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Revised One International Appeal

Democratic Republic of the Congo: *Ebola Virus Disease (EVD) Outbreak Containment Strategy and Red Cross / Red Crescent Response Plan*

 International Federation
of Red Cross and Red Crescent Societies

One International Appeal n°
MDRCD026

Glide n° EP-2018-000049-COD

CHF 61 million current OIA budget

CHF 17.4 million funding gap

15.5 million people to be assisted

DREF allocated

OIA: CHF 800,000

Uganda: CHF 396,385

South Sudan: CHF 274,994

Rwanda: CHF 188,638

Burundi: CHF 138,160

[Appeal launched](#) 21 May 2018

[Revision no 1](#) 14 June 2018

[Operation Update 1](#) 19 July 2018

[Operation Update 2](#) 07 August 2018

[OIA revision no. 2](#) 21 August 2018

[6 months update](#) 10 December 2018

[OIA revision no. 3](#) 21 March 2019

[Operation Update 3](#) 11 July 2019

[OIA Revision 4](#): 15 July 2019

[OIA Revision 5](#): 19 December 2019

Appeal end date 31 December 2020

Given the continued transmission of Ebola virus disease (EVD), ongoing challenges with security in **Democratic Republic of Congo (DRC)** and surrounding **Priority 1 countries (currently Burundi, Rwanda, South Sudan and Uganda)**, it is crucial to maintain vigilance and dedicated preparedness and response actions. Aligned with this reality, the **5th revision of the One International Appeal (OIA)** extends the **response phase of the operation until 30 June 2020**, with a **recovery phase up through to 31 December 2020**, to ensure a strong transition focused on local ownership and supporting ongoing efforts to strengthen epidemic readiness and response in the affected countries. This revision ensures alignment with the DRC Ministry of Health (MoH) National Strategic Response Plan (SRP).

This revised OIA seeks a total of some **61 million** Swiss francs, increased from CHF 43 million, to enable the Red Cross and Red Crescent Movement (Movement) to continue supporting the **Democratic Republic of the Congo Red Cross (DRC RC)** to deliver assistance and support the response to and containment of the current EVD outbreak in the DRC; **and the Burundi Red Cross Society (BRCS), Rwanda Red Cross Society (RRCS), South Sudan Red Cross (SSRC), and Uganda Red Cross Society (URCS)** to continue improving their preparedness mechanisms. Overall, this revised OIA aims to support **15.5 million people** until **December 2020** with a specific focus on five thematic pillars: **risk communication, community engagement, and accountability (RCCE and CEA); infection prevention and control (IPC)** support to health facilities in affected communities and at the community level; **safe and dignified burials (SDB); psychosocial support (PSS); and capacity strengthening** of the Red Cross National Societies. The planned response reflects the current situation and information available at this time of the operation.



Training of safe and dignified burial team in Goma. Goma/IFRC 2019

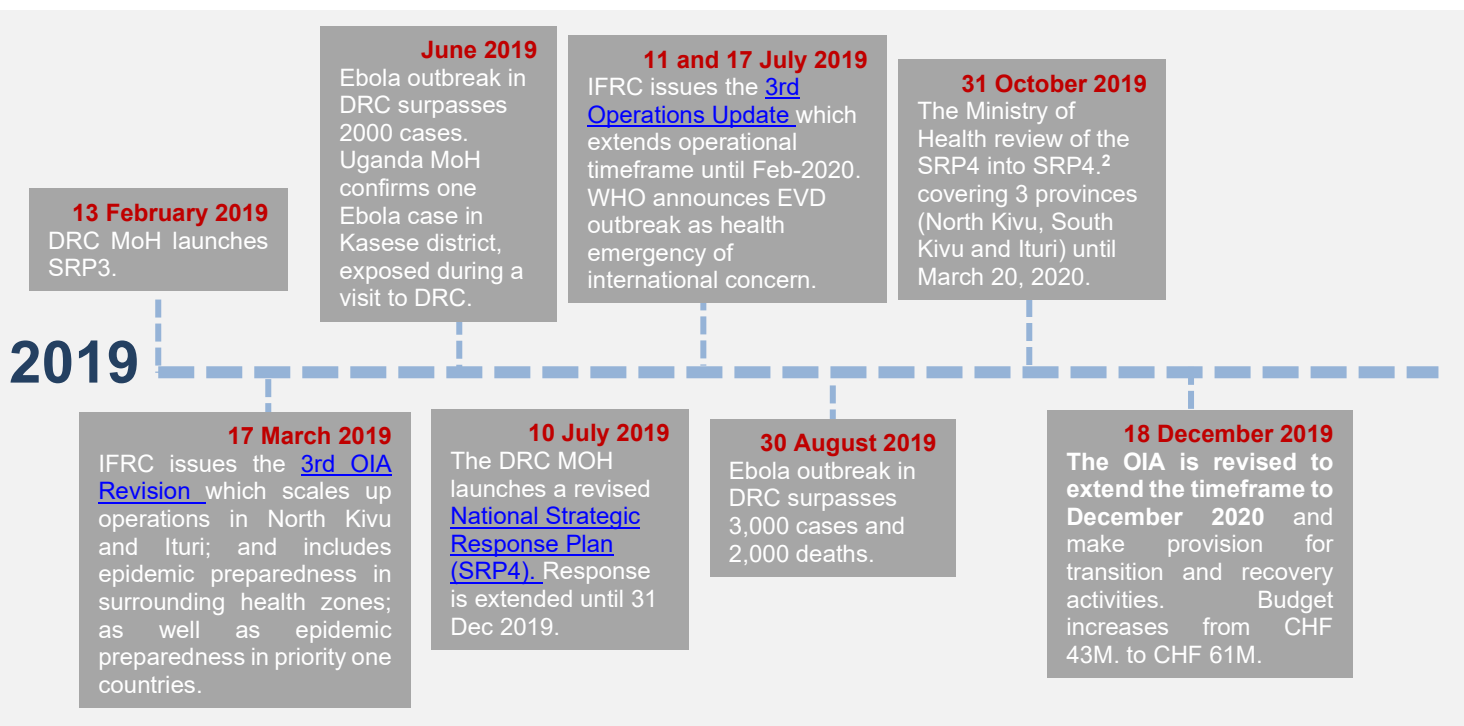
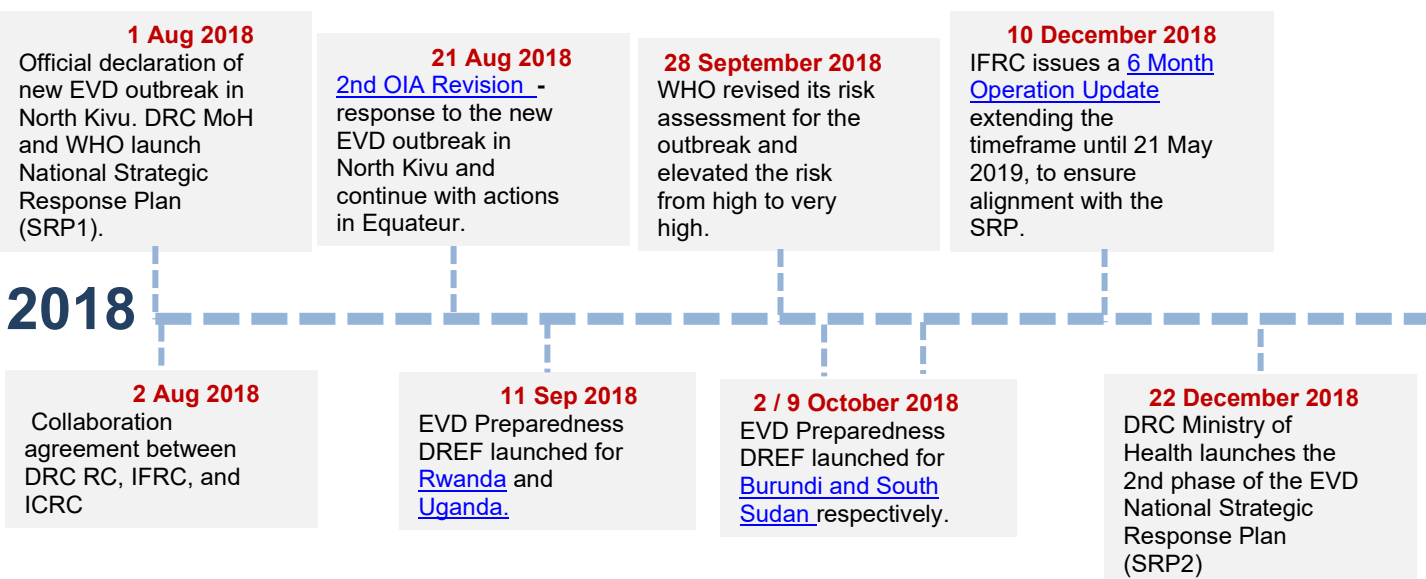
The plan focuses on the community-led response across each of the pillars in the operation. It reflects the current situation and information available at this time of the operation but will be adjusted as necessary based on further developments and ongoing assessment of epidemic dynamics, community needs, and response capacities. Details will

be available in the revised Emergency Plan of Action (EPoA). While it is difficult to predict the end of the active outbreak response, we will continually re-assess the status of the OIA as we approach the anticipated end of the response phase.

The crisis and the Red Cross Red Crescent response to date

9th EVD outbreak was reported by the DRC MoH on 8 May 2018 in the Bikoro and Iboko health zones, Équateur province. DRC RC, supported by IFRC, deployed response teams and the outbreak was declared over on 25 July 2018 with 33 deaths from among 54 cases reported (of which 38 cases laboratory-confirmed)¹. On 21 May 2019, the Red Cross Red Crescent Movement issued a [6-month Emergency Appeal](#) to cover the operation to respond to this 9th epidemic from 21 May to 21 November 2019.

10th EVD Outbreak was declared on 1 August 2018, shortly after the declaration of the end of the ninth, following cases confirmed in the Mabalako health zone in Beni territory, in North Kivu province. At the time of the declaration, Red Cross response teams from 9th outbreak were immediately deployed to North Kivu.



¹ WHO Situation report: declaration of the end of the Ebola outbreak in Équateur Province 25 July 2018

² <https://laprunellerdc.info/2019/11/01/lutte-contre-ebola-le-srp4-1-adopte-dans-latelier-a-goma-apres-une-evaluation-mi-parcours-du-srp4/>

The Democratic Republic of Congo Red Cross

16,629

(84%) successful SDB



84% of the **16,629** SDB alerts were successfully completed by 95 SDB teams

- 29 Red Cross representing 384 volunteers
- 28 Civil Protection
- 26 community-led harm reduction burial teams [CEHRBU] trained by the Red Cross
- 12 Civil Protection community burial teams

It is estimated that a 70% success rate is needed to push down the epidemiological curve.

1,870,069

people reached RCCE



807 CEA volunteers have reached **1,870,069** people from the target population with door-to-door and community communication activities.

459,426 community feedback data points collected during weekly health promotion activities.

These community insights are coded and analysed locally with CDC support. Almost real-time feedback data informs localised adaptations of Movement activities and shared with response partners for localisation efforts across the broader response.

1,868,001

people screened at 26 FOSA



26 health facilities are being supported with an IPC package, supervision, training:

- 118 volunteers have screened **1,868,001** people (9% under 18 years)
- completed 194 decontaminations;
- and trained more than 874 health care workers.

Health facilities supported with IPC approaches have successfully triaged, isolated and referred **321** positive Ebola cases, maintaining safe environments for healthcare workers and patients seeking treatment in these community facilities and ensuring rapid and appropriate medical treatment for Ebola patients.

- More than **2,635** PSS activities have had **23,460** participations by staff and volunteers and **37** volunteers have been trained in Psychosocial First Aid.
 - **10** DRC RC branches provided with support in addressing the Ebola Outbreak.

- **4** Prisons with a total of **5,700** detainees and **4** temporary detention places are being assisted by the **ICRC** in Goma, Butembo, Beni and Bunia, with the introduction and supervision of IPC measures. In **3** prisons (Butembo, Beni and Bunia) detainees are assisted with additional food to avoid malnutrition and assure resilience.
- In **3** prisons (Butembo, Beni, and Bunia) the **ICRC** has planned projects to rehabilitate the water and sanitation systems to improve hygiene and living conditions.
- In **4** hospitals (Goma, Butembo, Beni, Bunia), the **ICRC** set up special IPC measures and protocols to protect the surgical teams operating on war-wounded patients.

In the Priority 1 Countries

Burundi Red Cross Society (BRCS)

- **56** people trained in SDB and conducting simulations in their branches.
- **84** people have been trained in RCCE and leading community dialogue to promote behaviour change in their own communities.
- **90** staff and volunteers have been trained in PSS and are cascading the training to their communities.
- **4** SDB kits pre-positioned.
- **780,000** people were sensitized on EVD.

<p>Rwanda Red Cross Society (RRCS)</p>	<ul style="list-style-type: none"> ▪ 550 volunteers were trained as trainers on community surveillance and contact tracing, and 110 on SDB. ▪ 11 districts have volunteers trained on mobile cinema, and 175 mobile cinema sessions have been conducted in 13 districts, reaching 672,822 people directly. In total, 3,364,113 people have been reached through community dialogue to promote behaviour change in their own communities. ▪ 55 volunteers trained on PSS ▪ 5 SDB kits pre-positioned.
<p>South Sudan Red Cross (SSRC)</p>	<ul style="list-style-type: none"> ▪ SSRC reached more than 412,169 people in the four operational locations through community dialogue approaches to promote behaviour change in their own communities. ▪ 5 SDB kits pre-positioned, 200 volunteers trained on SDB, and 15 SDB teams formed and maintained ▪ 360 volunteers trained on social mobilization, risk communication and community engagement ▪ 170 volunteers trained on PSS ▪ SSRC responded to 13 alerts that met the EVD case definition and performed 8 SDB.
<p>Uganda Red Cross Society (URCS)</p>	<ul style="list-style-type: none"> ▪ 360 volunteers have been conducting community dialogue activities at community level (increased from 180 through funds from UNICEF) to promote behaviour change in their own communities. ▪ 418 volunteers have been conducting screening at points of entry (PoE) through support from WFP and the DREF. ▪ 5 SDB kits pre-positioned.

The Movement is grateful for all support to the operation to date, which has seen positive impacts and results. Nevertheless, delays in securing funding commitments have impeded proactive operational planning and the ability to mobilize contingency funding to stay ahead of epidemic trends. This may also contribute to the spread of the disease and the wider effectiveness of the response. Among important achievements, the Movement has been involved in rapid intervention to successfully contain the Kasese (Uganda) and Mwenga (South-Kivu) outbreaks. In addition, the Movement has designed and implemented key innovations in this response, some of which have had a wide acceptance and uptake in the wider humanitarian community, including:

- The **Community emergency harm reduction burial (CEHRBU³) strategy**: a risk reduction approach where safe and dignified burials are not possible in inaccessible areas affected by the outbreak.
- **French Red Cross-led isolation bubble for rapid isolation of suspect cases** in health facilities supported with improved triage, isolation and IPC practices.

A broad **community feedback mechanism** providing real-time analysis of community's perceptions and information needs, allowing for the adaptation of response efforts to the changing needs and challenges.

³ Also named ECUMR as per the acronym in French of Enterrements communautaires d'urgence à moindre risque

Coordination and Partnerships

Overview of Red Cross Red Crescent Movement in DRC

The DRC RC is present in all provinces and territories of the country. As the response to the 10th EVD outbreak covers areas affected by armed conflict, DRC RC, IFRC and the ICRC developed a joint approach where clear roles and responsibilities have been agreed upon through multi-level and daily coordination. The ICRC, in the frame of the security agreement with the IFRC—known as the L3 Agreement—provides security management for movements of all international staff operating in the provinces of North Kivu, South Kivu, and Ituri due to its longstanding presence and wide experience in the DRC. In addition, the ICRC also supports EVD prevention activities to the particularly vulnerable populations of detainees and war wounded in the four major prisons and four major hospitals in the North Kivu and Ituri. The same activities are implemented in South Kivu province in Bukavu central prison and Uvira prison.

Robust Movement coordination mechanisms have been put in place at provincial (Equateur, North Kivu, South Kivu and Ituri), national (Kinshasa), regional and headquarters levels between the DRC Red Cross, the IFRC and the ICRC in order to ensure smooth implementation of the response activities. Tripartite meetings are also regularly organised for operational and strategic discussion at all levels.

External Coordination

There are currently more than 60 national and international organizations (including local authorities) involved in the ongoing EVD response⁴. To support a UN system-wide response to Ebola, the Deputy UN Special Representative of the Secretary-General (DSRSG) was appointed UN Emergency Ebola Response Coordinator (EERC) in May 2019 with the Assistant Director-General leading the WHO response in DRC. Together with key partners they make up the Emergency Ebola Response Team (EERT) modelled on Humanitarian Country Team supported by the EER Partner Forum (inter-cluster coordination). The Movement sits in the EERT and partner forums.

Under SRP4 the Government of the DRC coordinates the response through an established coordination infrastructure (General Coordination, Sub-coordination and Technical Commissions), specifically, the Presidential Multisectoral Committee or “*Comité multisectoriel de la riposte à l’épidémie à la Maladie à virus Ebola*” (CMRE), under the leadership of the Prime Minister and supported by a Technical Secretariat (ST CMRE). The committee and secretariat are based in Kinshasa.

In Goma, the General Coordination is based at the Emergency Operations Centre (EOC) with sub-coordination EOC in Beni, Butembo, Goma, Bunia, Komanda, Biakato Mines, and Mambasa supporting Health Zone coordination teams under Chief Medical Officer for the Health Zone and Health Areas intervention teams under Head Nurse of the local health facility (FOSA). Multidisciplinary Rapid Intervention Teams provide roving support and at the local level this is done by local Health Committees, Health Area Development Committees (CODESA) and Community Animation Cells (CAC) for community engagement.

The inter-agency response coordination has been established along the below pillars, with the Movement active in Pillar 1 (RCCE, IPC and SDB [as technical Co-Lead]) and Pillar 3:

- Pillar 1:** Public Health Response (Ministry of Health / WHO lead)
- Pillar 2:** Strengthening political engagement, security and operational support (UN EC / EERC)
- Pillar 3:** Strengthening support to communities affected by Ebola (EERC)
- Pillar 4:** Strengthening financial planning, monitoring and reporting (World Bank)
- Pillar 5:** Strengthening preparedness for surrounding countries (WHO/OCHA)

The Operational Strategy

The Movement’s community-led vision was designed considering key elements such as the security context, epidemic trends, analysis of available data internally and externally, and shifts in humanitarian context. These facilitated the continuous adaptation of the response by identifying creative strategies to continue delivering life-saving interventions despite the evolution of the outbreak and changes in access and security situation and capacity. At the same time, it allowed to lay foundations for health resilience at the community level by engaging support from our Movement partners while enacting the above vision. In this revision of the OIA, the focus will be on strengthening community health systems, with priority given to response interventions, while transitioning to recovery based on community health and linkages

⁴ [DRC, Humanitarian Response Plan – September 2019](#)

with existing programmes such as community-based health and first aid (CBHFA), epidemic control for volunteers (ECV), integrated readiness and water, sanitation and hygiene (WASH).

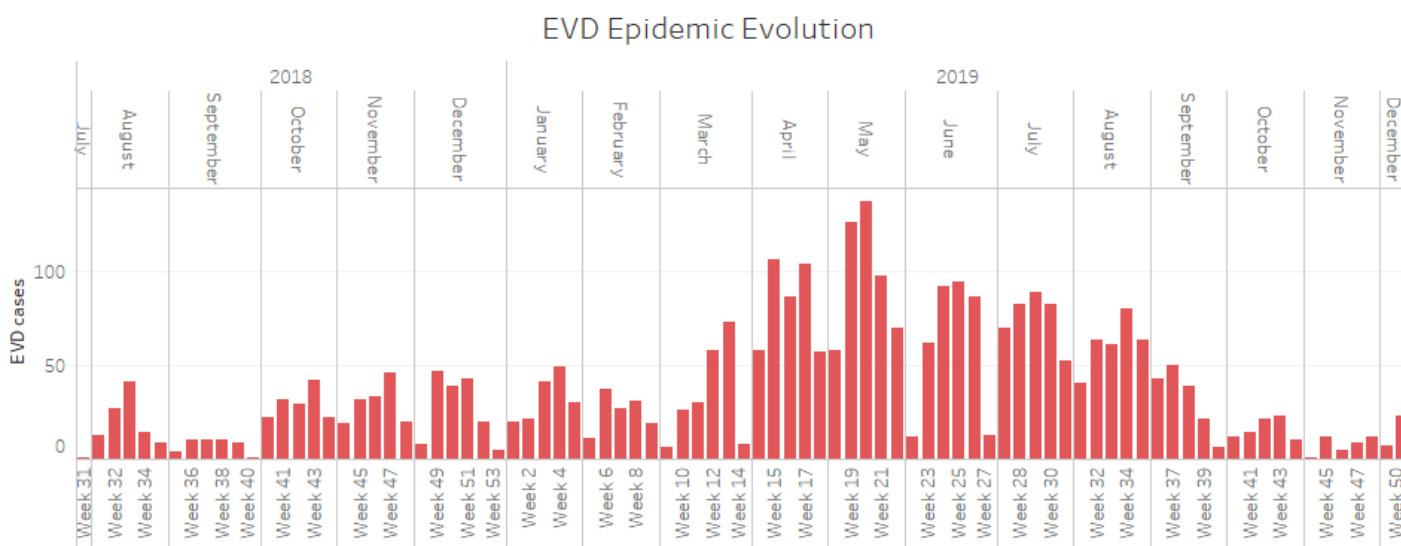
Partners will continue engaging with local structures, and adjust interventions over time, based on the feedback and perceptions of affected and at-risk communities and other research findings to enhance Red Cross and other key community actors' capacity to conduct community dialogues and ensure that communities in the most affected areas have access to relevant and useful information, their questions are answered, and messaging is tailored to their current beliefs and concerns.

Needs assessment

While there have been glimpses of decreasing cases recently, the outbreak is still active in DRC, particularly focused in the epicentre in Mandima, Mabalako and Beni health zones. As such, the risk of trans-border transmission to the neighbouring countries remains the same as in previous months. The active community feedback system in DRC run by RC volunteers not only notes comments on Ebola and suggests active ways to operationalize the data back into the Ebola response, but in addition, notes needs from the community for other health priorities, most notably in WASH, protection and food security.

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

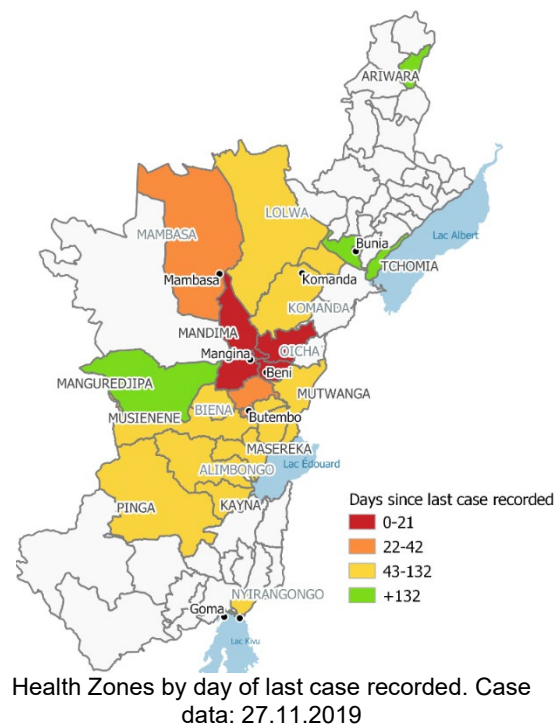
The tenth EVD outbreak has required dynamic and adaptive response, as it has been characterised by a series of epidemiological waves; a wide geographical distribution of cases, with geographic spread often following transport routes and population movement dynamics; seeding in remote areas due in part to contacts that were lost to follow-up; the reintroduction of the virus in areas that had been free from the outbreak; and outbreaks in both urban and rural areas.



Epidemiological curve of the Ebola outbreak. Case data 11.12.2019

After three initial waves of cases in 2018, between January and April 2019 caseloads increased from an average of 20 to 40 cases per week to more than 100 case per week. **The peak of the outbreak was observed in May 2019.** Thereafter, the number of cases started to decrease. In July 2019, the outbreak extended south to Goma, which caused the WHO to declare it a public health emergency of international concern (PHEIC) on 17 July. It spread further into Mwenga Health zone in South Kivu near the Burundi border on 15 August. A case imported from Mutwanga Health Zone in DRC was confirmed in Uganda on 29 August; transmission was halted and there was no further outbreak in Uganda. **Since September, there has been a gradual decrease in observed transmission intensity, but the outbreak has continued to spread geographically.**

By early November, the caseload was averaging **below 20 cases per week**. The geographical area affected has also decreased to a few central health zones around Beni, Mabalako, Mandima and Oicha. Overall, there has been a consistent decline in incidence and a shift in hot spots from urban settings to more rural, hard-to-reach communities, across a more concentrated geographical area. The decline in the number of new cases and the distribution across a more concentrated geography has been encouraging. **However, this trend must be interpreted with caution as the drivers of this outbreak**, including under reporting, delays in case detection and isolation, challenges in identifying and tracing contacts, difficulty accessing remote/insecure areas for responders, poor awareness of EVD among both healthcare providers and the general public, and under-reporting of community deaths, are still prevalent across the affected communities.



Trust and underlying vulnerabilities

The drivers described above are largely based on a climate of community mistrust fuelled by inability to respond to basic community needs and chronic insecurity discussed below. Therefore, continued transmission in remote areas where access is difficult creates the possibility of transmission chains going undetected resulting in unpredictable seeding of the infection in new areas or reintroduction in previously cleared areas.

Trust is a precious humanitarian commodity which is still in great demand, but short supply. While knowledge of Ebola has increased, there are still widespread perceptions and behaviours which remain challenging. According to the latest community feedback data there is widespread belief that Ebola response personnel spread Ebola as they conduct their activities; belief that patients who go to the Treatment Center are purposefully infected with Ebola and/or killed with some concerns about corpse mutilation; similarly, vaccine is seen as a means to purposefully spread Ebola and targeting is widely misunderstood.

Recent surveys from the Social Science Research Group led by UNICEF (CASS) indicate that knowledge of prevention, as well as self-reported behaviour changes, continue to focus on basic hygiene such as hand washing with soap, chlorine and/or water but it highlights a lack of detailed understanding about the high-risk transmission routes, such as through a dead body, which receive limited attention within communities. Social science data also highlights critical issues, for example:

People who believe SDBs are a way to stop the transmission

Mambasa - 17%
Beni - 31%.

People with "more fear" of seeking care from health facilities since the epidemic began.

Katwa – 70%
Beni – 55%
Butembo – 38%

People who feared being sent directly to an Ebola Treatment Centre.

Katwa – 43%
Beni – 38%
Butembo – 19%

Since the onset of the Ebola epidemic in August 2018, the IFRC (together with partners such as CDC) has dedicated resources to apply community perspectives and social science analysis into every aspect of its operation. The details presented above mark a clear need to continue with this approach, and maintain and improve current systems for community feedback data collection and use the shape approaches and guide interventions that build trust between communities and the response.

Security Constraints and Other Risks

The response to DRC's 10th Ebola outbreak faces many challenges, as a public health emergency evolving within a wider protracted and complex humanitarian response in a conflict involving multiple weapon carriers. This has contributed to an environment of mistrust within the affected communities and has led to the reluctance, refusal and resistance of some communities to the EVD response.

There have been many incidents or threats that directly, or indirectly, affect the teams involved in the response. Since the beginning of the epidemic, several security incidents have been recorded by the International NGO Safety

Organisation (INSO) teams, **with at least six deaths of Ebola responders, both local and international**, followed by two simultaneous orchestrated attacks against the response teams in Mabalako and Byakato health zones. This situation has had very significant impacts on the intervention in the region, especially in the Lwemba, Byakato, Aloya and Mabalako health zones.

Since late November 2019, the security situation in the operational area of the Ebola response in North Kivu has rapidly deteriorated, which has culminated in [violent protests in Beni on 25 November](#), as well as the [killing of four non-Red Cross EVD responders at two Ebola centres on 28 November](#). The IFRC, together with the DRC Red Cross, is closely coordinating its response to these incidents with the ICRC, which leads on security management in the area of operation.

Additionally, the risk of spread to neighbouring countries and new health zones/provinces in DRC remains, so long as there is active transmission. The provinces of North Kivu and Ituri border Uganda, Rwanda and South Sudan, with Burundi located just south, and close social, cultural and economic ties between affected communities exacerbate the risk of the disease spreading to new locations. **Population displacement as a result of ongoing violence carries with it the risk of seeding in new communities or reintroduction of the virus in communities that have already experienced a previous wave of the outbreak.** Cross-border movements due to trade and other activities are frequent and pose a significant threat of transmission of the disease. Prediction of where the outbreak will move and tracing of contacts is extremely difficult, making preparedness activities all the more crucial to be ready to initiate interventions as soon as new hotspots appear thus preventing further geographical spread.

One International Appeal operations in the towns of Mangina, Beni and Butembo have been temporary suspended or greatly reduced as of late November 2019. However, commensurate with the daily evolution of the security situation, as of early December, resumption of critical safe and dignified burial (SDB), and risk communication and community engagement activities have begun. **More than 1,500 volunteers and staff have been activated for this emergency operation and all is done to ensure their safety.** The Red Cross Red Crescent Movement is present through the DRC RC, who is leading the operation. Together, the Movement message is not trying to figure out when to leave, but how to stay. The Movement is determined to see the end of this outbreak.

Proposed Areas for intervention

The overall objective of this OIA is to contribute to preventing and reducing morbidity and mortality resulting from Ebola virus disease in the DRC, and to rapidly contain the outbreak of EVD should the virus spread to neighbouring countries. At the same time, the longer-term strategy of the OIA focuses on supporting resilient health systems and tools of National Societies to ensure response readiness in DRC and priority 1 countries for this and future epidemics in central Africa.

EVD Response and preparedness (Aug 2018 - June 2020)

DRC: Response to the 10th Outbreak – North Kivu, South Kivu and Ituri



Health

People targeted: 6,656,952

Male: 3,261,906

Female: 3,395,046

Requirements (CHF): 37,725,000

Needs analysis: While optimistic that the EVD outbreak will be brought under control, maintaining full response capacity including coverage of all pillars and readiness to scale up if necessary are required as the risk of contamination, spread and reintroduction is still high. Response strategies must continue to be adapted to the local context and be reactive in the wake of changing epidemiology. Given the different challenges faced in urban and non-urban settings including access and security, the response must be continuously adapted to fit the evolution of the outbreak and of the new areas affected including increasing the use of CERBHU teams, decentralizing and localizing the response and use of rapid response teams. Capacities for operational readiness and preparedness should be enhanced and sustained in non-outbreak affected areas prioritizing areas most at risk including along major transit routes.

Population to be assisted: Out of the 15.5 million people to be assisted, this operation is targeting about 6.6 million people to be reached directly with RCCE/CEA, PSS, IPC and SDB activities. Information will be collected from communities and used to tailor and target prevention and response activities. The ICRC is also targeting 5,700 detainees and hundreds of surgical patients with continued care, prevention and rapid reaction measures.

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

Key ongoing and future activities include:

Safe and dignified burials (SDB), including the community-based harm reduction burial (CEHRBU) teams:

- Maintain quality burials by existing SDB teams in affected health zones, based on epidemiological risk
- Train new SDB teams where there are cases in accessible communities
- Provide routine supervision for quality assurance, support, and resupply to CEHRBU teams
- Train and equip new CEHRBU teams in inaccessible areas based on the epidemic's spread and risk analysis
- Maintain high SDB success rate through sustained logistical supply and community engagement and maintain systematic monitoring and analysis of SDB failures and community feedback for lessons learned.
- Support coordination with other actors as co-lead of the SDB sub-commission
- Acting in the role of technical co-lead of the SDB, develop an SDB Quality Assurance Framework, which will be made available to all partners which will include planning, implementation, monitoring and evaluation of SDBs.
- Lead data management of the SDB sub-commission and strengthen data collection and analysis for all teams.

Infection prevention and control (IPC) activities in targeted health facilities:

- Support the delivery of IPC activities, in line with the IPC package, in 37 health care facilities.
- Train, assist, supervise and mentor DRC RC volunteers and health care workers in infection prevention and control practices in line with the validated IPC package in supported facilities that ensure the safe and effective identification of suspect EVD and other infectious disease cases.
- Coordinate and facilitate the monitoring of IPC standards and corrective actions in Red Cross supported facilities in collaboration with the Ministry of Health and WHO.
- Work to integrate the IPC package's standards and protocols into all supported health facility's routine activities to ensure long-term sustainability
- Train DRC RC volunteers and local health workers in the use of the French Red Cross isolation 'Bubble'16 in 22 priority FOSA in North Kivu, Ituri and South Kivu.
- Provide material support to FOSA for early detection (thermometer, handwashing station, etc.) and infection control (gloves, mask, goggles, boots, household gloves) and isolation.
- Support the development of WASH structures (for example latrines, washing stations, waste management zones, etc) and processes in supported FOSA.

Risk communication and Community Engagement (RCCE):

- Develop strategies and strengthen community capacity to accelerate and improve community-led solutions to prevent and control the Ebola outbreak
- Train new community engagement teams and/or conduct refresher trainings in affected and at-risk areas with focus on community dialogues based on defined processes and pathways to effectively engage communities
- Reinforce trainings of all front-line volunteer (IPC and SDB) to regularly answer people's questions, address rumours and beliefs in relation to Ebola, ensure timely health seeking behaviours and uptake of the Ebola vaccine
- Roll out a participatory community planning approach to translate feedback data (and social science research overall) into community solutions and ensure inclusive and participatory community dialogue.
- Develop guides and tools for reinforcing local capacity to roll out 'good enough' social science research (formative research, doers/non doers' analysis, Focus Group Discussions, Rapid anthropological assessment) to inform strategies, address mistrust and enable better community engagement
- Engage with stakeholders such as community leaders and influencers to sensitise them to the public health response to EVD, facilitate a relationship of trust and organize joint community-based activities
- Proactively engage with affected and at-risk communities to provide timely and accurate health information and encourage positive behaviour change through volunteer's door-to-door dialogue and interactive community media approaches (including mobile cinema, interactive radio broadcasts) and social media
- Create or adapt existing information materials to local languages and specific audiences.
- Maintain the information management systems required for the Community Feedback System as required to ensure timely, accurate and reliable feedback and perceptions data collection and analysis
- Enhance analytical capacity and empower the National Society undertake quality rapid and regular interpretation of community perspectives to help inform responders at all stages of the response

- Advocate at all levels for the systematic use of community feedback to inform operational decisions.

Psycho-Social Support (PSS)

- Put in place a well-being policy for volunteers.
- Train staff and volunteers in relevant evidence-based psychosocial support techniques and IFRC tools in supportive communication and psychological first aid (PFA).
- Conduct regular PSS activities for volunteers (team de-briefs, specific ad-hoc PSS-focused interactions with teams and/or individuals as required, recreation and social activities, etc)
- Organise referral to identified mental health and psychosocial support services if needed
- Maintain and strengthen the monitoring and data collection of Red Cross PSS activities
- Conduct community visits for mitigation and reduction of stigma and fear by PSS volunteers.
- Organise a lessons learned workshop on PSS interventions in the EVD response to date.
- Support to detention and surgical settings (ICRC):
- Continued nutritional, water and sanitation, IPC and rapid response support;
- Maintenance of surgical options in Ebola affected Health zones (from which medical evacuations are not possible)

Epidemic Rapid Response Teams

- 3 Multidisciplinary Rapid Response Teams (located in Goma, Beni and Bunia) will be trained and maintained in alert to assess and initiate response in the pillars of the RCRC response in new hotspots in NKI.
- The teams will be equipped with all necessary material to assess, initiate response and be self-sufficient for a period of 3 weeks. This will include IT material, SDB and IPC kits, survival material
- Standard Operating procedures will be put in place to allow for rapid reallocation of vehicles, working advances and budget to allow immediate initiation of activities



Protection, Gender and Inclusion

People targeted: 3,994,171

Male: 1,957,144

Female: 2,037,027

Requirements (CHF): embedded in Health AoF

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. The PGI activities will be implemented for both EVD Response programs in North Kivu/Ituri and EVD preparedness surrounding provinces.

Population to be assisted: As an essential crosscutting theme for all Red Cross emergency operations, the operation targets all EVD beneficiaries with a PGI-driven approach.

Programme standards/benchmarks: IFRC utilizes gender inclusive tools and guidance such as the Minimum Standard Commitments to Gender and Diversity, the IFRC Strategic Framework on Gender and Diversity issues, the Child Protection Action Plan and the Movement-wide Strategic Framework on Disability Inclusion.

Key ongoing and future activities include:

- Gender-balanced staff and 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, intervention design and implementation based on IFRC Minimum Standards for PGI;
- 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;
- 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;
- Ensure IFRC and National Society (NS) staff and volunteers have been briefed and have signed the Code of Conduct;
- Appoint a Prevention of Sexual Exploitation and Abuse (PSEA) and Code of Conduct focal person;

- Participation in PSEA coordination mechanisms;
- The ICRC continues its usual activities related to the armed conflict including monitoring of the conduct of hostilities and the behaviour of the weapon carriers that could affect the Ebola responders (Health Care in Danger) as well as detainee's population support activities (access to water, improvement of hygiene conditions and sanitation, sensitisation, improvement of cooking capacity and food assistance).

DRC: Provincial Preparedness



Health

People targeted: 350,000

Male: 140,000

Female: 210,000

Requirements (CHF): 440,000

Needs analysis: To prevent the spread of the outbreak in surrounding health zones in North Kivu and Ituri, 11 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. These activities are currently being re-assessed to align with the current disease trends and coordination discussions for at-risk areas.

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:

- Support to DRC RC in prevention and immediate interventions in 12 high risk health zones of 4 neighbouring provinces (Tshopo, Maniema, Haut-Uélé, Sud-Kivu);
- Establish 4 Epidemic Rapid Response Teams (ERT), one in each targeted province;
- Training of 360 volunteers (30 per health zone) and their deployment in the field for RCCE/CEA, SDB and PSS;
- Provide a contingency stock at the provincial level (SDB starter kits, SDB kits, SDB training kits, IPC kits, tents for mini decontamination bases) and establish decontamination mini base (for SDB teams) in each province;
- Community dialogue, interactive community media approaches and community meetings to proactively engage with at-risk communities to provide timely and accurate health information to encourage positive behaviour change (hand washing, etc.);
- Mobile cinema and theatre activities in communities including schools, local associations & institutions and other social group (motorbike riders) ;
- Set up information kiosks in various health areas (e.g. key entry points) ;
- Build capacity of DRC RC to respond effectively in the future to a wide range of possible outbreak and strengthen the coordination system with the Ministry of Health and other partners.

Regional Containment

Burundi



Health

People targeted: 840,000

Male: 336,000

Female: 504,000

Requirements (CHF): 550,000

Needs analysis: To effectively fulfil its SDB lead role, BRCS will need to have operational teams in at risk districts ready to deploy and implement activities in the event of outbreak. To ensure readiness and quality implementation of SDB activities, BRCS volunteers and staff will need to conduct drills and simulations regularly. In addition, the BRCS requires logistical support including vehicles to enable them to implement SDB activities. Although the initial DREF

operation supported BRCS to reach 420,000 persons through RCCE, this **is only an estimated 50% of the population at risk** hence the need to continue implementing RCCE activities and ensure awareness and knowledge of EVD and its signs and symptoms.

Population to be assisted: The Burundi Operation will target 840,000 people with RCCE, SDB and PSS.

Key ongoing and future activities include:

- Establishment of 5 operational SDB teams ;
- Provide comprehensive training to SDB teams (including refresher trainings to the 56 people trained through the DREF);
- Carry out periodic drills and simulations to ensure readiness of the SDB teams;
- Procure and pre-position personal protective equipment (PPE) for volunteers involved in activities;
- Procure additional SDB kits and materials;
- Procure as well as lease vehicles to enable operationalisation of SDB teams;
- Establishment of an SDB coordination platform chaired and hosted by the BRCS;
- Proactively engage with affected and at-risk communities to provide timely and accurate health information to encourage positive behaviour change through door-to-door dialogue, as well as community communication activities (including mobile cinema, RCCE sessions in schools and other public spaces) ;
- Engage with stakeholders such as community leaders (district and cellule chief, religious leaders etc.), influencers (young leaders, women, artists etc.) to sensitise them to the public health response to EVD, facilitate a relationship of trust and cooperation and plan and organize joint community-based activities (e.g. mobilise community leaders to support/promote SDB) ;
- Training of volunteers and staff in contact tracing;
- Development of a PSS and staff health plan;
- Provision of a PSS training and PSS services to staff and volunteers of BRCS;
- Pilot and roll-out the Information Management SDB toolkit and the community feedback mechanism adjusted to and appropriate for the context.

Rwanda



Health

People targeted: 2,500,000

Male: 1,000,000

Female: 1,500,000

Requirements (CHF): 1,260,000

Needs analysis: Preparedness activities in Rwanda have stalled since the DREF ended in March 2019. Despite the outbreak continuing in DRC and the recent reports in Goma, which neighbours Rwanda through Rubavu district, RRCS had not received any funding to continue activities until recently. There is urgent need to form SDB, contact tracing and PSS teams in the additional 4 target districts. Current teams are only in 11 districts that were covered under the DREF.

Population to be assisted: RRCS is targeting 2,500,000 people which is the average population of the 15 target districts.

Key ongoing and future activities include:

- Conduct refresher trainings for the trained teams;
- Form and train teams in the four additional districts;
- Conduct simulation exercises for the SDB teams, together with the contact tracing and PSS teams;
- Acting in the role of technical co-lead of the SDB;
- Proactively engage with affected and at-risk communities to provide timely and accurate health information to encourage positive behaviour change through health promotions approaches, as well as community communication activities (including mobile cinema, RCCE sessions in schools and other public spaces);
- Procure additional PPE, SDB kits and materials for emergency stock and to conduct trainings, as well IEC materials.

South Sudan



Health

People targeted: 600,000

Male: 240,000

Female: 360,000

Requirements (CHF): 1,450,000

Needs analysis: Critical actions needed following up initial DREF operation include the continuation of RCCE and integration of community-based surveillance activities in 12 target locations (4 previous and 8 new areas), considered high priority because of limited health system, low literacy rate and misconception about EVD amongst local population. At the same time, it is necessary to strengthen coordination mechanisms between state and national task forces is key for the EVD preparedness activities.

Population to be assisted: The intervention targets 600,000 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 RCCE;
- Acting in the role of technical co-lead of the SDB;
- Training staff and volunteers in PSS;
- Procurement and prepositioning of SDB kits and materials;
- Train and equip the NS staff and volunteers to be the first responders for EVD preparedness and interventions;
- Conduct of master training of trainers and for Supervisors (EVD Field Officers and volunteer team leads) to cascade CBS to priority areas in coordination with the CBS working group & partners;
- Continuation of RCCE and integration of CBS activities in 12 target locations (4 previous and 8 new areas).

Uganda



Health

People targeted: 2,800,000

Male: 1,120,000

Female: 1,680,000

Requirements (CHF): 800,000

Needs analysis: Critical needs after the initial DREF operation and following the imported cases experienced through 2019, include the continuation and strengthening of RCCE activities within communities, including safe identification and referral of cases; capacities for contact tracing; Point of Entry (PoE) screening in terms of staffing, training, supervision, provision of water for IPC activities and (protective) equipment.

Population to be assisted: Total target population directly targeted through the action is 2,800,000.

Key ongoing and future activities include:

- Continue RCCE, PSS, CBS and PSS in 7 districts: Kasese, Kabarole, Bunjangabo, Ntoroko, Kisoro, Kanungu, Bundbugyo through the engagement of 420 volunteers;
- Realize ad hoc and on the job capacity building initiatives on RCCE, PSS, and IPC (if needed);
- Continue of PoE screening in 29 PoE in Kasese, Ntoroko, Kisoro, Kanungu, Bundibugyo though the engagement of 184 volunteers;
- Set up 30 PoE in unofficial border crossing points in Kasese, Ntoroko and Bund. ibugyo;
- Conduct of PoE screening in new PoE through the engagement of 60 volunteers;
- Procure/Replenish equipment, materials, protective gears and visibility items for volunteers at community level and at PoE;
- Conduct SDB activities, including simulations and drills for 7 teams (3 formed with IFRC/DREF funding and 4 with ECHO funding);
- Coach MoH and Health stakeholders on SDB, including supervision of simulations and drills.

Regional Coordination

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

- Strategic oversight in driving a coordinated EVD preparedness and response strategy amongst IFRC and Movement partners;
- Establishment and maintenance of an Ebola team at the IFRC Africa Regional Office, at ICRC HQ, Kinshasa and Goma level, as well as Emergency Response Unit (ERU)/Regional Disaster Response Team (RDRT) from National Societies, to support multi-country response coordination and country-specific preparedness activities;
- Rapid response for the Ebola confirmed cases in Uganda;
- Completion of the Regional EVD Strategic Plan and Regional Contingency Plan;
- Facilitation of numerous surge deployments to DRC, Burundi, Rwanda, Uganda, South Sudan (and recently Tanzania) covering Operations management, Health, RCCE, Information Management, Finance, Resource Mobilisation and Communications;
- Establishment of the preparedness checklist tool as a qualitative measure for the standard assessment of SDB and RCCE preparedness, with application in Uganda, Rwanda, South Sudan, Burundi and the provinces doing preparedness activities in DRC to enhance SDB and RCCE readiness;
- Review and harmonization of training packages, operational guidelines, guidance for NSs and Standard Operating Procedures on SDB and RCCE;
- Establishment of an information management platform for the regional containment strategy to enhance coordination between operations and support external communications;
- Cross-border information sharing, including hosting a cross-border SDB workshop, sharing of lessons learned and data analysed from the feedback system in DRC;
- Development of tools including the IM toolkit for SDB and SDB training materials;
- Coordination of the chronological review and lessons learned workshop.

Key ongoing and future activities include:

- Continued strategic oversight of the EVD strategy for IFRC, with particular technical support in Coordination, CEA and Health, now and into the recovery strategy;
- Continued roll-out of the preparedness checklist tool in Uganda, Rwanda, South Sudan, Burundi and the provinces doing preparedness activities in DRC;
- Sharing and refinement of Information Management tools developed out of the learnings from the DRC operation specifically related to SDB and community feedback in the regional containment countries;
- Support for country level readiness support of tools, systems and personnel for rapid response teams (including considerations for adapting the toolkit to wider epidemics);
- Continued coordination with external donors and partners, across all countries;
- Continued oversight and support services in IM, finances, legal, logistics, HR, communications, resource mobilization and PMER;
- Backfilling in countries affected in operations management as needed.
- Support of the development of a RCCE toolkit for RCCE activities including the set-up and management of a community feedback mechanism for an Ebola operation

DRC EVD transition and early recovery (July to December 2020)

The programme aims to extend the response activities through to 30 June 2020, with anticipated transition to be initiated as early as January until July 2020 and recovery from July through to 31 December 2020. These are estimations that will need to be adapted according to the evolution of the outbreak. The response phase may need to be extended and the transition delayed if there is a surge in cases. These activities will be implemented in response areas (North Kivu/Ituri) and also in the key priority preparedness provinces (South Kivu, Tshopo, Maniema and Haut-Uélé) and will be adapted to fit local context and NS strategy in the Priority 1 countries (South Sudan, Rwanda, Burundi and Uganda). During both phases, Movement coordination and the ICRC's role in security management under the L3 agreement continue. This plan is aligned and consistent with the Community Epidemic and Pandemic Preparedness Program

(CP3)⁵ that is currently rolled out in Kinshasa and Kongo Central. It is also aligned with the NS Strategic Plan 2019-2023. One of the outputs of the CP3 project is to finalise the NS policy for resource mobilisation identified by the Preparedness for Effective Response (PER) process. During the recovery period, building on what has already been achieved by CP3, the NS will be further supported to identify and secure funding to continue the project.

Transition

The transition phase will be the period of time during which areas that have not had cases for more than 132 days (42 days + 90 days of enhanced surveillance) will start to move from an Ebola focused response to a more holistic community health program until the last area has undergone this change. During this phase, the IFRC and the National Societies will retain a response capacity on a targeted Ebola response approach based on localized needs as long as the outbreak and/or risk persist. Activities will transition gradually from full response to a recovery phase centred on a community health and readiness to respond and in which the capacity of DRC Red Cross is enhanced and scaled up and integrated with longer term recovery plan. During this period, it will be critical to ensure readiness and the necessary operational flexibility to move resources and capacity between operational areas as required as there has been a number of examples of affected areas getting to zero cases, before once again, returning to the position of hotspot within a matter of months.

The overall principles of transition will be:

1. Maintain readiness to return to EVD response capacity at scale in case of the reintroduction of the virus
2. Localised transition: Communities should transition based on their local epidemic trends and local needs
3. Duty of care to volunteers and staff involved in the response

Red Cross partners will focus on activities which include transition of the EVD response into broader community-based public health activities, while contributing to build and maintain broad public health and disaster and crisis response capacity of the National Society and its systems throughout 2020⁶. The commitment to prioritising those activities that the Red Cross holds a competitive advantage in and ensuring two-way knowledge transfer between local and international elements of the Movement, will remain throughout response, transition and recovery periods. These activities will be adapted to ongoing discussions in-country with key partners and following community-level assessments.



Recovery

During this phase, a comprehensive community health strategy will be put in place with the capacity to maintain or develop, where necessary, rapid response capacity for outbreaks, including Ebola. DRC faces many health risks including infectious risks. It is an epidemic prone country that has faced measles, cholera, malaria, chikungunya, monkeypox and plague outbreaks concurrently with Ebola. The multitude of disease outbreaks highlights the need to strengthen community health as well as Epidemic and Pandemic Preparedness for early detection and community

⁵ IFRC's CP3 strengthens the ability of communities, National Societies and other partners to prevent, detect and respond to disease threats and play a significant role in preparing for future risks.

⁶ Please note that it is expected that activities beyond 2020 will be fully integrated into the daily work of the IFRC Country Office and DRC RC.

management of outbreaks. The current outbreak has created a wealth of expertise locally and the opportunity to leverage it to establish essential programs to monitor, improve and maintain health and inform in a timely manner of unexpected and potential serious events. In this context, the Red Cross EVD Strategy is inclusive of a long-term vision that seeks to not only end the current EVD outbreak, but also ensure that community-level capacity is built and maintained into the future, through a whole-of-society, all-hazard approach to epidemic and pandemic preparedness and response. Given that the DRC RC is a local actor who draws its volunteers from the affected communities and who will remain present throughout the operational area conducting recovery and epidemic preparedness activities with their communities long after the vast majority of the current response has left, investments in building the capacity building of volunteers is likely to result in a long term reinforcement of the community health structure.

The overall principles recovery will be:

1. Participatory approaches with communities should ground assessment, planning and evaluation of recovery programming;
2. Holistic support for communities' health, with early integration of non-EVD health concerns into transition and recovery programming;
3. Duty of care to volunteers and staff involved in the response;
4. Reinforce the capacities of DRC RC at national level in alignment to existing programmes in country and existing NS strategic plans.



**Health promotion
and disease
prevention**



**Psychosocial support
and survivor
programmes**



**Routine infection,
prevention and
control**



**DRC Red
Cross capacity
building**

Both the transition approach and subsequent recovery workstreams are aligned with current thinking of the response, given the adoption of the 'Getting to Zero' strategy in-country, the results of the recent SRP4 review workshop in Goma and the increasing focus of the response on articulating a coordinated and aligned recovery plan/package. **For the recovery phase, activities are planned at community level, provincial or sub-provincial levels, and national level.**

At community level

Community health programming will continue and reinforce a strategy centred on community ownership, in coordination with other partners and grounded on community structures supported by local and national authorities, including:

- Work with the **Cellule d'Animation Communautaire (CAC – community mobilization cells)**. The method will leverage on-going approaches to systematically listen to, engage and communicate with communities in order to better understand their diverse needs, vulnerabilities and capacities; to gather, respond to and act on feedback and input about their priorities and preferences; and to provide safe and equitable access and opportunities to actively participate in decisions that affect them.
- The knowledge basis and the expertise trained and engaged volunteers have gained throughout their involvement in the EVD outbreak will be leveraged and complemented with a community health program based on well-established **IFRC training and activities methodologies such as eCBHFA, ECV⁷, PFA, WASH, CEA, CBS** that will be tailored to the local health situation and knowledge basis of the volunteers with focus on participatory assessment and planning with the community and a selection of primary prevention modules particularly maternal and new-born child health, mental health and psychosocial support, violence prevention, communicable disease prevention and immunization.
- The **community feedback system will be continued and expanded by further strengthening local capacity** to analyse and use feedback data and take the necessary actions to respond to and act on feedback and other social

⁷ with a focus on disease-specific tools, action tools for outbreaks and epidemics and community message tools. This could include acute diarrhoeal disease, Cholera, typhoid fever, acute bloody diarrhoea, acute respiratory infections preventable by vaccine (Diphtheria, Mumps, Rubella, Chickenpox, Whooping cough, Measles, Polio, Yellow fever, mosquito-borne illness (Chikungunya, Dengue fever, Malaria, Zika virus disease), acute respiratory infections (ARIs), Ebola virus disease, Plague and acute malnutrition

science data. The community feedback system could be used to monitor important outcomes for the communities and for the partners such as reporting unusual events and diseases.

Infection prevention and control: which will be delivered at the necessary quality and scale will be crucial in order to lower the infectious risks in health care facilities, protect health care workers and patients and lower the risk of health care facilities acting as amplifiers of future outbreaks and rebuild community's confidence in their health system. In addition:

- Under the **leadership of French Red Cross, there is a plan to support up to 40 FOSA**. Activities will continue to focus on the delivery of an integrated IPC and WASH package that adheres to national quality assurance standards as developed by the MoH with support from the WHO.
- Linked to these activities will be the coordination and alignment of Red Cross activities to the **National IPC Training Programme**, supervision and the mentoring systems for IPC providers and supervisors.
- An **IPC outreach programme to traditional healers** will be designed and implemented. Traditional healers and their facilities will be equipped with the knowledge, skills and materials to ensure improved hygiene and sanitation practices and structures.

At provincial or sub-provincial levels, priority actions include:

Maintain trained multidisciplinary rapid outbreak response teams with strategically prepositioned supplies and equipment to rapidly respond and contain future Ebola outbreaks in affected provinces and priority neighbouring provinces

Strengthen the provincial committee and local branches capacity to roll out and manage community-centred approaches and participatory planning grounded on:

- The strengthening of branch level capacity to mainstream community engagement approaches beyond the Ebola response, based on existing tools and training packages (i.e. CEA branch level training, CEA minimum standards and actions, feedback tools, community-based health planning, National Society Development tools).
- The expansion of existing community engagement approaches (built on the CEA model) to include the revised eCBHFA with cascade training on 5 core modules and a selection of primary prevention modules particularly maternal and new-born child health, mental health and psychosocial support, violence prevention, communicable disease prevention and immunization and integration of ECV.

At national level, priority actions include:

Train multidisciplinary rapid outbreak response teams with strategically prepositioned supplies and equipment

Conduct epidemic and pandemic preparedness training at priority branches using tried and tested IFRC tools in community and emergency health (ECV manual, CBS guidelines and the IFRC's flagship CBHFA amongst others).

Identify and train DRC Red Cross master trainers in priority sectors for epidemic preparedness (SDB, IPC, etc.) drawn from across all branches and support the roll-out of volunteer training pathways across all branches through these trainers.

Support MoH efforts on Early warning and response (EWAR) in priority areas, where security context will not put volunteers at adverse risk.

Strategies for Implementation

Based on the demand for the technical and coordination support required for this operation, the following programme support functions will be put in place or maintained 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; finance and administration; and information management (IM). A core emphasis of the strategy is to strengthen the five Red Cross-National Societies in the above-mentioned areas. 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.

Strengthen National Society capacities and ensure sustained and relevant Red Cross and Red Crescent presence in communities

Requirements (CHF): 2,000,000 + components of the above health budgets

Needs analysis: Following on the learning experience from West Africa EVD operations, capacity building of the National Societies to effectively respond to Ebola is essential. This is also in line with the IFRC Africa region road map which envisions National Societies that are stronger and better prepared to respond to current and future disasters including outbreaks.

Key ongoing and future activities include:

- Training of focal persons on financial management, security management, and reporting;
- Strengthening use of volunteer management information system;
- Review duty and care protocol for volunteers and staff with reference to lessons learnt from the EVD response;
- Enhance analysis of context, hazards, risks and plans to respond to different type of hazards and for epidemics;
- Support the recruitment of qualified competent staff and subsequent appointment of counterparts from the National Society for each of the teams' coordinators in the respective activity pillars. Particular focus on hiring of national programme staff to build technical and managerial capacity and provide mentoring support;
- Strengthen organizational capacity and development across DRC RC branches in North Kivu and headquarters;
- Strengthening coordination mechanisms among other key topics defined by the National Societies;
- Reinforce the National Disaster Management Team and National Society Development;
- Develop a DRC RC PER Plan of Action to strengthen the National Society's emergency response capacity to prepare for and respond to natural and man-made disasters and crises, as well as public health emergencies;
- Put in place agreements and systems to ensure the delivery of digital money to branches through pre-identified financial service providers;
- Institutionalise community engagement and accountability minimum standards and actions as part of the DRC RC long term strategy and plans;
- Support the physical infrastructure development of NS structures in North Kivu, South Kivu, and Ituri;
- Enhance the visibility of DRC RC volunteers while engaging in EVD activities through provision of visibility items;
- Enhance the DRC RC fleet as part of the IFRC exit plan at closure of the operation.

Effective International Disaster Management

Requirements (CHF): 12,200,000

Needs analysis: Given the heightened technical elements needed for an EVD response, an effective response can be strengthened with the support of Movement surge mechanisms as well as including all components of the Movement based on their specialized added value. This needs to be supported through strong communication flow and regular coordination. Managerial and coaching skills can be further developed to allow surge to excel in their roles and better support NS capacity building.

Key ongoing and future activities include:

- Deploy surge personnel to reinforce and strengthen the National Society response;
- Implement a counterpart system between IFRC and DRC RC to support knowledge transfer;
- Ensure joint planning and decision making of Movement in implementation and reporting of operational activities.
- Ensure complementarity of roles and responsibilities in the EVD response between Movement partners;
- Set-up an information management system to monitor progress on operation and provide timely data to Movement components;
- Development of the Africa Region surge recruitment and capacity by leveraging on the capacity developed during this outbreak and complementing it with regional trainings in priority areas identified;
- Development of a capacity to respond to outbreaks and other infectious emergencies through the development of the surge pool in the region through regional technical trainings;
- Building on the experience and knowledge gained from this operation to create a repository of tools to use in a future EVD outbreak including SOPs, manuals, digital tools, etc.

Ensure a Strong IFRC

Requirements (CHF): 4,575,000

Needs analysis: The IFRC Secretariat, together with National Societies, can use its unique position to influence decisions at local, national and international levels that affect the most vulnerable. IFRC needs to produce a data-driven response supported by high-quality research and evaluation that can then inform advocacy, as well as resource mobilization.

Key ongoing and future activities include:

- Develop and implement a communications strategy;
- Create and chair a sub commission dedicated to Safe and Dignified burials at provincial and district level;
- Ensure key messages – operational and advocacy - are available and communicated on a regular basis;
- Continuous planning, monitoring and reporting process to ensure effective accountability internally and externally;
- Commission a chronological lesson learnt review of the EVD operations to the 9th and 10th outbreaks to ensure the learning from these responses are codified.

Funding Requirement

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRCD026 - DRC - Ebola Virus Disease Outbreak

Funding requirements - summary

HEALTH	42,225,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	2,000,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	12,200,000
ENSURE A STRONG IFRC	4,575,000
TOTAL FUNDING REQUIREMENTS	61,000,000

all amounts in Swiss Francs (CHF)

ONE INTERNATIONAL APPEAL

Elhadj As Sy
Secretary General

Reference documents

Click here for:

[Previous Appeals and updates](#)**For further information, specifically related to this operation please contact:****DRC Red Cross Society:**Dr Jacques Katshitshi, Secretary General DRC RC; email: sgcrrdc@croixrouge-rdc.org; phone: +243 81651688Dr Balelia Wema Jean Faustin, DRC Red Cross-National Director for Health and Social Action; phone: +243 8989155544, +243 822 951 182; email: j.balelia@croix-rouge-rdc.org**Burundi Red Cross Society:**Alexi Manirakiza, Secretary General BRCS a.i.; email: karerwayohani@gmail.com**Rwanda Red Cross Society:**Apollinaire Karamaga, Secretary General, RRCS; Phone: +250 078 8301377; email: apollinaire.karamaga@rwandaredcross.org**South Sudan Red Cross Society:**John Lobor, Secretary General; phone: +211 912 666 836; email: john.lobor@southsudanredcross.org**Uganda Red Cross Society:**Robert Kwesiga, Secretary General; email: rkwesiga@redcrossug.org**IFRC DRC Country Office, Kinshasa:**Momodou Lamin Fye, Head of DRC Country Office; email: momodoulamin.fye@ifrc.org; phone: +243 851 239 854Jamie LeSueur, Head of Ebola Operation, email: Jamie.lesueur@ifrc.org; phone: +243 854 920 148**IFRC East Africa CCST Office:**Andreas Sandin, Emergency Operations Coordinator; Phone: +254 732 508 060; email: andreas.sandin@ifrc.org**IFRC South Sudan Country Office:**Philip Hayes, Operations Manager; Phone +211 916 908 282; email: philip.hayes@ifrc.org**IFRC Office for Africa Region:**Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.orgNicole FASSINA, Regional EVD Operations Coordinator – Africa Region, phone: +254 73 363 2946; email: nicole.fassina@ifrc.org**In IFRC Geneva**Nicolas Boyrie, Senior Officer - Operations Coordination (Africa Region), phone: +41 22 730 4980, Mob. +41 79 152 5147; email nicolas.boyrie@ifrc.org**For IFRC Resource Mobilization and Pledges support**IFRC Africa Regional Office for resource Mobilization and Pledge: Franciscah Cherotich-Kilel, Senior Partnerships and Resource Development Officer, Africa Region phone: +254 20 283 5275; email: franciscah.kilel@ifrc.org**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.

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



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



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

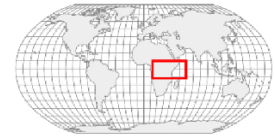


Promote **social inclusion**
and a culture of
non-violence and **peace**.

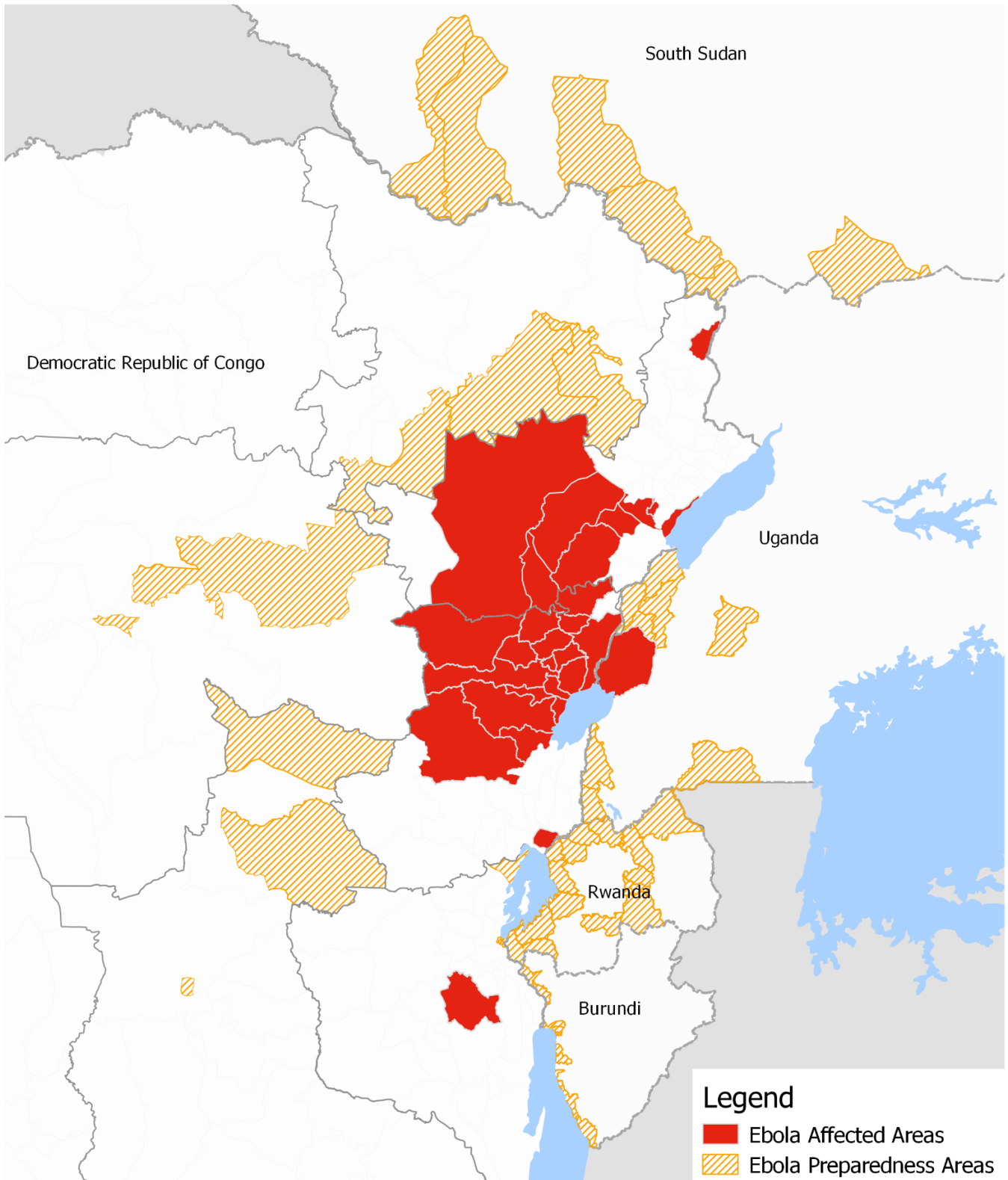


International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Ebola Virus Disease Response and Containment Revised Emergency Appeal



3 December 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.

