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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° 2; date of issue: 07 July 2018	**Timeframe covered by this update: 14 – 3 August 2018**
Operation start date: 21 May 2018	**Operation timeframe: 09 months and end date 21 February 2018**
Overall operation budget: CHF 7,879,764	**DREF amount initially allocated: CHF 216,168**
N° of people being assisted: 800,000 people (134,000 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	

A. SITUATION ANALYSIS

Description of the disaster

On 08 May, 2018, the Ministry of Health (MoH) officially declared the 9th outbreak of the Ebola virus disease (EVD) in DRC in the Equateur province. Since then, 54 EVD cases have been registered, including 38 confirmed cases. Seventeen (17) persons died from this epidemic including 2 health personnel. 21 people survived from the virus.
The 9th epidemic has been declared over on 25 July, as no new cases were detected from the 6th of June 2018.

On 29 July MoH and WHO was alerted of a community death that had taken place 25th July in Mangina, North Kivu Province, followed by unsafe burial after which 7 family members developed symptoms and died. 1st August samples of six suspected cases were taken of which 4 came back confirmed EVD on 2 August. Retrospective review of health records suggests that 26 potential cases with hemorrhagic symptoms including 20 deaths date back up till 11 May.

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

As of 3 August MoH, has reported 43 probable and confirmed cases including 33 deaths and 33 cases under investigation. The declaration of this outbreak followed detection of a significant cluster of suspected viral hemorrhagic fever in July in Nord Kivu. Investigations found that sporadic deaths in May in the affected communities may have been related.

[1] The average household size is 6 people

The geographical scope of the operation has been expanded to respond to new outbreak in North Kivu and Ituri. While key pillars of operation remain unchanged, implementation mechanism has been reconsidered in terms of setting up operation team and support base on the epicenter to reduce time gap in delivering assistance.

Summary of current response

Overview of Host National Society
Regarding the 9th outbreak, since the first alert of the outbreak, the DRC RC has been coordinating its activities with the Ministry of Health. IFRC personnel in country provided technical support and together with the National Society deployed pre-positioned Personal Protective Equipment (PPE) to the affected areas and began training volunteers on Ebola awareness, surveillance and disinfection procedures. On 12 May 2018, the IFRC allocated CHF 216,168 from its Disaster Relief Emergency Fund (DREF) for the response and together with the National Society developed a three-week plan of action. Throughout the affected Health Zones; the following achievements have been reached as of end of July 2018:

- Training of **300** volunteers in different areas including 163 in Community Engagement and Accountability, Ebola sensitization, 108 in Safe and Dignified Burials and disinfection techniques, and 29 in PSS
- **228,421** people reached with the above activities and awareness sessions in schools and churches, including 36 Safe and Dignified Burials conducted
- Support to fifteen (15) health centres and hospitals in Mbandaka (11) and Bikoro (4) with Infection Prevention and Control and capacity building activities
- In addition, preparedness sessions and contingency planning in Kinshasa and the four neighbouring provinces of Equateur have started. It is in line with what is going on in some of the neighbouring counties at risk like CAR and Congo Brazzaville

The operation has its main coordination structure in Kinshasa and in Mbandaka and two field offices have been established in Itipo and Bikoro.

For the 10th epidemics, the DRC RC has relocated key staff and volunteers from the Equateur province along with the repurposing IFRC staff from Equatour and Kinshasa to North Kivu in close collaboration with the ICRC. The DRC RC relocated on 04 August their Ebola Coordinator as well as their CEA Coordinator from Equateur, their SDB Coordinator and 8 volunteers highly trained and experienced in SDB.
In total 18 delegates, staff and volunteers have been relocated between 4 and 5 August to North Kivu. Two SDB team are now operational on the ground and have the relevant equipment's and logistics support needed to start implementing the SDB activities.

Overview of Red Cross Red Crescent Movement in country
For the 9th epidemics, the DRC country office of the IFRC has been strengthened through the deployment of global surge capacity to support the National Society. Five Partner National Societies (PNS)—Belgian, Canadian, French, Spanish and Swedish—have longstanding programs with the National Society. The ICRC is present in the country with programmes responding to the protection and assistance needs of the population affected by armed conflict and other violence. The IFRC is seeking funding for the activities of all RCRC Movement partners through the One International Appeal. The activities of this operation are being implemented by a combination of Movement partners - the National Society, the IFRC, the ICRC and the PNS (Canadian, Swedish, Spanish and French RC). The DRC RC, PNS and ICRC operations associated with the Ebola outbreak are fully integrated into this plan and budget as part of a response from the Red Cross and Red Crescent Movement.

The ICRC is contributing to the Movement's response by implementing infection control and prevention in health facilities (maternity services) and in Mbandaka Prison, including sanitation and waste management, and also participates in activities to strengthen the emergency health capacity of DRC volunteers and provide logistical support, such as the use of the ICRC aircraft (and, if necessary, forensic support on request).

For the 10th Epidemics, due to the specificity of the location, the IFRC and the ICRC are developing together a joint approach. IFRC and ICRC are defining clear role and responsibilities of each partner. IFRC has the operational expertise for programmatic response especially in SDB, Risk comms/CEA, PSS, Surveillance and IPC while the ICRC is leading the operation, mainly in terms of security (including movements, deployment capacity, accommodation, etc.) and field expertise in the area.

Additionally, to the located responses for both epidemics, a transition and preparedness Plan has been developed at national level to increase the capacity of the DRC RC in the long run.

Partners are also contributing to such an approach with the following activities: The Swedish RC is focusing on preparation and capacity building in Kinshasa Province. The Canadian Red Cross activities are focusing on capacity building and development in South Ubangi, Mongala, Tshuapa and Equateur provinces. The French Red Cross is focusing on PSS activities in the affected areas as well as at national level.

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

Coordination meetings were 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 for the 9th epidemics. For the 10th epidemics, the coordination hub with all technical commissions is being set-up in Beni where most actors are being deployed.

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

In North Kivu, fewer actors are present on the ground. UNICEF, WHO, MSF and Alima are present but due to the security context, humanitarian access is limited in the Equateur Province. This is also reinforcing the importance for the RC Movement to scale-up its teams and response to respond to the increasing humanitarian needs.

Needs analysis and scenario planning

Needs analysis
As the 9th outbreak has been declared as over, the most important components in the Equateur province are related to community surveillance and the reinforcement of capacities of volunteers and the branch.

The 10th epidemics has been declared 2,500Km away from where the 9th one occurred. Two (2) provinces are being affected for these epidemics: North Kivu and Ituri. At this stage 7 health zones are being affected with most of the cases being reported from Mabalako health Zone Mangina but the situation is evolving very fast. According to retrospective review of health statistics the cases with haemorrhagic symptoms are dating back to 11 May. This most likely indicates that the virus has been spreading without being noticed and officially reported for unknown period of time and the true extend of the outbreak is still unknown.

Scenario planning
For the 9th outbreak, on 25 July the epidemics has been officially declared as over.

For the 10th outbreak, and as of 3 August the confirmed and probable cases are coming from six (6) HZs with additional 1 HZ reporting suspected cases. These HZ are located in two (2) Provinces of North Kivu and Ituri. Most affected HZ is Mabalako with 21 probable, 10 confirmed and 25 suspected cases including 24 deaths as of 3 Aug (MOH statistics). The situation is concerning. *Because of population movements, there is a further risk that the outbreak could spread to nearby conflict-affected areas including Sud Kivu, as well as neighbouring countries of Uganda and Rwanda. Number of cases are likely to keep increasing in upcoming days*. Due to the lack of clear epidemiological and demographic data, it remains yet difficult to estimate the full scope of this 10th outbreak.

Operation Risk Assessment

For the 9th epidemics, the main risk is associated with the state of roads and difficult access. 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.

For the 10th epidemics, the main risk is clearly related to the humanitarian access and the security situation in North Kivu. Access to Beni territory and affiliated health areas is limited due to this insecurity. This area has been subject to important criminality as well as major clashes over the last year causing people displacements. Humanitarian have also been targeted over the last years with attacks and kidnapping being reported. The RCRC movement is taking

this risk very seriously and a cooperation agreement is being finalised between IFRC and ICRC to ensure that all RC/RC staff and volunteers strictly apply security rules and benefited from the best support needed in that regard. Access is also being hindered by poor road network in North Kivu and Ituri. According to OCHA only 11% of road are paved. Most access may depend on air transportation. As discussed and agreed with ICRC that all staff being deployed to the affected area will fall under ICRC security umbrella.

It is important to mention that North Kivu is densely populated, and population movement is high caused challenges for the effective operation.

B. OPERATIONAL STRATEGY

Proposed strategy

The proposed strategy could be described by combining two approaches of active response and epidemic preparedness divided in 5 different pillars. The fact that within 3 months, DRC RC has to face two major Ebola epidemics underline the need of scaling up the response itself but also to have a longer-term approach that consists in building the capacity of the DRC RC to respond to this crisis for the next years to come. So, the operational strategy focuses on 4 response pillars and a strong Preparedness component as well.

In order to maintain minimum activities in the Equateur province while a massive scale up is under way in North Kivu, key staff have also been identified to stay in the Equateur province to maintain business continuity especially regarding CEA and Surveillance activities.

In addition to identified areas for intervention or six pillars, the operation will support DRC RC in following operational and institutional capacity building activities.

- set up the multidisciplinary team to respond to epidemics in line with the activities outlined in the various pillars
- strengthen capacities for efficient and transparent management, including training on financial management systems
- improve Red Cross offices in Bikoro, Itipo and Mbandaka
- train NS teams in Mbandaka on warehousing (procedures and protocols) and on procurement procedures

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

For both epidemics, community engagement has been essential in the ongoing response operation as it develops approaches and tools that facilitate access to affected communities. The adoption by communities of safe practices to limit EVD exposure and spread requires better knowledge of the disease its symptoms and how it is
Information as aid (risk communication) is the first step of the response in a context of an outbreak because it provides immediate access to useful information. This information also gives answers to various questions and comments from communities, while helping to track rumors which will then be analyzed and used to develop specific messages. It has been noticed for some communities, especially in remote villages that resistance to outside support and uncertainties about the existence of the virus is directly linked to cultural practices and beliefs.

Through its tools and approaches, risk communication and community engagement are committed to promoting inclusive dialogue with affected communities and thus ensuring their adherence to preventive measures while supporting better preparedness and resilience for futures crisis.

The first phase of the response focus on the outreach approach to ensure that households in the most affected health areas of the provinces in the east and West part of the country benefit from the risk communication messages disseminated by Red Cross volunteers. The 10th epidemics response is currently focusing on this first component.

Diversified approaches have been adopted and are implemented in targeted areas, adapting sensitization tools to local realities and needs, using key informants to reach people and influence their ways and practices. Actions are undertaken to extend response efforts to localities and villages that were not affected but remain exposed to the outbreak.

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

Today the 9th epidemics response has entered a transition phase whereby consolidation of achievements and strengthening of community-based surveillance is taking place in the field to support a more effective impact of sensitization efforts by community volunteers.

2. Surveillance & Active case finding

Surveillance has been empirically done by the NS volunteers for the lasts months, but the focus will be now to launch an extensive Community Based Surveillance program in the Equateur province. The approach will rely on a cascade training in the field. Master trainers will conduct a training of trainers for the Health Area-level supervisors and branch management structures, who will in turn train the community-level volunteers.
Surveillance and active case finding will also be launched from the start of the epidemic in North Kivu where 80 volunteers will be trained in Community Based Surveillance in Beni, Mangina and other affected areas

3. Safe and Dignified Burials (SDB) and disinfection

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

The IFRC has been supporting he DRC RC to be unique in terms of SDB during EDV outbreak. The IFRC has trained a group of 108 volunteers for the 9th epidemics. At the end of 9th epidemic, the DRC RC and the IFRC have 8 SDB teams ready at any time: 2 in Mbandaka, 2 in Bikoro, 3 in Itipo and 1 in Iboko.

For the 10th epidemics, IFRC and DRC RC are scaling up their activities with the relocation of 8 volunteers from Equateur to North Kivu as well both Team Leaders from IFRC and DRC RC. Equipment's as well as personnel left Mbandaka for Béni on the 4th of August in the morning. A first SDB team will be fully operational from the 5th of August in Béni. Further SDB teams will be trained and equipped according to the needs in all affected areas.

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

The IFRC and DRC RC are also looking at prepositioning knowledge and not only stocks. As a lesson learned during the current EVD outbreak response, the DRC RC faced challenges to deal with the "Batwa" community in terms of SDB. Thus, IFRC aims to develop a guide on knowledge and practices on Batwa communities, and also to commission an Anthropological study on safe and dignified burials.

4. Psychosocial support

Raising awareness about Ebola and reducing fear and stigma are high priorities. For this reason, community volunteers who are in contact with families and communities with suspected Ebola cases or deaths are trained in supportive communication and psychological first aid.

Volunteers working in Ebola response and especially in high risk activities like safe and dignified burials are under extreme stress and carry out some of the most dangerous tasks related to the outbreak; and need support. Teaching volunteers and staff about stress management and peer support; and setting up support systems to help them deal with their situation without engaging in risk taking behavior is critical.

Continuing and complementing the activities already being carried out during both EVD Response will mainly aim at strengthening National Society preparedness in the area of psychosocial support for them to be ready to better respond to subsequent epidemics. A team of trainers in psychosocial support will be set up within DRC RC and will be able to carry out awareness activities and trainings for both the staff and volunteers involved in epidemics response, including EVD.

5. Infection Prevention and Control and triage?

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

For the 9th epidemics 13 facilities have been supported through the set-up of temporary triage facilities, improving IPC measures and the training of 920 health personnel in the Equateur Province. These activities were mainly implemented by the Public Health in Emergencies ERU. A similar approach has also been taken by the ICRC at Mbandaka prison by ICRC. For the 10thEVD outbreak IPC will remain critical even more so with the poor IPC practices and capacities in MoH health facilities in affected area. IFRC, ICRC and the DRC RC are assessing the potential of responding to IPC needs taking into consideration the movement capacities, geographical evolution of the epidemics as well as the access constraints.

6. Cross-cutting: National Society (NS) capacity building and Preparing for future outbreaks

The capacity building is to be considered as very important component in the next phase of the implementation of the appeal, once both epidemics will be declared as over to assure the autonomy of the NS to respond fast and efficiently to subsequent EVD outbreaks. The capacity building in a nutshell includes:

a) Risk communication/ Community engagement and accountability (CEA)
   - Continuation of the activities launched during the emergency response such as door to door awareness, Community dialogue and public events;
   - Follow-up on communication to gather rumors, myths, comments and complaints and ensure they are analyzed and used to update messages and inform about changes in approach
   - Planning and collaboration with the “Community Animation Unit” on awareness and standardization of messages;
   - Volunteer capacity building activities
   - Learning and prepositioning of communication materials
   - Support to build a small CEA and risk communication team in Mbandaka, Béni and Kinshasa

b) Community-based surveillance (CBS):
   - Continuation of activities initiated immediately following the emergency (active search for cases at door-to-door and referrals integrated in awareness-raising activities)
   - Discussions with the Ministry of Health (Provincial Division of Health and Chief Medical Officers of the Health Zone) and WHO to determine the best use of the Red Cross volunteer network in the detection and reporting of cases of EVD and priority infectious diseases, and their integration into the CAC (Community Animation Committee).
   - Training the volunteers of DRC RC and setting-up of a community monitoring system with development and systematic use of standardized data and reporting tools for CBS activities
   - ToT at National level to replicate the approach

   Operational research to inform the community of practice

c) Safe and dignified burials (SDB) including disinfection of households:
   - Development of a national response unit to manage dead bodies affected by Ebola virus, maintaining a National contingency stock and development and systematic usage of standardized data collection and reporting tools for SDB activities.
   - Prepositioning of stocks and knowledge
   - Setting up a study about the knowledge and practices of the “Batwa” community influencing safe and dignified burials.

d) Psychosocial support (PSS):
   - Continuation of current activities in the affected areas until the declaration of the end of both epidemics, this activity will continue until the end of both operations.
   - Creation of a PSS unit at National level

C. DETAILED OPERATIONAL PLAN (9th and 10th epidemics)

Health

People reached: 303,719
Male: 104,625
Female: 199,094
People targeted: 500,000

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	9	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	10	3
Number of Red Cross branches provided with support in addressing the Ebola Outbreak	7	4
Number volunteers trained in Ebola epidemic management, surveillance, referral, contact tracing and community engagement	650	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	45%	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	20	10
Number of staff and volunteers having benefitted from PSS services	80	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	400	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	100%	40%

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
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 (disaggregated by health zones)	800	100
Output 6.1: Up to 650,000 people in 30 Health Zones have engaged with National Society risk communication social mobilization and community engagement approaches to promote healthy and protective behaviors		
Indicators:	**Target**	**Actual**
Number of PPE prepositioned (disaggregated by health zones)	320	0

Progress towards outcomes for the 9th outbreak

4 health zones (HZ), namely Wangata, Mbandaka Centre, Bikoro and Iboko HZ have been reached with surveillance. Specific community-based 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. More comprehensive CBS activities are now being planned and implemented in Equatour.

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.
So far, IFRC and Movement partners have been supporting the DRC RC branches in Bikoro, Bolenge, Iboko, Mbandaka and Wangata HZs in addressing the Ebola Outbreak. 305 DRC RC volunteers have already been trained in Ebola epidemic management, surveillance, referral and community engagement. 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.

Out of the 400,000 people targeted by the operation, 303,719 have already been reached through CEA activities. This is 76% of the target. These people were reached by a total of 305 trained DRC Red Cross volunteers. The following table summarizes the number of people reached per HZ:

HZs	Trained male volunteers	Trained female volunteers	Total trained volunteers	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 were deployed. The first rotation had 12 members, and the second has 14 members. 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 completed IPC activities there in the days ahead.

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

The International Committee of the Red Cross (ICRC) also supported IPC activities in the same health facilities, in close collaboration with the IFRC-deployed ERU team. ICRC support was 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 19 July 2018 for preparedness activities.

The main challenge for the 9th epidemic response was the limited number of staff available for DRC RC to implement the operation as well as mobilization of human resources with right profile. At the beginning, the host National Society did not have an Ebola focal person. With IFRC support, this position has now been filled and the person, who is the NS counterpart to the IFRC's Head of Emergency Operations (HeOps), had been working with DRC RC counterparts with ERU, IFRC surge and PNS staff in the field. This has contributed 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 reached: 303,719
Male: 104,625
Female: 199,094

Outcome 1: The spread of Ebola is limited by disinfection of affected houses and area		
Indicators:	**Target**	**Actual**
Number of contaminated houses/areas disinfected	600	248
Output 1.1: Affected populations benefit from assistance in household disinfection		
Indicators:	**Target**	**Actual**
Number of volunteers trained in household disinfection	200	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	400	248
Output 2.1: The affected population is assisted through safe and dignified burial and decontamination activities		
Indicators:	**Target**	**Actual**
Number of SDBs conducted	120	32
Number of volunteers trained in infection prevention and control, as well as in SDB	180	92
Number of population reached with sensitization messages	500,000	303,719
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	67,000	33,122

Number of Red Cross volunteers trained to popularize safe hygiene and sanitation messages	950	305

Progress towards outcomes for the 9th outbreak

In the 9th 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.

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.

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

Protection, Gender and Inclusion

People reached:
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%	

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

Indicators:	Target	Actual
# of volunteers trained on the respect of gender and other diversity factors and	200	

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

the minimum Standard commitment		
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 for the 9th outbreak		
The activities planned under this area of focus (AoF) are not yet implemented. 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	800	500
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	800	500
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	50	0
Number of DRC Red Cross volunteers trained in mobile phone-based data collection	100	5

Progress towards outcomes for the 9th outbreak

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. With the declaration of the 10th outbreak at total of 750 volunteers are being insured.

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 took place during the first half of July 2018 and was 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	8
Output 1.1: Deployment of surge capacity		
Indicators:	**Target**	**Actual**
# of surge people deployed to support the operation (disaggregated by area of specialization)	8	8

Progress towards outcomes for the 9th outbreak

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, 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)	20	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)	20	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 epicenter 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.

Reference documents ↘

Click here for:

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

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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.