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Revised One International Appeal Democratic Republic of the Congo: Ebola Virus Disease (EVD) Outbreaks and Containment Strategy Red Cross / Red Crescent Response Plan

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRCD026	15.5million people to be assisted	Appeal launched 21 May 2018
Glide n° EP-2018-000049-COD	500,000 Swiss francs DREF allocation	Revision no 1 issued 14 June 2018
	31.5 million Swiss francs current Appeal budget	Operation Update 1 issued 19 July 2018
	20.4 million Swiss francs funding gap	Operation Update 2 issued 07 August 2018
		Revision no 2 issued 21 August 2018
		6 months update 10 December 2018
		Revision no 3 issued 17 March 2019
		Appeal ends 21 August 2019 (Extended 6 months)

This revised One International Appeal (OIA) seeks a total of some **31.5 m** Swiss francs, increased from 9.1M Swiss francs, to enable the Red Cross and Red Crescent Movement (Movement) to continue supporting the Democratic Republic of the Congo Red Cross (DRC RC), Burundi Red Cross (BRCS), Rwanda Red Cross (RRCS), South Sudan Red Cross (SSRC), and Uganda Red Cross (URCS), to deliver assistance and support response to and containment of the current Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo (DRC). This revised OIA aims to support 15.5 million people for 15 months with a specific focus on five pillars of the Ebola response: Risk communication and community engagement (RCCE), Infection and Prevention Control (IPC) support to health facilities and at community level, Safe and Dignified Burials (SDBs), Psychosocial support (PSS); as well as capacity strengthening of the Red Cross National Societies in all five countries. The activities in this appeal will focus on scaling-up the response in affected health zones in the DRC¹, while at the same time enhancing activities in the surrounding health zones, provinces, and priority countries bordering DRC to encircle and contain the current epicentre. The activities in this revised OIA are fully aligned with the DRC National Strategic Response Plan (SRP3) and WHO Regional Strategic EVD Readiness Preparedness Plan and will continue to be implemented in close collaboration with the respective Ministries of Health, WHO and other organisations in each country.

The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments. Details are available in the Emergency Plan of Action (EPoA).

The disaster and the Red Cross Red Crescent response to date

9th Outbreak

08 May 2018: A new outbreak of Ebola Virus Disease (EVD) was declared by the Government of DRC after two samples tested positive for EVD in Bikoro, Equateur Province.

14 May 2018: The IFRC approved an initial allocation of 216,168 Swiss francs from the Disaster Relief and Emergency Fund (DREF) to assist 238,950 people with surveillance and case investigation, risk communication and community engagement, Safe and Dignified Burial (SDB) preparedness and psychosocial support.

19 May 2018: Mini-summit meeting between DRC RC President, IFRC Country Rep and ICRC Head of Delegation agreeing on the lead of DRC Red Cross with support of IFRC

21 May 2018: The IFRC launches an OIA for 1,630,297 Swiss francs to serve 716,850 people for 6 months, revised on 14 June 2018 for 7,879,764 Swiss francs to assist 400,000 people for 6 months. This revision includes ICRC activities in response to the Equateur outbreak.

¹ The planned scale up activities are based on the current situation on the ground; however, due to the instability of the context in eastern DRC, the strategy may be amended or adjusted if the context changes

25 July 2018: Official declaration of the end of the 9th epidemic in Equateur Province.

10th Outbreak

1 August 2018: Official declaration of a new EVD outbreak in North Kivu (the 10th epidemic in DRC).

2 August 2018: Mini-Summit meeting between DRC RC President, IFRC Country Rep and ICRC Head of Delegation agreeing that IFRC has the operational expertise for programmatic response especially in Safe and Dignified Burials (SDB), Community Engagement and Accountability, Psychosocial Support, 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, especially regarding the response in detention facilities.



IFRC and its partners hosted a regional safe and dignified burial training of trainers in Nairobi, Kenya. The participants from this training are now training many more staff and volunteers in affected and at-risk countries ©IFRC

4 August 2018: Arrival of 12 personnel of IFRC and DRC RC in Beni to carry out first priority actions (safe and dignified burials).

7 August 2018: The IFRC issues an Operation Update to the OIA, informing of the geographical expansion of the response to North Kivu province and a 3-month extension.

10 August 2018: Signature of a Security Agreement between the IFRC and the International committee of the Red Cross (ICRC) through which the ICRC provides full security management also for international personnel involved in the EVD outbreak response working with or through the IFRC (see above for sharing of roles and responsibilities between the IFRC and the ICRC)

21 August 2018: Revision of the OIA to include the response to the new EVD outbreak in North Kivu while continuing with transition and epidemic preparedness activities in Equateur.

11 September 2018: EVD Preparedness DREF launched for Rwanda and Uganda.

28 September 2018: WHO revised its risk assessment for the outbreak, elevating the risk nationally and regionally from high to very high.

2 October 2018: EVD Preparedness DREF launched for Burundi.

9 October 2018: EVD Preparedness DREF launched for South Sudan.

10 December 2018: The IFRC issues a 6 months Operation Update seeking an extension of the operational timeframe (new end date 21 May 2019) to ensure alignment with the Ministry of Health (MOH) and the WHO National plan for the Response to the EVD epidemic

13 February 2019: DRC Ministry of Health launches the 3rd phase of the EVD National Strategic Response Plan (SRP3)

17 March 2019: The IFRC issues third Revision of the OIA to focus on containment strategy: Scale up and geographic expansion of the operations in North Kivu and Ituri; epidemic preparedness in surrounding health zones and provinces in DRC; epidemic preparedness in high-risk bordering countries, as well as intensified Regional Coordination and a 6-month timeframe extension. A second DREF allocation for 500,000 Swiss Francs is released to support immediate needs related to the EVD operation.

The operational strategy

Needs assessment and beneficiary selection

On 8 May 2018, the DRC Ministry of Health (MoH) officially declared the 9th epidemic of the Ebola virus disease (EVD) in Equateur province. The humanitarian community, including the Red Cross and Red Cross Crescent partners, quickly mobilized resources to face this new EVD outbreak. Over the course of the outbreak a total of 54 EVD cases were registered, with 33 deaths from EVD and 21 people surviving. The 9th epidemic was declared over on 25 July 2018.

Less than one week later, on 1 August, a new cluster of EVD cases were detected and confirmed some 2,500 km away in North Kivu, resulting in the declaration of the 10th EVD outbreak in DRC's history. After a confirmed case on 13 August, Ituri Province was also included in the new outbreak. As of 19 March, over 980 EVD cases² (915 confirmed and 65 probable) have been registered, including 610 deaths, resulting in a global case fatality rate (CFR) of 63%. The 10th outbreak is now the biggest outbreak in the country's history and the second largest ever in recorded history.

To date, 20 health zones in North Kivu and Ituri provinces have reported confirmed cases. However, in the last 21 days only 9 health zones are reporting active cases, with the majority concentrated in Butembo and Katwa areas (63%). Despite the reduction in the number of health zones currently affected, community resistance and armed attacks on Ebola treatment centres risk spreading transmission to new areas, such as Lubero Health Zone, as well as the reintroduction into areas that had been clear for over 21 days, such as Biena Health Zone³.

Evolution of the EVD outbreak in North Kivu and Ituri provinces (DRC)

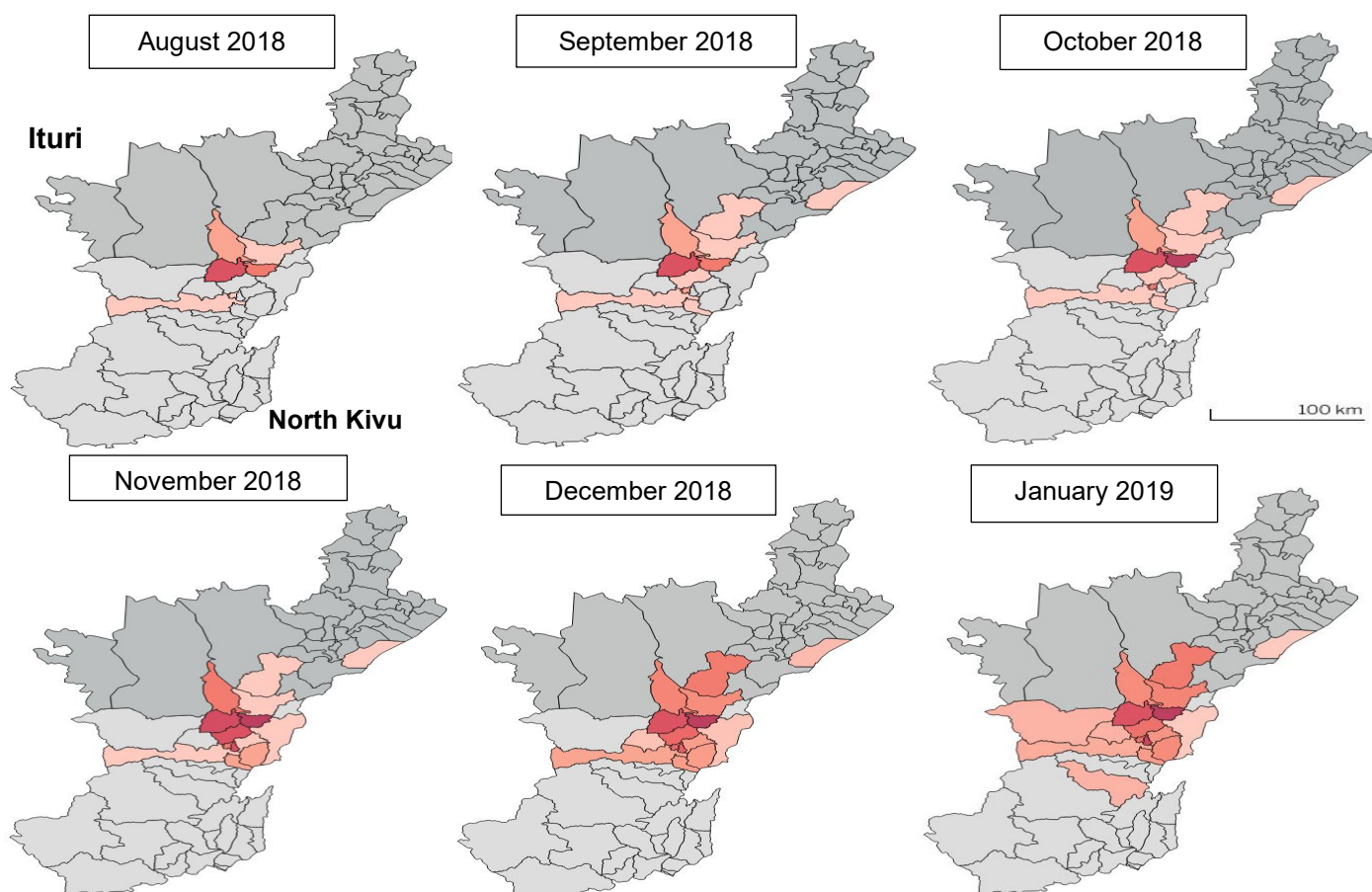


Figure 1 Geographical progression of the epidemic. Shades of red indicate the number of cumulative confirmed and probable Ebola cases. Sources: MSF, MOH, WHO. Epidemiological situation as of 31.01.2019

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

² DRC Ministry of Health Daily Sitrep; Situation épidémiologique dans les provinces du Nord-Kivu et de l'Ituri – 19 March 2019

³(https://apps.who.int/iris/bitstream/handle/10665/311242/SITREP_EVD_DRC_20190310-eng.pdf?ua=1)

Several factors contribute to the risk of further spread:

- A weakened healthcare system in DR Congo with a lack of expertise in infection, prevention and control;
- A mistrust towards the government and official health care system has increased the role of traditional-modern health care facilities and contributed to the rise of nosocomial infections;
- Rising frequency in transmission chains outside of known contact circles;
- The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis, malaria), and a long-term humanitarian crisis, which has stretched response resources;
- Low level of knowledge around Ebola modes of transmission, especially among women.

However, it is insecurity and access constraints that pose the most severe challenges to the containment of the outbreak. With 8 million inhabitants, North Kivu is the site of a long-standing active military conflict with several armed groups present, creating a volatile security situation and restricting access for humanitarian actors in several areas. Violence and insecurity have significantly complicated the response to date and made tracking and tracing the outbreak difficult. An increase in threats and attacks against humanitarian organisations including Ebola Treatment Centres resulted in a number of organisations reducing their presence in the area or taking additional safety and security measures. As a result of the changed security environment, the Movement has changed some of its operational modalities, with the DRC RC taking on a much stronger leading role in implementation and support provided in a more remote manner from IFRC and ICRC. There is currently no indication of when the security situation will stabilize, and thus the Movement is taking steps to formalize the remote management model and subsequently strengthening of the DRC RC capacity. The general model sees the DRC RC taking the lead on most operational and implementation activities, with technical and managerial support provided by in-country and remote staff. The deterioration of the security situation makes it more likely that more cases will be undetected and/or untreated as infrastructure deteriorates or service availability changes, or if population movements bring cases to previously unaffected areas. Therefore, the operational strategy for the current outbreak is based on an agile approach which allows the Movement to adjust the geographical scope of its response as well as the overall coordination in line with the evolving epidemiological dynamics and the constantly changing needs. In the current context; the need for the Movement to continue with its scale up plan remains urgent. However, flexibility in terms of the response modalities is essential and may necessitate further adjustments to the scale up plan and its implementation as the situation changes.

The response in DRC is composed primarily of activities across 5 sectoral pillars, including Safe and Dignified Burials (SDB), Infection Prevention and Control (IPC), Community Engagement and Accountability (CEA) (including Risk Communication), Psychosocial Support (PSS), and National Society Development. In DRC, the Movement is well included in the National Response Plan with a recognized prominent role in risk communication and community engagement, SDB as well as IPC at community and/or health facility level, as well as detention sites.

Since the beginning of the response in August 2018, a high level of achievement of key results has been demonstrated. The most notable of these include:

- 29 Red Cross SDB teams and additional Civil Protection SDB teams have been trained⁴. The teams are fully operational in 17 health zones, with almost 300 volunteers trained, while additional teams are ready to be activated in areas at high-risk of contagion.
- 10 teams have been formed and trained on a Community based approach for harm-reduction burials – CEHRBU – designed for communities to use in places where SDB teams have limited or no access.
- Over 3509 SDB alerts have been received, of which 2758 (or 79%) have been responded to successfully, 310 (or 9%) were incomplete and 441 (or 12%) were unsuccessful or couldn't be responded to due to security conditions or the population's resistance to SDB teams.
- 20 CEA teams are operational. The Movement has trained more than 670 community volunteers to do risk communication and community engagement activities, and over 716,890 people have been reached. ICRC has been providing awareness raising with the armed forces and security.
- A Community Feedback Mechanism to keep track of community beliefs, questions and suggestions has been established and more than 130,000, feedback and complaints were registered through this mechanism.

⁴ For the epidemic in North Kivu and Ituri, the IFRC and DRC RC use a complementary approach with the Civil Protection to ensure operational continuity in high security areas inaccessible by Red Cross teams. Red Cross is supporting the capacity building of Civil Protection through training and provision of materials and equipment as needed. Trained Civil Protection teams help to access areas which Red Cross cannot access due to security constraints, as well as to improve the reliability and speed of SDB.

- IFRC is supporting 14 health facilities with IPC activities, and with the support of the ICRC, IPC activities are also being carried out in 5 detention sites. 236 volunteers have been trained in IPC, specifically pre-triage using WHO protocols. ICRC has also provided support for water operators for continuity of service in Beni and Butembo.
- IFRC and ICRC have supported 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 during disasters.
- Over 110 SDB volunteers have been supported through PSS activities, and 33 volunteers have been trained. 12 PSS focal points have received training on Psychological First Aid (PFA) in emergency and risky settings and 260 volunteers have been exposed to PFA concepts and practices.

Prediction of where the outbreak will move and tracing of contacts is extremely difficult, making preparedness activities all the more crucial to the containment of the epidemic. The provinces of North Kivu and Ituri border Uganda, Rwanda and South Sudan, with the Burundian border located just south, and close social, cultural and economic ties between affected communities exacerbate the risk of the disease spreading to new locations both within and outside of the DRC. The WHO has called for intensified response activities in DR Congo and in neighbouring countries to avoid worsening conditions and further spread of the virus. According to their risk profiles, the WHO has categorized the above four countries – Burundi, Rwanda, South Sudan and Uganda - as Priority 1 countries with the highest risk levels.⁵ The prioritization was done based on their capacity to manage EVD and viral haemorrhagic fever outbreaks, and their connections and proximity to the areas reporting EVD cases⁶. Additional risks of an outbreak are present at international airports of the capital cities of these four countries. Other factors identified that contribute to the cross-border risk include that the disease is present in major population centers with close transportation links to neighboring countries, and that there is large-scale internal displacement of populations within the area and to neighboring countries due to the ongoing conflict.

With the risk of EVD spreading to other provinces in the DRC, as well as to neighbouring countries, remaining very high, there is need to scale up the response in the already-affected health zones in the DRC and also an urgent need to continue activities in the surrounding health zones, provinces and countries in order to contain the virus and prevent its spread. This appeal has now been expanded to include containment of the virus by working in adjacent geographical areas, as the Movement is working to deliver a coherent response to protect affected and at-risk communities, regardless of geographic boundaries:

Within the Democratic Republic of Congo	Outside the Democratic Republic of Congo
Closure of recovery activities in Equateur (9 th EVD outbreak)	Prevention and preparedness activities in Uganda
Scaled-up response to ongoing 10 th outbreak in affected health zones in North Kivu and Ituri	Prevention and preparedness activities in Rwanda
Prevention and preparedness activities in nearby health zones in North Kivu and Ituri, and in surrounding provinces	Prevention and preparedness activities in South Sudan
Preparedness of DRC Red Cross for future outbreaks	Prevention and preparedness activities in Burundi
Cross cutting: Regional coordination, planning and information sharing	

Since the declaration of the outbreak, preparedness and prevention activities have been ongoing in Uganda, South Sudan, Rwanda and Burundi, and in response to the threat, IFRC launched country-specific DREF operations (total of approximately CHF 1 million) to prepare in the event that EVD crosses their borders. The following achievements have been realized to date:

- 255 people (Burundi: 56; Rwanda: 110; South Sudan: 63; Uganda: 26 – funded by CP3) have been trained on SDB.
- 16 SDB kits (Burundi: 4; Rwanda: 2; South Sudan: 5; Uganda: 5) have been procured for training and prepositioning in priority areas.

⁵ Five countries were designated as Priority 2: Angola, Congo, Central African Republic, Tanzania, and Zambia

⁶ (<https://www.who.int/csr/don/29-november-2018-ebola-drc/en/>)

- 994 people (Burundi: 84; Rwanda: 550; South Sudan: 180; Uganda: 180) have been trained on risk communication and social mobilization activities and are working in their respective communities to raise awareness on Ebola.
- 550 people (Rwanda: 550) have been trained on community surveillance and contact tracing.
- 184 volunteers in Uganda are conducting screening at Points of Entry from the DRC.
- Training of SSRC volunteers on handling of unidentified EVD cases linked to ICRC missing persons file and developing or amending the SDB SoPs/manual to guide SSRC SDB.
- 325 people (Burundi: 90; Rwanda: 55; Uganda: 180) have been trained on PSS and are cascading to their communities.
- Numerous community engagement activities in support of volunteers' work are ongoing, including mobile cinema and interactive radio programmes; between these and other channels of information, millions of people across the four countries have received messaging and information on Ebola.

These DREF funded operations all finish in the first quarter of 2019; however, the ongoing outbreak in DRC demands continued efforts to prepare for any spread into neighbouring countries.

In terms of regional coordination, the 9th and 10th outbreak operations were coordinated and given strategic, technical financial and operational support and direction through the IFRC Nairobi Regional Office. Highlights of the coordination and support activities include:

- Establishment of an Ebola team at the IFRC Africa Regional Office to support multi-country response coordination and country-specific preparedness activities;
- Facilitation of numerous surge deployments to DRC and including in the areas of Operations, Health, RCCE, IM, Finance, PRD and Communications;
- Establishment of a qualitative measure for the standard assessment of SDB preparedness, with application in Uganda, Rwanda, South Sudan, and Burundi, to enhance SDB readiness;
- Review, harmonization and standardization of training packages, operational guidelines, guidance for NSs and SOPs;
- Establishment of an information management platform for the regional containment strategy on [IFRC GO](#) to enhance coordination between operations and support external communications;
- Establishment of an SDB Alerts & Activity Dashboard, which is the only source of data which compiles data for all SDB actors. This is the basis of all of the SDB data-driven planning, at Red Cross and also commission and coordination levels;
- Establishment of a strong community feedback mechanism which is the basis for the weekly analysis of the RCCE dashboard and feedback and rumour maps by health zone which is used to inform weekly RCCE activities, including training of volunteers on usage;
- With the support of the Canadian Red Cross, development of a regional SDB ERU training which took place in February 2019;
- Establishment of an exchange strategy and platform for EVD for the Red Cross Movement;
- Development of volunteer and staff survey instrument, data analysis and report writing.

Coordination and partnerships

In DRC, Burundi, Rwanda, South Sudan and Uganda, all the respective National Societies, IFRC and ICRC are coordinating with their respective Ministries of Health, humanitarian partners, and amongst each other in a collective effort to respond to and/or prepare for responding to the EVD outbreak. Each country has a specialized Ebola task force or Commission which coordinates the response or preparation for EVD, which Movement partners take part in. Through participation in these taskforces and commissions, including relevant thematic sub-commissions, humanitarian actors and agencies coordinate in general on the response. In some countries, the Movement has been identified as the lead on thematic sectors such as SDB.

In the DRC, ICRC and IFRC have signed a comprehensive agreement outlining the roles and responsibilities of the two agencies and ensuring coordinated support to the DRC RC and the EVD response generally. The Emergency Plan of Action includes activities which leverage the unique expertise and capacity of Movement partners. The IFRC has the operational expertise for programmatic response especially in Safe and Dignified Burials (SDB), Community Engagement and Accountability, Psychosocial Support, Surveillance, National Society Development and IPC while the ICRC is leading the operation, mainly in terms of security and field expertise in the North Kivu and Ituri, and the response in detention facilities. The general model sees the DRC RC taking the lead on most operational and implementation activities, with technical and managerial support provided by in-country and remote staff from IFRC and ICRC.

The DRC Country Office of the IFRC has been strengthened through the deployment of regional and global surge capacity and hiring of staff to support the National Society and the response effort for both outbreaks. Five partner National Societies (Belgium Red Cross, Canadian Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have also long-standing programs with the National Society.

In addition to the coordination and support functions provided in terms of security and logistics by ICRC, ICRC is implementing its traditional activities for those affected by violence in the Ebola-affected areas. It monitors the conduct of hostilities and the behaviour of the armed groups that could affect the Ebola responders (Health Care in Danger). It also undertakes activities in the areas of IPC, including in detention centres; supporting SDB and home disinfections; and providing hygiene and food assistance to detainees as part of preventive measures. ICRC has provided the Ebola response operation with a dedicated team of 6 international staff and over 25 resident staff who are carrying out key activities.

Several Movement coordination mechanisms have been put in place at national, provincial and Geneva levels between the DRC RC, the IFRC and the ICRC in order to ensure smooth implementation of the different activities. Tripartite meetings are organised at minimum bi-weekly for operational and strategic discussions. The DRC RC, partner National Societies and ICRC operations associated with the Ebola outbreak are fully integrated into this plan and budget as part of the Movement response. The Emergency Operations Centre (EOC) has moved to Goma led by Ministry of Health and supported by UN and NGO partners. The DRC RC, IFRC and ICRC are participating in the various general coordination and sub-coordination levels. In surrounding countries, the National Societies work with all Movement partners including in-country PNS's, to coordinate the response and activities. Support is provided by the IFRC Country Cluster Office and Regional Office in Nairobi, as well as from Geneva.

The activities of this operation are implemented by a combination of Movement partners - the National Society, the IFRC, the ICRC and partner National Societies (in Equateur Province). All Movement partners associated with the Ebola outbreak are fully integrated into this plan and budget as part of a Movement response and with this revised OIA, the IFRC is continuing to seek funding for the activities of all Movement partners.

Proposed Areas for intervention

The overall objective of this appeal is to contribute to preventing and reducing morbidity and mortality resulting from Ebola virus disease in the DRC, and to contain the spread of EVD into neighbouring countries, while preparing those countries to respond in case an outbreak does occur.

In DRC, the strategy will be implemented through:

- Reinforcing the DRC RC response for immediate lifesaving interventions in the affected areas
- Rolling out prevention and response activities in the affected and at-risk areas, including adjacent health zones and provinces
- Coordinated response with the authorities/Ministry of Health, WHO and other key actors
- Engaging the affected people throughout all activities
- Strengthening the capacity of the National Society to respond to epidemics, including in areas of volunteer development and management, information management and reporting, logistics capacity strengthening and inter-agency coordination.

The operations in DRC are comprised two main sets of activities, all of which are linked: i) The responses to the 9th outbreak in Equateur 10th outbreak in North Kivu and Ituri; ii) Preparedness in provinces and health zones adjacent to the affected areas. However, all areas of operation are based on five pillars of response:



Risk communication and community engagement



Infection and Prevention Control, Support to Health Facilities and at Community Level



Safe and Dignified Burials and Disinfection



Psychosocial Support



National Society Capacity Building and Preparedness

Although the strategies for each of the surrounding countries differ depending on the particular situation, threat level and coordination mechanisms/strategy of the respective national governments, the activities in all four countries aim to strengthen the respective National Society's preparedness, response structure and mechanisms to implement timely and effective risk mitigation, detection and response measures in the event of a suspected EVD case. Ultimately, the goal is to prevent morbidity and mortality resulting from EVD. To do so, all four countries will build on the activities already completed using DREF funds and are aligned with the Regional EVD Strategic Plan.

The current operational plan and budget is based on scenario 1. This scenario has several planning assumptions which will continue to be monitored throughout the operation. Contingency planning is also occurring with triggers identified to inform a scale up of relevant activities. The current Movement strategy is based on responding to this scenario and being ready to activate the contingency plan. The operation has also in place provisions for ensuring continuity of services to vulnerable people in case of a deterioration of the security situation in the country.

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
<p style="text-align: center;">Scenario 1</p>	<ul style="list-style-type: none"> ✓ High EVD caseload in DRC will continue to reduce current health capacity. Likelihood of this to remain the status quo is quite high; ✓ Increased number of diagnosed cases that are without epidemiological links, implying gaps in existing contact tracing and the EVD chain of transmission remains unknown; ✓ Continued and increased trans-boundary population movement due to the close cultural ties between communities; seeking of health care in neighbouring countries; population refugee movement due to conflict in North Kivu, mainly to Uganda; strong economic ties between DRC and neighbouring countries and access to local markets; ✓ Individual improvised health seeking behaviour and lack of trust in the official health systems; ✓ Reduction of humanitarian presence and access due to insecurity in North Kivu ✓ Ongoing internal displacement in DRC due to security situation ✓ Timeframe 3-6 months 	<ul style="list-style-type: none"> ✓ Movement interventions focus on 5 key pillars in North Kivu and Ituri provinces ✓ Security situation allows effective response despite access constraints (with increased direct implementation by the DRC RC with remote support from IFRC and ICRC) ✓ Close coordination with partners across all pillars for an effective response ✓ Increase logistics and material supplies to support the operational plan ✓ Maintain the support/liaison office in ICRC Sub-Delegation of Goma for the IFRC ✓ Increase HR structure to support the operational plan ✓ Volunteers mobilised and trained for effective response ✓ Communities are engaged and provided with needed information, messaging is tailored to community beliefs, concerns, questions and suggestions tracked by community engagement volunteers ✓ Preparedness/ contingency planning activities by DRC RC in Health Zones at risk as security allows as well as nationally ✓ Preparedness activities by National Societies of the neighbouring at-risk countries with population movement/ transportation links with affected area ✓ Legal preparedness through IDRL and advocacy to facilitate the entrance of international humanitarian assistance ✓ Flexibility and revision of the plans as needed based on the evolution of the epidemic ✓ Anticipation of the next phase with preparation of a Transition & Preparedness Plan

<p>Scenario 2</p>	<ul style="list-style-type: none"> ✓ Major surge in cases in N Kivu and Ituri in several HZs including insecure areas with access restrictions ✓ Appearance of cases in urban centres (including Goma) ✓ Spill over to neighbouring provinces ✓ Spill over of cases to neighbouring countries ✓ A Public Health Emergency of International Concern is declared as the number of cases increases weekly, exceeding 500 and cases reported regionally ✓ Timeframe 12 months 	<ul style="list-style-type: none"> ✓ Revision of operational plan to scale up in all pillars in affected areas in close coordination with ICRC, DRC RC and IFRC ✓ Scale-up from preparedness to active response in neighbouring affected provinces and neighbouring countries ✓ Scale-up of offices in each affected province ✓ Deployment of further surge to support the operation at provincial, national level and regional level ✓ Establishment of Regional Ebola Hub ✓ Training and mobilizing additional volunteers from all targeted areas ✓ Communities are engaged and provided with needed information, messaging is tailored to community beliefs, concerns, questions and suggestions tracked by community engagement volunteers ✓ Close coordination with other stakeholders ✓ Revision of the OIA and EPoA ✓ Adding case management as new pillar for response as needed ✓ Increase of supply chain and logistics capacity to match the size of the operation ✓ Prevention and Preparedness activities in additional at-risk provinces and additional at-risk countries (regional) ✓ Regional legal preparedness to facilitate the coordination of international humanitarian assistance ✓ Flexibility and revision of the plans as needed based on the evolution of the epidemic.
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Areas of Focus

Democratic Republic of Congo

i) 9th and 10th Outbreaks – Equateur, North Kivu and Ituri



Health

People targeted: 5,275,000

Male: 2,600,000

Female: 2,675,000

Requirements (CHF): 17,000,000

Needs analysis: Based on the current epidemiological analysis, the outbreak remains active in a wide and challenging geographical area. The risk of increased geographic spread demands a flexible and effective rapid response capacity to move to new locations and contain new potential outbreaks immediately. The Movement response is planned in support of the proven EVD prevention and response strategies at community and health facility levels, supported by MOH and WHO, on areas where Red Cross response will bring added value.

Population to be assisted: Red Cross is targeting 5,275,000 people to be reached with health activities. Information will be collected from communities and used to tailor and target prevention information.

Programme standards/benchmarks: The activities under this sector will follow the proven EVD prevention and response strategies as well as WHO regulations and standards for preventing and controlling the spread of Ebola virus.

Key ongoing and future activities include:

- Train a core group of community engagement volunteers on SDB in affected areas, including PSS aspects, to engage communities, reduce tension and resistance;
- Expand existing two-way communication systems to collect beliefs/rumors/observations, questions and suggestions and ensure these inform a focused community engagement approach and enhance community dialogue;
- Training of volunteers to do risk communication and community engagement activities through door to door activities and mass sensitization activities.
- Enhance analytical capacity to ensure quality rapid and regular interpretation of community perspectives and social science analysis to help inform responders about community concerns, priorities and needs at all stages of the response.
- Risk communication and community engagement activities targeting minority and vulnerable groups (persons with disabilities, communities in conflict areas, marginalized Indigenous groups, etc.). Includes activities to avoid stigmatization of survivors;
- Maintain an information management and quality control system to ensure timely, accurate and reliable feedback and perceptions data collection and analysis (in close coordination with CDC);
- Proactively engage with affected and at-risk communities to provide timely and accurate health information to encourage positive behaviour change (care-seeking behavior, etc.);
- Meetings with community leaders (district and cellule chief, religious leaders etc.), influencers (young leaders, women, artists etc.) to plan and organize joint community-based activities;
- Interactive radio shows reaching urban and rural areas including questions from audience, panel of experts, Ebola survivors, family experienced SDB & young people, music and theatre sketches;
- Production of video on SDB showing safe and culturally acceptable management of burial, standard procedure and steps;
- Mobile cinema and theatre activities in communities including schools, local associations & institutions;
- Scale community engagement activities including house-to-house visits, focus groups and mass sensitization, prevention and public health messages;
- Train and coach Red Cross staff and volunteers in Epidemic Control for Volunteers (ECV), on community dialogue techniques to promote preventive actions, prompt health seeking behaviours, ensure acceptance and engagement in response activities;
- Installation of triage facilities and processes and other infrastructure for health facilities to improve early detection of EVD; training, ongoing support/coaching/monitoring to improve IPC practices, with a focus on 1) preventing nosocomial transmission, a primary means of transmission of EVD in the current outbreak, and 2) quickly identifying, isolating and referring suspect EVD cases.
- Support Ministry of Health and WHO to assess IPC needs in facilities, implement SOPs for triage and early management of suspected EVD patients and train health staff;
- Provide support to improve WASH mechanisms and processes in targeted health facilities;
- Provide psychological support to SDB volunteers from affected areas for good mental health in pursuit of activities;
- Provide psychosocial counselling to affected persons, family members, and volunteers by PSS teams;
- Conduct community visits for mitigation and reduction of stigma and fear by PSS Volunteers.

**Water, sanitation and hygiene promotion****People targeted:** 5,300,000

Male: 2,600,000

Female: 2,700,000

Requirements (CHF): 570,000

Needs analysis: The major needs for this sector include preventing and controlling any further spread of EVD at the community level. Robust Infection Prevention and Control (IPC) at community level is crucial in containing the spread of EVD. This includes safe and dignified burials and decontamination of households of EVD patients, disinfection of potentially contaminated households and public places, and prevention activities.

Population to be assisted: Red Cross is targeting 5,300,000 people in water, sanitation and hygiene promotion activities.

Programme standards/benchmarks: Activities under this sector will follow WHO regulations and standards for preventing and controlling the Ebola virus.

Key ongoing and future activities include:

- Establish safe and dignified burial teams;
- Provision of protective equipment and all necessary materials to SDB teams;
- Implementation of safe and dignified burials with the support of CEA volunteers in partnership with communities;
- Regular refresher training sessions, on the dressing and proper removal (best practices) of the PPE as well as disinfection every 6 weeks for SDB teams;
- Construct decontamination bases at all operational areas;
- Train volunteers and staff to the Regional Disaster Response Team in IPC, SDB and Operational Base Construction and Management;
- Organize capacity strengthening for national volunteers in various areas;
- Support community-based harm reduction burial teams as needed.



Protection, Gender and Inclusion

People targeted: 3,200,000

Male: 1,500,000

Female: 1,700,000

Requirements (CHF): included in other lines

Needs analysis: This response is taking place in an area with an extremely high rate of sexual and gender-based violence, marginalization of a number of populations and presence of extremely vulnerable groups. The major needs in this sector include ensuring all populations including the most vulnerable are reached by Ebola preparedness and response activities; training DRC RC volunteers and staff on key areas including prevention of sexual and gender-based violence as well as protection against sexual exploitation and abuse.

Population to be assisted: Given the continued insecurity of the context, the target is to reach 60% of the overall population with PGI activities.

Programme standards/benchmarks: The programme standards used include IFRC Minimum Standard Commitments to Protection, Gender and Inclusion and other IFRC guidelines and documents including the Code of Conduct and documents on Protection against Sexual Exploitation and Abuse.

Key ongoing and future activities include:

- Gender-balanced volunteer mobilization, to the extent possible in the context;
- Collection, analysis, and dissemination of sex- and age-disaggregated data;
- Protection, gender and inclusion concerns are considered across the assessment and intervention design and implementation with ensuring participation of women, girls and other vulnerable groups through community engagement approaches, including engaging with women's and youth groups;
- Training of volunteers on protection, gender and inclusion, including gender analysis, basic prevention of sexual and Gender Based Violence, Sexual Exploitation and Abuse and Child Protection;
- Assess specific needs of the affected population based on IFRC Minimum Standards for PGI;
- Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning and aim for gender parity in volunteers;
- During community consultations and awareness sessions, special effort is made to ensure women and people with disabilities are also included and feel comfortable to share their concerns and feedback. This includes gender-segregated group discussions to enable women to speak freely;
- Establishing a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard and appoint Prevention of Sexual Exploitation and Abuse (PSEA) and Code of Conduct focal person.

ii) Provincial Preparedness



Health

People targeted: 350,000

Male: 140,000

Female: 210,000

Requirements (CHF): 4,300,000

Needs analysis: To prevent the propagation of the outbreak in surrounding health zones in North Kivu and Ituri, 6 high risk zones were identified by the Ministry of Health and the Movement and will be supported with preparedness activities, including CEA. The Ministry of Health will be strengthening epidemic preparedness through the training and deployment of inter-disciplinary Rapid Response Teams (RRT) that will include DRC RC SDB teams that can quickly be activated.

Population to be assisted: The total population being targeted is 350,000 people with the health and preparedness activities.

Key ongoing and future activities include:

- Create an EVD containment strategy in the 6 territories of North Kivu while strengthening the epidemic preparedness capacity of the National Society, including supporting the community-based epidemiological surveillance system in coordination with the Ministry of Health
- Training of volunteers and their deployment in the field for risk communication and community engagement (CEA), for safe and dignified burials (SDB) and for Psychosocial Support (PSS);
- Capacity building of DRCRC to respond effectively to this and possible future outbreaks and strengthen the coordination system with the Ministry of Health and other partners.

Regional Containment

Burundi



Health

People targeted: 170,000

Male: 70,000

Female: 100,000

Requirements (CHF): 240,000

Needs analysis: Burundi has never experienced an EVD outbreak, thus there is a need to provide technical support for volunteers and staff training on SDB. Training of trainers and community educators training on psychosocial support is also required along with simulation exercises on EVD activities on SDB and PSS, and provision of PSS to volunteers. Risk communication and community engagement on key Ebola messages, community perceptions and community feedback are also important in the social mobilization activities. There is also a need to provide and enhance the NS capacities in community messaging/referrals and data collection to ensure proper tracking and reporting of suspected cases and contacts.

Population to be assisted: The Operation will target 170,000 people with risk communication and community engagement, SDB and PSS.

Key ongoing and future activities include:

- Staff and volunteer training in SDB, contact tracing and risk communication, social mobilization and community engagement;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;

- Social mobilization on EVD through mobile cinemas.

Rwanda



Health

People targeted: 2,500,000

Male: N/A

Female: N/A

Requirements (CHF): 230,000

Needs analysis: The major needs include carrying out risk communication, social mobilization and community engagement to avoid spread of the disease.

Population to be assisted: RRC is targeting 2,500,000 people (approximately 500,000 households) which is the average population of the 13 target districts.

Key ongoing and future activities include:

- Staff and volunteer training in SDB, contact tracing and risk communication, social mobilization and community engagement;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Social mobilization on EVD through mobile cinemas.

South Sudan



Health

People targeted: 360,000

Male: 160,000

Female: 200,000

Requirements (CHF): 360,000

Needs analysis: There is limited health literacy and low knowledge of EVD among the local communities in South Sudan, which poses a high risk of an outbreak if urgent preparedness and preventive measures are not adopted. This needs to be countered by intensified prevention training around EVD, including through selected evidence-based social behaviour change communication (SBCC) and RCCE strategies and actions.

Population to be assisted: The intervention targets 360,000 people at the four highly at-risk states prioritized by the Ministry of Health and partners. Currently, SSRC EVD Preparedness operations are limited in four main towns classified as high-risk. Through this proposed operation, SSRC aims to expand on the scope of its EVD Preparedness geographically, as well increase its activities.

Key ongoing and future activities include:

- Staff and volunteer training in SDB, contact tracing and risk communication, social mobilization and community engagement;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Train and equip the NS staff and volunteers to be the first responders for EVD preparedness and interventions.

Uganda



Health

People targeted: 6,800,000

Male: 3,300,000

Female: 3,500,000

Requirements (CHF): 460,000

Needs analysis: URCS continues to undertake preparedness activities in 7 targeted districts to prevent and be prepared for a possible EDV outbreak in Uganda, focusing on: risk communication, community engagement and sensitization; community-based surveillance; screening at PoEs; provision of PSS; implementation of IPC measures; SDB; strengthening the National Society in Epidemic Preparedness and response through the revision of Contingency Plans and SOPs as well as through training and equipment of a National Disaster Response Team (NDRT) on Epidemics; support the MoH to enhance health partners capacities in conducting SDB.

Population to be assisted: Total target population directly targeted through the action is 6,800,000.

Key ongoing and future activities include:

- Staff and volunteer training in SDB;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and body bags;
- Social mobilization on EVD through mobile cinemas;
- Train and equip the NS staff and volunteers for Point of Entry screening.

Strategies for Implementation

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration; and information management (IM). A core emphasis of the strategy allows for strengthening of the DRC RC in the above-mentioned areas. The remote management operational modality enables DRC RC to play a strong role in implementation, coordination with partners and management of the operations. The regional coordination strategy and plans, in addition to providing technical and strategic guidance, further allows for the coordination and overview needed for monitoring, reviews and a final evaluation of the operation. More details are in the Emergency Plan of Action.

SFI 1: Strengthening National Society Capacities and Ensure Sustained and Relevant Red Cross and Red Crescent Presence in Communities

National Societies Targeted: 4

Male: N/A

Female: N/A

Requirements: Africa Region Technical Support

Needs analysis: Following on the learning from West Africa EVD operations, capacity building of the National Societies to effectively respond to Ebola is very critical. This is also in line with Africa region road map which envision National Societies that are stronger and capable of responding to current and future disasters. The areas that need strengthening includes and not limited to Finance, PMER, logistics and leadership and governance.

Key ongoing and future activities include:

- Training of volunteers and staff on mobile data collection system
- Training of project staff and National Societies focal persons on financial management and reporting;
- Deploying and strengthening use of volunteer management information system;
- Organize branch Governance experience sharing meeting
- Review duty and care protocol for volunteers with reference to lessons learnt from the EVD response
- Organize leadership training for youths

Budget

With some 11.2m Swiss francs of contributions received, the net multi-lateral needs amount to 20.4m Swiss francs.

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRCD026 - DRC - Ebola Virus Disease Outbreak Funding requirements - summary

HEALTH	21,000,000
WATER, SANITATION AND HYGIENE	900,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	1,200,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT <i>Transfer to ICRC: CHF 5,800,000</i>	6,600,000
ENSURE A STRONG IFRC	1,800,000
TOTAL FUNDING REQUIREMENTS	31,500,000

all amounts in Swiss Francs (CHF)

Elhadj As Sy
Secretary General

Reference documents



Click here for:

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

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

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For In-Kind donations and Mobilization table support

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

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

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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.

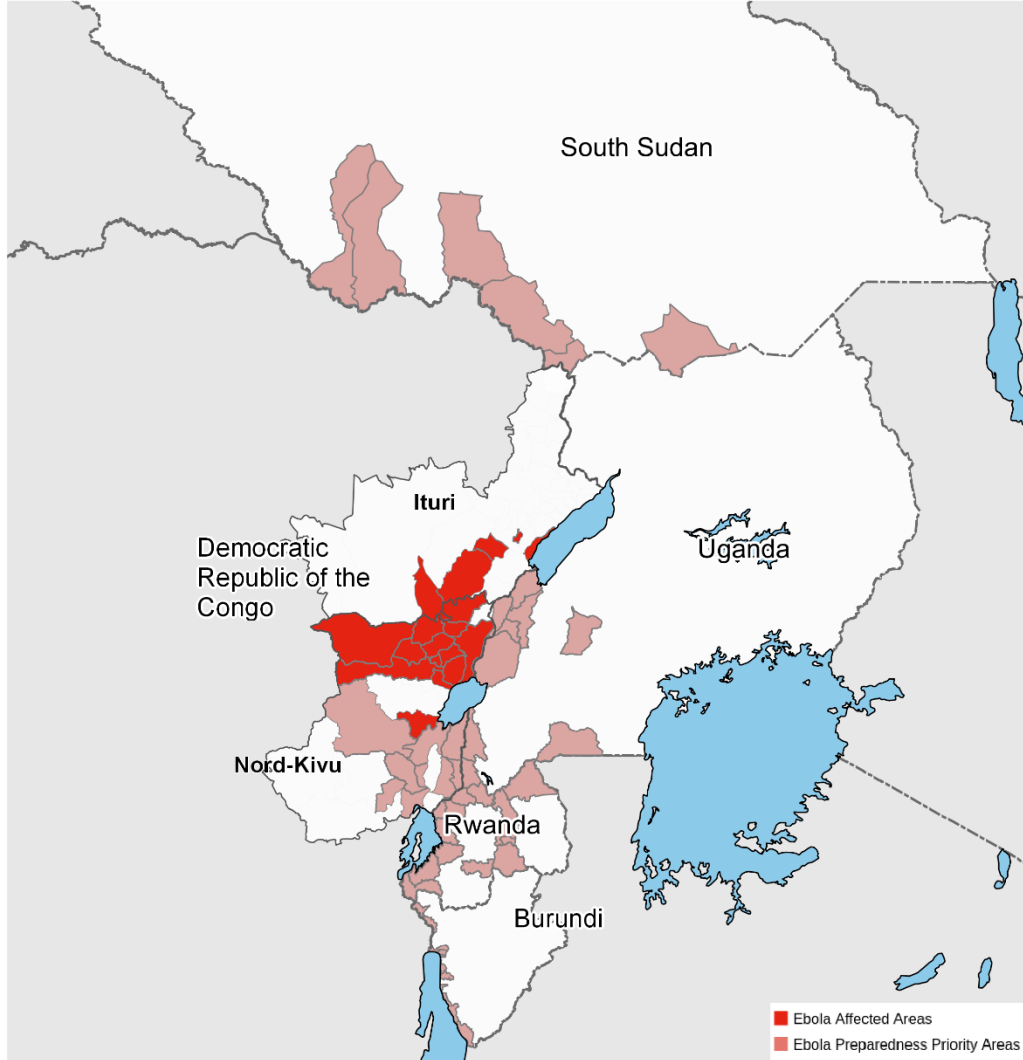


International Federation of Red Cross and Red Crescent Societies
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



**Ebola Virus Disease Response and Containment
 Emergency Appeal**

14 March 2019 • EP-2018-000129-COD



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: OCHA, Natural Earth, MSF, IFRC.

