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Emergency Plan of Action (EPoA)

Republic of the Congo: Ebola Virus Disease

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation No:	MDRCG017	Glide No:	N/A
Date of issue:	29 June 2020	Expected timeframe:	3 months
		Expected end date:	30 September 2020
Category allocated to the disaster or crisis: Yellow			
DREF allocated: CHF 156,587			
Total number of people at risk:	2,614,746	Number of people to be assisted:	30,000
Provinces at risk:	Brazzaville, Likouala, Cuvette Centrale, Plateaux	Targeted provinces:	Brazzaville, Likouala, Cuvette Centrale, Plateaux
Host National Society's presence: 13,000 volunteers (8,000 active), 30 staff, and 12 divisions			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: Ministry of Health (MoH), WHO, and UNICEF).			

A. Situation analysis

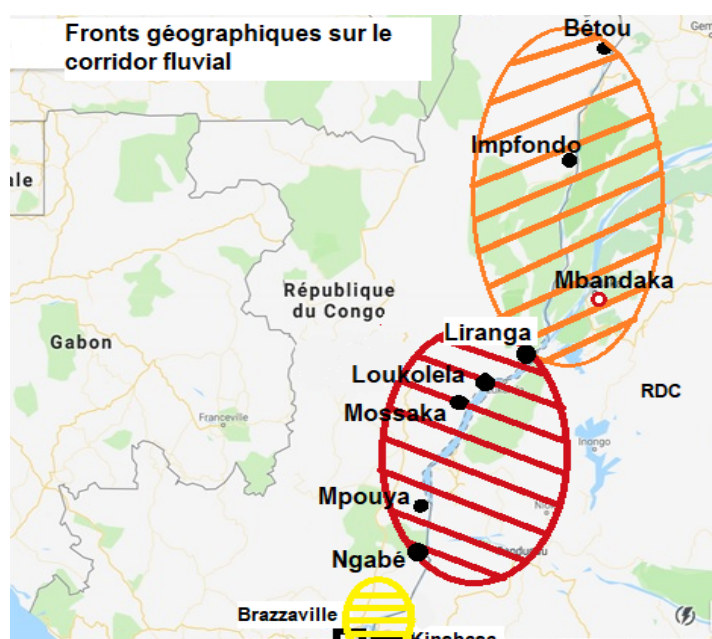
Description of the disaster

On 1st June 2020, the Ministry of Public Health of the Democratic Republic of Congo (DRC) declared a new outbreak of Ebola Virus Disease (EVD) in Equateur province, which shares a river border and significant trade and social links with the Republic of Congo (RoC). This marks the beginning of the DRC's 11th outbreak.

As of 24 June:

- A total of 24 cases (21 confirmed and 3 probable), with 13 deaths (for a case fatality rate of 54,2%);
- 11 health areas affected across 5 health zones;
- 1,735 contacts of cases identified, of whom 93,6% have been contacted by health authorities within 24 hours;
- 254 alerts of suspect EVD cases, 68,1% of which were investigated within the benchmark 24 hours;
- 5,104 contacts, contacts of contacts and frontline workers vaccinated against EVD, following a ring vaccination strategy.

Liranga, the main RoC town closest to the affected area in DRC, is the site of the largest fairground market in the region, bringing together traders from across the



Risk areas along Rivers Congo and Ubangui Corridor (RoC National Coordination for Ebola)

Oubangui River area (upstream to Bangui, Central African Republic) and the Congo River (upstream to Kisangani, and downstream to Stanley Pool, surrounded by Kinshasa and Brazzaville). At the level of the tributaries of this river corridor, traders reach Oyo, Makoua, and Owando in the Cuvette Department and may come by land from Gabon at the ports of Ngabé (Pool Department), Mpouya, Bouemba, and Makotipoko (Plateaux Department).

According to DRC MOH, as of June 24, EVD cases have been reported in Ikoko-Bongida, Iyembe Moke, Bomobla, Bosomondomba, Bosoisongo, Butela, Ipeko, Libiki, Mama W'Eliky, Losanganya and Wangata health areas, representing significant geographic spread in the first three weeks of the epidemic.

Following this declaration of the new outbreak, the RoC was alerted and assessed as being at high risk of importation. WHO and the Ministry of Health are preparing for preventive actions to reduce the likelihood of a possible epidemic in the country, including the launch of a Coordinating Committee for Ebola Preparedness and Response. RoC MOH, WHO and UNICEF have begun activities related to emergency assessment, epidemiological surveillance, case detection and management, and risk communication and community engagement.

Summary of the current response

Overview of Host National Society response action

The Congolese Red Cross (CRC) is a permanent member of the Inter-Agency Coordinating Committee (ICC) and participates in emergency coordination meetings at all levels (central, departmental, communal and health districts). Its national headquarters hosts an operational management structure consisting of 4 technical departments staffed by trained professionals. The RoC has experienced four outbreaks of EVD, the latest being the 2014 outbreak in the Department of Cuvette Ouest and volunteers have the expertise to provide response.

In collaboration with the MoH and WHO, UNICEF and NGOs, the CRC contributes to preparedness for epidemic response by identifying entry points and social mobilization alongside medical services. In addition, CRC volunteers will be trained and will work closely with MoH community workers in the health districts on the notification of alerts, support for case investigation by the health district and if necessary, screening at the entrance.

This for the passive epidemiological surveillance (collection and reporting data if any case through recognizing symptoms with screening at the entrance, notification of alerts, support for case investigation by the health district if necessary).

At headquarters, with the support of the NS (Secretary General) and IFRC, the Head of the Health Department worked on developing this EPoA, and is supporting information of volunteers for their mobilization, the identification of volunteers trained in epidemic management, participation in emergency coordination meetings and the update of the prevention action plan by building on previous responses, lessons learned from the 2018 prevention operation, in line with the MoH roadmap.

The CRC implemented an EVD DREF preparedness operation in 2018 following the 9th outbreak in DRC, a total of 43,043 people were reached with hygiene promotion and EVD awareness & prevention in targeted localities, the training of 51 volunteers in SDB, CEA, etc. Key lessons learned during this operation include the below:

- During implementation, the NS noted good community support of the operation, the involvement of local authorities and partners, availability of volunteers, the effective support of IFRC in the implementation of activities, which helped them properly implement planned activities. However, scarce, and expensive means of transport to riparian areas (Plateaux, Cuvette and Likouala Divisions) and the late transfer of funds to pay suppliers who delivered the materials and inputs (logistics) was deplored.
- Given the difficulties the NS faced in accessing the riparian localities, emphasis was made on the necessity for the NS to purchase its own means of transport (engine boat or canoe and life vests) for its branches in Mossaka and Loukolela for subsequent interventions. This would help them reduce navigation time. Although a purchase is not feasible at the moment, NS has ensured to plan sufficient budget to cover each activity/mission where required.

Overview of Red Cross Red Crescent Movement in country

The IFRC's Central Africa Regional Office team, based in Yaoundé, supports the CRC in coordinating all emergency operation activities, including financial management, logistics, volunteer insurance, planning, monitoring, evaluation and reporting (PMER), and participation in field supervision missions.

The French Red Cross is the only partner National Society present in the country and it equally supports health and WASH projects. However, they are not involved in this operation.

In addition, the International Committee of the Red Cross (ICRC) has an office for Congo which is covered by the ICRC Delegation based in Kinshasa and is has presence in conflict zones. However, areas concerned by this operation are not in these conflict zones, but rather in the river corridor where there is intense movement of people between DRC and RoC.

Overview of other actors' actions in country

A technical coordination meeting chaired by the Director General for Epidemiology and the Disease Control (DGELM) with delegations of other ministries and United Nations agencies (WHO, and UNICEF) took place on Friday 12 June 2020. During this meeting, participants re-examined the emergency plan for prevention and response to the Ebola virus in times of Covid-19.

The coordination system at national level is set up by the Government (through the Ministry of Health) with its partners, namely agencies of the United Nations system (WHO, UNICEF, FAO) and the Red Cross and other civil society actors. The coordination meetings are planned on a weekly basis.

As the Government was focused on Covid-19, WHO and the CRC had to reach out to the Ministry of Health as regards the preparedness measures against Ebola. This situation explains the delay in this DREF request, especially as the NS equally had to wait on decisions from the first coordination meeting which took place on 19 June to know what support the Ministry of Health would require from the Red Cross.

A joint Government mission (Ministry of Health and Ministry of Defence) with partners of the United Nations system is currently on the ground to assess the situation in border communities along the river corridor, with the participation of focal points in departmental committees of the CRC who worked on the previous DREF preparedness operation in 2018, and under the remote supervision of the team from the national headquarters in Brazzaville.

WHO is supporting six countries bordering DRC (Burundi, Rwanda, South Sudan, Uganda for the 10th outbreak and now Congo and CAR for the 11th outbreak) in strengthening their emergency preparedness and response capacities. A finalized plan will explain how these two additional countries can assess their readiness to respond, while identifying loopholes. WHO is working closely with ministries of health, all government stakeholders and partners in these countries to set up these measures.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Given the proximity between areas affected by the 11th EVD outbreak in DRC, there is an urgent need to promote safe and healthy behaviours among the population to reduce the risk of a possible spread of the EVD from neighbouring DRC.

Fear, rumours and misinformation about EVD can lead to rejection of health measures by communities and make it difficult for health authorities and partners to intervene. This will require action on risk communication and community engagement to ensure that communities have access to reliable information about the disease, adopt healthy and protective behaviours and report any suspected case of EVD.

The CRC has expertise in CEA and SDB from the previous preparedness operation (2018) that enables them to reach communities in at-risk areas. However, they need to strengthen the capacity of their volunteers to improve their ability to contribute to effective preparedness. This capacity building activity will focus on training on Community-Based Surveillance (CBS), Epidemic Control for Volunteers (ECV), Risk Communication and Community Engagement (RCCE), and Safe and Dignified Burials (SDB).

The CRC is part of 3 of the 5 strategic axes of the Government of Congo's EVD preparedness and response plan, namely:

- Community engagement,
- Surveillance, and
- Sanitation and body management.

Such epidemic outbreaks can pose several threats to vulnerable groups who may not be able to access health care or may suffer from discrimination that may lead to further violence. As such, the CRC will ensure that during the implementation of the various activities, the interests of the community as a whole are taken into account, in particular the interests of people with special needs such as the elderly, pregnant and breastfeeding women, children under 5 years old, people living with disabilities, and minority groups.

Targeting

Within three months, the CRC expects to reach **6,000 households** i.e. **30,000** people in at-risk areas highlighted in [Table 1](#) below. This is based on the initial assessment which showed that the flows of regular and continuous population movement along the different major routes and through different entry points along the Oubangi and Congo Rivers, between Equateur (closer to the Likouala department (Liranga districts, Dongou, Betou, and Impfondo), the department of Cuvette centrale (districts of Mossaka, Loukoléla and Mongolo) and the department of Plateaux, notably the districts of Makotimpoko, Bouémaba, and Mpouya are the different entry points of the epidemic in Congo. The CRC will seek to meet the target indicated in these areas.

This will be achieved through the deployment of 122 volunteers, including 8 supervisors (2 per department) in the 13 districts in 4 departments as described in the table below.

Table 1: Table of division of volunteers and households per department and locality

DEPARTEMENT	LOCALITIES	TARGET POP/ HH	NUMBER OF VOLUNTEERS
BRAZZAVILLE Low risk	Talangai (Yoro) and Potopoto (Beach)	1,000	6
	Bacongo (Main bleue)	1,500	7
	Djiri/Ignié (Maloukou Trechot)	2,500	8
TOTAL BRAZZAVILLE		5,000	21
LIKOUALA High risk	Imfondo	2000	11
	Betou	2000	8
	Liranga	3000	11
	Dongou	3000	11
TOTAL LIKOUALA		10,000	41
CUVETTE CENTRALE High risk	Mossaka	3000	11
	Loukoléla	300	11
	Konda	1,000	6
TOTAL CUVETTE CENTRALE		7,000	28
PLATEAUX High risk	Makotimpoko_	3,500	12
	Bouemba	2,500	11
	Mpouya	2,000	9
TOTAL PLATEAUX		8,000	32
SUMMARY			
TOTAL DEPARTEMENT	TOTAL LOCALITIES	3	TOTAL VOLUNTEERS PROGRAMMED
4	13	30,000	122

Scenario planning

The operational strategy of this operation is based on the below two scenarios, the first is focusing on preparedness and the second focusing on response. However, it is important to underline that since this is a preparedness operation, only scenario 1 is developed in the detailed operational plan and the budget.

Scenario	Humanitarian consequence	Potential Response
<p>Scenario 1: No case is registered in the border departments within the DREF implementation period</p>	<p>Little to no humanitarian consequence.</p>	<p>NS will continue strengthening its volunteers' readiness to respond through the below actions:</p> <ul style="list-style-type: none"> • Training of volunteers on fundamental principles of the RCRC (including knowledge of the Code of Conduct of the IFRC Movement). • Training of volunteers on ECV, CBS, RCCE, and Safe and Dignified Burials (SDB). • Health promotion on EVD and its prevention, • Tracking community feedback to make sure to address rumours on the disease and preparedness efforts. • Community surveillance and case reporting. • Preparedness for safe and dignified burials (SDB). • Development of the response preparatory plan. • Monitoring, assessment, and reporting.
<p>Scenario 2: Detection of a case in one or more of the border departments on the RoC side.</p>	<p>Very high humanitarian risk as one case of EVD is considered an epidemic with potential to spread quickly and widely.</p> <p>High risk of expansion within the community and into several other localities and departments</p>	<p>The NS will enter into a full response with the below initial activities:</p> <ul style="list-style-type: none"> • Volunteers are involved in active case finding and surveillance (screening and notification of case). • Awareness raising and mobilization is intensified in the community of the affected area. • Infection prevention and control activities including disinfection of the homes of confirmed cases. • Psychosocial support activities are carried out for volunteers and affected families. • Safe and dignified burials are carried out thanks to the deployment of SDB and rapid sanitation teams from the CRC alongside the Ministry of Health. • Tracking community feedback to make sure to address rumours on the disease and preparedness efforts. • Provide the relevant information during RCCE activities. • Initial DREF is updated to reflect response activities.

Operation Risk Assessment

Target areas of the operation are not conflict zones, however, volunteers will be briefed on Safer Access, Stay Safe and the Code of Conduct.

Elements of risk communication and community engagement will enable volunteers to better engage with the community to reduce the risk of resistance being rejected by the population. Also, as volunteers are members of their community, they will know how to approach and communicate with them in local languages. With the preparation that took place in

2018 and the acceptance of the CRC by the communities, they will certainly appreciate the preparedness activities that will be carried out in strict compliance with the restrictive measures related to the context of Covid-19.

Target zones are accessible through waterway, by road and air, thus the need to rent means of transportation that meet the natural requirements, like motorized canoes, with risks of these boats capsizing. As a mitigation measure, the NS members will make sure to use the canoes with less people as usual selected and deployed volunteers will be insured against accidents and during the deployment, each team of four volunteers will be equipped with a first-aid kit and only transporters providing life jackets to their passengers will be considered for service contracts. As boat travel is risky, the following requirements will be ensured:

1. All personnel have a life jacket
2. The boat helmsman and/or captain is qualified to sail the vessel
3. The boat has an appropriate certificate for use
4. There is suitable safety equipment on board such as fire extinguishers, flotation devices, communications equipment, flares, spare fuel, first-aid kit, etc.
5. For longer trips, such as between islands, emergency food and water is carried
6. The trip is notified and monitored
7. Travel for IFRC staff should be cleared by security and approved by the Head of Country Cluster prior
8. The risk of rumors and misperceptions around the Ebola disease making people disregard of public health measures, mistrust in the Red Cross and the broader humanitarian response addressed. The volunteers will ensure that the sensitization messages are well done in the community.

The current DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 (SARS-CoV-2 coronavirus) pandemic. According to Africa CDC, as of 23 June 2020, 1,087 confirmed cases have been recorded in the country, with 37 deaths and 456 recoveries. Following the declaration of the index case on 14 March 2020, the Government took measures including partial lockdown and curfew. However, the CRC has the authorization as an essential service provider and as a member of Covid-19 management committee, to deliver services despite restrictions measures.

As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies have a strong role to play in supporting domestic operations focused on preparedness, containment, and mitigation against the pandemic. National Society responses to COVID-19 are supported through the [global appeal](#), which will facilitate supporting them to maintain critical service provision, while adapting to COVID-19. Business continuity plans for IFRC at all levels have been developed and are continuously being adapted as the situation changes. Focus is given to supporting National Societies to maintain critical service provision through ongoing operations, while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision where relevant. As such, the National Society actions dedicated to COVID-19 and those conducted through ongoing operations will be mutually beneficial and built upon common synergies.

This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this particular crisis and provide necessary guidance to its membership on the same. The NS will keep closely monitoring the situation, focusing on the health risks, and revise accordingly taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and national and international staff members. For more information please consult the [Covid-19 operation page](#) on the IFRC Go platform.

Below table indicates potential impact on operation and how CRC will respond to this despite COVID-19 mitigation measures being implemented in the country.

COVID-19 measures	Standard epidemic control measures	Temporary lockdown of society (schools, shops, public functions)	Sustained lockdown and restriction of movement during implementation period
Likelihood	HIGH	LOW	VERY LOW
Impact on operation	None	Some activities to be scheduled and implemented in collaboration with MoH/Health Local Divisions and Community Leaders may be delayed and impacting on operation.	Some activities may be delayed, with an impact on operation.
Mitigating measures	<p>Conduct volunteers' trainings while respecting COVID 19 mitigation measures including physical distancing.</p> <p>Briefing of Volunteers on COVID-19 and EVD preventive measures.</p>	<p>Improve daily communication with Local Divisions of Health and community leaders and elaborate joint agenda of implementation of activities in collaboration with all the actors.</p> <p>Briefing/ recycling of Volunteers on COVID-19 preventive measures</p> <p>CRC easily obtains Government authorization for implementation of activities during lockdowns while respecting Covid-19 mitigation measures including physical distancing</p> <p>Some Community mobilization activities will be conducted through radio broadcasts to limit exposure of people to the virus.</p>	<p>Conduct relevant training remotely. With the support of CRC focal points at the level of department, and with the collaboration of local health authorities under the supervision of national staff from headquarters in Brazzaville</p> <p>Briefing/recycling of Volunteers on COVID-19 preventive measures.</p> <p>CRC easily obtains Government authorization for implementation of activities during lockdowns.</p> <p>Improve daily communication with Local Authorities and community leaders and elaborate joint agenda of implementation of activities in collaboration with all the stakeholders.</p>

B. Operational strategy¹

Overall Operational objective:

The overall objective of this DREF operation is to support preparedness actions of the CRC by providing training to 122 volunteers and supervisors to conduct community awareness to prevent the spread of EVD into RoC and respond in the event of an outbreak in the country.

In line with the OIA EVD countries and WHO response strategy plans in DRC and P1 Countries, given the continued risk of transmission of the Ebola Virus Disease from DRC to its neighbouring countries, it was deemed necessary to focus on the prevention of the importation and spread of EVD in the at-risk localities bordering Equateur Province of DRC through the activation of additional two DREF respectively for RoC and CAR. Like previous DREF response in Burundi, Rwanda, South Sudan and Uganda during the 10th outbreak, within the framework of the DREF, this intervention responds to the Movement community led vision to ensure a continuous delivery of life-saving interventions based on the evolution of the outbreak and changes in access and security situation and capacity.

Lessons learnt and challenges from past DREF preparedness experiences in P1 countries has been considered while building this intervention and improve its operational strategy. The following areas have been considered:

¹ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

Operation:

- Community volunteers to conduct house-to-house sensitization and community meetings to ensure the most vulnerable communities receive the needed information;
- Regular volunteers simulation exercises on SDB to enhance preparedness and readiness to respond to any suspected or confirmed EVD case(s);
- Adequate numbers of protective gears and equipment available and volunteers are familiar on how to use them.

NS capacity:

- Adequate staffing;
- Adequate number of volunteers to be deployed to cover the target areas in a comprehensive manner;
- Ensure qualitative recruitment by providing adequate timing for the selection.

Q&A:

- Develop diversified communications channels to ensure effective communication and community engagement, by tailoring messages to audiences like production of radio and TV spot and broadcasting;
- Ensure collaboration from religious and community leaders to enhance population's acceptance and adherence to the sensitization activities;
- Clear communication to the communities on the risk of EVD transmission with regards to consumption of bush meat, to avoid passing information that are conflictual and culturally sensitive;
- Involvement of the affected people in the awareness sessions to enhance response effectiveness.

Coordination:

- Ensure early and regular engagement with MoH both at national and district levels in all plans to get buy-in.
- Similarly, involvement of political and administrative authorities to ensure close collaboration and timely support.
- Ensure close collaboration and coordination with other national and international actors to avoid duplication, increase synergy and complementarity

Specific objective:

Within the framework of this DREF, the CRC will develop its strategy based on the first scenario which includes preparing communities and RC committees in border areas. It will be based on different axes, namely:

- Health: community-based surveillance (passive), screening at the level of entry posts/borders, IPC actions including disinfection activities in communities and forest markets, risk communication and community engagement (RCCE) with a focus on information and knowledge of the EVD;
- Safe and dignified burials preparation;
- Protection, Gender and Inclusion elements with briefings on and signing of the Code of Code (CoC), PSEA, child safeguarding,
- Coordination, monitoring and evaluation.

To implement this strategy, the following activities will be carried out per area of focus:

1. Health

- Training of 122 volunteers on Community-Based Surveillance (CBS), Epidemic Control for Volunteers (ECV), Risk Communication and Community Engagement (RCCE), and Safe and Dignified Burials (SDB). To note, volunteers will be engaged in passive CBS through the notification of alerts to health districts and support in investigations of cases if necessary. This case notification is done through a standard template provided by WHO to the Health districts. Volunteers will receive 3 days of training at the level of each department;
- Awareness raising and passive community-based surveillance in target areas. Some 122 volunteers will be divided into groups of 29 for the field trips (3 days/week for 2 months) in each department in a rotating manner under the supervision of 8 supervisors (2 per department);
- Community-based surveillance in the communities and screening, using electronic, medical infrared thermometers (ThermoFlash) at 3 points of entry and border posts which include Brazzaville Airport, the Brazzaville Beach entry post and the Likouala entry post). Since this a passive community surveillance by the notification of cases to the health districts, it can be done in all communities where volunteers will conduct awareness activities. Two (2) will be positioned per gateway 3 times a week for 4 weeks;
- The acquisition of IEC materials for awareness (image box, posters, and megaphones) that can be charged with USB keys, etc.);
- Acquisition and pre-positioning of body bags for training and personal protective equipment (PPE);
- Disinfection in the community and in public places such as forest markets, in collaboration with health centres acquisition and storage of 45kg toques of 65% calcium hypochlorite (NaOCI) and disinfection

equipment as part of IPC. It will involve spraying public places with disinfectant solution and the activity will be conducted in collaboration with the health authorities of the health districts. This will be done by a team of 28 volunteers i.e. 8 volunteers in each of the departments concerned, twice a week for 2 months. This is part of IPC activities.

- Rental of a means of transportation by river (motorized canoes) for emergency teams involved in preparedness activities and coming from the head office and from the regions, in particular the supervisors) and protection equipment including life jackets.

2. Risk Communication and Community Engagement and Accountability (RC/CEA)

- Training of 122 volunteers on RCCE with a focus on basic knowledge on EVD, risk communication, community feedback and participation i.e. 2 days per session in each department.
- Community mobilization through households visits (door-to-door), health promotion campaigns in public spaces by town criers, production of a radio and TV spot and broadcasting in 4 community radios in each of the departments and on two TV channels once a week alternately for 1 month. This will be done through contract agreement with these media. The spots will be translated into the two local languages (Lingala and Kituba). These interactive programmes will be hosted by a health district manager who will inform about the disease and a RC manager, in this case the CEA focal point, who will also talk about the RCCE and other activities implemented by the National Society.
- Production of posters (2,500) and picture boxes (40, 10 per department).
- Meetings with the community leaders through focus groups, i.e. 1 meeting / week / department for 2 months. Two (2) volunteers head each session of maximum 8 persons. Volunteers will work with question and answer sheets on Ebola, which the NS will have downloaded from the WHO website <https://www.who.int/csr/disease/ebola/faq-ebola/fr/>. Topics will also be informed by latest community feedback to make sure discussions are relevant to the current concerns of communities and answer most frequently asked questions.

3. Safe and Dignified Burials (SDB)

- Training of the 40 volunteers (32 vol + 8 supervisors) on SDB during 5 days of training (3 days of theoretical courses and 2 days of practical courses). A session of 13 volunteers will be done at the level of the Likoula department and a session of 25 volunteers (13 for the Cuvette and 12 for the Plateaux) will be organized for both departments in one of the Plateaux department localities. These volunteers will be accompanied by 8 supervisors in these 3 departments. It should be noted that the Brazzaville department conducted 3 SDB training sessions (2 for volunteers and 1 ToT) in April 2020, with an overall 51 SDB volunteers trained and for deployment.
- Acquisition and pre-positioning of the 10 SDB kits (2 for training and 8 to be pre-positioned).
- Acquisition and pre-positioning of 160 body bags for the 8 pre-positioned SDB kit, i.e. 55 in Brazzaville and 35 in the other 3 departments (Likouala, Cuvette and Plateaux).

4. Coordination

- Participation in health partner coordination meetings under the supervision of the Ministry of Health with key partners such as the RC, WHO and UNICEF. During these meetings, MoH provides details on the epidemiological situation then the different partners present their activities and the areas of intervention in order to avoid duplication and ensure complementarity.
- Participation in the joint Ministry of health-WHO evaluation in target areas alongside an evaluation by volunteers from the departmental RC committees.
- Supervision and assessment missions organized by CRC for field monitoring of activities

5. Protection, Gender and Inclusion (PGI)

- Basic training of 122 volunteers on PGI minimum standards in emergencies.
- Briefings to all volunteers and staff involved in the operation on Code of Conduct, Prevention of sexual exploitation and abuse, child protection and safe-guarding.
- Participation in SGBV coordination meetings and ensure updated referral pathways.
- Partnering with women rights organisations and disability rights organisations.

6. Monitoring

- The deployment of an RDRT will allow for close follow-up of activities with the CRC. The procedures for the deployment of the RDRT will be initiated in the hope that the borders will reopen soon so that he/she can be deployed.
- Given the restrictions on movement, a weekly monitoring will be done virtually through different platforms

(Teams, WhatsApp, skype), the internet and telephone costs have been taken into account in the budget. If the restrictions are lifted, the ACSTC team will be able to physically deploy to monitor. Depending on the scenarios, Yaoundé CCST will provide support for program and financial reporting as well as the closure of the operation through the Lessons Learned workshop.

- At national level, the headquarters team will be in contact with the focal points of the departmental committees along the corridor.

Scenario 2 will be activated in the event a probable or confirmed case of EVD is reported in the Republic of Congo. It will consider aspects related to prevention, social mobilization and safe and dignified burials (SDB), and IPC activities in the affected department. This operation will then be revised to address the situation.

Operational Support Services

Human Resources: Some 122 volunteers, including 8 supervisors, will be trained and deployed in the 13 districts of 4 departments (see [volunteer distribution table](#)) to ensure complete coverage of risk areas. They will be deployed over a period of 24 days (3 days a week for 8 weeks) with the aim of reaching 30,000 people (6,000 households).

Five NS staff members will also be deployed for 24 days to support the volunteers in their mission and also to facilitate training in the departments with the co-facilitation of local resource persons (a doctor from the health centre in each department and a manager from the departmental committee).

An RDRT member with experience in Ebola preparedness and response will also be deployed to support the CRC in this preparedness. Given the remoteness of the intervention areas and also the targeted locations, deployment is planned for two months to allow the RDRT reasonable time to deploy in the field with the NS.

Planning, Monitoring, Evaluation and Reporting (PMER): Planning, monitoring, evaluation and reporting are very important for this operation, and the Congolese RC is understaffed and does not have a PMER. This service will be provided by the CRC with support from the Central Africa Cluster team based in Yaoundé. This support will allow the NS technicians to ensure that the action plan is well developed and that the monitoring and evaluation of the project are well conducted for a better implementation and quality reporting.

A workshop on lessons learned will also be organized at the end of the operation to evaluate the implementation of the operation, highlighting successes and areas that need to be improved upon to provide inputs for future planning in the country.

Finance: The Yaoundé team will also provide financial management support as required to ensure the financial monitoring and reporting of the operation. Monitoring will be done bi-monthly at the level of the finance teams (CCST and NS) through reporting to agree on the proper management of the different budget lines - RDRT will provide support for this monitoring. Additional technical support is available from the Regional Finance Unit (RFU) of the Africa Regional Office.

Logistics: Logistical support from the Yaoundé Office will be given to the NS to supply and provide the necessary equipment for this operation and ensure compliance with all the procedures in force. Items such as SDB Kits and body bags will be purchased internationally and logistics unit of CCST will ensure the conditions of their delivery to Brazzaville. The same applies to their pre-positioning at the national headquarters. They will be transported to the field during supervision missions and arrangements will be made at the level of the departments where the RC has a good collaboration with the authorities for their pre-positioning.

Communication: The SN will also benefit from the support of the IFRC's communication department in the production of media content on the operation (spots, programme production guides, question-and-answer sheets on community feedback, information on RC services and activities).

Security: Petty theft and armed crime are common in the main cities of Brazzaville and Pointe Noire but remain low by regional standards. Violent crime, especially roadside banditry, poses a diminishing but credible threat in Pool department, where ex-rebels engage in criminal activities. While tensions have cooled following a peace agreement between Government and rebel groups in late 2017, there continue to be reports of sporadic rebel group activity and military operations against them, large numbers of displaced people, and continued instances of crime and armed banditry in the Pool region. In Pool region, travelling outside daylight hours is not advisable due to the risks posed by roadside banditry and military operations; air travel between Brazzaville and Pointe Noire is preferable. Clashes between Congolese nationals and West African immigrants and shopkeepers occur occasionally. Although strong ethnic fault-

lines exist among the Congolese population (mainly along a North/South divide), ethnic violence has not surfaced among domestic groups in recent years. Areas of Likouala and Sangha departments within 20 miles (32km) of the border with Central African Republic have a more fragile security environment than the rest of the country. Criminal elements, armed groups and the limited security force presence in these areas, and in neighbouring Sangha-Mbaere prefecture (CAR), mean there is a risk of security incidents along the border.

Secondary roads outside of Brazzaville and Pointe-Noire are often impassable during the rainy seasons (September-December, and February-May). Outside of Brazzaville, the RoC environment is a mix of rainforests and open savanna. The river crossing/border with Kinshasa is subject to closure without warning. Boat travel is risky. Sufficient preparations should be made prior to travel and exercise extreme caution in these remote areas. Health facilities are very limited. Hospitals in Brazzaville and Pointe-Noire suffer from inadequate facilities, chronic underfunding, outdated equipment, and shortages of supplies and medications. There is a shortage of physicians and other qualified medical personnel. Some hospitals have ambulance services, but these are limited, unreliable, and require an on-scene cash payment. Due to the coronavirus outbreak, the government has put in place measures that may be amended at short notice. Red Cross and Red Crescent personnel should comply with the measures put in place in Congo to limit the spread of coronavirus (COVID-19).

To reduce the risk, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). T-shirts, bibs and caps will be made available for the volunteers and the departmental managers not only for visibility, but also for the safety / protection of the volunteers.

C. Detailed Operational Plan



Health

People targeted: 30,000

Male: 12,000

Female: 18,000

Requirements (CHF): 91,335

Needs analysis: With regards to the preparation to the response, the needs in training/retraining of 122 volunteers, the acquisition of IEC material (image boxes, leaflets, posters, etc.), pre-positioning of SDB kits, acquisition and storage of 45 kg of calcium hypochlorite (HTH) at 65% and disinfection equipment, etc.). The acquisition of PPE, rental of water transportation for the intervention teams, and the setting up of a coordination team.

Population to be assisted: 30,000 persons (6,000 households).

Programme standards/benchmarks: Activities will focus on ensuring compliance with the regulations for preparedness to measure the risks of the EVD spread.

P&B Output Code	Health Outcome 4: The risks of importing EVD are reduced in the border areas (Likouala, Cuvette centrale and Plateaux).	<i>Number of people reached by Ebola awareness messages (Target: 30,000 people)</i>
	Health Output 4.1: Provide Community-based disease surveillance and health promotion to the target population so that they apply good practices regarding Ebola prevention and detection measures.	<i>Number of alerts raised via CRC CBS system</i> <ul style="list-style-type: none"> - <i>Number of posters produced (Target: 2,500)</i> - <i>Number of image boxes (Target: 40)</i> - <i>Number of volunteers trained on RCCE (Target: 122 volunteers including 8 supervisors)</i> - <i>Number of radio programs recorded weekly (Target: 4)</i> - <i>Number of community leaders supporting the response</i> - <i>Number of people reached with EVD prevention information (Target: 30,000)</i> - <i>Number of community feedback comments documented</i>

		<ul style="list-style-type: none"> - % of CBS alerts responded to within 24 hours - Proportion of communities in which action was taken following an alert (per month) - Weekly report of radio/TV broadcasts (Target: 1) 															
Activities planned Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Produce IEC (2500 posters, 40 image boxes)																
AP084	Train 122 volunteers on RCCE in at-risk departments. 2-day session (1 departmental session, i.e. 4 sessions)																
AP084	Broadcasting of the spots in 4 community radio stations, i.e. 1 radio station/department for 1 month. 1 spot/ week / radio - TV for 1 month alternately																
AP084	Hold 12 discussion meetings with local leaders to facilitate community engagement and gather feedback on community perceptions, beliefs and rumours and through questions and answers on the disease through the WHO website. 1 meeting/week/department for 2 months. 2Vol./meeting																
P&B Output Code	<ul style="list-style-type: none"> - Number of volunteers trained in ECV and community surveillance (Target: 122 volunteers including 8 supervisors) - Number of volunteers trained on SDB (Target: 40 volunteers) - Number of people reached by Ebola awareness messages through social mobilization (Target: 30,000 people). 																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Train 122 volunteers from the 4 risk Departments on MVE community surveillance and ECV in coordination with the Ministry of Health and District Health Offices/WHO/UNICEF (3 days/ session, 4 training sessions or 1 session/department).																
AP021	Community disinfection of public places such as forest markets and health centres in collaboration with the Ministry of Health																

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	Number of volunteers trained (Target : 122)															
	Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.	<ul style="list-style-type: none"> - Number of people reached with PGI activities (Target: 25% of targeted people) - % of participation of the SN in SGBV coordination meeting (Target 100%) - Number of women rights organisations and disability right organisations partnering with the NS (Target : N/A) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP033	Basic training of 122 volunteers on criteria selected from the minimum standards for PGI in emergencies																
AP033	Briefings to all volunteers and staff involved in the operation on Code of Conduct,																
AP033	Prevention of sexual exploitation and abuse, child protection and safeguarding																
AP033	Participation in SGBV coordination meetings and ensure updated referral pathways																
AP033	Partnering with women rights organisations and disability rights organisations																

Strategies for Implementation

Requirements (CHF): 62,648

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	Number of insured volunteers (Target: 122)															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Make sure volunteers are insured																

P&B Output Code	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place	<ul style="list-style-type: none"> - Number of RDRTs deployed for the operation (Target: 1 depending on the context of COVID-19 pandemic) - Number of volunteers deployed for the operation (Target: 122 volunteers (including 8 supervisors) in 13 districts and 4 departments) - Number of NS staff deployed for the operation (Target: 5) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	Deployment of an RDRT member with experience in Ebola preparedness and response to support the NS for 2 months.																
AP042	Deployment of 5 SN staff members to support the branches in charge of implementation and facilitate the various trainings																
P&B Output Code	Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.	Number of communication media produced (Target: 1)															
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues	<ul style="list-style-type: none"> - Number of radio spots produced (Target: 1) - Number of broadcasts of radio spots (Target: 24) - Number of translations completed (Target:2) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP053	Production of a radio spot on EVD																
AP053	Translation of the radio spot																
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	Number of workshops held on lessons learned (Target: 1)															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP055	Virtual weekly monitoring through different platforms (Teams, WhatsApp, Skype, etc).																
AP055	Monitoring and support missions to the SN (programmes, PMER and financial support services) IFRC Yaoundé /																
AP055	Continuous monitoring support by the NS (Headquarter and focal point of local committees																
AP055	Translation of DREF EPoA, Ops Update (potentially) and final report																
AP055	Organize a lessons learned workshop (SN + IFRC)																

Funding Requirements

The overall amount allocated for implementation of this operation is CHF 156,587 as detailed in below budget.

DREF OPERATION

MDRCG017 - Republic of Congo - Ebola Virus Preparedness

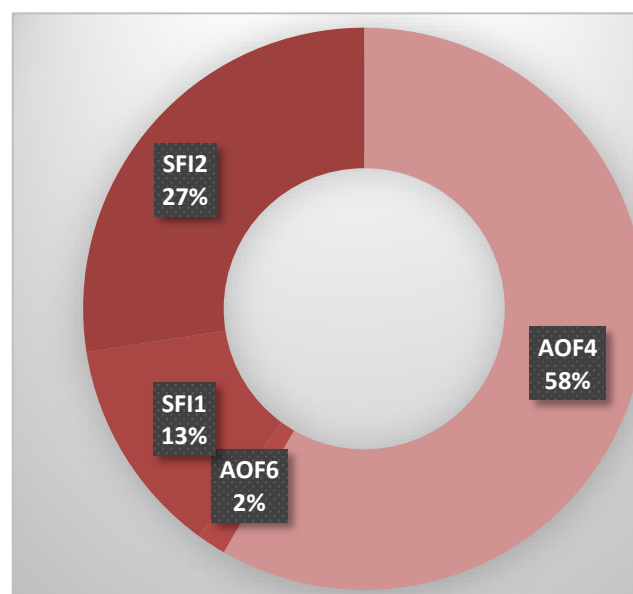
28/06/2020

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	4,497
Medical & First Aid	54,113
Teaching Materials	4,776
Relief items, Construction, Supplies	63,386
Transport & Vehicles Costs	6,964
Logistics, Transport & Storage	6,964
International Staff	12,278
National Society Staff	2,934
Volunteers	12,669
Personnel	27,881
Workshops & Training	32,066
Workshops & Training	32,066
Travel	10,555
Information & Public Relations	3,382
Office Costs	220
Communications	1,060
Financial Charges	1,516
General Expenditure	16,732
DIRECT COSTS	147,030
INDIRECT COSTS	9,557
TOTAL BUDGET	156,587

Budget by Area of Intervention

AOF4	Health	91,335
AOF6	Protection, Gender and Inclusion	2,603
SF11	Strengthen National Societies	19,630
SF12	Effective International Disaster Management	43,018
TOTAL		156,587



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:

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

- **IFRC Africa Regional Office:** Philip Kahuho, PMER Manager, Email: Philip.kahuho@ifrc.org

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.

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