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Emergency Plan of Action Operation Update

Rwanda: Ebola Preparedness

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRRW017	**GLIDE n°**
EPoA update n° 1: 14 November 2018	**Timeframe covered by this update:** 11 September to 23 October
Operation start date: 11 September 2018	**Operation timeframe:** 5 months (new end date 11 February 2019)
Overall operation budget: CHF 137,814 (Initial DREF allocation CHF 93,625)	
N° of people being assisted: 1,250,000 people (approximately 250,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Belgian Red Cross-Fl, - Belgian Red Cross-Fr, Danish Red Cross, Austrian Red Cross, Spanish Red Cross, ICRC, IFRC	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), Rwanda Bio-Medical Centre, World Health Organization (WHO), Centre for Disease Control and Prevention (CDC), United Nations Children's Fund (UNICEF), Food and Agricultural Organization (FAO), National Reference Laboratory (NRL)	

Summary of major revisions made to emergency plan of action:

The Operation updates seeks a timeframe extension of two months (new end date 11 February 2019) to ensure implementation of pending activities. Additional funding of CHF 44,189 is also being requested, bringing the overall operational budget to CHF 137,814.

An additional allocation is required, as the initial budget envisaged supplementary funding from the National Coordination Committee, which is led by the Ministry of Health and the Rwanda Biomedical Centre (RBC), but these funds are no longer available. The National EVD contingency plan was shared with all partners to facilitate their engagement and identify potential areas for support and contribution. The plan covers a duration of 6 months (August 2018 - January 2019) and has an estimated funding gap of USD 3 million out of a total budget of USD 3.5 million.

The MoH has supported training for 300 volunteers in community surveillance and contact tracing and 100 in Safe and Dignified Burials (SDB). Training materials and equipment are not sufficient and there is need to reinforce skills by conducting additional trainings with adequate equipment with the PPE and SDB kits that have been procured through the DREF. This second allocation will ensure that all volunteers are adequately prepared in the event of an EVD outbreak. The operational strategy remains the same as described in the initial Emergency Plan of Action.

A. SITUATION ANALYSIS

Description of the disaster

On 1st August 2018, the Ministry of Health of the Democratic Republic of Congo declared the 10th outbreak of Ebola Virus Disease in North Kivu province. Subsequent cases were also reported in neighboring Ituri province. North Kivu and Ituri provinces are among the most populated provinces in the DRC that also share borders with Rwanda and Uganda. As of 11 November 2018, 333 Ebola Virus Disease (EVD) cases had been reported, of which 295 confirmed and 38 probable, with 209 deaths occurring. The case fatality rate stands at 63% overall.

Nine neighboring countries were put on high alert by the World Health Organization and advised that they are at high risk of spread of the virus. Rwanda, Uganda, South Sudan, and Burundi are ranked as Priority-1 and as such, have

had EVD preparedness DREFs launch. The five other countries- Angola, Congo, Central African Republic, Tanzania, and Zambia are Priority-2. Preparedness activities have begun in these countries to ensure countries are able to respond in the event of an EVD outbreak. The Ministries of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas in the Democratic Republic of Congo and in neighboring countries. To date, EVD has been ruled out in all alerts from neighboring provinces and countries.
Population mobility, including cross-border movements, were identified as a significant risk for disease transmission in this outbreak due to the high number of traders, displaced populations and insecurity caused by rebels and militias in the area (Source IOM, 15 August 2018). Additionally, the security situation in North Kivu has hindered the implementation of response activities to control the EVD outbreak. Based on this context, the public health risk is considered very high at the national and regional levels.
Eleven districts are considered most at risk of the outbreak in Rwanda. These are Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu (bordering DRC), Nyabihu, Musanze, Burera, Gicumbi and Nyagatare (bordering Uganda) and Kigali city (comprised of three (3) localities). Kigali is also at risk because of the Kigali international airport and high population density of the city.
Rwanda Red Cross Society (RRCS) is part of the National Rapid Response Team (NRRT). The NRRT is the national level coordination team and is composed of the Ministry of Health (MoH)/Rwanda Bio-Medical Centre, the Centre for Disease Control (CDC), WHO, RRCS, UNICEF, National Reference Laboratory (NRL), FAO, Epidemiologists, and other partners. Weekly meetings are being held to update and coordinate the response strategies. RRCS was tasked with community surveillance/contact tracing, risk communication, social mobilization and community engagement, Safe and Dignified Burials (SDB) as well as Psychosocial Support (PSS). RRCS are also implementing infection prevention and control activities, such as decontamination/disinfection of public places and households, as well as health facilities if requested.

Summary of current response

Overview of Host National Society

- With support from MoH, thirty volunteers from 10 district branches (300 volunteers total) have been trained as ToT on community surveillance and contact tracing and 100 of them have been trained on SDB. The target was to train 30 volunteers from each of the 11 target districts but the support from MoH could only cover training for 10 districts, so Kigali district was left out and does not have trained volunteers in community surveillance, contact tracing and SDB. With additional funding through this request, 550 volunteers (50 in each of the 11 districts) in total will be trained, with 110 specifically on SDB (10 per district).
- The 300 ToT are also conducting community sensitization activities, through different meetings, house to house, and cascading information to the rest of the other volunteers.
- Each district team is currently comprised of 10 SDB volunteers and 5 PSS volunteers. The trained teams know each other and have regular meetings. In the event of an outbreak, the local district authorities are responsible for providing vehicles for teams for transportation. The National plan, which RRCS is supporting as a key actor and member of the National Coordination Committee, will further develop plans to ensure they can be operationalised in case of an outbreak. In addition, a National simulation exercise was organized by MoH in Rubavu Ebola Treatment Centre.
- 30 volunteers (3 in 10 districts) have also been identified to be trained as ToT on psychosocial support with current DREF funds. The target is to train 55 volunteers (5 per district), therefore, further 25 volunteers will be identified for ToT training. These trained volunteers are expected to conduct cascade trainings to 550 volunteers (50 per district) on PSS.
- 10 volunteers from Nyagatare district will be trained on mobile cinema, as it is the only district without trained volunteers on mobile cinema.
- Ebola prevention messages from Rwanda MoH have been shared with all local branches to inform the volunteers and community.
- 24 Mobile cinema sessions on key Ebola messages have been conducted in several districts; Rusizi (2), Karongi (2), Rutsiro (2), Rubavu (10), Nyabihu (1), Musanze (3), Burera (2), Gicumbi (2). About 110 sessions have been planned for in 11 districts (including Nyamasheke and Nyagatare) with 10 sessions per district. Mobile cinema sessions are also ongoing in Rubavu district with support from CEA project funding.
- The RRCS has committed 12 staff members (district coordinators and focal points) to coordinate activities and support volunteers to implement the activities. Three (3) RRCS HQ staff are also committed to the project (Health, Chief of Finance and PMER).

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is assisting through the East Africa (EA) country cluster office as well as through the Africa Regional Office based in Nairobi, Kenya. There is regular contact with IFRC Nairobi Operations and Health teams, and RRCS regularly update activities and preparedness action plans in established coordination meetings. The EA cluster continues to closely monitor the situation.
Red Cross partners in-country include the Belgian- Flanders Red Cross, Belgian-French Red Cross, Spanish Red Cross, Danish RC and Austrian RC.

The Partner National Societies (PNSs) in-country supported start up preparedness activities as presented below:

- Belgian Red Cross-Fl supported with translation of the mobile cinema videos from English to Kinyarwanda. They have also provided funds for training of 150 National Disaster Response Teams on community surveillance, contact tracing and SDB and provided funds to purchase handwashing facilities.
- Belgian Red Cross-Fr supported community sensitization activities and seven (7) mobile cinema sessions in Karongi, Rutsiro, Nyabihu (bordering DRC), and Ngororero and Gakenke which are still ongoing.
- Danish Red Cross supported in community sensitization and seven (7) mobile cinema sessions in Musanze, Burera and Gicumbi (districts bordering Uganda).

Overview of non-RCRC actors in country

With support from partners, the MoH has intensified efforts on strengthening preparedness for prevention and control of a possible EVD outbreak following the ongoing outbreak in Eastern DRC. A partner's coordination forum has been established, where pertinent issues in areas of coordination, case management, infection prevention and control, surveillance, laboratory capacities and other relevant issues in EVD preparedness are discussed regularly.

Training of health workers from Kigali and districts bordering DRC on Emergency Operation Center (EOC), Incident Management system (IMS), laboratory, case management and infection prevention and control was conducted.
The trainings targeted the following districts:

- Bordering DRC (Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu),
- Bordering Uganda (Nyabihu, Musanze, Burera, Gicumbi and Nyagatare) and
- Kigali city.

Other actions include:

- MoH supported RRCS to train 300 volunteers on community surveillance and contact tracing and 100 volunteers on Safe and Dignified Burials (SDB).
- Two Ebola Treatment Centres have been set up in Rubavu and Rusizi by MoH in coordination with WHO.
- The Emergency Operations Centre has been activated by Rwanda Bio-Medical Centre in Kigali.
- Laboratory staff from the National Reference Laboratory, ETC and target district hospitals have been trained on testing and sample management and heath staff have been trained on EVD patient management.
- SOPs were developed for each of the coordination sectors by the NRRT.
- Ministry of Health/ Rwanda Bio-Medical Centre is in charge of the overall coordination of members of the National Rapid Response Team.
- A National Simulation Exercise organized on 29 October by MoH and was carried out at Rubavu Ebola Treatment Centre involving all partners. The RRCS volunteers trained on SDB and contact tracing were involved in the simulation. Of the 11 targeted districts, Rubavu is considered at highest risk due to proximity and cross border movement.

Table below summarises the roles and responsibilities of actors in-country for EVD preparedness:

Area	Activities	Responsible
Coordination	- The review and update of the National EVD contingency plan was concluded. The plan was shared with all partners to facilitate their engagement and identify potential areas for support and contribution. The plan, which covers a duration of 6 months (August 2018 – January 2019), has an estimated funding gap of USD 3 million out of total budget of USD 3.5 million. - WHO and World Food Programme (WFP) have been discussing possible support for joint civil -military roles and responsibilities for EVD preparedness and response. - WHO, UNICEF, IOM and Rwanda Red Cross Society participated in the meeting on regional coordination of Ebola response and preparedness activities. - CDC conducted a 2-day training workshop on Executive principles of Public Health Emergency Management at MOH from 22 to 23 October 2018.	MoH/Health centre (CS)[1]

	- EVD simulation exercises were conducted in Kanombe Military Hospital on 25th October 2018. The results indicated a reasonable level of preparedness with some need for improvement in IPC practices. - National Simulation exercise was held at Rubavu ETC on 29 October 29	
Surveillance	- The national electronic Early Warning Alert and Response (EWAR) system continues to be used to detect suspected viral haemorrhagic fever (VHF) cases. - Provision of sanitizers for fever screening staff at all borders (points of entry). - Training on EVD case definitions, enhanced reporting, Evidence Based Surveillance and use of hotline. - Training contact tracing teams on contact tracing and data management - The National Government, supported by partners, continue to strengthen the surveillance system including community surveillance, reporting, and to investigate all alerts.	Epidemic Surveillance and Response (ESR)[2], WHO, RRCS
Rapid Response Teams (RRTs)	- The RRTs are in place (at national and district levels). - Plans are being developed for a multidisciplinary rapid response training - Identify at least one national team with clinicians, epidemiologist, lab technicians, social mobilisation and logistics and provide training to them. - Deploy multidisciplinary team to assess readiness at Primary Health Facilities in high risk districts.	ESR, WHO, CDC
Points of entry (PoEs)	- 16 Points of entry have initiated screening at the borders between Rwanda/DRC and Rwanda/Uganda (Rusizi I, RusiziII, Bugarama, Ruhwa, La corniche, Petite barrière, Brasserie, Kabuhanga, Cyanika, Gatuna, Kagitumba, Mugonero, Kirambo, Rugari, Ruganda) and Kigali International Airport. - Setting up a holding centre at 17 PoEs for EVD suspect cases.	MoH, ESR, WHO
Risk communication, social mobilization and community engagement	Actions carried out: - Issued public statement to inform on the EVD outbreak in North Kivu/ DRC - Activation of a toll-free number (hotline?). - Daily media review to manage rumours on EVD cases in Rwanda - The Hon. Minister of Health and Rwanda Red Cross with participation of technical staff conducted a TV RADIO talk show that was aired in October. The purpose was to highlight the country's status of preparedness and to increase community awareness on EVD related risks, and their roles in mitigation measures. - Radio and TV spots are ongoing - IEC Material for high risk areas were printed and their distribution initiated. - KAP (Knowledge, Attitudes and Practices) Survey data analysis is still on going with draft report expected soon. - Reproduced 1300 flyers and posters to distribute in the districts with the collaboration of Rwanda Red Cross. - Roadshows and mobile cinema held in Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Bulera and Gicumbi with the collaboration of Rwanda Red Cross.	RHCC[3], UNICEF, WHO, RRCS

[2] ESR: Epidemic Surveillance and Response

[3] RHCC: Rwanda Health Communication Center

Safe and Dignified burials	- 100 RRCS volunteers trained on SDB with support from MoH. These volunteers will undergo additional training with support of DREF funds, plus an additional 10 volunteers, across 11 districts (total number – 110). - Procurement of two (2) Ebola starter kits, three (3) SDB kits and five (5) PPE kits. Items to be prepositioned include one (1) Ebola Starter kit, two (2) SDB kits and three (3) PPE kits. The remaining kits will be used for training purposes. Body bags are also being procured and pre-positioned. - MoH will provide transportation of teams in case of an outbreak.	RRCS, MoH
Laboratory	- An initial 25 rapid diagnostic tests (RDTs) were sent to Rwanda. A further 50 RDTs and additional resources will be sent to strengthen laboratory capacity. - Two laboratory experts from CDC arrived to support the NRL in laboratory activities and preparedness.	NRL[4], CDC
Logistics	- After receiving clearance from AFRO Regional Office, the WHO is currently processing the local procurement of the complementary list of necessary supplies, equipment and material for the ETC in Rubavu. - Comprehensive supplies and transportation strategies were developed as well as the supplies list for each component for the EVD Preparedness.	MoH, WHO
IPC	- RRCS will lead on decontamination/disinfection of households and public places, as well as health facilities if requested.	MoH, WHO, CDC, RRCS, RRC[5]
PSS	- Activities will include support to those affected by EVD including staff and volunteers. - DREF allocation will cover training for 50 RRCS volunteers on PSS.	MoH, RBC, RRC Mental Health Unit
Case management	- This is not being clearly distinguished from IPC. - Activities include training of health staff and development of materials.	MoH, WHO, CDC, RRCS, RRC, Police

Needs analysis and scenario planning

Needs analysis

The current EVD outbreak is taking place in North Kivu/ DRC, only 370 kms from the Rwanda-DRC borders. The EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) of around 64%. The virus is transmitted to humans from wild animals and spreads through human-to-human transmission through direct contact with bodily fluids, blood secretions and organs of infected people or with surfaces or clothing contaminated with the fluids of an infected person or deceased body. There are no proven treatments yet, but experimental vaccines have been developed and successfully tested in previous outbreaks. As of 11 November 2018, 333 Ebola Virus Disease (EVD) cases had been reported, of which 295 confirmed and 38 probable, with 209 deaths occurring. The case fatality rate stands at 63% overall.

Vigilance against spread is important due to potential population movement. An emphasis on early contact tracing and active case finding at community level for early detection to limit spread of the disease and ensure efficient prevention of the outbreak. This will, in turn, require community understanding and support for Ebola prevention, through risk communication, social mobilization and community engagement. As such, it is extremely important and urgent to prepare and have operational readiness to respond to potential outbreak at any targeted area/ district of the country, to prevent the disease, control and limit its impact. Volunteers are willing to support but have limited means and tools.

The coordination team supported training of 300 volunteers on community surveillance and contact tracing and 100 volunteers on SDB. The DREF allocation will cover training of volunteers on PSS and risk communication, social

[4] NRL: National Reference Laboratory

[5] Rwanda Bio-medical Center

mobilization and community engagement, including mobile cinema and volunteer per diems. However, the funds that were initially allocated for these activities are not sufficient hence the Operations Update to increase the budget for trainings. There will be refresher training on SDB for 110 volunteers (100 that had been trained with support from MoH and 10 from Kigali district who have not yet received training) as the training materials used during the trainings were not adequate (PPEs and body bags only).

Procurement of PPE kits, SDB starter kits and SDB kits were completed through IFRC Regional Logistics unit as per the quantities below. These items will be used during the additional round of trainings for all the 550 volunteers. The items have now arrived in country.

Stock item	Quantity	Unit
Visibility material (Plastic boots, t-shirts, rain coats)	550	Pieces
Ebola starter kit	2	Kit
SDB kit	3	Kits
PPE kit	5	Kits
Body bags	60	Pieces
Posters	1,300	Pieces

The coordination team requested RRCS and Emergency Ambulance Services (SAMU) provide ambulances/vehicles for transport of suspected cases and confirmed cases (in case of an outbreak). District hospitals do not have enough ambulances and in case of an outbreak, MOH will mobilize ambulances from SAMU and can reach out to RRCS to support with more ambulances.

Those regions are particularly vulnerable for the following different factors:

- **Movement of persons crossing borders**

Cross border transmission via trades and exchanges are potential sources of outbreaks. Every day, between 45,000 and 60,000 persons are crossing the Rwanda-DRC border and are participating in trading and private activities. The current outbreak in DRC makes the Rwandese population living on the bank of Lake Kivu vulnerable.

There are also many people who cross at unofficial border entry points which raises the risk of an outbreak as no formal points of entry are established and no screening is done.

- **Low awareness levels on EVD prevention and transmission**

Awareness on appropriate Ebola prevention measures inside communities is low and needs to be reinforced through Sensitization and education of local communities.

Due to the nature of the EVD disease combined with the risk factors present in the current outbreak context, there is a need to respond effectively and quickly to prevent the infection from entering the country and to limit the impact of a possible outbreak.

Operation Risk Assessment

- The accessibility of the target areas is difficult as the communities bordering Rwanda-DRC and Rwanda-Uganda are not easily accessible due to poor road infrastructure and topography. In addition, rainy season has made access more difficult.
- There is risk of contamination for health workers and of course, RC volunteers when involved in high risk activities like SDB. Trainings have been conducted for Laboratory and health staff on testing, sample management and EVD patient management, and volunteers will be trained on SDB to mitigate this risk.
- The EVD is not a known disease in Rwanda, so the impact is expected to be worse in case of an outbreak. High population density is also a risk factor making awareness campaigns being conducted by all partners involved essential. Radio shows and broadcasts on EVD messaging are also ongoing to ensure the messages reach the entire population.
- The outbreak in DRC is still active and with the security issues being faced, there is a risk of population movement with refugees fleeing the conflict and insecurity. Branches on the border are aware of the situation and have been on high alert. Trained volunteer teams have also been deployed to the border areas to support with surveillance and community sensitization.
- Cultural norms may also put people at risk as people are very social and participate in many communal activities, raising the risk of further spread in case of an outbreak. Activities are ongoing on risk communication to ensure communities are aware of the risk factors, signs and symptoms and behaviours to mitigate spread of the disease.

B. OPERATIONAL STRATEGY

Proposed strategy

The proposed operation is aligned with the Regional EVD Strategic Plan and hence focuses on the below six key pillars:

1. Risk communication and community engagement
2. Infection, prevention and control (IPC), which includes activities such as decontamination/disinfection of HH and public places, as potentially health facilities if requested.
3. Psychosocial support (PSS)
4. Safe and Dignified Burials
5. Community Based Surveillance, which will include active case finding and contact tracing
6. National Society capacity strengthening

The Regional Strategic Plan will complement EVD preparedness measures in terms of standard IEC materials, prepositioning of SDB and Personal Protective Equipment (PPE) and their proper use. In addition, the regional strategy will promote a standard training curriculum and materials to be used for the country context and cross-country learning and promotion of good practices.

The overall objective is to prevent morbidity and mortality resulting from a possible Ebola haemorrhagic fever outbreak in the 11 identified districts. This response will therefore focus on-

1. Supporting RRCS in immediate EVD prevention and response interventions in the target areas and at-risk neighbouring areas.
2. Deploying relevant surge capacity to support the RRCS to train, establish and have operational readiness on community-based surveillance, contact tracing and SDB/IPC.

The response plan is for five (5) months and is focused on risk communication, social mobilization and community engagement, contact tracing, SDB, PSS and some IPC activities in the identified 11 districts.

The community volunteers have been mobilized to support early detection of possible new cases through active case finding and contact tracing (if there is a case in Rwanda), community mobilization and sensitization activities, and SDB. The RRCS ensures readiness to support the government in safe and dignified burial activities, disinfection (in case of an outbreak) and PSS to those affected.

Overall, 550 volunteers (50 per district) will be trained on community surveillance and contact tracing. 300 volunteers have already been trained and 250 volunteers remain to be trained. 100 out of the 300 volunteers were trained on SDB (including donning, doffing, disinfection and chlorine solution preparation). The target is to have 110 volunteers trained on SDB, but the funding and training materials were not adequate. A second round of training will be conducted for the 110 volunteers (10 per district) using the equipment and kits that have been procured. The 550 ToT will then cascade trainings to other community volunteers involved in sensitization activities.

The initial target is to train 55 volunteers (5 per district in 11 districts) on PSS. 30 volunteers will be trained on PSS using the current budget (3 per district for 10 districts). The additional funds will be used to train the remaining 25 volunteers to reach the target and have trained PSS teams in all 11 districts.

Volunteer Training	Overall target	No. of volunteers trained	Supported by	Districts	No. of volunteers to be trained with 2nd DREF allocation	Districts
Community surveillance & contact tracing	550	300	MoH through coordination committee	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi and Nyagatare	250	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi, Nyagatare and Kigali

SDB	110	100	MoH through coordination committee	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi and Nyagatare	110	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi, Nyagatare and Kigali
PSS	55	30	DREF	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi and Nyagatare	25	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi, Nyagatare and Kigali
Mobile cinema	110	110	DREF	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi, Nyagatare and Kigali	0	
National Disaster Response Teams on community surveillance, contact tracing and SDB	150	0- planned	Belgian RC-FL	Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi, Nyagatare and Kigali	0	

Operationalization of teams

Each district team is currently comprised of 10 SDB volunteers and 5 PSS volunteers. The trained teams know each other and have regular meetings. In the event of an outbreak, the local district authorities are responsible for providing vehicles for movement of these teams. District hospitals do not have enough ambulances and in case of an outbreak, MOH will mobilize additional ambulances from Emergency Ambulance Services and can reach out to RRCS to support with more ambulances.

In addition, a National Simulation Exercise organized on 29 October by MoH and was carried out at Rubavu Ebola Treatment Centre involving all partners. The RRCS volunteers trained on SDB and contact tracing were involved in the simulation. RRCS strategy is to have the eleven district teams meet once a month for rehearsals and simulation in SDB and disinfection.

Items to be prepositioned include 1 Ebola Starter kit, 2 SDB kits and 3 PPE kits and body bags. If needed, additional items can be requested and procured through the IFRC Regional Logistics Unit.

Radio shows on Ebola prevention and awareness have increased from the initially planned 8 sessions to 16 sessions to increase reach across the 11 districts.

With regards to planning, monitoring, evaluation and reporting (PMER), the IFRC EA cluster will provide technical assistance through its PMER, communications and finance units. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units.

The head of health and care of RRCS has overall responsibility for the implementation, reporting, compliance and finance management of this project.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 1,250,000
Male: N/A
Female: N/A

Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	**Target**	**Actual**
# of people reached with community-based epidemic prevention and control activities	1,250,000	252,712
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	**Target**	**Actual**
# of volunteers trained in SDB and contact tracing and risk communication, social mobilization and community engagement	550	300
# of volunteers having received refresher training on mobile cinema	110	Planned
# of IEC materials produced and distributed	1,300	1,200 (printed, not yet distributed)
Output 1.3: Community-based disease prevention and health promotion is provided to the target population (RCCE)		
Indicators:	**Target**	**Actual**
# of people reached with community-based epidemic prevention and control activities	1,250,000	252,712
# of mobile cinema sessions conducted	110	0
# of households reached with community engagement and social mobilization	250,000	6,250
# of community engagement teams set up in affected and surrounding villages (including within SDB teams)	11	8
Output 1.4: Epidemic prevention and control measures carried out.		
# of district branches supported in the planning and implementation of EVD prevention activities	11	11
# of people reached with community-based epidemic prevention and control activities	1,250,000	252,712
# of contact tracing and community surveillance teams set up or	11	10
Output 1.5: Psychosocial support provided to the target population		
# of volunteers trained in psychosocial support	55	30

Progress towards outcomes

Following activities have been conducted through support of DREF only. Please refer to section 'Overview of non-RCRC actors in country' for information on RRCS activities carried out through support from additional funding streams:

- 30 volunteers (3 in 10 districts) have also been identified to be trained as ToT on psychosocial support with current DREF funds.
- Each targeted (11 in total) district team is currently comprised of 10 SDB volunteers and 5 PSS volunteers, with the exception of Kigali. A second allocation will allow resources to provide the same operational readiness in Kigali as the other districts.
- 10 volunteers from Nyagatare district will be trained on mobile cinema because this is the only district without trained volunteers on mobile cinema.

- Ebola prevention messages from Rwanda MoH have been shared with all local branches to inform the volunteers and community. Printing is underway for IEC material to be disseminated to communities by RRCS volunteers with the support of DREF funds.
- Main challenge with implementation of all activities is lack of adequate funding to conduct trainings with the current budget. Initially, trainings on community surveillance, contact tracing and SDB for the 550 volunteers were planned with support from coordination committee funds but these funds are not available. The National EVD contingency plan was reviewed and updated and shared with all partners to facilitate their engagement and identify of potential areas for support and contribution. The plan covers a duration of 6 months (August 2018 – January 2019) and has an estimated funding gap of USD 3 million.

Strengthen National Society

Outcome S1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
# of NS contingency and preparedness plans updated	1	1

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# of sessions conducted to review the contingency and preparedness plans	2	0

Progress towards outcomes

RRCS is part of the committee established by MoH that was involved in reviewing the contingency plan. . The plan covers a duration of 6 months (August 2018 – January 2019) with a budget of USD 3.5 million

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	1,250,000	252,712

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of volunteers trained in epidemic control	550	300

Output S2.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming

Indicators:	Target	Actual
# of monitoring missions conducted	1	0
# of evaluation and lessons learned reviews	1	0

Progress towards outcomes

IFRC cluster and regional office continue to monitor the situation in the region and provide technical guidance to RRCS. An RDRT surge deployment is planned to support the upcoming trainings on SDB and contact tracing once the PPE kits arrive in-country. A lessons learnt workshop has planned towards the end of the operation.

D. BUDGET

Budget changes are as shown below:

Description	Initial budget (CHF)	Revised (CHF)
Train 110 volunteers on SDB (10 per district for 2 days)	0	6,106
Train 250 volunteers on community surveillance and contact tracing (20 per district and 50 for Kigali/1 day)	0	6,938
Coordination meetings at branch level (1 per district)	562 (5 meetings)	1,236

Conduct 110 Mobile cinema sessions (10 session per district*11 districts)	10,168 (63 sessions in 11 districts)	18,359
Conduct 16 radio shows	1,798 (8 radio shows)	3,596
Volunteer per diems (550 x volunteers x 3 months)	14,831	29,663
Vehicle leasing	2,813	4,220
Train 55 volunteers on PSS (5 volunteers/ targeted sector/2days)-	1,236	3,053

MDRRW017- RWANDA: EBOLA PREPAREDNESS

	Budget Group	DREF Grant Budget
540	Medical & First Aid	29,500
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**29,500**
590	Storage, Warehousing	117
593	Transport & Vehicle Costs	5,063
	Total LOGISTICS, TRANSPORT AND STORAGE	**5,180**
662	National Society Staff	1,124
667	Volunteers	49,364
	Total PERSONNEL	**50,487**
680	Workshops & Training	25,360
	Total WORKSHOP & TRAINING	**25,360**
700	Travel	7,000
710	Information & Public Relations	8,146
730	Office Costs	674
740	Communications	371
760	Financial Charges	2,685
	Total GENERAL EXPENDITURES	**18,876**
599	Programme and Services Support Recovery	8,411
	Total INDIRECT COSTS	**8,411**
	TOTAL BUDGET	**137,814**

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 Rwanda Red Cross Society:

Rwanda Red Cross Society:

- Apollinaire Karamaga, Secretary General, Rwanda Red Cross; phone: +250 0788301377; email: apollinaire.karamaga@rwandaredcross.org.

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For IFRC Resource Mobilization and Pledges support:

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

For In-Kind donations and Mobilization table support:

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

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

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

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

Enable healthy and safe living.

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