers trained in infection prevention and control, as well as in SDB</i>																	

Budget

Overall budget for this operation is CHF 216,168 as seen in attached detailed budget.

DREF OPERATION

12 May 2018

DRC: Ebola Outbreak

Budget Group		DREF Grant	Expenditures CHF
500	Shelter - Relief	0	
501	Shelter - Transitional	0	
502	Construction - Housing	0	
503	Construction - Facilities	0	
505	Construction - Materials	0	
510	Clothing & Textiles	0	
520	Food	0	
523	Seeds & Plants	0	
530	Water, Sanitation & Hygiene	15,030	
540	Medical & First Aid	15,450	
550	Teaching Materials	8,520	
560	Utensils & Tools	750	
570	Other Supplies & Services	0	
571	Emergency Response Units	0	
578	Cash Disbursements	0	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		39,750	0
		0	
580	Land & Buildings	0	
581	Vehicles	0	
582	Computer & Telecom Equipment	0	
584	Office/Household Furniture & Equipment	2,000	
587	Medical Equipment	0	
589	Other Machinery & Equipment	0	
Total LAND, VEHICLES AND EQUIPMENT		2,000	0
		0	
590	Storage, Warehousing	500	
592	Distribution & Monitoring	0	
593	Transport & Vehicle Costs	0	
594	Logistics Services	0	
Total LOGISTICS, TRANSPORT AND STORAGE		500	0
		0	
640	International Staff (RDRTs)	48,000	
661	National Staff	0	
662	National Society Staff	4,140	
667	Volunteers	18,855	
669	Other Staff Benefits	0	
Total PERSONNEL		70,995	0
		0	
670	Consultants	0	
750	Professional Fees	0	
Total CONSULTANTS & PROFESSIONAL FEES		0	0
		0	
680	Workshops & Training	16,000	
Total WORKSHOP & TRAINING		16,000	0
		0	
700	Travel	49,500	

710	Information & Public Relations	5,000	
730	Office Costs	10,600	
740	Communications	6,130	
760	Financial Charges	2,500	
790	Other General Expenses	0	
799	Shared Office and Services Costs	0	
Total GENERAL EXPENDITURES		73,730	0
		0	
830	Partner National Societies	0	
831	Other Partners (NGOs, UN, other)	0	
Total TRANSFER TO PARTNERS		0	0
599	Programme and Services Support Recovery	13,193	0
Total INDIRECT COSTS		13,193	0
TOTAL BUDGET		216,168	0

Reference documents



Click here for:

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

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

In the DRC RC

- Mitanta Makusu Emmanuelle, Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
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- Alma ALSAYED, Senior Officer, Response and Recovery; phone: +41-79-217 3338; email: alma.alsayed@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: Kentaro.nagazumi@ifrc.org , phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email. fiona.gatere@ifrc.org, phone: +254 780 771 139

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.



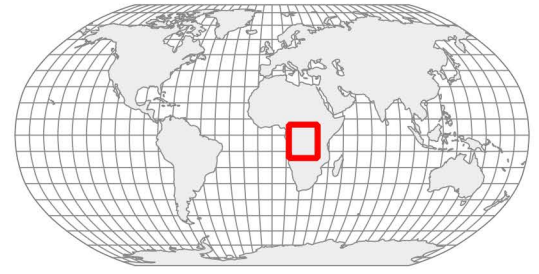
Enable **healthy**
and **safe** living.



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

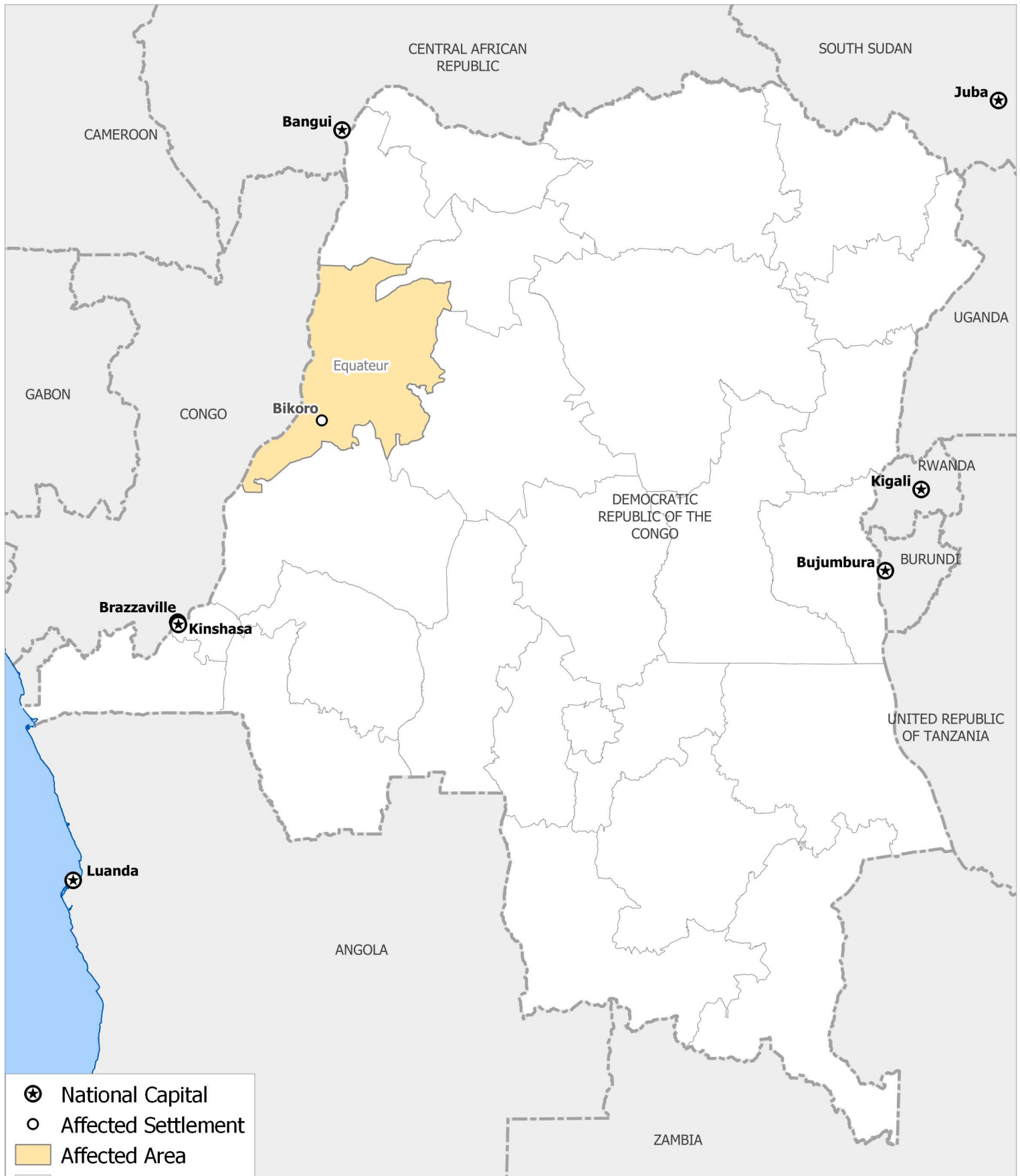


International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



Democratic Republic of the Congo, Ebola Virus Disease: DREF Operation

11 May 2018 • MDRCD026 • EP-2018-000049-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, OSM Contributors, ICRC, IFRC. DREF = Disaster Relief Emergency Fund

0 100 200 300 km

