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Emergency Plan of Action Operation Update

Democratic Republic of the Congo (DRC): Ebola virus disease outbreak

International Federation of Red Cross and Red Crescent Societies

One International Appeal n° MDRCD026	**GLIDE n° EP-2018-000049-COD**
EPoA update n° 1; date of issue: 19 July 2018	**Timeframe covered by this update: 14 – 30 June 2018**
Operation start date: 21 May 2018	**Operation timeframe: 06 months and end date 21 November 2018**
Overall operation budget: CHF 7,879,764	**DREF amount initially allocated: CHF 216,168**
Project Manager IFRC: Momodou Lamin Fye, Head of DRC Country Office (responsible for implementation, compliances, monitoring and reporting)	**NS point of Contact: Dr Jean Faustin Balelia; National Director for Health and Social Action**
N° of people being assisted: 400,000 people (67,000 households)[1]	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), French Red Cross, Canadian Red Cross, Swedish Red Cross, Spanish Red Cross	
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF, MSF, Oxfam, PVH, SAD Afrique, AMEF, ASEBO, MND, Action humanitaire, EPSP, Hygiene Frontière, IMC, ALIMA, IRC, Caritas	

Summary

Following declaration of the Ebola virus disease (EVD) by the Ministry of Health, upon request of DRC Red Cross, the IFRC has released CHF 216,168 through DREF to support initial phase of response activities. Since the EVD spread across its epicenter and neighboring locations affecting 400,000 people, the IFRC has launched Emergency Appeal for CHF 7,879,764 in five pillars of intervention such as Community Engagement and Accountability (CEA), Infection, Safe and Dignified Burials and Disinfection(SDB), Infection, Prevention and Control (IPC) and Psychosocial support. Since launch, the operation has made significant progress under all pillars.

Ebola awareness campaign in Equateur province, DRC. Photo by IFRC Communications.

- 305 Red Cross volunteers have been mobilized and trained for the operation.
- 303,719 people (33,122 households) have been reached with EVD-related CEA activities

[1] The average household size is 6 people

- Through deployment of ERU IPC activities being carried out in 8 health facilities in Mbandaka and 1 in Wangata. Under IPC 850 health personnel (trained in the 8 health facilities of Mbandaka and Wangata HZ. In addition, ICRC is also providing IPC services at the Mbandaka prison.
- In SDB activities, 40 RC volunteers have been trained who have conducted 32 SDBs and disinfected about 248 houses.

The funding coverage of Emergency Appeal reaches to around CHF 2 million (implementation rate approximately 4%). Given the changing context, the Emergency Appeal is being revised and aligned with national Ebola response strategy focusing on CEA and community mobilization, and risk communication, psychosocial support, Improvement of early detection, surveillance and response mechanisms, SDB, psychosocial support and preparedness.

A. SITUATION ANALYSIS

Description of the disaster

On 8 May 2018, the Ministry of Health (MoH) officially declared an outbreak of the Ebola virus disease (EVD) in the Equateur province. Since then, 55 EVD cases have been registered, including 38 confirmed cases, 14 probable cases and 3 suspected cases. Those cases are registered in 3 Health Zones (HZ) of Equateur province, namely Bikoro HZ (23 cases), Iboko HZ (28 cases) and Wangata HZ (4 cases). The most recent case was confirmed on 6 June 2018. Since the beginning of the outbreak, 28 deaths have been registered, including 14 among the confirmed cases and 14 probable cases. The following table summarizes the EVD epidemiological situation as published by the MoH on 25 June 2018 (last update from MoH):

Table 1: Summary of epidemiological data for the EVD outbreak

Description	Health Zones			Total
	Bikoro	Iboko	Wangata	
Cumulative number of probable cases	11	4	0	**15**
Cumulative number of confirmed cases	10	24	4	**38**
Total	**21**	**28**	**4**	**53**
Cumulative number of deaths	18	8	3	**29**
Cumulative number of deaths in confirmed cases	7	4	3	**14**

Source: DRC MoH 6 July 2018

A DREF operation was launched on 14 May 2018 to support the DRC Red Cross (RC) with EVD response activities. The DREF was quickly followed by the launching of an emergency appeal on 21 May 2018. Continuous assessment conducted by the FACT team to DRC resulted in the publication of a revised emergency appeal and revised emergency plan of action in the form of a one Movement International Appeal on 14 June 2018. The One International Appeal is seeking CHF 7,879,764 to assist 400,000 vulnerable people with EVD response activities in the most affected HZ of Equateur province, namely Bikoro, Iboko, Mbandaka and Wangata HZs. The appeal launched for 6 months is also targeting EVD preparedness activities in 16 HZs surrounding the affected localities, including Kinshasa.

Summary of current response

Overview of Host National Society

Immediately after the first alert was given, the DRC RC provincial committee in the Equateur province mobilized volunteers to assess the situation. The National Headquarters deployed 2 of their trained RDRTs (Regional Disaster Response Team) to Equateur province to support the local team. Even before the Emergency appeal was launched on 21 May 2018, the above mentioned RDRTs had already mobilized and trained the first group of volunteers in EVD awareness, water, sanitation and hygiene promotion (WASH), including safe and dignified burials (SDBs) and disinfection of contaminated houses. As of today, 305 Red Cross volunteers have been mobilized and trained for the operation. The trained volunteers, with the support of the additional RDRTs and surge staff deployed by the IFRC, have already reached about 303,719 people from 33,122 households with EVD prevention and awareness messages. The volunteers have already conducted 32 SDBs and disinfected about 248 houses.

At national level, the National Society (NS) has appointed a National EVD focal person who is coordinating with the IFRC and other Movement partners involved in the operation. This focal person is currently

appointing NS people in the field who will work with IFRC-deployed surge staff and delegates for proper capacity strengthening and ownership of the operation. The NS is also intensifying discussions with the IFRC to streamline priority activities based on available funding.

Overview of Red Cross Red Crescent Movement in country
The decision to reopen the country office in Kinshasa was taken in April with the appointment of a Head of Country Office. The Ebola outbreak began when the Head of country office was on his way to the DRC. Before the outbreak, the country office has 1 logistics delegate. Following the outbreak, the IFRC has deployed surge staff in the DRC, including a Field Assessment and Coordination Team (FACT), and Emergency Response Unit (ERU) health team, a Head of Emergency Operations (HoEOPs), IFRC surge staff and Regional Disaster Response Team (RDRTs) who are supporting the DRC Red Cross with the implementation of the operation. The Regional Director for Africa, the Heads of the Health, Disaster and Crisis Units at Africa region as well as the Head of the Health and Care department in Geneva all visited the new DRC country office to support the implementation of the Ebola operation.

Most of the ERU team members are deployed by the French Red Cross. The ICRC is providing Infection Prevention and Control (IPC) in the maternity sections of the health facilities covered by the ERU team in Mbandaka. The ICRC is also conducting IPC activities in the Prison of Mbandaka.

Coordination between Movement partners present in the DRC has led to the launching of this One International Appeal with the DRC RC, the IFRC, ICRC, French, Spanish, Swedish and Canadian Red Cross NSs involved.

Overview of non-RCRC actors in country
The National Coordination Committee put in place by the Ministry of Health in the early hours following the declaration of the epidemic, as well as its 7 commissions as indicated in the revised emergency appeal, have been monitoring all the activities carried out by the MoH and partners to respond to Ebola virus disease.

Coordination meetings are held on a daily basis in Mbandaka, Bikoro and Itipo, and a daily meeting is also organised at the premises of the MoH in Kinshasa. A press release is published daily by the MoH to keep the populations updated on the situation in the field.

More than a dozen partners have scaled up response in support of the outbreak in various areas, including WHO, MSF, UNICEF, OXFAM, IMC, ALIMA and IRC.

Needs analysis and scenario planning

Needs analysis
The last Ebola Virus Disease (EVD) case was registered on 6 June 2018 and Government and WHO have begun the countdown to the declaration of the end of the epidemic. If no other cases are confirmed, the MoH will declare the epidemic finished on July 22nd. Until then, it is crucial to maintain a very strict surveillance and response capacity. Even if some partners have started to pull out especially in case management, the MoH and WHO is urging other partners to stay vigilant. After the end of the outbreak is declared, the MoH and WHO are considering a consolidation period during which some activities will be tapered and the response will be reviewed. Many activities however, will be maintained up to 15 months after the beginning of the outbreak. These include surveillance, lab, case management capacity, IPC, CEA, PSS and logistics. The DRC RC/IFRC team has initiated joint planning for the transition phase which aligns with MoH/WHO strategy. At this point in time, it is important to maintain and strengthen the capacity of the RC to carry out SDB activities as well as CEA. Reinforcement of the capacity to offer PSS and strengthening surveillance capacity and operational capacities of the DRC RC is also paramount. additionally, supporting the capacities of health facilities is also a priority, as well as monitoring the situation and be ready to intervene in case a new EVD case is identified.

Scenario planning
Government and WHO are assuming that by the end of July, the epidemic will be over. They have called on partners to start phasing out. IFRC and Movement partners will align their strategy following the unfolding of events. Three scenarios are possible at this point:

1. No other case of EVD is reported: this is the most likely scenario at this point in time. There will be a scale down of several activities and a phasing out of several players including MoH, partners

involved in case management and lab detection. Even if enhanced surveillance is recommended during the initial 3 months after the declaration of the end of the outbreak, it may be less intense and MoH is expected to disengage gradually. Rehabilitation of WASH infrastructure for health facilities, sensitization and risk communication activities as well as PSS will continue for several months.

2. One or several cases of EVD are reported from a remote site: this is the first less likely scenario where cases in a remote, disenfranchised or uncommunicated locality may have gone unnoticed and create a new focus of transmission. Once this focus is reported, a rapid scale up of all activities is expected especially case management, vaccination, SDBs and intensification of surveillance, sensitization and risk communication. As the teams are ready and the logistics issues have been worked out, scaling up is expected to be faster than in the initial deployment.
3. One or several cases of EVD are reported from a larger urban centre such as Mbandaka: this is the second less likely scenario. In this case, the scale up will probably be more intense.

Operation Risk Assessment

Since the start of the operation, the main risk is associated with the state of roads and difficult access. The main transportation means from Kinshasa to Mbandaka and from Mbandaka to Bikoro is by air. Transport from Kinshasa to Mbandaka are offered by commercial flights, the UN and ICRC. In Mbandaka, helicopter transports are made available by the UN to and from Bikoro, Iboko and Itipo. However, transport is not guaranteed as there is not always enough place in the helicopter and there are frequent cancellations of flights. It is noted at this stage of the emergency that UNHAS is gradually reducing its presence; air-transport is likely to become scarce in the following weeks. Additionally, none of these airports or airstrips are lighted limiting the flights to daytime. There is a possibility to go from Mbandaka to the different sites by road or water but the conditions are difficult and the transportation time is long. In order to limit travel risks, 3 field bases have been established, 1 in Mbandaka, 1 in Bikoro and 1 in Itipo.

Communications are challenging with almost no phone network in Bikoro, Itipo and Iboko. There is some internet access in Bikoro and Itipo. Satellite communication is almost the only possible mean of communication in those sites and in between the sites. However, when it is too cloudy, satellite communication is not possible either.

Major health threats to delegates, staff and volunteers include road accidents, infections (malaria and other vector or water borne diseases) as well as PSS issues due to stress and work overload.

There have been very few security incidents. The Ebola has triggered an unprecedented inflow of resources in an impoverished province where the awareness and acceptance of the outbreak is low and multiple other priorities are present. Multiple rumours on Ebola are circulating such as the disease having been invented by foreigners to steal the resources, SDB being carried out to remove organs, or bodies being bought, etc. Additionally, there have been delays in paying workers and volunteers which have triggered public anger and demonstrations. There is therefore a risk of security incidents raising especially when the resources start to diminish.

B. OPERATIONAL STRATEGY

Proposed strategy

Community Engagement and Accountability (CEA)

Information collected through community-engagement and accountability (CEA) mechanisms indicate that not all affected populations react the same way in the face of the EVD outbreak. In some parts, rumours have taken precedence over the exact knowledge about what EVD really is. The following is a selected list of rumours collected by the CEA team in the field:

- The EVD was invented by humanitarians to mobilize funding at our expenses
- The EVD was introduced in our community by the plan that comes here these days
- The EVD spreads rapidly when swabs are taken because toxic products are injected in the dead bodies during the process
- Burials are conducted in the absence of relatives or bodies are buried in closed coffins because the organs of the deceased have been taken off by health personnel to be sold
- EVD vaccination is a form of genocide and we need to be cautious
- If the Red Cross wants to bury a woman in line with SDB measures, then they have to pay for the bride price beforehand

- When a pregnant woman dies, the unborn child needs to be removed from her womb prior to burial
- The body bags need not to be completely locked as this will prevent the soul of the deceased from rising to heaven

As the epidemic has slowed, communities have in some cases become increasingly resistant to safe burials or other EVD-related interventions, as the lack of Ebola cases increases suspicion that the activities are based on ulterior motives.

Social mobilisation and risk communication activities have been carried out in Mbandaka, Wangata, Bikoro, Itipo, and surrounding areas. Volunteers conduct door to door visits, do public education in gathering places (places of worship, markets, etc.), and conduct sensitisation through radio, community theatre, and other engagement approaches. CEA activities are coordinated with local communications commission to ensure effective coverage of the targeted areas and communities. The commission also allows community mobilisers to report back rumours, complaints and feedback received while carrying out their work, allowing the commission to alter the messages to best respond to the current local needs. Assessments are ongoing to identify strategies and approaches to reach more isolated communities – both geographically and socially.

Volunteers engaged in CEA carry out house to house visits following a weekly plan shared with the "Communications Commission" coordination meetings. During these visits they deliver predefined messages. They also collect rumours, feedback and complaints that are later shared with their supervisors and the commission. Other activities include community meetings, focus groups, social mobilisation in churches and other religious and social gatherings.

Exploration visits are planned to remote communities to assess the need and feasibility of carrying out activities.

Surveillance

Surveillance and contact tracing activities have not been carried out per se. Volunteers have been involved in active case finding using standard case definition and providing information to support contact investigation have been integrated in the social mobilization and risk communication activities. Provincial and local branches have been reporting activities at the "surveillance" commission meetings.

The DRC RC is very interested in developing a capacity in community-based surveillance (CBS) and has some experience in this respect which is completely in line with the interest of the MoH/WHO. A process to support the setting up of CBS capacity in Equateur province is currently under way.

Safe and dignified burial (SDB)

Currently, there are eight fully operational, trained and equipped 10-person SDB teams: 2 in Mbandaka, 2 in Bikoro, 1 in Iboko, and 3 in Itipo. Together, the teams have responded to 81 alerts of deaths in the community (up to July 06), of which 32 resulted in the team carrying out a safe and dignified burial. Despite ongoing work to improve the cultural acceptance of the approach needed to prevent transmission during burial and to improve the teams' acceptance by the families and communities of the deceased, a great deal of resistance to SDB remains.

SDB in the community has been a logistical, cultural and societal challenge, as it is inherently sensitive work often carried out in difficult-to-access areas, while being technically demanding and requiring a high degree of precision. Equateur is a culturally diverse province, with varying burial practices and levels of trust of those from outside the community. To reduce the proportion of families and communities who refuse burial assistance, the Red Cross SDB teams have altered their safe burial practices to more closely conform with local customs—which may vary between communities—while maintaining safety. This is an ongoing process, as communities' and families' expectations and understanding of the Ebola response are continually evolving. These operational adaptations and approaches have supported SDB activities, including:

- Systematically including a Red Cross volunteer in the case investigation team has resulted in families and communities better understanding the SDB process before the arrival of the SDB team. This has reduced the number of instances wherein a family rescinds their permission for the Red Cross team to conduct a safe burial.
- Providing training and sensitisation on SDB to community leaders, to allow them to understand both the necessity of the approach and, more critically, what it entails at the community level. Misunderstandings of the number of personnel involved, extent of the PPE, and limitations on which

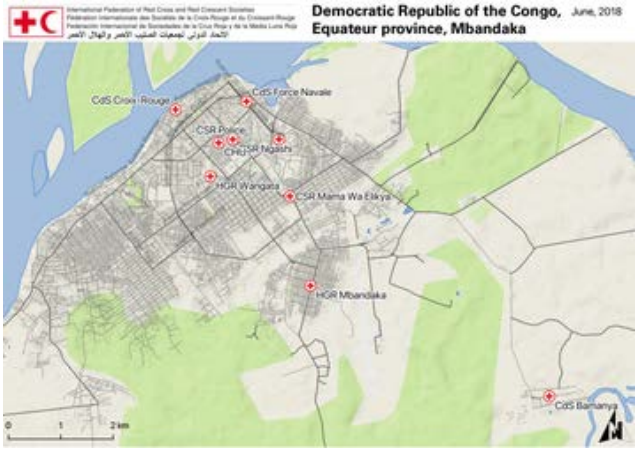
cultural practices could be safely incorporated had resulted in some families and communities rescinding their permission for a safe burial.

- Integrating the Red Cross into the investigation commission, so that alerts were received quickly and could be acted upon within an acceptable window of time.
- Incorporating ethnographic studies and approaches raised in community meetings into the SDB practices has facilitated the evolution of more culturally appropriate SDBs.
- Providing a coffin to the family has sometimes been necessary to overcome resistance and allow for a culturally acceptable burial that prevents transmission of the virus.

Infection prevention and control (IPC)

The ERU team has been carrying out IPC activities (training of health workers in 3 different modules and equipment of triage areas followed by supervision and mentoring of the health facilities) as planned in 8 health facilities in Mbandaka and 1 in Wangata (see map below). The team has integrated 2 physicians from the DRC RC (1 from Equateur province and 1 from national Headquarters) who support the trainings and supervision and allow training to be carried out in Lingala.

In Bikoro, the ERU team was initially requested to equip and train 8 health facilities. A team has assessed the situation in Bikoro to respond to the demand of the MoH and WHO. However, the MoH has declined setting up temporary triage structures and limited the health facilities to be supported to 4 (Ikoko-Impenge, Moheli, Mbuli and Mooto). The ERU team has informed the MoH that building permanent or semi-permanent structures was outside the scope of their mandate. They have conducted the required training of health care workers and terminated the mission in Bikoro.



The ERU team is currently in the last month of its deployment and initiating phasing out and handing over. During this phase IPC teams will be put in place in major health facilities. They will be in charge of setting up a triage area and to put in place IPC processes and protocols in case of outbreak.

The ERU team is supported by the ICRC who have been supporting IPC in 3 health facilities offering obstetrical care. ICRC is also providing IPC services at the Mbandaka prison.

Psychosocial support (PSS)

Psychosocial support activities have been carried out by volunteers in Mbandaka. Affected persons or households identified by door to door sensitization activities are referred to the PSS volunteers who then visit the household. These activities are reported to the Psychosocial commission attended by the supervisor of the PSS team.

PSS training has been initiated by a French RC PSS delegate and will be continued for the next 6 weeks. The training will focus on psychosocial first aid (PFA) and volunteer well-being. A training of trainers is also planned at national and provincial levels.

Planning transition

The DRC RC and IFRC teams are currently in a process of joint planning of the transition phase at the field and headquarters level. Several planning meetings have taken place to propose plans for the main pillars as well as for reinforcement of the NS. This process has clarified the strengths, needs and strategic priorities of the NS. The partner NS (PNS) and IFRC personnel at Kinshasa level have also been included in this process in order to harmonize and mainstream approaches.

Logistics

A logistics delegate and a logistics RDRT are supporting the logistics aspects of the operation. They have coordinated the importation of EVD response items from Cameroon and Sierra Leone and have also rented vehicles locally to facilitate the movement of the staff and the implementation of activities, especially SDB

activities. In the absence of the HR and administration team at the beginning of the operation, the logistics team also supported the deployment of surge staff to the DRC.

Human resources
The Yaoundé Office deployed its Human resources officer to support the operation. This person has been handling the incoming and departure of international staff and is also conducting recruitments to staff the new Kinshasa office.

Finances
Since the early hours of the declaration of the outbreak, the Yaoundé Cluster Office deployed its Finance Officer to the DRC to cover all the finance aspects of the operation. The Yaoundé Finance and Administration delegate has also conducted 2 missions to the DRC to support the operation.

Security
A logistics delegate has been recruited for the DRC and has been conducting security assessment in the sites where the Red Cross is carrying out activities.

Information Management (IM)
Data availability and flow have previously been issues of the operation. The IM delegates have set up several data collection forms, data flow and data sharing processes, analysis and dissemination. Disaggregation by age and gender is being implemented in all data management. IM is working very closely with the provincial branch to support data collection and management. Trainings are being provided to volunteers on digital data collection.

Planning, Monitoring, Evaluation and Reporting (PMER)
The PMER team is working in close collaboration to improve on data availability and flow. The team is also supporting resource mobilization through the development of concept notes for specific donors, revision of the emergency appeal and development of this operations update.

C. DETAILED **OPERATIONAL PLAN**

Health
Target 400,000
People reached: 303,719
Male: 104,625
Female: 199,094
Requirements (CHF): 2,302,408

Outcome 1: Improved early detection mechanisms of resurgence of Ebola through integrated community-based health interventions

Indicators:	Target	Actual
Number of health zones reached with surveillance and contact tracing activities	5	4

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

Indicators:	Target	Actual
Number of Red Cross personnel deployed for pre-assessment	5	3
Number of Red Cross branches provided with support in addressing the Ebola Outbreak	5	4
Number volunteers trained in Ebola epidemic management, surveillance, referral, contact tracing and community engagement	500	305
Number of contacts being followed by the RCRC	NA	0

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

Indicators:	Target	Actual

Percentage/Number of affected persons reached with PSS Services	100%	0
Output 2.1: The psychosocial effect of the epidemic is reduced through direct support to frontline workers and affected population		
Indicators:	**Target**	**Actual**
Number of volunteers trained in PSS	10	10
Number of staff and volunteers having benefitted from PSS services	24	29
Outcome 3: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola		
Indicators:	**Target**	**Actual**
Number of Social mobilization sessions organized	216	54
Output 3.1: Context specific risk communication and community engagement and accountability strategy is established		
Indicators:	**Target**	**Actual**
Percentage of target population reached with Social mobilization activities	400,000	303,719
Outcome 4: Targeted health facilities with improved IPC practices and protocols		
Indicators:	**Target**	**Actual**
Number of health facilities provided with RC support to improve IPC practices and protocols	18	18
Output 4.1: IPC activities conducted in 18 targeted health facilities in Mbandaka (10) and Bikoro (8)		
Indicators:	**Target**	**Actual**
Number of health facilities provided with RC support to improve IPC practices and protocols	18	18
Outcome 5: The targeted heath facility staff have better capacity to provide safe patient care during EVD outbreak including triage, early detection of cases and early management		
Indicators:	**Target**	**Actual**
Number of staff trained	1,000	986
Number of facilities supported with capacity building activities	18	11
Output 5.1: Capacity building and training activities conducted for health facility staff in 18 facilities		
Indicators:	**Target**	**Actual**
Number of staff trained	1,000	986 (516 M, 470 F)
Number of facilities supported with capacity building activities	18	11
Outcome 6: Communities in high-risk areas of the country are prepared to detect and respond to Ebola		
Indicators:	**Target**	**Actual**
Number of Red Cross volunteers trained in CEA and contact tracing (disaggregated by health zones)	800	100
Output 6.1: Up to 400,000 people in 16 Health Zones have engaged with National Society risk communication social mobilization and community engagement approaches to promote healthy and protective behaviours		
Indicators:	**Target**	**Actual**
Number of PPE prepositioned (disaggregated by health zones)	320	0
Progress towards outcomes		
Four health zones (HZ), namely Wangata, Mbandaka Centre, Bikoro and Iboko HZ have been reached with surveillance and contact tracing activities. Specific surveillance and contact tracing activities such as actually following contacts were not implemented, but DRC Red Cross (DRC RC) contributed to them by reporting alerts and other surveillance related information to the Ebola coordination committee put in place by MoH.		

When the outbreak started, IFRC supported the deployment of 2 DRC RC staff (1 disaster management (DM) and 1 water, sanitation and hygiene (WASH) to Equateur province for pre-assessment of the situation and identification of needs. The National Society (NS) team was accompanied by the IFRC Cholera Operations Manager who was in country at that time.

Among these 305 volunteers, 60 have been trained specifically in safe and dignified burials (SDBs), 20 in Mbandaka, 20 in Bikoro and 20 in Itipo (Iboko HZ).

It has not been easy to mobilise psychosocial support (PSS) surge capacity for this operation. This explains why PSS activities have not yet picked up. Nevertheless, the French Red Cross deployed its PSS specialist who conducted an assessment in the field in June and drafted a list of PSS needs to be covered. Achievements in this regard will be provided in subsequent reports.

The 303,719 people (76% of the target) were reached through CEA activities by a total of 305 trained DRC Red Cross volunteers. The following table summarizes the number of people reached per health zone:

HZs	Trained male volunteer	Trained female volunteer	Total trained volunteer	Households reached	Men reached	Women reached	Boys reached	Girls reached	Total people reached
Bikoro	50	25	75	15,395	22,130	110,505	28,426	28,702	189,763
Bolenge	12	15	27	6[2]	1,391	1,809	1,269	862	5,331
Iboko	27	13	40	2,161	3,079	3,042	4,303	4,387	14,811
Mbandaka	69	24	93	3,272	4,331	4,939	4,917	5,550	19,737
Wangata	47	23	70	12,288	15,003	16,799	19,776	22,499	74,077
Total	**205**	**100**	**305**	**33,122**	**45,934**	**137,094**	**58,691**	**62,000**	**303,719**

Planned Infection Prevention and Control (IPC) activities are carried out by the Emergency Response Unit (ERU) health team deployed to Equateur province. Since the start of the response, 2 rotations of ERU teams have already been deployed. The first rotation had 12 members, and the second has 14 members. A third and last rotation is expected in country in July. The ERU team has so far built 7 triage and temporary isolation centres in 7 health facilities in Mbandaka. The team is also equipping these centres with hygiene materials. In addition, ERU has provided IPC training to 986 health personnel in Mbandaka and Wangata HZs, including 516 men and 470 women. The ERU has also conducted assessment in 7 health facilities of Bikoro HZ and is planning to launch IPC activities there in the days ahead. So far, they have already trained 20 health personnel in Bikoro, including 17 men and 3 women.

The International Committee of the Red Cross (ICRC) is also supporting IPC activities in the same health facilities, in close collaboration with the IFRC-deployed ERU team. ICRC support is mainly targeting maternity units in those health facilities. In this regard, ICRC has supported the maternity units of the Mbandaka and Wangata general reference hospitals by training health personnel in EVD prevention, hygiene practice and waste management in child delivery rooms of the 2 reference hospitals, in close collaboration with the provincial Health Directorate and WHO.

As far as Ebola preparedness is concerned, a detailed operational plan has been prepared in close collaboration with DRC RC and interested partner NS (PNSs). Implementation of that plan has started. In fact, with Swedish Red Cross support, 100 DRC RC volunteers have been trained on SDB, PSS, surveillance and CEA in the Kingabwa and Limete HZs of Kinshasa province. Out of the 100, 40 have received specific SDB training (20 for Kingabwa and 20 for Limete), and 60 have received specific CEA training (30 for each of the 2 HZs). Canadian Red Cross is also planning to support Ebola preparedness in some non-affected HZ in Equateur province. Spanish Red Cross will train 50 DRC RC volunteers in Bandundu HZ in Kwilu province on 19th July 2018 for preparedness activities.

The main challenge during this reporting period is the limited number of staff available for DRC RC to implement the operation. At the beginning, the host NS did not have an Ebola focal person. With IFRC

[2] Activities here were mostly through mass sensitization in churches and public places

support, this position has now been filled and the person, who is the NS counterpart to the IFRC's Head of Emergency Operations (HeOps), is currently identifying DRC RC counterparts to work with ERU, IFRC and PNS staff in the field. This will contribute to strengthening the operational capacities of the host NS for subsequent epidemic response.

ICRC teams have been providing EVD awareness to the police, the army and judicial authorities.

Water, sanitation and hygiene
People targeted: 400,000
People reached: 125,058
Male: 104,625
Female: 199,094
Requirements (CHF): 1,447,284

Outcome 1: The spread of Ebola is limited by disinfection of affected houses and area

Indicators:	**Target**	**Actual**
Number of contaminated houses/areas disinfected	36	248

Output 1.1: Affected populations benefit from assistance in household disinfection

Indicators:	**Target**	**Actual**
Number of volunteers trained in household disinfection	21	92

***Outcome 2:* The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions**

Indicators:	**Target**	**Actual**
Number of contaminated houses/areas disinfected	36	248

Output 2.1: The affected population is assisted through safe and dignified burial and decontamination activities

Indicators:	**Target**	**Actual**
Number of SDBs conducted	7	32
Number of volunteers trained in infection prevention and control, as well as in SDB	21	92
Number of population reached with sensitization messages	150,000	125,058

Outcome 3: The spread of Ebola is limited by hand washing campaign in affected provinces

Indicators:	**Target**	**Actual**
Number of hand-washing campaigns conducted	7	1

Output 3.1: Households demonstrate increased knowledge and practice safe hygiene and sanitation

Indicators:	**Target**	**Actual**
Number of households reached with safe hygiene and sanitation messages	20,000	18,838
Number of Red Cross volunteers trained to popularize safe hygiene and sanitation messages	950	305

Progress towards outcomes

Since the start of the outbreak, the Red Cross has received 81 alerts of people who died supposedly of EVD. Out of the 81 alerts, the Red Cross has performed 32 safe and dignified burials (SDB). The remaining alerts were either buried by relatives before the information could get to the Red Cross or fall under the many number of SDB refusals. The refusals are mostly associated with cultural beliefs. The table below shows a distribution of the number of SDBs performed by the Red Cross since the start of the outbreak:

Health Zone	SDBs done		
	Males	Females	Total
Bikoro	10	6	16
Iboko[3]	7	4	11
Mbandaka	1	0	1
Wangata	4	0	4
Total	**22**	**10**	**32**

Trained Red Cross volunteers were able to disinfect 198 houses in the 3 health zones where SDBs were done. In addition to SDB and disinfection activities, DRC RC volunteers supported by IFRC-deployed RDRTs and surge delegates conducted hygiene and sanitation work, reaching about 18,838 households and an average of 125,058 people with safe hygiene and sanitation messages, with focus on Ebola prevention and protection messages. The messages prepared in French were also translated into Lingala language to facilitate communication with vulnerable people.

Disinfection in a hospital room, Mbandaka. Photo by IFRC WASH RDRT

ICRC has conducted health and WASH activities at the Mbandaka prison. Activities implemented include the following:

- Training of the health team of the prison in EVD risks
- Distribution of Infection prevention and control (IPC) devices, including 30 hand-washing devices and thermometers
- Distribution of hygiene tools to the health centre at the prison, including soap, buckets, hand-washing devices, chlorine, detergent, boots, household gloves, medical thermometers and basic dressing kits
- Training of prisoners in hygiene and disinfection practices
- Donation of hygiene materials to prisoners, including buckets, plastic cans, hand-washing devices and soap
- Strengthening access to water in the prison by improving 2 water wells, installing 6 big containers and downpipes
- Improving the system for evacuating waste waters.

Protection, Gender and Inclusion

People targeted: 320,000
People reached:0
Male:
Female:

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalized groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
% of community members that understands and respect the protection, gender and inclusion of disadvantaged and marginalized groups in all the activities implemented	80%	0

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

Indicators:	Target	Actual

[3] Out of the 8 SDBs done in Iboko HZ, 5 were in Itipo Health area, and 3 were in Iboko centre

# of volunteers trained on the respect of gender and other diversity factors and the minimum Standard commitment	200	0
Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children		
Indicators:	**Target**	**Actual**
# of people reached with the awareness raising on preventing and responding to SGBV in all community outreach activities	NA	
Progress towards outcomes		
The activities planned under this area of focus (AoF) are not yet implemented as they fall under scenario 2 set in line with the available limited funding for the operation. These activities will be carried out if additional funds are mobilised.		

Strengthen National Society

Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.

Indicators:	Target	Actual
# of volunteers involved in the operation who are motivated and protected	500[4]	305

Output 1.1: The National Society has effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers involved in the operation who are motivated and protected	500	305

Output 1.2: The National Society has the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
# of people who can be served with the emergency stock prepositioned in the Equateur province	40	0
Number of DRC Red Cross volunteers trained in mobile phone-based data collection	100	5

Progress towards outcomes

In anticipation of the size of the operation, IFRC paid for the insurance coverage of 500 DRC RC volunteers who can be involved in response and preparedness activities. So far, 305 volunteers have been trained and are taking part in the activities. If the number 500 is reached, more volunteers will be covered to ensure their safety, protection and motivation.

Additionally, considering the urgency of the situation, 5 DRC RC volunteers have quickly been briefed on how to type in and submit data to Kobo using mobile phones. Three of the 5 volunteers are in Mbandaka (including 2 women), 1 is in Bikoro (male) and 1 is in Itipo (male). A proper mobile phone-based data collection training is scheduled to take place during the first half of July 2018 and is targeting about 20 DRC RC volunteers. The data used for this Operations Update is exported from Kobo, and it was keyed in by DRC RC volunteers with the technical support of the 2 Information Managers (IDRTs) from Burundi Red Cross presently deployed to Mbandaka and Itipo for the operation.

ICRC has supported the DRC RC by providing materials, supporting the deployment of NS volunteers, and maintaining excellent daily coordination and information sharing.

International Disaster Response

Outcome S1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of surge people deployed to support the operation (disaggregated by area of specialization)	8	34[5]

Output 1.1: Deployment of surge capacity

Indicators:	Target	Actual
# of surge people deployed to support the operation (disaggregated by area of specialization)	8	34

Progress towards outcomes

For the smooth implementation of the operation, the IFRC has deployed 5 of its staff from the Yaoundé Cluster Office, including the PMER, HR, Communications and Finance (Finance Officer and Finance and Administration Delegate) staff. In addition, one IT Delegate from Bangui Country Office has been deployed to DRC, as well as the Information Management delegate from Nairobi Office. In addition to the IFRC staff, RDRTs have also been deployed for SDB, WASH, Administration and Finance, Logistics,

[4] Achieved: 305 total comprising; 305 – CEA; 10 – PSS; 100 – Contact tracing; 92 Disinfection of houses.

[5] Eight RDRT and two rotations of ERU (12 and 14).

Information Management (2 RDRTs), CEA (1 delegate and 1 RDRT), as well as the ERU team covering IPC activities (2 rotations of 12 + 14 staff). All of these international staff have been supporting the DRC RC with the implementation of the operation.

Influence others as leading strategic partner

Outcome 1: The Movement uses its unique position to influence decisions at local, national and international levels that affect the most vulnerable

Indicators:	Target	Actual
# of communication products produced for the operation (disaggregated by type of product)	5	12

Output 1.1: Movement is visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# of communication products produced for the operation (disaggregated by type of product)	5	12

Outcome 2: The complementarity and strengths of the Movement are enhanced

Indicators:	Target	Actual
# of Movement partners involved in the operation	7	7

Output 2.1: Movement enhance its operational reach and effectiveness through new means of coordination

Indicators:	Target	Actual
# of Movement partners involved in the operation	7	7

Progress towards outcomes

Since the declaration of the outbreak, IFRC has deployed 3 communications surge staff to the DRC. These staff have contributed to the popularization of Red Cross interventions by producing 5 types of communication products, including Latest communication on IFRC Website, Press release, Videos footage, Photo gallery and Fact sheets. Other press releases on the operation include the following:

- DR Congo: Red Cross ramps up support as Ebola response enters critical phase, 15 June
- Red Cross medical team deployed to Ebola response, 5 June
- Red Cross warns against complacency in Ebola response, expands operation, 22 May
- Urgent need to activate "community alarm system" to halt further spread of Ebola, 17 May
- DRC: Red Cross team deploys to Ebola epicentre with life-saving supplies ,12 May

The following videos also highlight the work being done by DRC Red Cross volunteers in the field:

- Update on the operations
- CEA in the field
- ERU helps respond to Ebola in rural DRC

Smooth coordination between Movement partners in the DRC have resulted in the launching of this One International Emergency Appeal with 7 Movement partners involved, namely DRC RC, IFRC, ICRC, French Red Cross, Swedish Red Cross, Canadian Red Cross and Spanish Red Cross.

Effective, credible and accountable IFRC

Outcome 1: The Movement enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
Percentage of narrative reports submitted in time	100%	
Percentage of financial reports submitted in time	100%	

Output 1.1: Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicators:	Target	Actual
Percentage of narrative reports submitted in time	100%	
Percentage of financial reports submitted in time	100%	

Progress towards outcomes
The operation is still in its second month, and reporting deadlines are not yet around. However, the Planning, Monitoring, Evaluation and Reporting (PMER) and Information Management (IM) teams are intensifying efforts to collect valuable and quality data that will be used in due course to report to donors. A mobile phone-based data collection system has been put in place, and DRC Red Cross are currently being trained on how to collect data using mobile phones.

D. BUDGET

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 National Society

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- **IFRC Kinshasa Country Office:** Florent DELPINTO, Head of Emergency Operations, phone: +243 853 593 775; Email: florent.delpinto@ifrc.org

In IFRC Geneva

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For IFRC Resource Mobilization and Pledges support:

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

For In-Kind donations and Mobilization table support:

- **Global Logistics Services -** 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 Name: 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.

Disaster Response Financial Report

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Timeframe: 12 May 18 to 21 Nov 18

Appeal Launch Date: 21 May 18

Interim Report

Selected Parameters			
Reporting Timeframe	2018/5-2018/6	Programme	MDRCD026
Budget Timeframe	2018/5-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			**206,253**			**206,253**	
B. Opening Balance			**216,168**			**216,168**	
Income							
Cash contributions							
European Commission - DG ECHO			*154,717*			*154,717*	
Japanese Red Cross Society			*53,800*			*53,800*	
The Canadian Red Cross Society (from Canadian Government)*			*52,456*			*52,456*	
The Netherlands Red Cross (from Netherlands Government)*			*553,766*			*553,766*	
United States Government - USAID			*60,979*			*60,979*	*628,929*
C1. Cash contributions			***875,719***			***875,719***	***628,929***
Other Income							
DREF Allocations			*-216,168*			*-216,168*	
C4. Other Income			***-216,168***			***-216,168***	
C. Total Income = SUM(C1..C4)			**659,551**			**659,551**	**628,929**
D. Total Funding = B +C			**875,719**			**875,719**	**628,929**

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance			216,168			**216,168**	
C. Income			659,551			**659,551**	**628,929**
E. Expenditure			-299,980			**-299,980**	
F. Closing Balance = (B + C + E)			575,738			**575,738**	**628,929**

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Budget Timeframe	2018/5-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL
	A						B	A - B
BUDGET (C)				**206,253**			**206,253**	
Relief items, Construction, Supplies								
Construction - Facilities	0							**0**
Clothing & Textiles	0							**0**
Water, Sanitation & Hygiene	2,070			2,163			**2,163**	**-93**
Medical & First Aid	751			751			**751**	**0**
Teaching Materials	0							**0**
Other Supplies & Services				543			**543**	**-543**
ERU	0							**0**
Total Relief items, Construction, Sup	2,821			3,457			**3,457**	**-635**
Land, vehicles & equipment								
Vehicles	0							**0**
Computers & Telecom	0			21,065			**21,065**	**-21,065**
Office & Household Equipment	0			1,392			**1,392**	**-1,392**
Total Land, vehicles & equipment	0			22,457			**22,457**	**-22,457**
Logistics, Transport & Storage								
Storage	86			86			**86**	**0**
Transport & Vehicles Costs	59,044			17,761			**17,761**	**41,283**
Logistics Services	0							**0**
Total Logistics, Transport & Storage	59,130			17,847			**17,847**	**41,283**
Personnel								
International Staff	23,125			31,492			**31,492**	**-8,368**
National Staff	57,763			2,871			**2,871**	**54,892**
National Society Staff	0							**0**
Volunteers	4,388			4,816			**4,816**	**-427**
Total Personnel	85,276			39,179			**39,179**	**46,097**
Consultants & Professional Fees								
Consultants				15			**15**	**-15**
Professional Fees	0			2,497			**2,497**	**-2,497**
Total Consultants & Professional Fee	0			2,512			**2,512**	**-2,512**
Workshops & Training								
Workshops & Training	2,541			2,736			**2,736**	**-195**
Total Workshops & Training	2,541			2,736			**2,736**	**-195**
General Expenditure								
Travel	42,206			57,046			**57,046**	**-14,839**
Information & Public Relations	30			2,465			**2,465**	**-2,435**
Office Costs	232			8,044			**8,044**	**-7,812**
Communications	479			6,770			**6,770**	**-6,291**
Financial Charges	574			3,055			**3,055**	**-2,481**
Other General Expenses	0			364			**364**	**-364**
Shared Office and Services Costs	0			438			**438**	**-438**
Total General Expenditure	43,521			78,182			**78,182**	**-34,661**
Contributions & Transfers								
Cash Transfers to 3rd Parties	0							**0**
Total Contributions & Transfers	0							**0**
Operational Provisions								
Operational Provisions				113,741			**113,741**	**-113,741**
Total Operational Provisions				113,741			**113,741**	**-113,741**

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Budget Timeframe	2018/5-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)				**206,253**			**206,253**	
Indirect Costs								
Programme & Services Support Recove	12,564			18,207			**18,207**	**-5,643**
Total Indirect Costs	12,564			18,207			**18,207**	**-5,643**
Pledge Specific Costs								
Pledge Earmarking Fee				564			**564**	**-564**
Pledge Reporting Fees	399			1,099			**1,099**	**-700**
Total Pledge Specific Costs	399			1,663			**1,663**	**-1,264**
TOTAL EXPENDITURE (D)	**206,253**			**299,980**			**299,980**	**-93,728**
VARIANCE (C - D)				**-93,728**			**-93,728**	

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Budget Timeframe	2018/5-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	206,253	216,168	659,551	875,719	299,980	575,738	628,929
Subtotal BL3	206,253	216,168	659,551	875,719	299,980	575,738	628,929
GRAND TOTAL	**206,253**	**216,168**	**659,551**	**875,719**	**299,980**	**575,738**	**628,929**