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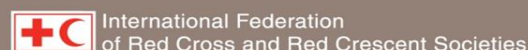
Emergency Plan of Action Operations Update:

Democratic Republic of the Congo (DRC)
Ebola Virus Disease outbreak



One International Appeal n° MDRCD026	**GLIDE n°** EP-2017-000048-COD EP-2018-000129-COD EP-2020-000151-COD
EPoA update n°5; date of issue: 30 June 2020	**Timeframe covered by this update: 23 months (May 2018 – April 2020)**
Operation start date: 21 May 2018	**Operation timeframe: end date 31 December 2020**
Overall operation budget: CHF 61 million	**OIA amount initially allocated: CHF 500,000 + CHF 300,000 (Uganda)**
N° of people to be assisted: 15.5 million	

Red Cross Red Crescent Movement partners actively involved in the operation: In addition to the Red Cross of the Democratic Republic of Congo, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) there is also French Red Cross and other in-country partner National Societies (Belgium Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross) and other Partner National Societies who have made financial contributions (American, British, Canadian, Finnish, Icelandic, Norwegian, Swedish, Swiss).
Alongside these movement partners, other national and international organizations are directly involved in the response to the Ebola epidemic. These include the Ministry of Health of the Democratic Republic of Congo, WHO, UNICEF, MSF, Oxfam, PVH, SAD Africa, AMEF, ASEBO, MND, Humanitarian Action, EPSP, Border Hygiene, IMC, ALIMA, IRC, Caritas, Mercy Corps, FHI 360, Africa CDC, CDC Atlanta, DFID and the World Bank.

Summary of the major revision made to the Emergency Plan of Action

Given the persistence of the disease and the continued transmission of the Ebola Virus Disease, challenges with security in Democratic Republic of Congo and surrounding Priority 1 countries (Burundi, Rwanda, South Soudan and Uganda), it was crucial to maintain the efforts made so far and vigilance and dedicated preparedness and response actions.
Aligned with this reality, the **5th revision of the One International Appeal (OIA) extended the response phase of the operation until 30 June 2020**, with a **recovery phase up through 31 December 2020**.
On 10 March 2020, the IFRC revised the **Emergency Plan of Action** (EPoA) to align activities with the OIA timeframe, including both response and recovery phases.
This ensures alignment with the Ministry of Health and the WHO National Plan as well as Strategic Response Plan (**SRP4)** and **SRP4.1** for the response to the Ebola virus outbreak in DRC as well as updated discussions at national level across Uganda, Rwanda, Burundi and South Sudan.

This operation update also notes the response activities in DRC and surrounding Priority 1 countries as well as preparedness activities and the extension of activities to other health areas in cities, provinces and countries not yet declared as part of the epidemic.
Overall, as mentioned above, the revised plan of action aims to support 15.5 million people until December 2020 with a specific focus on five thematic pillars within **Health Area of Focus**: **risk communication and community engagement (RCCE); 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** involved.

< Click **here** for the interim financial report and **here** for contacts >

A. SITUATION ANALYSIS

Description of the disaster

On 25 June 2020, the Minister of Health of the Democratic Republic of the Congo declared the end of the Ebola Virus Disease (EVD) outbreak in North Kivu, Ituri and South Kivu Provinces. In accordance with WHO recommendations, the declaration was made 42 days after the last person who contracted EVD in this outbreak tested negative twice and was discharged from care. The ending of the 10th EVD Outbreak in North Kivu, Ituri and South Kivu Provinces is indeed a collective success and it is thanks to the support of DFID-UK and other donors like ECHO, OFDA if IFRC and the tireless efforts of the team on the ground. At the time of reporting, DRC is in the 90-days period of heightened surveillance and although human-to-human transmission of Ebola virus has ended in North Kivu, Ituri and South Kivu Provinces and the outbreak has officially been declared over, the risk of re-emergence still exists. Therefore, there is a critical need to maintain response operations to rapidly detect and respond to any new cases and to prioritize ongoing support and care for people who recovered from EVD[1].

While the operation was preparing for a transition from the response to the recovery phase in North Kivu/Ituri, another epidemic was reported in Mbandaka health zone in Equateur Province, the same area that had experienced the 9th epidemic. On June 1, the 11th epidemic was declared by the DRC Ministry of Health since the first outbreak in 1976. Historically, EVD outbreaks have been geographically spread across the country with 10 of 26 provinces affected.

As of 29 June 2020, 30 EVD cases have been reported (including 27 confirmed and 3 probable), with 13 deaths (including 10 confirmed and 3 probable cases). So far five health zones (Mbandaka, Wangata, Bikoro, Bolomba and Itipo) and 12 health areas are affected by the current EVD outbreak in Equateur. The situation is very critical aggravated by the fact that as of 30 of June, no treatment is still available in Equateur Province.

The 11th outbreak combined with multiple disasters and epidemics like COVID-19, floods, measles and cholera along with 20 years of active conflict makes the Democratic Republic of the Congo (DRC) one of the most complex affected country in Africa. The multitude of disease outbreaks highlights the need to strengthen Epidemic and Pandemic Preparedness for early detection of outbreaks, improved surveillance, increased vaccination, and epidemiological analysis in Ebola-affected areas. Since 1 June 2020, 14 IFRC and DRC RC technical were deployed from North Kivu to support the response in Equateur with 1.9 metric tonnes of equipment, kits (SDB, IPC), 3 vehicles, 4 motorcycles and 2 tricycles shipped in Mbandaka. So far 441 DRC RC volunteers have been mobilised mainly to conduct CEA and SDB activities in Equateur. Mobile phones and computers are on-site with communication channels working. Among the challenges experiences the major ones so far have been the incoming of delegates due to International flight restrictions, the lack of available treatment in Equateur province which increases the mistrust of the population and the access to the hard to reach areas. More details of the 11th EVD outbreak in DRC can be found in this link.

Ebola is not the only disease outbreak the DRC is currently facing. Concurrently there has also been Measles, cholera, malaria, Chikungunya as well as COVID-19 pandemic, but also other communicable disease outbreaks.

- **Measles**: From 31 December 2018 to 12 April 2020 there have been 372,172 cases and 6,837 deaths as per DRC's sitrep #38 (60,764 in 2020, with 806 deaths as of week 21).[2] Further, cases surged in 2019-20 reached 332,000 nationwide, making it the worst outbreak in the DRC's history. Out of more than 6,200 recorded fatalities, around 85 per cent were children under the age of five.
- **Cholera:** is endemic, the consequence of poor sanitation and the dirty/contaminated water that many families rely on for drinking and washing. Cholera killed around 540 people in 2019. Children make up about 45% of cases.
- **Malaria** Around 16.5 million malaria cases were reported in 2019, causing nearly 17,000 deaths. Children under the age of 5 years are most severely affected by the disease. DRC accounts for 11% of all cases and deaths worldwide (13% of deaths in children under 5 years of age). Both Ituri and North Kivu are considered high transmission areas.
- **COVID-19 pandemic:** As of 30 April 2020, there have been 500 positive cases with 31 deaths within the 11 effected provinces in DRC.

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1 (https://www.who.int/csr/don/26-June-2020-ebola-drc/en/).

2 https://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/

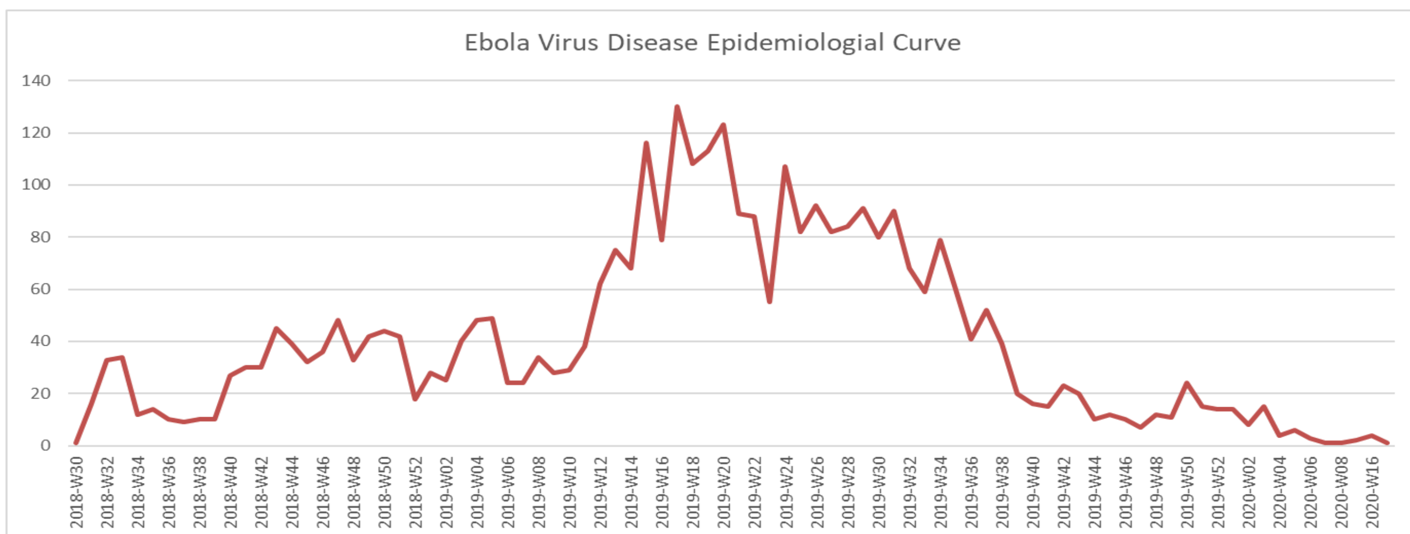
Figure 1: SDB training for DRC RC volunteers in Goma — Photo IFRC

Beyond the EVD outbreak, the spread of the COVID-19 pandemic is another major challenge facing the country and impacting efforts to combat the Ebola epidemic. However, we can count on the efforts put in place over the last two years, particularly in the provinces of North Kivu, South Kivu, Ituri, Equateur and other surrounding provinces, but also in neighbouring countries, which already have tools and experience in the fight against epidemics, having benefited from various activities related to epidemic preparedness.

Between the beginning of the 10th EVD outbreak from 1 August 2018 to 30 April 2020 there have been a total of 3,463 Ebola Virus Disease (EVD) cases (3,317 confirmed and 146 probable) with 2,280 deaths (2,134 confirmed) and 1,171 survivors for a total case fatality rate of 66%.

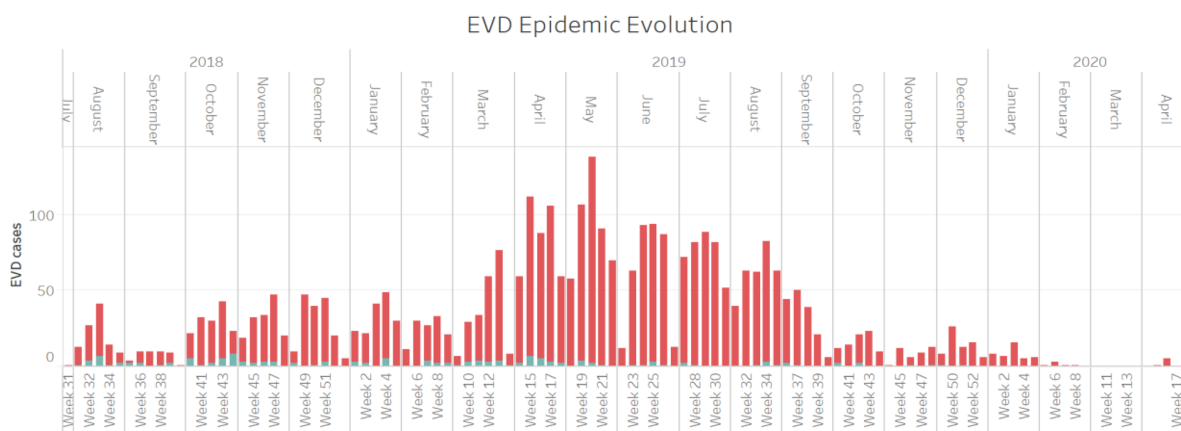
Evolution of the EVD outbreak in North Kivu and Ituri provinces (DRC)

The 10th 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. **Since the peak of the outbreak, which was observed in April 2019** between 22 and 28 April, with 126 cases, thereafter, the number of cases started to decrease. In July 2019, the outbreak extended south to Goma, which led WHO to declare it a public health emergency of international concern (PHEIC) on 17 July 2019. It spread further into Mwenga Health zone in South Kivu near the Burundi border on 15 August. **Since September 2019, there has been a gradual decrease in observed transmission intensity, but the outbreak continued to spread geographically.**



By early November 2019, the caseload was averaging **below 20 cases per week.** The geographical area affected had also decreased to a few central health zones around Beni, Mabalako, Mandima and Oicha. Overall, there was 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. There have been over 2,300 alerts investigated from 39 countries with 4 confirmed EVD cases and 3 deaths reported in Uganda, imported from DRC, with no transmission or secondary cases. On 12 February 2020, WHO Emergency Committee determined that the outbreak still constitutes a public health emergency of international concern (PHEIC). Finally, from 10 to 14 April 2020, three new confirmed cases of Ebola virus disease (EVD) were reported in the ongoing outbreak in the Democratic Republic of the Congo. All the cases were reported from Beni Health Zone in North Kivu Province. Two individuals died in the community after visiting several healthcare facilities. The infection of the third individual has been epidemiologically linked to one of these cases. Prior to this development, the last person confirmed to have EVD tested negative twice and was discharged from a treatment centre on 3 March 2020.

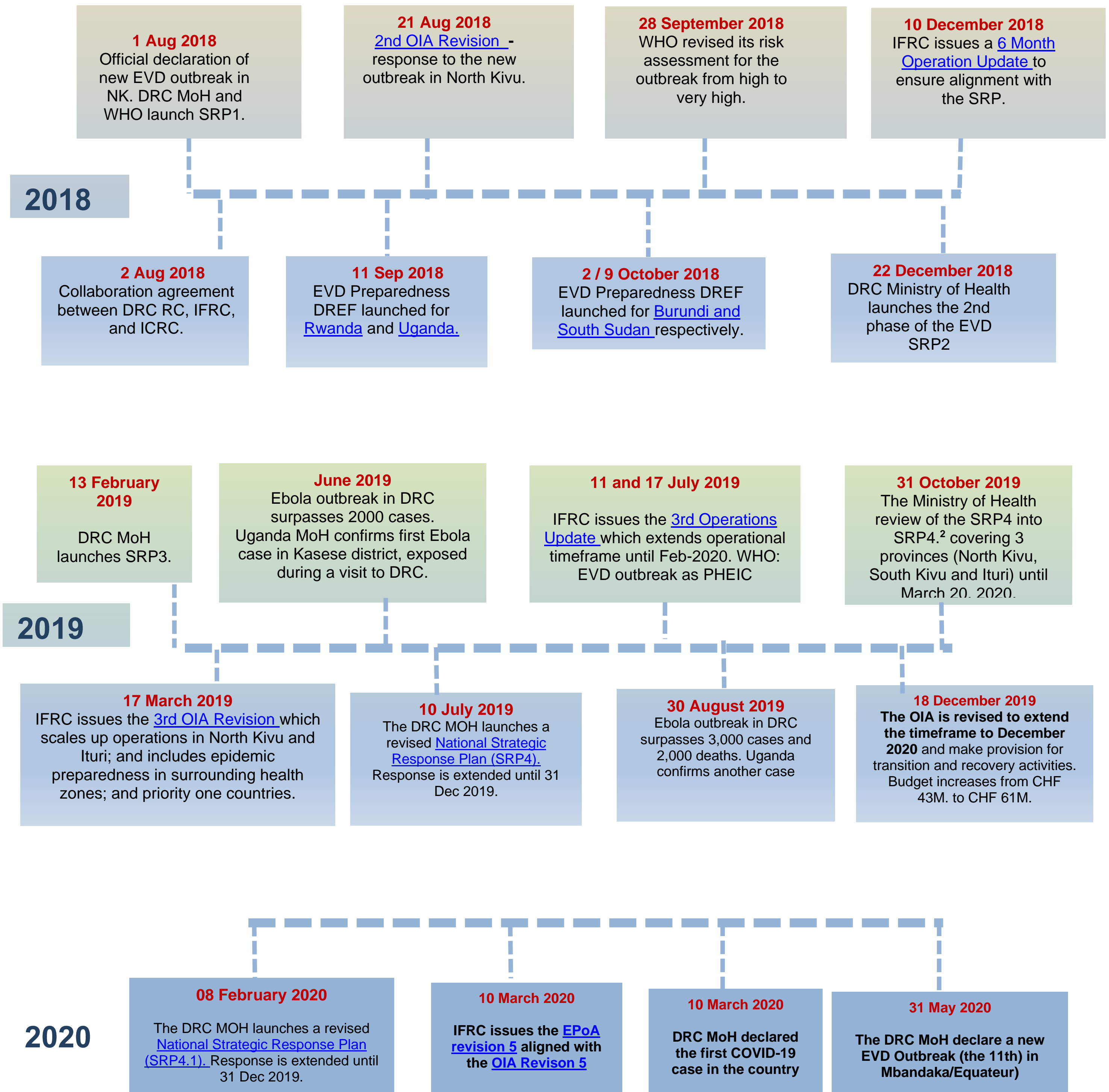
The gradual decline of the following months and despite the ending of the Oubreak in North Kivu, Ituri and South Provinces, as earlier mentioned, the outbreak control is still dependent on the security situation and control of the well-known drivers of transmission, particularly in traditional health facilities, and on continued trust and communication with the community. The Committee highlighted the need to continue strengthening community acceptance for full commitment to response measures; protection of personnel at strategic health checkpoints; improvement of infection prevention and control practices in health facilities; strengthening of the local health system; and comprehensive treatment and support for patients in recovery.



9th EVD outbreak was reported by the DRC MoH on 8 May 2018 in the Bikoro and Iboko health zones, Équateur province. 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, At the time of the declaration, Red Cross response teams from 9th outbreak were immediately deployed to North Kivu.

11th EVD Outbreak: While the operation was preparing for a transition from the response to the recovery phase, another epidemic (the 11th in the history of the DRC) was reported in the town of Mbandaka in Equateur Province, the same area that had experienced the 9th epidemic. This 11th epidemic was declared by the DRC Ministry of Health on 1 June 2020. To date, 17 cases have been reported (including 14 confirmed and 3 probable), with 11 deaths (including 8 confirmed and 3 probable cases). On 15 June 2020, IFRC issued the 4th Operations Update which highlight informations for this outbreak.



Summary of current response

- **Key update of the 9th Outbreak - Equateur** can be found in the our fourth operational update.

  When the EVD emergency response period came to an end, all stakeholders decided that a 3-month transition phase was necessary to ensure sustainability of the intervention in the affected communities. Following an MoU signed between IFRC and WHO, the implementation was granted an amount of CHF 1,706,140 to strengthen capacities of the existing health system through reinforced community-based surveillance in target communities. Many of the preparedness activities laid the foundation for the quick local response by the DR Congo RC and IFRC in response to the 11th outbreak beginning in 2020.

- **10th Outbreak - North Kivu, South Kivu and Ituri**

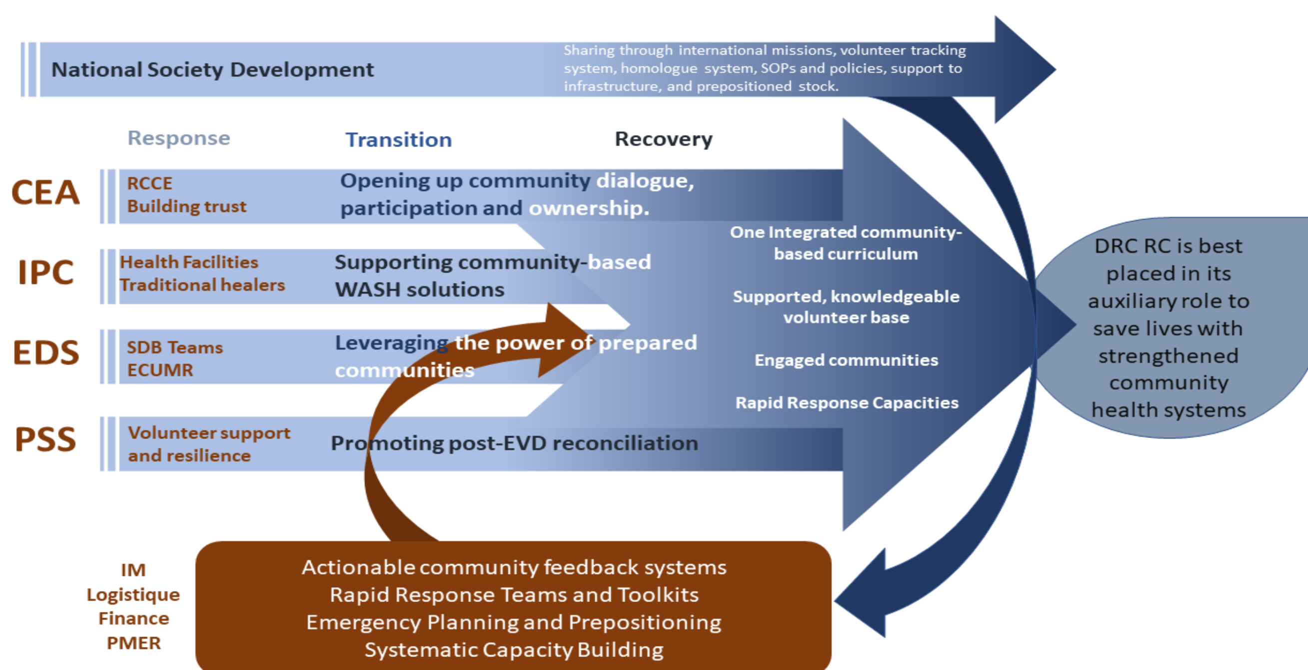
Key results achieved as of 30 April 2020
○ **86% of** the **27,931** SBD alerts have been completed successfully by 107 Safe and Dignified Burials teams including 32 Red Cross, 26 Civil Protection, 48 community-led harm reduction burial teams (ECUMR) trained by the Red Cross and 37 community burials teams trained by Civil Protection)
○ **850** CEA volunteers have reached **2,520,216** of the target population with door-to-door and mass sensitization activities
○ **802,629** community feedback data points have been collected from community members
○ **36** health facilities are being supported with an IPC package, supervision, training and 68 volunteers who have screened **2,803,288** people (9% under 18 years) referred 368 suspected cases (32 confirmed cases), completed 194 decontaminations and trained more than 130 health care workers
○ PSS teams have reached staff and volunteers with **30,163** participations through **4,387** activities PSS activities.
○ **10** DRC RC branches provided with support in addressing the Ebola Outbreak
○ **1,398** volunteers and **75** supervisors from DRC Red Cross registered as operational for the response

- Other updates on the 10th outbreak have remained the same as in the fourth operational update.

Transition Strategy and EVD+

The transition phase is the period of time during which areas that have not had cases for more than 132 days (42 days + 90 days of enhanced surveillance) start to move from an Ebola focused response to a more holistic community health program based on responding to infectious diseases called EVD+, which in 2020 includes messaging and CEA related to COVID-19. During this phase, the IFRC and the National Societies retain a response capacity on a targeted Ebola response approach based on localized needs as long as the outbreak and/or risk persist. The IFRC has started the gradual deactivation of 56 SDB teams, both 24 Red Cross and 32 ECUMR in the areas as Goma, Bunia, Komanda, Mambasa, Butembo, Walikali, Katwa, Kalugunta, Lubero and Rutshuru. With the resurgence on 11 April in Beni, the teams of Butembo, Katwa and Kalugunta have been reactivated to form a surveillance belt around Beni. A total of 18 Rapid Response Teams (RRT) will be set up in 4 provinces (North Kivu, Ituri, South Kivu and Tshopo) and can quickly react in case of an outbreak and also provide first aid and PSS support to affected communities to cyclical disease outbreaks in DR Congo, including any new EVD outbreaks and COVID-19 support.

Activities will transition gradually from full response to a recovery phase centred on community health and readiness.to respond in which the capacity of DRC Red Cross is enhanced, scaled up and integrated with a longer-term recovery plan.



The goal of the transition strategy in eastern Congo is therefore two-fold:

- Strengthen Public Health in Emergencies programming in DRC and priority 1 countries as part of the wider epidemic and pandemic preparedness, including COVID-19 messaging, and strengthening of community health programmes through integration with existing tools, integrated and adapted into context-specific community-based curriculums.
- Scale-up localized community engagement approaches to promote and sustain health behaviours in targeted communities to strengthen the rapid response capacity to future outbreaks of EVD or other infectious diseases.

This includes supporting the National Society to develop, adapt and implement an integrated training package to develop a pool of community health volunteers and more specialised community health volunteers. Although the internal assessment process is not yet final, partial data on National Society capacities is presented below:

Safe and Dignified Burials (SDB)

Traditional burial practices are a significant source of transmission of EVD, with those preparing the bodies for burial and family and community members who participate in funerals all at risk of contracting the disease. Safe and dignified burials (SDB) are a key intervention to prevent the spread of the outbreak. The below provides highlights as well as key points from the transition strategy from SDB to multi-disciplinary Rapid Response Teams and EVD+ mitigations.

Highlights

- The SDB teams (40.12% Red Cross, 54.18% Civil Protection and 5.7% ECUMR) have recorded a total of 27,931 SBD alerts, of which 24,477 (just over 87.63%) were completed successfully, 3,231 (11.57%) failed or incomplete[3], and 8 pending or a false alert.
- SDB teams enter the data directly into ODK, the Information Management (IM) team then cleans, analyses, and visualises it on an online dashboard that is shared with response partners daily[4].
- Mapping for SDB teams for SRP4 has identified 131 teams currently in place (32 Red Cross representing 393 SDB volunteers, 26 Civil Protection, 36 ECUMR and 37 Civil Protection community teams[5]) with 141 new teams planned for SRP4 and SRP4.1 (2 Red Cross SDB, 9 Civil Protection SDB, 52 ECUMR and 78 Civil Protection community teams).

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[3] An SDB is considered a success when less than 72 hours passes between the SDB team receiving the validated death alert and the completion of the SDB. This includes that the family has agreed to participate in the SDB, the body has been secured in a body bag and the surrounding area decontaminated, the swab has been taken and for positive (or unknown) cases a safe burial is completed by the SDB team or for a negative result the body is either returned to the family or for vulnerable families the SDB teams can complete the burial.
[4] Red Cross SDB Dashboard https://app.powerbi.com/view?r=eyJrIjoiMmQ3ODg3N2UtNDM3OC00OTZjLWI5YTItOTQ1ZWZkY2RiODcyIiwidCI6ImEyYjUzYmU1LTczNGUtNGU2Yy1hYjBkLWQxODRmNjBmZDkxNyIsImMiOjh9
[5] Red Cross teams are under the supervision of Red Cross supervisors and have 12 members including a focal point for community engagement. Civil Protection traditional teams are under the supervision of Civil Protection and have 8 members. ECUMR teams are trained by Red Cross but are under the supervision of the Head Nurse at each FOSA and are composed of 10 members (including community engagement). Civil Protection community team are trained/supported by WHO, under the supervision of the Head Nurse at each FOSA and are composed of 8 members.

- The Red Cross is co-leading the SDB sub-commission with Civil Protection
- Failure analysis: During SDB activities, when a failure occurred, it was recorded as being the result of community resistance (33%), security (9%), logistical issues (6%), or no specific reason recorded (52%). This analysis also identified certain health areas within the health zones are responsible for the most failures.[6]

The Movement has trained and equipped 43 burial teams with evidence-based IFRC SDB protocols and trained Civil Protection to provide SDB in some inaccessible areas for security reasons. While the SDB approach has been key to preventing EVD transmission in the current and previous epidemics, the challenging context in North Kivu and Ituri has led the Red Cross to develop and support a community-led emergency harm reduction burial approach (ECUMR by its abbreviation in French) in insecure areas where SDB teams are not able to operate. In this approach, community-nominated volunteers, including the head nurse of the nearest health facility, are brought to accessible areas to be trained in SDB and to job shadow existing SDB teams, before returning to their inaccessible communities and being provided with the equipment necessary to carry out safer burials. In eastern Congo, as the numbers of cases declined in early 2020, the IFRC began to transition even ECUMR teams to multi-disciplinary RRTs capable of EVD+ support.

The expected result by 31 December 2020 is to train and equip 52 ECUMR teams and Maintain an SDB success rate of at least 80%

Community Engagement and Accountability (CEA)

Misconceptions, myths, mistrust of outsiders and conspiracy theories spread quickly across Eastern Congo during this Ebola response. Community Engagement and Accountability create community-based solutions to fight Ebola in DRC. Response activities promote community ownership and resilience building, mobilizing and empowering communities to fully participate and ownership of the response operation. Community-based responses ensure that community leaders, influential members of community groups, unions, and other civil society organisations are at the centre of the response operations. Red Cross volunteers, who are also community members, map out household targets in respect to prevention and community-based surveillance protocols. The highlights below, as well as changes in strategy and EVD+ mitigations, show the evolving nature of the CEA response operation:

Highlights

- Various mass sensitization activities such as education sessions with various community groups, faith-based organisation and school groups, community forums, events, community radio shows, sound trucks, mobile cinema and forum theatre were conducted. Messages are adapted based on community feedback and cover all themes of Red Cross interventions, Safe and Dignified Burials (SDB), Infection Prevention Hygiene/Handwashing, EVD signs and symptoms, Infection Prevention and Control, Contact Tracing. Besides, 342 interactive radio shows have been rolled out in 19 community radio stations in Beni, Butembo, Goma, Komanda, Bunia, Mambasa, Mangina and Biakato.
- Twelve (12) videos testimonials of Ebola survivors have been produced in Butembo, Aloya, Mangina and Beni.
- Information on COVID-19 was included in all activities to ensure communities concerns and questions are addressed during ongoing activities.
- The community feedback mechanism for EVD is the largest that the Red Cross has implemented in an operation. The CEA volunteers systematically collect information and report on complaints, feedback, and rumours in their daily community engagement activities. A team of IM volunteers then help to clean and code the data, it is then sent to a team of analysts at the US Centres for Disease Control analyse the data, the IM team then uploads it on the humanitarian data platform (HDX). Weekly reports are made available to the Strategic Coordination, RCCE commission and sub-commissions and sub-coordination at field level and presented at the weekly community feedback working group that is co-lead by IFRC and the Ministry of Health. The system, which was set up and refined with the support of the US CDC, has been handed over to the local team and is now managed independently. To date over 802,700 community feedback data points (codes) have been collected in the system and it has allowed the teams to adapt and respond to the needs of the community.
- The feedback system was expanded to also track feedback on COVID-19, as well as other diseases and feedback outside of health topics. The Red Cross is a key partner in the Risk Communication and Community Engagement Commission and is co-leading the community-feedback inter-agency working group with the Ministry of Health.

Transition Strategy and EVD+

The IFRC and DRC Red Cross are focusing on an EVD+ approach based on local needs. Transition to a recovery phase will focus on maintaining or developing, where necessary, rapid response capacity for outbreaks, including COVID-19, Viral Haemorrhagic Fever (VHF), cholera, and vaccine-preventable diseases, and expanding wider

[6] Specifically the health area of Kanzulinzuli (28% of Beni failures), Masuli (18% of Katwa failures) and Muchanga (13% failures in Katwa), Kyangike (17% failures in Butembo), Nzenga (37% failures in Mutwanga) and Bulongo (20% in Mutwanga).

community health approaches. The CEA component is included in the Rapid Response Team strategy to ensure community engagement of future activities.

At the community level, the Red Cross is working to support broader community-level health systems strengthening. The programming is focused on leveraging volunteers trained during the EVD+ response, will continue to support community engagement approaches such as radio, social media and mobile cinema, to improve health outcomes in their communities, promote health-seeking behaviours and motivate community-level action, including in response to COVID-19.

The first expected result by 31 December 2020 is to reach at least 3.5 Million people through risk communication and community engagement activities

The second expected result by 31 December 2020 is to collect at least 800,000 community feedback data points and strengthen the analysis, localisation and two-way communication with communities

Infection Prevention and Control (IPC)

The Red Cross is supporting the Prevention Commission to strengthen IPC measures in targeted health facilities to reduce the risk of nosocomial transmission and strengthen IPC capacity in the 36 targeted health facilities. This is through supporting the screening and rapid isolation of suspected cases and creation of triage areas, provision of IPC supplies and equipment, strengthening the utilisation of standard operating procedures through training and formative supervision and, where necessary, rehabilitating water and sanitation infrastructure to ensure that supported facilities attain an IPC score of at least 80% on the response-wide IPC scorecard.

Highlights

- The Red Cross is supporting 36 health facilities (FOSA) with an IPC package, supervision, and training. To date, the 188 volunteers have screened 3,161,935 people (26% under 18 years); referred 679 suspected cases, including 49 confirmed cases. The team also completed 1,980 decontaminations and has trained more than 1,942 health care workers, volunteers and traditional healers on IPC measures according to the MoH standards and SOPs.
- Rehabilitation works are ongoing in 14 health facilities in North Kivu and Ituri. To date, the following have been completed: 32 semi-durable pre-triage and triage areas, drinking water supplies with impluvium systems for 21 health facilities, construction of 14 laundry facilities, 12 incinerators, septic tanks, placenta pits and toilets; and shower blocks for 16 health facilities.
- As part of strengthening triage, the French Red Cross team is in the process of deploying 23 isolation tents with two individual isolation "bubbles" that make it possible to rapidly and safely isolate a suspected case and provide quality supportive care, by allowing the patient to be touched, while protecting professionals until they can be transferred to a treatment centre. With the support of MOH, this approach is being piloted in hotspots such as Beni, Butembo/Katwa and Mabalako and in Goma as a preparedness measure.

Transition Strategy and EVD+

In the transition and recovery phase, ICP interventions will focus on the following strategies:

- Maintaining the current activity package with a reduction in the frequency of support from health facilities for ICP activities.
- Gradual disengagement of certain health facilities with provision of renewal kits.
- Transfer of skills to the health teams through the appropriation of activities and their integration into the routine activity package of the health facilities.
- Reinforcement of formative supervision activities and organization of case-taking simulation exercises
- Replacement of sorting units built-in tarpaulin of semi-durable material (boards)
- Support to the management teams of the health zones in the implementation of the package defined for the anchoring of the achievements of the response.
- Community-based surveillance

The expected result by 31 December 2020 is to Support 40 Health facilities to achieve an IPC score of at least 80%

Psychosocial Support (PSS)

Providing psychosocial support (PSS) to staff and volunteers is critical to supporting the health and wellbeing of EVD+ response teams. It is important in the continuing conflict and highly complex response. The below provides highlights

as well as key points from the transition strategy from SDB to multi-disciplinary Rapid Response Teams and EVD+ mitigations.

Highlights

- 35 volunteers, 9 supervisors and 5 focal points are providing psychosocial support (PSS) to staff and volunteers across the 7 operational bases of Beni, Butembo, Goma, Mabalako and Mandima in North Kivu province and Bunia, Komanda and Mambassa in Ituri surrounding Ituri province. As of this period staff and volunteers have received support with 30,163 participations through 4,387 PSS activities, including 5,167 individual session activities, 11,903 psychosocial support sessions, 8,841 focus group discussions, 3,999 by debriefings and 747 people trained in psychological first aid (PFA).
- With the technical support of the IFRC Reference Centre on Psychosocial Support,16 volunteers from DRC Red Cross (including 11 men and 5 women) involved in psychosocial support activities benefited from a training of trainers on psychosocial support in emergency situations.
- With the technical support of United Nations Fund for Population Agency (UNFPA) under the Gender Basic Violence (GBV) cluster in Goma, the IFRC organized in January 2020 a capacity building session for 26 volunteers (18 men and 8 women), focal points, supervisors and PSS trainers from all intervention areas on the themes of gender-based violence, prevention of sexual exploitation and abuse and the case referral system.
- To prepare the teams of volunteers involved in SDB, CEA and IPC activities for the response to the 10th epidemic of the Ebola Virus Disease in the provinces of North Kivu and Ituri for the disengagement due to the end of the epidemic, emotional debriefing sessions were organized on all the bases with PSS teams. A total of 1,078 volunteers took part in exploratory psychological interviews aimed at assessing the psychosocial impact of the activities at the individual level and future prospects for ensuring their psychological and emotional well-being.
- Support from the PSS in building the capacity of RRT volunteers in relation to the transfer of COVID-19 patients in all implementation areas on the mental health approach and psychosocial support to prevent fear and better manage stress during activities related to COVID-19.

Transition Strategy and EVD+

- Integrate PSS in the Red Cross community actions through responses to new epidemics and disasters (COVID-19).
- Continue to build the capacity of teams in PSS interventions benefiting volunteers and vulnerable populations Support the DRC Red Cross in renovating, rehabilitating, or building “listening houses” to facilitate access to psychosocial support services.

The expected result by 31 December 2020 is to reach at least 15,000 staff and volunteers with psychosocial support activities

NS Capacity Building and Preparedness

The operation is engaging in preparedness, contingency planning and risk communication activities in neighbouring provinces and strategic locations within DRC to prevent further extension of the outbreak to communities, including activating resources to respond to the new outbreak in Equateur. Strong preparedness will also ensure that the impact on individuals and communities is reduced with a timely and effective response, thus allowing the affected to gain stability quicker and to start rebuilding their lives and communities.

On-going USAID funded community epidemic pandemic preparedness (CP3) in Kinshasa and Kongo Central province continue to build epidemic preparedness and response. The resources and capacity mobilized through this emergency appeal operation are being carefully translated into overarching contingency plan, operational planning and coordination strategies in complex health contexts including new outbreaks and COVID-19. Capacity building is focused on preparedness actions at the National, Provincial and branch levels to be proactive in response to health crises and other recurring hazards.

The intention of NSD work is to enable a National Society to have a lasting impact on the individuals and communities it serves. The primary responsibility of National Society Development lies with National Society leadership but partnership with IFRC provides valuable support in NSD.

The objective of National Society Development (NSD) is to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities in place. This includes:

- Supporting the implementation of financial and operational support services.
- Developing the capacity for NS security management.

- Various trainings and support for 1,398 volunteers (29% female) operational in the response.
- Appointment of sectoral counterparts by pillar for each pillar team, hiring national programme staff to build technical capacity and provide mentoring support through delegates.

Highlights

- A preparedness plan has been developed for 11 health zones in North Kivu/Ituri
- SDB teams are operational in Goma (3 teams) and Rutchuru (2 teams) while more than 100 CEA volunteers are implementing activities in Goma since December 2018.
- 12 DRC RC volunteers trained on security in May 2019 and NS security SOP under development
- Logistics training conducted for 12 volunteers (North Kivu and Ituri) and a warehouse set up at Goma Provincial branch

Transition Strategy and EVD+

The experience drawn from the DRC EVD intervention highlights the valued contribution by the RCRC Movement and specifically DRC RC with its massively networked volunteer base and human capital across its headquarter and branches. This demonstrated the importance of a dynamic RCRC National Society to an effective government/National response to pandemics.

An official declaration of an end to the second-deadliest Ebola outbreak in the history of DRC, which killed 2,280 people over nearly two years can hardly present moments for celebration. There remain clear and present health challenges facing the communities in the DRC and across its borders.

As the world adjusts to the new normal in the era of the COVID-19 with stringent health protocols, RCRC Movement is being thrust more than ever before onto the forefront of keeping communities connected, informed and safe. Building National Society's capacity, enhancing transparency and building trust with the communities ultimately contributed in stemming the tide of the virus' spread and resulted in local actions that have been transferred and able to robustly contribute to containment of COVID-19 transmissions while leveraging on the previously developed health protocols that had been put in place during the EVD intervention.

Support by the IFRC aimed at strengthening local actions through the DRC National Society who has remained on the frontlines of helping the affected communities throughout the EVD intervention period followed by the COVID-19 pandemic is an evidence of achievement of localization of humanitarian efforts.

The RCRC movement remains consistent with measures of strengthening local actions with an emphasis on aligning efforts with the grand bargain initiative especially on putting more support and funding for local responders and enhancing engagement between humanitarian and development actors. Critical importance will be to ensure that there are effective risk communication and community engagement. This will include coordinating the sharing of life-saving information; Increasing support for the leadership, delivery and capacity of local and national actors for a principled humanitarian response to the pandemic and Scaling-up cash assistance, where appropriate, to meet the needs of communities affected by COVID-19 and strengthening links between humanitarian cash with social protection in the context of COVID-19.

Summary of current regional containment activities

Regional preparedness and coordination

Ebola Virus Disease Response and Containment Operations Update

16 June 2020 • EP-2018-000129-COD

South Sudan

HAUT-UELE

ITURI

Uganda

TSHOPO

EQUATEUR

NORD-KIVU

Rwanda

MANIEMA

SUD-KIVU

Burundi

Democratic Republic of Congo

Legend

Ebola Affected Areas

Ebola Preparedness Areas

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.

0 100 200 300 km

In terms of regional coordination, the 9th, 10th and now 11th outbreak operations have been coordinated and given strategic, technical, financial, and operational support and direction through the IFRC Africa Regional Office. With the onset of COVID-19 and the travel restrictions imposed around the world beginning February 2020, some of the planned facilitation activities of the Regional Office have been postponed. Nevertheless, the Regional Office has continued supporting the operations in DRC and Priority 1 countries in the planning, integration and operationalization of preparedness and response activities for COVID-19 in the EVD program, as well as planning and preparation to resume and complete the activities in view of a return to normalization. Further, IFRC engaged in a year-long Lessons Learnt Review (LLR) to deep dive into the IFRC's experience throughout the 9th and 10th outbreaks and to codify the lessons learnt from managing a "Red-level" response in such a complex environment. The review has been carried out by a small internal team of four IFRC staff--PMER, Information Management, Health, and Operations profiles--and highlights lessons in six areas of the operation to inform recommendations for Operations and Health managers handling similar elements in future epidemic responses. Ultimately, the results of this LLR will be used to inform the management of the ongoing response in DRC and to guide decision-makers and operational teams responding to future EVD and other outbreaks across the African continent. The report is now under revision and will be share in the months to come.

Highlights of the coordination and support activities include:

- Support P1 countries to adjust and reorient some activities to respond to the outbreaks of COVID-19 in their respective countries, including the redevelopment of work plans and budgets, according to restrictions and lockdowns measures established by national governments.
- Coordination of the response to the 11th outbreak in Equateur through coordination with Africa regional DCPRR unit including global surge mechanisms on human resources; support to the Operations team in Goma and information management activities.
- Provided strategic, technical, financial and operational support and direction to CAR (Central African Republic) and Republic of Congo (RoC) through the East Africa Country Cluster office in Nairobi.
- Recruitment of regional level staff to support in planning, monitoring, evaluation and reporting on the EVD operation, Information Management, human resources, and other sectors like programs, logistic etc.
- Development of the Integrated Training Package for community health and CEA activities. This activity will be rolled out to Priority 1 countries upon the resumption of travel, enabling the transportation of technical facilitators and trainers from the DRC and IFRC to travel to the countries.
- Organization of an SDB workshop for 20 SDB coordinators to gain the capacities to coordinate and perform safe and dignified burials. This workshop took place from 26 February to 1 March 2019 in Nairobi. Among the 20 participants, 40% were women.
- Establishment of a qualitative measure for the standard assessment of SDB and CEA preparedness, with application in Uganda, Rwanda, South Sudan, and Burundi, to enhance SDB and CEA readiness.
- Technical support to community feedback mechanisms. Feedback data, which are coded in DRC and analysed, are visualized and shared among partners and responders through an online dashboard excel dashboard with more granular data by health area. This data is used weekly for the RCCE activities, including training of volunteers on its use.
- Participation in meetings and webinars on lessons learned from the 10th Ebola outbreak in eastern Congo, such as the UNICEF EVD review workshop in Nairobi in January 2020, as well as the ReDSS webinar on Ebola lessons learned in April 2020.
- Drafting of a chronological review of the IFRC response to the outbreak of Ebola to determine best practises and lessons learned for future epidemic responses. The chronological review will be used to redevelop Standard Operating Procedures for IFRC epidemic responses.
- Planning for the rollout of an Information Management package based on the successful Information Management system developed during the DRC response to selected priority 1 countries.
- Facilitation of cross-programmatic coordination between COVID-19 and EVD responses in all 5 countries.
- Facilitation of logistical support as needed for international procurements and provision of back up logistics.
- Strategic oversight supported through internal coordination amongst IFRC and Movement players, while represented in a united vision externally including through Communications.
- Problem solving support to field teams and backfilling as needed.
- Various situation reports and maps on an ongoing basis.
- The DREF operations for Burundi, Rwanda, South Sudan and Uganda were coordinated and given strategic, technical financial and operational support and direction through the East Africa Country Cluster office in Nairobi.

Transition Strategy and EVD+

The transition strategy for the regional coordination team revolves around building on the lessons learned and capacities developed during the 9th and 10th EVD outbreaks in the DRC to contribute to the longer-term strengthening of preparedness of the DRC Red Cross and the Red Crosses of Priority 1 (P1) countries to respond quickly and effectively

to future public health emergencies and pandemics. One of the key pillars of the transition strategy from the regional perspective is the development of the Integrated Health Training Package to strengthen the capacities of the Red Cross Movement actors to respond to public health emergencies. The objective of this training package is to enable National Societies to respond quickly and efficiently to public health emergencies including epidemics and pandemics through the mobilization of trained volunteers and rapid response teams. The rolling out of this integrated training package, which combines a number of the existing IFRC public health training modules (CBHFA, Epidemic Control for Volunteers, etc) into a single training, will enable a trained pool of health volunteers to respond to future emergencies. This approach also builds on and is complementary to other IFRC-supported programs to respond to public health emergencies including the Community Pandemic Preparedness Project.

To further strengthening the NS capacities in IM, an Information Management package will be rolled out to selected P1 countries to complement the IM system which was developed and refined during the 10th EVD outbreak in the DRC. This will be done through training delivered by key members of the DRC RC and IFRC who participated in the IM system development and maintenance in the DRC.

In the effort to enable the organization to truly implement the lessons learned from EVD in future operations, a chronological review has been carried out and completed. The following key activity will be the dissemination and analysis of the chronological review of the IFRC response to the 9th and 10th EVD outbreaks in the DRC to IFRC staff throughout the organization which will eventually lead to the revision of Standard Operating Procedures for IFRC epidemic responses

Burundi

The BRCS has mobilised staff and volunteers who have been trained in various thematic areas, including:

- 110 people have been trained in SDB and are conducting simulation exercises in their respective branches.
- 120 people have been trained on risk communication, social mobilisation, and community engagement (RCCE) who are helping in promoting messages and behaviour change in their own communities
- 90 staff and volunteers have been trained in PSS, and are cascading the training to their communities
- 40 SDB kits were procured and used to train the volunteers in SDB (8 used in simulations)
- 780,000 people were sensitized on EVD
- Key messages were developed to be used on fliers for distribution as well as in radio spots. These key messages are broadcasted each day on national radio and television before the news in the national language, French, Swahili and English, and BRCS conducted its own 1-hour radio shows on EVD.

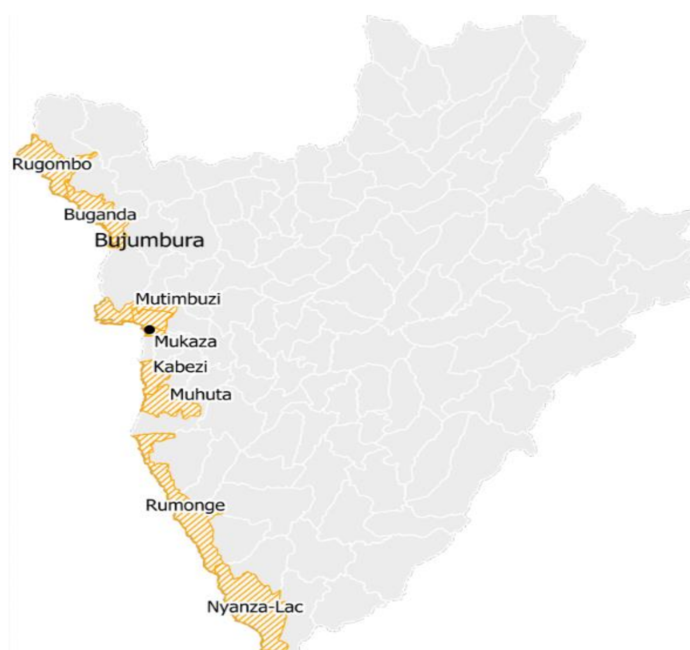


Figure 2: EVD Preparedness area in Burundi

Transition Strategy and EVD+

Burundi is facing two simultaneous health crisis: the risk of the spread of Ebola Virus Disease (EVD) and the COVID-19 pandemic. Burundi Red Cross Society (BRCS) which has started since 2019, several preparedness activities such as Safe and Dignified Burials (SDB), Psychosocial support (PSS) and Risk communication and communication engagement (RCCE) pillars, have opted to prioritize EVD activities that can provide direct response effects to COVID-19 pandemic in targeted communities of the project. It was, therefore, a question of identifying all EVD activities that could be effective in the COVID-19 response such as RCCE activities (radio jingles, radio shows) and modify/adapt EVD activities taking into account the recommendations related to COVID-19 outbreaks (social distancing, number of people, risk of gathering).

Thus, EVD activities which are also COVID-19 response activities include now awareness-raising materials on COVID-19 outbreak. Besides, these activities are aligned in compliance with COVID-19 preventive measures. Also, some activities initially planned have been however modified in favour of current constraints (disinterest of MoH about EVD, COVID-19 spreading, etc.), updating needs (review of SOPs for secure burials for COVID-19) as well as other activities

deemed less relevant. BRCS has provided to frontline volunteers' awareness sessions on COVID-19 basic knowledge, Personal Protective Equipment (PPE) to reduce risk of infection during the implementation of EVD activities.

Rwanda

Through the DREF operation, Rwanda Red Cross supported the government's efforts in implementing the preparedness activities as per the National Contingency Plan. The DREF operation was carried out from September 2018 to March 2019, reaching 3,364,113 people across 11 districts. For more detail please see previous Operational Updates from that period.

The National Contingency plan was revised again in 2019 with 15 target districts.

- Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu (bordering DRC)
- Musanze, Burera, Gicumbi Nyagatare and Nyabihu (bordering Uganda)
- Bugesera and Nyanza (both host a refugee transit centre)
- Kigali (comprised of 3 districts: Nyarugenge, Kicukiro and Gasabo)

Figure 3: EVD Preparedness area in Rwanda

Additional funding to continue preparedness activities was received through this Appeal in October 2019.

The following has been achieved to date:
- Revised work plan finalised in December 2019, in alignment with One International Appeal as well as national plans and strategies.
- Procurement and distribution of 2,396 posters and flyers with EVD messages in 15 districts
- Community mobilization using mobile cinema - conducted 130 mobile cinema sessions on EVD reaching an estimated 400,000 people in 13 districts (Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi and Nyagatare, Nyarugenge, Kicukiro and Gasabo)
- Conducted 803 community awareness sessions in community meetings, schools, markets between December 2019 and February 2020, reaching over 350,000 people in 13 districts (Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu, Nyabihu, Musanze, Burera, Gicumbi and Nyagatare, Nyarugenge, Kicukiro and Gasabo.
- 325 Sensitization in schools in 13 districts
- Various coordination meetings were attended during the reporting period, thereby ensuring the National Society continues to effectively engage in relevant coordination structures at various levels.
  Procurement and pre-positioning of one SDB starter kit and 15 training kits.

RRCS headquarter staff involved in the project include PSS coordinator, Preparedness and DRR coordinator, Communication and CEA/RCCE coordinator and Financial Accountant.

Transition Strategy and EVD+

On 14 March 2020, the Government of Rwanda, through the Ministry of Health (MoH) confirmed the first case of COVID-19 in Rwanda. The Government of Rwanda, through the Ministry of Health, developed a 6-month National COVID-19 preparedness and response plan to enable the country to prevent, detect and respond effectively to the COVID-19 outbreak. The RRC was able to continue EVD programming while adding in COVID-19 messaging thanks to the EVD+ strategy.

Government of Rwanda convened a National Task Force led by the Ministry of Health. The taskforce has different technical working groups and the Rwanda Red Cross is represented in two working groups:
1. Infection Prevention and Control
2. Risk Communication and Community Engagement

Rwanda Red Cross has been carrying response activities, focused on risk communication, health and hygiene promotion across all 30 districts of the country. The National Society will continue to work in the 15 target districts under the EVD+ operation to reduce the risk of further spread of COVID-19 through implementation of risk communication and community engagement (RCCE) and health and hygiene promotion activities.

The travel and movement restrictions in Rwanda postponed the following activities:

- On-boarding of new Operations Manager. There is consideration to get Surge Support instead for three months once borders are opened.
- Refresher training and simulation exercises for the SDB teams, with IFRC technical support
- The rollout of risk communication and communication engagement (RCCE) branch level training in 15 districts
- Psychosocial support (PSS) and psychological first aid (PFA) training of volunteers to be conducted with support from the IFRC's Psychosocial Support Reference Centre (based in Copenhagen, Denmark and acts as a PSS technical and research hub for the IFRC in support of all National Societies)

Most of the EVD+ plan and funding focused on risk communication and community engagement activities. Depending on when the travel restrictions will be lifted, postponed activities are expected to resume. However, risk communication messaging will include EVD+ messaging to ensure COVID-19 is included in cooperation with government public health planning. Due to the restriction on public gatherings, sensitizations sessions have been switched from using mobile cinema to using mobile radio (speaker on moving vehicle) to discourage people from gathering in groups. For risk communication, the messaging will be re-oriented to include both EVD and COVID-19.

As such the following RCCE activities will be adapted to integrate EVD+ and COVID-19 messaging:

- Conduct mobile radio sessions (instead of mobile cinema)
- Conduct community awareness and sensitization using megaphones
- Conduct public awareness sessions through community radio programmes
- Conduct public awareness sessions about COVID-19 through Radio and TV Informercials
- Printing of posters/stickers in public areas with COVID-19 messaging

South Sudan

The South Sudan Ministry of Health has activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and instituted four main sub-Technical Working Groups. Despite the challenging context in the country, the South Sudan Red Cross (SSRC) is actively supporting government preparedness efforts, coordinated through the national and state level Task Forces led by MoH and WHO, with SSRC as the lead agency for Safe and Dignified Burials (SDB). SSRC is an active participant in the National Task Force, along with the technical working groups for risk communication, social mobilization and community engagement (RCSMCE), IPC/WASH/Case Management as well as the PSS (psychosocial Support) Pillar.

Figure 4: EVD Preparedness areas in South Soudan

Through the DREF and funding through the EVD One International Appeal, the following key results have been achieved:

- Mobilized and trained **360** volunteers in four high-risk locations in Yei, Maridi, Nimule and Yambio. The volunteers were trained on EVD Risk Communication, Social Mobilization and Community Engagement knowledge - RCSMCE, prevention/protection and behavioural change to carry out social mobilization and community engagement.
- **150** volunteers were trained on safe and dignified burials - SDB. Established and fully equipped 6 SDB teams in all four high-risk areas including Juba Capital, as part of the mobile and rapid response SDB teams ready to be deployed in the event of an EVD outbreak.
- **190** of the same volunteers, trained on RCSMCE, were trained on psychosocial support – PSS.
- **11** full and 11 starter SDB kits, as well as 400 body bags, procured and prepositioned: one in each of the four high-risk locations (Maridi, Nimule, Yambio and Yei). Each kit is enough to carry out 20 safe and dignified burials. The remaining kits and body bags are positioned in Juba for use by the mobile and rapid response team if need arises and or to replenish the prepositioned SDB kits in the four high-risk locations.
- SSRC reached over 455,776 people (aggregated) in the four operational locations through awareness sessions in communities, schools, places of worship, entertainment centres and markets; public announcements of key messages, house-to-house visits and mobilization of people at border-crossing for screening.
- SSRC established functional EVD Movement Taskforce (MTF), which draws participants from its technical departments (WASH, Protection, Health, DM and Support Services), in-country PNs, IFRC and ICRC. Externally, SSRC and IFRC are active participants in the National Task Force (NTF), members of the Social Mobilization and Risk Communication technical working group (TWG), and co-lead of the Safe and Dignified Burial TWG as well as Case Management and WASH-TWG. SSRC also coordinates with various partners at operational level.
- SSRC issued its first Community Based Surveillance (CBS) Protocol.

- 16 key staff and volunteers received training of trainers/supervisors on Community Based Surveillance (CBS) for selected priority diseases and public health events (viral haemorrhagic fevers, acute watery diarrhoea, measles, polio and cluster human and animal deaths/illnesses). These will act as CBS activity implementation for supervisors and assist with cascading trainings to field locations.
- SSRC has finalized the CBS internal reporting forms.
- SSRC conducted a one-day review meeting with the SSRC EVD field officers, which included an overview of CBS integration into EVD preparedness; furthermore, lessons learnt from the meeting will be used for a long- and short-term CBS intervention.
- Community-based Surveillance (CBS) activity work plan until the end of April 2020 produced.

In total, SSRC trained 510 volunteers on RCSMCE, SDB, and PSS. These volunteers are all currently engaged in risk communication and social mobilization activities while those trained on SDB remain active and engaged until they are ready to be deployed. Importantly, the SDB team timely and effectively responded to 13 alerts of suspected EVD cases in Yei and Yambio, of which collected samples from the deceased tested negative for Ebola. On 8 occasions they performed Safe and Dignified Burials.

IFRC deployed two EVD technical surge to support the SSRC for SDB preparedness in planning, training implementation and coordination. The MoH South Sudan seconded an experienced health staff to support the SSRC on RCSMCE.

Transition Strategy and EVD+

The SSRC will maintain existing EVD staff on-site throughout 2020 and 2021 to aid the transition to EVD+ including COVID-19 infectious disease response and preparedness. The team will help develop a national EVD + (to include COVID-19) response. The team will also help develop a SoP for the management of the dead during a pandemic that will be adopted nationwide.

The prepositioned SDB kits will be used to assist family or community who are burying a person who passed on due to EVD or any other infectious disease including COVID-19. PPE will be donated to be used during other epidemics of infectious disease as appropriate.

So far, the following have been achieved

- SSRC deployed the 360 volunteers trained on RCSMCE during EVD+ preparedness to disseminate COVID-19 key messages
- The RCSMCE team trained over 1,500 volunteers on risk communication. The volunteers were deployed around the country to disseminate EVD+ COVID-19 key messages and reached an estimated 2,000,000 people
- The knowledge acquired during EVD+ preparedness allowed the SSRC to draft an SoP for the management of the dead for COVID-19 for the National Steering Committee (NSC) of the National COVID-19 response. The draft has been reviewed by the NSC and submitted to the MoH for endorsement

Uganda

In spite of preparedness efforts, Uganda remained at very high risk for EVD, due to its proximity to the border and affected area in DRC. On 11 June 2019, the Ugandan Minister of Health made an official statement of an EVD outbreak in Kasese district, in South West Uganda. Kasese is one of the districts categorized as most at risk, where the Uganda Red Cross Society had been implementing preparedness activities.

The index case was a 5-year-old male who returned to Uganda from DRC with his family on 9 June 2019 after attending a burial of the grandfather who had succumbed to EVD. The child and his family entered Uganda through Bwera Border post and sought medical care at Kagando hospital. The grandmother and 3-year-old brother also started presenting signs of EVD, both tested positive and succumbed to EVD.

Following the confirmation of a positive case, 108 contacts were identified and monitored. 1,900 vaccine doses were received in Uganda from WHO and DRC and used to vaccinate front line workers in Kasese district.

URCS is implementing EVD Response and Preparedness activities in line with the Uganda Government's EVD Response and Preparedness Strategy.

URCS is implementing the following activities with funding and technical support from the IFRC:

- Point of entry (PoEs) screening at 63 PoEs in the following districts: Kasese, Ntoroko, Bundibugyo, Kisoro and Kanungu with at least 10,364,054 people screened to date,

- 420 volunteers trained on Community Based Surveillance (CBS) and deployed to conducted passive community-based disease surveillance and send through weekly reports to the CBS command centre in Kampala,
- 42 volunteers trained and on stand-by in 7 teams to implement Safe and Dignified Burials in Kanungu, Kasese and Bundibugyo,
- Procurement of essential equipment for EVD response including PPEs and SDB kits
- **360 volunteers have been conducting sensitization activities at the community level** (increased from 180 through funds from UNICEF). These volunteers provide facts on Ebola to allay fears and anxiety, raised in the occasion of suspected cases, identify individuals with psychosocial needs, provide psychological first aid, and make appropriate referrals if required
- An **operational meeting was organized between URCS and DRC RC, to strengthen cross border collaboration** through sharing information and lessons learned.

Transition Strategy and EVD+

The EVD preparedness and response activities have built community-level capacity in CBS and this will be critical in detection and activating responses in the event of an outbreak. The involvement and collaboration with the district authorities ensure linkages between the URCS volunteers and district surveillance teams.

The PoE screening activities have been maintained in the official PoEs with the URCS withdrawing coverage of the unofficial points of entry. The screening at official PoEs will be taken over by the authorities after the closure of the EVD preparedness and response intervention.

URCS has integrated the COVID-19 messaging within the EVD+ activities, the NS staff and volunteers are using the RCCE to raise awareness for both COVID-19 and EVD in the districts targeted by the EVD response and preparedness operation. Following the confirmation of the COVID-19 cases in Uganda, the authorities recommended the suspension of activities in unofficial points of entries with the NS only supporting screening in official PoEs.

Provincial preparedness in DRC

The preparedness activities aim to prevent the propagation of outbreak in surrounding health zones in North Kivu and Ituri. In the last EPoA as revised in March 2019, 12 high-risk zones were identified for being supported with preparedness activities with an entry point to CEA activities. Besides, four ERT (mobile teams) could be activated to conduct SDB activities in the areas. These activities were designed to meet 342,386 people with the health and preparedness activities though have been delayed in some areas due to lack of funding. These activities are currently being re-assessed to align with the current disease trends and coordination discussions for at-risk areas.

Transition Strategy and EVD+ strategy:

- Support to DRCRC in prevention and immediate interventions in high-risk health zones and priority neighbouring provinces.
- Training of volunteers and their deployment in the fields for risk communication and community engagement (CEA), safe and dignified burials (SDB) and Psychosocial Support (PSS).
- The capacity building of DRC RC to respond effectively in the future to any possible outbreak and strengthen the coordination system with the Ministry of Health and other partners.

Preparedness in the Central African Republic and the Republic of Congo

Given the risk of the epidemic spreading to neighbouring areas with the number reached so far but also the flow of population movements in North Kivu and Ituri and with neighbouring countries, it would be crucial to extend these activities to other high-risk health areas. Hence, IFRC Africa regional office is increasing its coordinated preparedness and response efforts in t Central African Republic and the Republic of Congo. Preparedness measures are being augmented by mobilizing start up resources through IFRC’s Disaster Relief Emergency Fund (DREF). The IFRC’s Emergency Appeal is being revised and these two countries will also be included in the forthcoming revision of the Appeal.

Overview of Red Cross Red Crescent Movement in DRC

The DRC Country Office of the International Federation of Red Cross and Red Crescent Societies (IFRC) has been strengthened through the deployment of regional and global surge capacity and hiring of staff to support the NS and the response effort for both outbreaks. Five partner National Societies (Belgium Red Cross, Canadian Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long-standing programs with the National Society. The International Committee of the Red Cross (ICRC) is present in 10 provinces of the country with programmes responding to the protection and assistance needs of the population affected by armed conflict and other situations of violence.

The Red Cross of the DRC (DRC RC) is present in all provinces and territories of the country. While the response for the 9th outbreak in the non-conflict area of Equateur was carried out under the co-leadership of IFRC and RCDRC, the 10th outbreak, being in a conflict area, is under ICRC lead for operational access, including security management.

Several Movement coordination mechanisms have been put in place at the provincial level (Equateur, North Kivu and Ituri), national (Kinshasa), regional (Nairobi) and headquarters level (Geneva) between the DRC RC, the IFRC and the ICRC to ensure smooth implementation of the different activities.

In the Democratic Republic of the Congo, the ICRC promotes respect for international humanitarian law in the treatment of civilians and detainees and helps those adversely affected by conflict and internal violence to survive and become self-sufficient.

The ICRC also improves water supply and sanitation, strengthens health care for the wounded and sick, including victims of sexual violence, and reunites families in DRC. Direct EVD+ response is managed by the NS with the support of the IFRC and security and access managed by ICRC.

Overview of Host National Society, Red Cross Red Crescent Movement, and non – RC actors in country

Burundi

The BRCS is represented in five National technical commissions: Coordination, Operations (ETC and a Laboratory), Logistics, Infection Prevention and Control (IPC), and RCCE. The NS participates in National Coordination meetings on EVD as well as in joint monitoring missions to assess preparedness in the high-risk provinces. BRCS is an active member of the National Disaster Management and Reduction Platform in charge of the coordination of humanitarian actors, which is managed under the Ministry of Security.

The IFRC has a Country Cluster Support Team (CCST) Office for Eastern Africa and a Regional Office for Africa, in Nairobi. The NS also hosts and receives support from in-country Movement partners including the ICRC and partner National Societies (PNSs) which are the Belgium-Flanders and Francophone, Finnish, Luxemburg, Netherlands, Norwegian and Spanish Red Cross Societies.

The government of Burundi begun to enforce the transition from EVD+ to COVID-19 messaging only. The BRCS continues to advocate for holistic infectious disease messaging including both EVD and COVID-19.

Rwanda

The Rwanda Red Cross Society (RRCS) is part of the National Rapid Response Team (NRRT). The NRRT is the national level coordination team and is composed of the Ministry of Health (MoH)/Rwanda Bio-Medical Centre, and major NGO and UN partners. Weekly meetings are held to update and coordinate response strategies. RRCS was tasked with community surveillance/contact tracing, risk communication/ social mobilization and community engagement, SDB/Decontamination, as well as PSS. A partner’s coordination forum, where pertinent issues in areas of coordination, case management, infection prevention and control, surveillance, laboratory capacities and other relevant issues in EVD preparedness are discussed regularly, was established. A 72-Hours National Response Plan was also developed.

IFRC is assisting through the Eastern Africa CCST as well as through the Africa Regional Office. There is regular contact with IFRC Regional Operations and Health teams and RRCS has been updating on coordination meetings and preparedness action plans. Surge FACT support was also deployed in January 2019 to assist with coordination and ensure that the requirements for SDB readiness are in place. RC partners in-country include the Danish RC, Belgian-Fl, Belgian Fr, Spanish RC and Austrian RC, some of whom have supported preparedness activities for EVD including mobile cinema, SDB and community sensitization.

Rwanda Red Cross has been carrying response activities, focused on risk communication, health and hygiene promotion across all 30 districts of the country. The National Society will continue to work in the 15 target districts under the EVD operation to reduce the risk of further spread of COVID-19 through implementation of risk communication and community engagement (RCCE) and health and hygiene promotion activities.

South Sudan

The South Sudan Red Cross (SSRC) is an active member of the National Task Force (NTF), and two Technical Working Groups: Risk Communication, Social Mobilization & Community Engagement (RCSMCE) and Safe and Dignified Burial (SDB) Technical working groups. The SSRC is one of the implementing partners engaged in RCSMCE activities in the four operational areas (high-risk border towns and points of entry), namely; Nimule, Yei, Maridi and Yambio, thus complementing the efforts of the Ministry of Health and other partners in behavioural change communication with regards to EVD.

IFRC is providing technical support to SSRC for training on SDB, RCSMCE, Coordination of the EVD Preparedness at Regional, National and State levels and resource mobilization.

At the country level, SSRC with support of the IFRC, coordinates the EVD preparedness operation in close cooperation and support of ICRC, and 9 Partner National Societies (PNSs). IFRC is monitoring the development of the situation in DRC through the regional coordination mechanism. Through this mechanism, IFRC is facilitating information sharing with at-risk neighbouring countries.

Uganda

At the country level, URCS works together with the IFRC, ICRC, and partner National Societies (PNSs) including, *the Netherlands Red Cross, German Red Cross, Belgium Red Cross - Flanders, Austrian Red Cross, Icelandic Red Cross and the Canadian Red Cross. Movement partners work together with URCS in the areas of WASH, community-based health and care, protection, livelihoods, preparedness, and National Society Development. The variety of interventions and their extensive geographical coverage guarantee an added value in terms of technical and logistical support to the Ebola preparedness operation as well as resource mobilization coordination.*

IFRC supports URCS with the implementation of the URCS EVD Plan of Action and any further revisions of the IFRC Contingency Plan. IFRC has an in-country team supporting the EVD operation, consisting of one Programme Coordinator overseeing the full IFRC portfolio in Uganda and one Finance Delegate.

Needs analysis and scenario planning

DRC

At the time of writing this operational report, the 11th Ebola outbreak in Mbandaka, the capital of Équateur Province, has officially been declared by the DR Congo Ministry of Health on 1 June 2020. As above mentioned, this area was previously affected by an outbreak between May and July 2018. It adds an additional layer of suffering for a population that is already struggling to contain the COVID-19 pandemic. The IFRC continues to monitor the situation in Equateur and is currently responding. Should the epidemiological situation require a larger response, the IFRC is able to ramp up response.

In terms of capacity, the DR Congo Red Cross has been on the frontline of all previous Ebola outbreaks in the country and has developed a strong in-country capacity with 1,600 trained and highly skilled volunteers. Crucially, these have successfully built trust with communities.

In North Kivu and Ituri provinces, access challenges in several affected areas, along with community resistance, represented two major hindrances of the emergency operation, affecting greatly the reach and the coverage of the programmed activities. Limited knowledge of EVD within the population and among health personnel remains a key barrier to behaviour change at the household and health systems levels.

Despite the complexity of the response, Red Cross activities had remarkable successes:

- IPC: Red Cross teams have screened 3 million people in North Kivu and Ituri as part of infection prevention and control.
- SDB: Over 28,000 safe and dignified burials successfully conducted.

Over the last year, the IFRC and the DR Congo RC have responded as the number of EVD cases has declined. The first countdown to Ebola zero occurred in April 2020 but unfortunately, there were new cases two days before the official end of the outbreak. The countdown to Ebola began again in May 2020.

The most important activities for the last reporting period are:
- Findings of community surveys, awareness about EVD risks and prevention has increased. Nevertheless, there are significant gaps in understanding about Ebola Treatment Centres (ETC), signs and symptoms and what to do in case a person is sick or dies after experiencing EVD symptoms
- the Red Cross community feedback mechanism captured essential community views on EVD and the response
- Addressing community mistrust of the government and organizations engaged in the EVD response; Ebola is still perceived to be a political scheme or a lucrative business. Doubts and concern are also raised about the vaccination approach and safe and dignified burials.
- Responding to communities' willingness to understand more and protect themselves. Strengthening surveillance in health facilities and diagnosis capacities as often EVD is mistaken for malaria or other diseases.
- IPC measures and training of staff has been an important activity to detect suspected cases early and to limit the spread of EVD from one patient to the other or from an infected patient to medical personnel.
- Drawing lessons learned from DRC, the Regional Office and Cluster Office have been investigating how to integrate these community feedback approaches into existing response and community structures, particularly those already existing for CEA, across the containment countries in Uganda, Burundi, Rwanda and South Sudan.
- Safe and dignified burials (SDB) have been critical to preventing transmission of the virus, particularly for people who died in the community without knowing they were infected
- PSS support to the SDB volunteers is essential. SDB teams face grieving families and communities daily, and they have encountered resistance and experienced animosity and both verbal and physical attacks from community members.

The needs identified by the lessons learned of EVD+ activities demonstrate the usefulness of infectious disease capacity as community feedback begins to focus on fear of COVID-19. The skills learned during EVD only response are essential to addressing identified needs in communities now dealing with COVID-19 as well as continuing risks of EVD outbreaks in the future.

P1 countries (Uganda, Rwanda, South Sudan, Burundi):

Over the last year, risks of EVD in the P1 countries have declined and finally disappeared. National societies have worked hard to have adequate preparedness and response capacity. At the time of this operation update, there are no EVD cases in any P1 countries.

The P1 countries have also noticed a transition through community feedback to greater fears related to COVID-19. In this line, the P1 countries have/used and are currently building on the lessons learned from CEA and PSS and IPC in EVD activities to best address COVID-19. EVD+ activities continue to maintain preparedness for EVD and deal with increasing fears in P1 countries about COVID-19. To mention a few examples:

1. The COVID-19 patient transfer rapid response teams have received prior training to equip them with useful skills to self-manage fears at their level and better deal with situations of discrimination and stigmatization in COVID-19 related communities.
2. IPC and CEA Volunteers benefitted from the support of the PSS to provide relief and support before, during and after the field raids at the community level.

Because of the outbreak in Equateur, future revised appeal will include Equateur bordering countries: CAR and Republic of Congo (RoC) for augmenting the preparedness and readiness to response capabilities

Scenario planning

10th and 11th Outbreak

As earlier explained, the response to the 10th Ebola outbreak suffered from many challenges which, will inevitably be reflected on the 11th outbreaks. In fact, as a public health emergency within a wider complex humanitarian response involving multiple armed groups, it has faced and will continue facing ongoing insecurity and a difficult social and political context. This has produced an environment of mistrust within the affected communities and has led to the reluctance, refusal and resistance of some communities to the EVD response. The 11th outbreak response, with the delay of provision of treatment, risks suffering from even higher operational risk.

It is therefore key to sustain political commitment and multisectoral coordination to ensure treatment is provided, to continue to engage and build trust with communities to facilitate rapid detection of new cases and to help address access and security issues. This includes strengthening capacity, implementation, and coordination for community awareness and engagement, with a focus on hotspots, preventing resurgence where cases have declined, and to support survivors in their communities.

The IFRC and movement partners continue to focus on preventing and managing nosocomial infections, through IPC interventions and strengthening preparedness in non-affected provinces of DRC including CAR and RoC, and more generally strengthen the health system across the country to respond to concurrent health emergencies. It will be important to maintain coverage and reinforce readiness to scale interventions if necessary. Response strategies must continue to be holistically adapted to the local context and capacities for operational readiness and preparedness should be enhanced and sustained in non-outbreak affected areas including major transit routes.

Scenario analysis

The scenarios have been updated to reflect the evolving situation and 11th EVD outbreak in Mbandaka. This scenario has several planning assumptions which will continue to be monitored through to the end of the operation. Contingency planning is also occurring with triggers identified to inform a scale-up of relevant activities. The current Movement strategy is based on responding to this scenario and being ready to activate the contingency plan. The operation has also in place provisions for ensuring continuity of services to vulnerable people in case of a deterioration of the security situation in the country.

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
Scenario 1 (current scenario)	✔ Mbandaka Outbreak is contained to the 5 health zones that have so far been affected and remain mostly in Equateur Province with single cases or small clusters in other neighbouring zones. This assumption now takes continuing cases in Equateur into consideration. ✔ On average 50% of cases are unknown contacts, suggesting that many potential unknown transmission chains are driving the epidemic. This is driven by risk factors such as delayed time between symptoms and isolation/seeking of treatment, high movement of contacts and an increased number of community deaths ✔ Risk of potential spread of cases to neighbouring provinces but PoE control is working effectively able to detect suspected cases reducing the risk. This assumption now contains RoC and CAR. ✔ Security situation allows continuity of response ✔ The preparedness and readiness to response capabilities will also be augmented in neighbouring countries (CAR and ROC) ✔ The WHO, Ministry of Health and other key stakeholders will able to increase their operational capabilities and continue to provide necessary support to wider EVD response system including Red Crosse ✔ It is assumed that 11th EVD outbreak will either be fully controlled or confined within in a limited pocket in next 6-8 months. ✔ It is also anticipated that the response efforts to COVID-19 and other disaster and crisis will take holistic approach to deal with EVD	✔ Movement interventions shifted in the 5 key pillars in Equateur Province with a DRC RC ✔ The IFRC and DRC RC will able to increase operational bandwidths in speedy fashioned in Equateure Provience ✔ In the North Kivu, the IFRC will continue to work with DRC Red Cross in close cooperation with ICRC for ensuring smooth transitions and implement recovery activities. ✔ The IFRC response/Recovery remains supported by the L3 agreement with ICRC in North Kivu whereby "IFRC has the operational expertise for programmatic response especially in Safe and Dignified Burials (SDB), Community Engagement and Accountability, Psychosocial Support, Surveillance and IPC while the ICRC is leading the operation, mainly in terms of security (including movements, deployment capacity, accommodation, etc.) and field expertise in the area, especially regarding the response in detention facilities ✔ Security situation allows effective response despite access constraints ✔ Close coordination with partners across all pillars for readiness should there be need for future response ✔ Logistics and material supply to support the operational plan in eastern Congo and Equateur and global supply chain is not severely impacted by COVID-19 ✔ Maintain the support/liaison office in ICRC Sub-Delegation of Goma for the IFRC ✔ HR structure will be downsized as appropriate to support the operational plan ✔ Volunteers who have been mobilised and trained for will be included in readiness plans or reactivated in Equateur ✔ Communities are engaged and provided with needed information, EVD+ (including COVID19) messaging is tailored to beliefs, concerns and questions tracked by community engagement volunteers ✔ Preparedness/ contingency planning activities by DRC RC in Health Zones at risk as security allows as well as nationally ✔ Preparedness activities by National Societies of the neighbouring at-risk countries with population movement/ transportation links with the affected area, which could include Roc or CAR in the future as appropriate ✔ Flexibility and revision of the plans as needed based on the evolution of the epidemic, primarily in Equateur and readiness in eastern Congo ✔ Increased coordination with humanitarian mechanisms for travel including flights to ensure duty of care for exiting staff and onboarding of new staff ✔ Anticipation of the end of 11th EVD outbreak in next 6-8 months. In this scenario, the IFRC's will have three key

		operational orientations; the first one to respond the 11th outbreak to control, the second is to augment the preparedness capabilities and third one to continue transitions and recovery activities in North Kivu . ✔ Eventually close the EVD response and sift towards longer term programming (the remaining activities could go under the regular programme /country plans
Scenario 2 (increase outbreak in Equateur, neighbouring province, neighbouring countries and new outbreak in North Kivu)	✔ Major surge in cases (over 100 cases per week) in DRC, expansion into non-affected health zones, including areas with access restrictions ✔ Appearance of cases in urban centres in DRC ✔ Spill over of cases to neighbouring countries with local transmission (not only imported cases) including RoC and CAR ✔ Another outbreak in North Kivu and old areas ✔ A Public Health Emergency of International Concern is declared as the number of cases increases weekly, exceeding 500 and cases reported regionally ✔ COVID-19 continues to generate negative community feedback ✔ COVID-19 has major impacts to people local coping mechanisms and on supply chain and human resources movement	✔ The EVD response operation should be scaled up significantly in term of operational HR, Sure deployments, resource mobilization, increasing funding, international coordination, communications and support system ✔ Timeframe for the response (Appeal) needs to be extended at least till June 2021. ✔ Revision of operational plan to scale up in all pillars in affected areas in close coordination with ICRC, DRC RC and IFRC and still supported by the L3 agreement in North Kivu ✔ Scale-up from preparedness to active response in neighbouring affected provinces and neighbouring countries ✔ Scale-up of offices in each affected province and/or country ✔ Deployment of further surge to support the operation at provincial, national and regional level ✔ Extension of the operational timeline of the Regional Ebola Hub ✔ Training and mobilizing additional volunteers from all targeted areas ✔ Communities are engaged and provided with needed information, messaging is tailored to beliefs, concerns and questions tracked by community engagement volunteers ✔ Close coordination with other stakeholders ✔ Revision of the OIA and EPoA ✔ Increase of supply chain and logistics capacity to match the size of the operation, especially contingency planning for COVID-19 effects on supply chain ✔ Prevention and Preparedness activities in additional at-risk provinces and additional at-risk countries (regional) ✔ Regional legal preparedness to facilitate the coordination of international humanitarian assistance ✔ Flexibility and revision of the plans as needed based on the evolvement of the epidemic. ✔ Increased coordination with humanitarian mechanisms for travel including flights to ensure duty of care for exiting staff and onboarding of new staff

Three possible scenarios have been identified for the response in the at-risk in 6 neighbouring counties (Burundi, Rwanda, South Sudan, Uganda, Central African Republic and the Republic of Congo):

Scenario 1	Scenario 2	Scenario 3
The EVD Mbandaka outbreak is contained within DRC through effective identification and isolation of cases, and other control interventions including point of entry and point of control screening, IPC and vaccination.	Isolated cases across the border to one or more neighbouring countries. Effective contact tracing, point of control screening, risk communication and IPC at health facilities near the border, and interagency communication rapidly identify suspect cases and isolate them with limited onwards transmission without significant disruption by COVID-19.	Isolated cases crossing the border are not identified in a timely way, or at all, and people with EVD die in previously unaffected communities in one or more neighbouring countries. This results in onwards transmission due to unsafe care in the community and unsafe burials. Cases are not identified until after this onwards transmission has occurred, and an outbreak is declared in a neighbouring country. COVID-19 causes major problems in procurement, movement, and community acceptance.

Operation Risk Assessment

DRC:
The following are related to the risk assessment for the response in DRC:

1) Significant increase in Ebola Virus Disease (EVD) cases with expansion into other health zones and/or Provinces
On the 3rd of March 2020 the last confirmed case declared was discharged after becoming NEGATIVE. Since then, the countdown for the declaration of the end of the outbreak has started as well as the deactivation/transfer of responsibilities to the MoH of different teams of volunteers (i.e. SDB) in the so-called "green areas" (Health Areas with more than 132 days without a case). The ECUMR teams have been completely transferred to the MoH on the 24th of March as no new cases arose. For all of them, the Red Cross stays vigilant for the immediate reactivation of all teams needed should there a new case confirmed. Staff and volunteers dedicated to the support of Infection Prevention and Control activities in Health facilities, as well as the ones dedicated to Community Engagement and Accountability, remain performing their regular activities. The Rapid Response Teams strategy has started the phase of discussions to be put in place.

2) Insecurity and increase in active conflict and potential targeting of EVD responders
There have been incidents of violence targeted at Ebola volunteers, especially SDB teams. The IFRC continues to follow ICRC security rules for all staff and use CEA activities and community feedback mechanisms to measure community acceptance. This will also be a risk during the current COVID-19 outbreak in Congo. The IFRC has learned lessons from EVD programming that will enable CEA to include COVID-19 messaging into EVD activities to continue to build a trusting relationship between communities and the DRC Red Cross.

3) Mismanagement of financial and procured assets through fraud and corruption
Strong internal control is in place to ensure compliance with IFRC procedures and donor requirements. Recurrent workshops on the Code of Conduct and Prevention of Fraud and Corruption to all Staff and Partners involved in the EVD operation in DRC - most recent one was done in Ituri February 2020. These workshops aimed to make everyone aware and accountable for ethics rules and the organization's principles and values.
Internal Audit was conducted on December 2019 and External Audit by KPMG was conducted on March 2020 to ensure quality control and review of compliance measures.
To mitigate risks for potential cases of Ghost volunteers for per diem payments, preventive measures are being taken using a new method replacing physical attendance lists with electronic data collection (using biometry/GPS) and control is being experienced currently in Beni field basis, which will also improve the overall volunteer management through an up-to-date Database.

4) Staff and volunteer health and wellbeing, stress and burnout (especially due to COVID 19 travel restrictions)
Staff and volunteers have been working in high-stress environments with risk of other health issues (cholera, malaria etc), security incidents and general cumulative stress. To mitigate these risks 37 psychosocial support volunteers have been deployed to all of the bases offering psychosocial support activities (psychosocial first aid, education sessions, focus group discussions, debriefings after incidents, recreational activities etc). R&R has been suspended due to COVID-19 travel restrictions. The IFRC has been exploring other options for staff well-being and stress reduction and this remains a high priority task for the IFRC management. Some examples include taking R&R in-country until some degree of international travel is possible.

Central Africa Republic (CAR)

1. Security

The security situation in CAR has been volatile for years now, with the presence of armed fighters in the countryside. The country’s eastern sector is most affected by new surges of violence mainly resulting from activities of the self-defence groups. The implementation area of the EVD preparedness operation outside Bangui is part of the No. 1 Health Region, where the KFW project is already being implemented. As such, security provisions used during activities will be the same. For field missions, a pre-safety assessment will be carried out. Local CARC committees and other partners in this area will be involved. Similarly, additional safety-related information will be requested from INSO (International NGO Safety Organization) for further assurance. All incidents, even minor ones, will be reported to the NS and IFRC security officials. Each mission team will have a satellite phone to allow good communication in areas without a telephone network or in case of interruption of normal communication. Communication airtime for the satellite phones will be budgeted on this DREF operation. In addition, visibility items for volunteers will be procured to ensure that when deployed, they are easily recognized.

2. COVID-19

The current preparedness operation and its operational strategy consider 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 pandemic. As of 28

June 2020, a total 3,429 cases of Covid-19 have been registered in the country, with 45 deaths and 699 recoveries, according to Africa CDC. To note, a total of 89 new cases were registered on 27th June, all of them locally transmitted.

National Society responses to COVID-19 are supported through the IFRC global appeal, which is facilitating and supporting them to maintain critical service provision while adapting to COVID-19. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed, 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 staff as well as international staff. For more information please consult the Covid-19 operation page on the IFRC Go platform.

Republic of Congo (RoC)

1. SECURITY

Target areas of the operation are not conflict zones, nonetheless, volunteers will be briefed on Safer Access and the Code of conduct. Target zones have access by waterway and by air, thus the need to rent means of transport that meet the natural requirements, an example being motorized canoes. 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.

2. COVID-19

The current preparedness operation and its operational strategy consider 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 pandemic.

Uganda:

The following are related to the risk assessment for the response in Uganda:

1) Volunteer protection:

URCS has a duty of care towards volunteers who will be involved in high-risk activities and/or areas of operation, including Points of Entry (PoE) screening and SDB. The risk for EVD infection of staff and volunteers is being mitigated through MoH, WHO and Red Cross orientations and trainings on screening and Infection Prevention and Control (IPC) as well as through the procurement of appropriate protective gears (PPEs). However, all volunteers do have gaps in knowledge and procedures in IPC as well as in the usage of PPE, which brings a substantial risk of infection and therefore there is a need of strengthening IPC/PPE knowledge of volunteers in the field.

To mitigate the risk among URCS volunteers, the IFRC Operations Manager will conduct routine orientation sessions for volunteers at PoEs. SDB drills and simulations will also reinforce skills and improve safety, specifically for the SDB teams. All volunteers are insured and, URCS will constantly keep volunteers informed on EVD vaccination campaigns organized by MoH and will facilitate their participation in case of interest. To cope with stress as results of resistance of community members to EVD messages and efforts of preventing discriminatory actions towards DRC communities. all volunteers will participate in 1 PSS session/district, led by URCS PSS officer.

2) Increase in refugee influx:

The influx from DRC might further increase due to ongoing instability in the neighbouring districts in DRC and fear of Ebola in DRC. The Office of the Prime Minister (OPM) for refugees, UNHCR and Ministry of Lands have already identified new locations in Isingiro District to settle refugees when Kyaka II refugee settlement's capacity is exhausted. Additional refugees arriving from North Kivu, increased population movement exposes Uganda to a higher risk of EVD importation. The risk is being mitigated through the engagement of OPM and UNHCR who coordinate screening activities in transit and reception centres for all newly arriving refugees.

3) Increase/escalation of tensions/violence:

There is a potential risk that tensions/violence between Ugandan host communities and refugees increase and/or escalate. Given the EVD outbreak and deaths in Uganda, the local communities may become hostile to Congolese due to fear of further cases/infection. Tensions may also occur at points of entry particularly the unofficial points with people resisting the screening exercise.

4) The spread of rumours on Ebola affecting URCS' access and security:

Rumours continue to be present in communities. This risk is being mitigated through the community sensitization activities supported through this response plan, rumours are tracked and followed up and communities are informed on Ebola symptoms, prevention and treatment.

Burundi:

The following are related to the risk assessment for the response in Burundi:

1) COVID-19 outbreak affects the ability of the NS to implement EVD preparedness activities
   - BRCS continues to participate as a member of the National Ebola Task Force which has now become Task Force Ebola and Covid-19
   - BRCS has been working on a national 72-hours containment and response plan for Covid-19, which has not yet been officially validated and shared with partners.
   - BRCS Task Force has developed a plan for preparation and response to Covid-19 with immediate implementation, the detailed plan is being finalized.

2) Political instability - related to elections in 2020
   - The NS worked on an Election Preparedness response plan – funded by movement partners
   - Currently, the EVD activities have not been affected by the elections

3) Sexual exploitation and abuse by DRC RC, IFRC or ICRC staff and volunteers
   - The IFRC Protection, Gender & Inclusion unit is working with the BRCS Gender and Inclusion Focal point to implement the planned actions towards operationalization of the PSEA policy
   - The plans have however been affected by the COVID-19 outbreak in Kenya which caused a delay in planned workshops as Burundi is not allowing travel for people from countries with confirmed COVID-19 cases

4) Delays in recruitment & deployment of technical support to BRCS
   - The EVD Preparedness delegate has been recruited and started work in January 2020. The delegate is based in Bujumbura sitting with the NS and participates in interagency meetings on EVD preparedness

South Sudan:

The following are related to the risk assessment for the response in South Sudan:

1. Volunteer protection:

   SSRC has a duty of care towards volunteers who will be involved in high-risk activities and/or areas of operation, including Points of Entry (PoE) screening at Nimule, SDB and risk communication on COVID-19. The risk for EVD and COVID-19 infection of staff and volunteers is being mitigated through internal measures taken by the SSRC. The measures are tailored to the ones given by the South Sudan Government. It includes Social distancing, avoid organizing events such as workshop, conference, availability of PPE to volunteers and staff working in high-risk environment and finally wearing of face mask in public places or office premises.

2. Increase/escalation of tensions/violence:

   It is important to note that the country has formed a Transitional Government of National Unity. The risk of resumption of fighting is moderate. The following Risks which are not directly related to the conflict remain relevant to RCRC operations in South Sudan. The dwindling economic situation with the declining value of the South Sudanese pound (SSP) and the rising cost of living has led to the risk of criminality to continue to increase across the country and in big urban cities like Juba. Cattle rustling is also a major risk that could impact RCRC movements and presence in South Sudan especially in areas inhabited by pastoralist communities. In Equatoria region, central, there is the risk of occasional fighting between government and opposition groups present in certain locations.

   Regular Risk Assessments are being conducted by ICRC, who is taking the lead in terms of RCRC security management whereby mitigation measures are implemented, and security advisories are being provided to the respective RCRC partners operating in the said areas. It is worth to mention that all field movements involving RCRC are notified to the respective parties and are only allowed following the receipt of reliable security guarantees.

   To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures are adopted. This includes situation monitoring and implementation of minimum-security requirements. 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). Related to safer access concern, one of the main benefits of the SSRC is the nationwide recognition of the National Society. This has rendered ease and facilitation with community heads, leaders and most importantly the community themselves. The South Sudan Red Cross is well accepted by the community and trusted.

3. COVID-19 outbreak:
   In South Sudan, the COVID-19 outbreak has shifted focus on the risk communication messaging by the government from EVD to COVID-19. The National Steering Committee on EVD was transformed to be the same one in charge of COVID-19 response. As such, South Sudan RC has also shifted risk communication to COVID-19 to be in line with government efforts.

Rwanda:
The following are the risks related to the operation in Rwanda.

1. Accessibility
   Some of the districts along the borders are not easily accessible due to poor road infrastructure and the hilly topography. In addition, the rainy season that has been ongoing since April has led to floods and landslides which has affected the Western districts and cut off road links, making access more difficult.

2. Refugee influx

   The political situation in neighboring countries of DRC and Burundi may lead to an influx of refugees in the border districts. In addition, Rwandan detainees who have been held in Ugandan detention centres are being released following talks between the two governments. The detainees are being transported through the road border posts. This population movement from neighboring countries also comes with the risk of COVID-19 transmission.

3. COVID-19 outbreak
   In Rwanda, the COVID-19 outbreak has shifted focus on the risk communication messaging by the government from EVD to COVID-19. The National coordination committee on EVD was transformed to be the same one in charge of COVID-19 response. As such, Rwanda RC has also shifted risk communication to COVID-19 to be in line with government efforts.

B. OPERATIONAL STRATEGY

Proposed strategy

The vision is to support a community-led response by the National Societies across DRC, Uganda, Rwanda, Burundi and South Sudan with support of the Movement to end the EVD outbreak while also supporting the National Societies to be better prepared to respond to future epidemics (including EVD+ which includes COVID-19 response measures) with more autonomy. Given the 11th EVD outbreak in Équateur Province in DRC, the other two neighbouring countries (The Central African Republic and the Republic of Congo)'s preparedness measures and readiness to recompense capabilities will also be augmented.

The Movement's community-led vision for the operation was designed considering key elements such as the security context, epidemic trends, analysis of available data internally and externally, and shifts in the 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 focusing on the five key pillars: SDB, RCCE, PSS, IPC and National Society Development.

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 the fifth revision of the OIA, the focus was on strengthening community health systems, with priority given to response interventions, while transitioning to community-centred recovery activities led by **DRC RC Homologues**, based on community health and linkages 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 continue to engaging with local structures and adjust interventions over time together with communities, 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 can shape and play their part in local interventions, have access to relevant and useful information, their questions are answered, and messaging is tailored to their current beliefs and concerns.

Security Constraints and Other Risks

The response to DRC's 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. However, safety and security training for volunteers will continue to be prioritised to mitigate the negative impacts within our operational areas.

Additionally, the risk of spread to neighbouring countries and new health zones/provinces in DRC remains, so long as there is an 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 were temporarily suspended or greatly during late November 2019, until mid-January. To date, **more than 1,500 volunteers and staff have been activated for this emergency operation and all is done to ensure their safety**.

Protection, Gender and Inclusion

The IFRC as a principles-based and values-driven organization is inclusive of and engages with all members of society, with a priority for those most marginalized. It seeks to protect human dignity and promotes a culture of non-violence and peace. While responding to the Ebola Crisis, IFRC ensures dignity, access, participation, and safety of communities in all responses. IFRC utilizes gender and diversity inclusive tools and guidance such as Minimum standards for PGI in emergencies, the IFRC Strategic Framework on Gender and Diversity issues, the Child Protection Action Plan and the Movement-wide Strategic Framework on Disability Inclusion. To ensure responses seek to meet the IFRC Minimum standards on protection, gender, and inclusion in emergencies in the EDV response, IFRC undertakes the following practical measures:

- Gender-balanced teams in volunteer mobilization
- Collect, utilize and disseminate sex- and age-disaggregated data
- All assessments include gender and diversity questions and analysis
- Gender and diversity concerns are considered in design, planning, implementation, monitoring and evaluation, ensuring participation of women and girls, persons with disabilities and other vulnerable groups through community engagement approaches.
- During community consultations and awareness sessions, special effort is made to ensure women, youth and people with disabilities are also included and feel comfortable to share their concerns and feedback
- The activity is implemented considering “do no harm” principles and a survivor centred approach
- The protection activities endeavour to prevent family separation and are built-in community mobilisation and support – with opportunities for women’s equal participation – to counter Ebola survivors stigmatisation and to assist in their integration into their communities. Close attention is also paid to the protection needs of children, women and girls in Ebola-affected communities, building on the strengths and capacities of existing women’s and girls’ groups.
- A Prevention and Response to Sexual Exploitation and Abuse (PSEA) focal point has been appointed and the Code of Conduct has been translated into Swahili and is being distributed to volunteers.
- Trainings conducted on IFRC Code of Conduct and Prevention of Sexual Exploitation and Abuse for delegates and staff in Goma by the HR
- Briefings on Code of Conduct and Prevention of Sexual Exploitation and Abuse conducted to staff and volunteers in different EVD trainings to staff and volunteers throughout the response
- Through the GBV cluster in Goma, volunteers, focal points, supervisors and PSS staff trained on prevention and response to sexual and gender-based violence, prevention of sexual exploitation and abuse and the referral pathways.

- IFRC conducted a webinar with DRC RC and Burundi RC staff on prevention of sexual exploitation and abuse. The workshop was online due to COVID-19 pandemic.
- IFRC has developed different PGI guidance notes on COVID-19 to ensure the different response actions take into consideration the different community needs and vulnerabilities ensuring dignity, access, participation and safety in all COVID-19 responses. The guidance notes include:
- PGI Technical guidance note for IFRC and National society staff and volunteers especially health and PGI focal points to ensure the teams are aware of the different issues that threaten people's dignity, access, participation and safety and actions to take to address the threats
- The basic PGI guidance notes for all IFRC and NS staff and volunteers that provide key messages to ensure dignity, access, participation and safety in COVID-19 response.
- Guidance note for RCRC staff and volunteers working with older people during the COVID-19 response
- Guidance note on prevention and response to sexual and gender-based violence in COVID-19

The ICRC continues its traditional activities around the armed conflict. It monitors the conduct of hostilities and the behaviour of the armed groups that could affect the Ebola responders (Health Care in Danger). Linked to other detainee's population support activities: ICRC provides access to water, improvement of hygiene conditions, increase in cooking capacity and improvement of sanitation priority intervention of the Water and Habitat strategy. The following activities were or are being achieved:

- In Beni Prison, police and FARDC (camps and prison cells): IPC sensitisation and washing works + hygiene material donations and prison food
- In Butembo prison, police and FARDC: IPC sensitisation and washing works + hygiene equipment donations
- In Bunia Prison, police and FARDC: IPC awareness and washing works + donations of hygiene equipment
- ICRC is equally providing food assistance to the detainees in the prisons of Beni and Butembo

Regional Preparedness

Overall Operational Objective

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

The Appeal operation focuses on five key pillars around which the EVD+ intervention is organized:

1. Risk Communication and Community Engagement (RCCE)
2. Infection prevention and control (IPC),
3. Safe and Dignified Burials (SDB)
4. Psychosocial support (PSS)
5. Community surveillance and contact tracing
6. National Society capacity strengthening

Burundi

The preparedness operation will enable the continuation of the following activities:

- Provision of comprehensive training to SDB teams (including refresher trainings) – with new training of 80 staff and volunteers
- Procurement and pre-positioning of personal protective equipment (PPE) kits for volunteers involved in activities
- Training of staff and volunteers in RCCE, and subsequent carrying out of RCCE and community awareness sessions in schools and communities, including targeting community leaders now including COVID-19
- Training and equipping of volunteers and staff in contact tracing and community surveillance
- Training staff and volunteers in PSS
- Training of staff and volunteers in mobile data collection
- Security Training for NS staff and volunteers

SDB materials will be pre-positioned in strategic locations as well as some stocks being retained in the National Warehouse ready to be deployed.

Rwanda

RRCS decided to prioritize training of national frontline teams in SDB. There are two categories of SDB burial teams:

A. Frontline SDB teams

These teams will be re-trained and equipped and provided with a regular drill/simulation schedule. They will be "ready to go" with short (hours) notice. They will also be qualified as trainers for the reserve teams. Each team is composed of trained volunteers from each of the target districts.

B. Reserve SDB teams

These teams will be "dormant" in each of the most at-risk districts. They can be mobilized in case the outbreak affects their district. The reserve teams will be ready to operate after a refresher training provided by the "frontline" teams. The volunteers from these teams will participate in risk communication activities during preparedness phase. Each team is made up of 10 trained SDB volunteers and 5 PSS volunteers.

The frontline teams will work together with the Rapid Response Team in the affected districts, should an outbreak of any infectious disease occur.

In addition, there will be two more priority activities:

- Provision and strategic prepositioning of additional equipment for emergency response, securing temporary bases and planning permanent bases.
- Continuation of risk communication and community engagement activities as appropriate during social distancing due to COVID-19, as behaviour change is a time-based process.

RRCS will conduct activities in 210 sectors across the 15 districts which are considered at greatest risk for the outbreak.

South Sudan

The aim is to strengthen the SSRC EVD preparedness, response structure and mechanisms at all levels (HQ and branch levels) for timely and effective implementation of risk mitigation, detection and response measures in the event of suspected Ebola cases in the four main target areas (Nimule, Yei, Yambio and Maridi), and to expand the coverage to eight areas in the same geographical locations including, Morobo, Nzara, Nabiapai, and Bazin. Activities focus on the following preparedness readiness activities to complement other actors' actions to date:

- Additional training of 180 volunteers to expand the social mobilization, risk communication and community engagement in 4 new locations within the operational areas.
- Training of 40 new volunteers on community-based surveillance and contact tracing. This has been bundled up with RCSMCE and carried out simultaneously in the target areas. The SSRC trained volunteers network are seen by CDC/UNICEF as added value for CBS and CT in the target communities.
- Training of additional 104 SDB volunteers to scale up the number of SDB teams from 6 to 18 in line with the MoH/WHO South Sudan updated National EVD Preparedness Plan
- Establish feedback mechanisms to understand community perceptions of and beliefs in relation to Ebola and training for community volunteers on how they can engage with communities (CEA) around Ebola.
- Develop key messages and approaches on EVD, such as addressing the myths and rumours around Ebola for acceptance by the communities
- Engage and work closely with community and opinion leaders, including religious leaders, traditional healers, women's groups, youth, etc.
- Establish a feedback system for tracking, analysing and responding to community rumours, perception of SSRC intervention in delivering key EVD messages – this is a big issue for Ebola and can impact the effectiveness of social mobilization and overall Ebola response.
- Training of trainers of SSRC Staff and NDRT on safe and dignified burials and maintaining the skills of staff and volunteers through regular drills and simulations; to transfer skills, knowledge and empower SSRC to take on the SDB training and preparedness activities with less external or with remote technical support.
- Simulation exercises on EVD activities, especially on SDB and PSS with staff and volunteers
- Training of SSRC SDB volunteers on handling of unidentified EVD deceased linked to ICRC missing persons file and develop or amend the SDB SoPs/manual to guide SSRC SDB activities.
- Use of innovative approaches to social mobilization, using radio talk shows, jingles and mobile announcement in public places and house to house visits.
- Training and equipment of staff and volunteers on mobile data collection for community feedback and reporting.

- Procurement and prepositioning of more PPEs; procurement and distribution of visibility materials for volunteers; production of key messages on prevention on leaflets, posters, and other items as per the Movement Communication SOPs.
- Ensure that all SSRC frontline (SDB) volunteers are vaccinated.
- Conducted a master training of trainers/supervisors (EVD Field Officers and volunteer team leads) in cascading down the CBS trainings and activities to the priority areas in coordination with the CBS working group & partners.
- The SSRC rolled out a mini- KAP survey to monitor the impact of the RCSMCE activities on the communities with regards to EVD prevention and protection and knowledge of Safe and Dignified Burials, acting as community-based opinion polls rather which could further be used to tailor EVD key messaging and dissemination.
- SSRC continued EVD RCSMCE to assure community awareness is maximized and encourage community participation
- Progress monitoring and regular supportive supervision of activity implementation have been carried out throughout the year

Uganda

The aim is to strengthen the existing URCS EVD response structures and mechanisms to implement timely and effective risk mitigation, detection and response measures in the event of suspected and confirmed EVD cases, including community preparedness in Kasese, Kabarole, Bunjangabo, Ntoroko, Kisoro, Kanungu, Bundibugyo districts in Uganda.

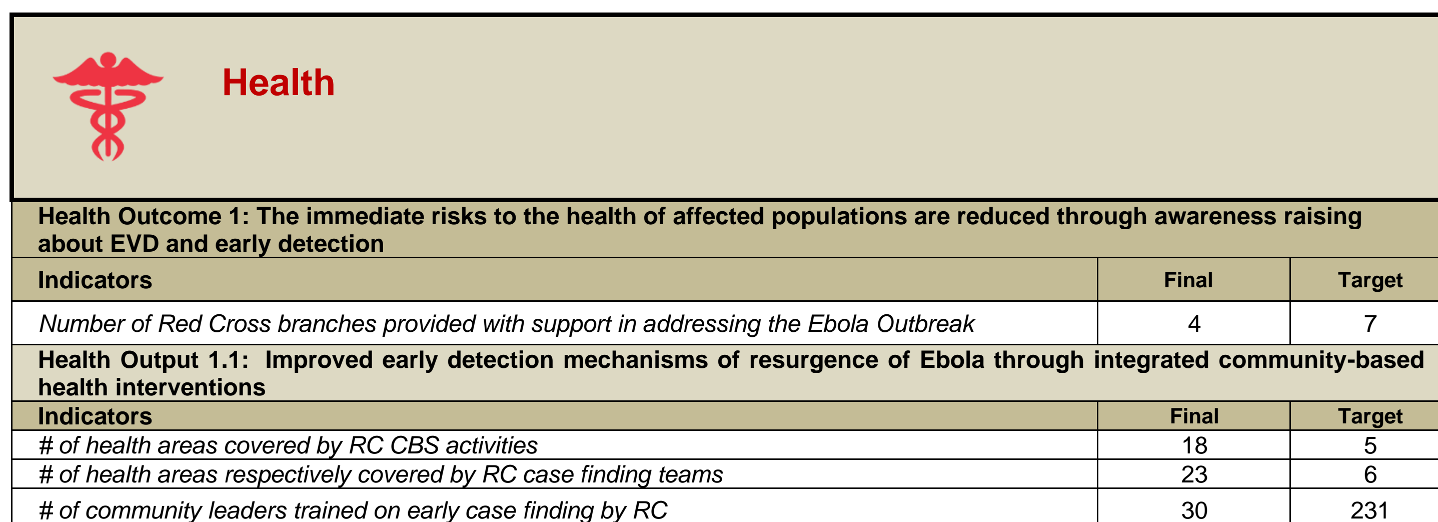
The objective of the URCS response is aligned to the following objectives of the National EVD Response Plan of Uganda:
- Objective 1: Mobilize partners and resources for effective EVD response and enhanced preparedness in high-risk districts
- Objective 3: Raise public awareness on the threat of EVD and galvanize community support for prevention and early treatment seeking.
- Objective 4: Enhance capacity for appropriate EVD case management, safe and dignified burials and psychosocial support in outbreak and high-risk districts.

These priority activities are fully aligned with IFRC regional EVD strategic plan. IFRC/URCS activities strictly follow WHO regulations and standards for preventing and controlling the spread of Ebola virus.

Given the 11th EVD outbreak, IFRC Africa Regional office is increasing its coordinated preparedness and response efforts in two new countries (Central African Republic and the Republic of Congo). Preparedness measures are being augmented by mobilizing IFRC's Disaster Relief Emergency Fund (DREF).

C. DETAILED OPERATIONAL PLAN

Progress outcomes for the 9th outbreak (Equateur)

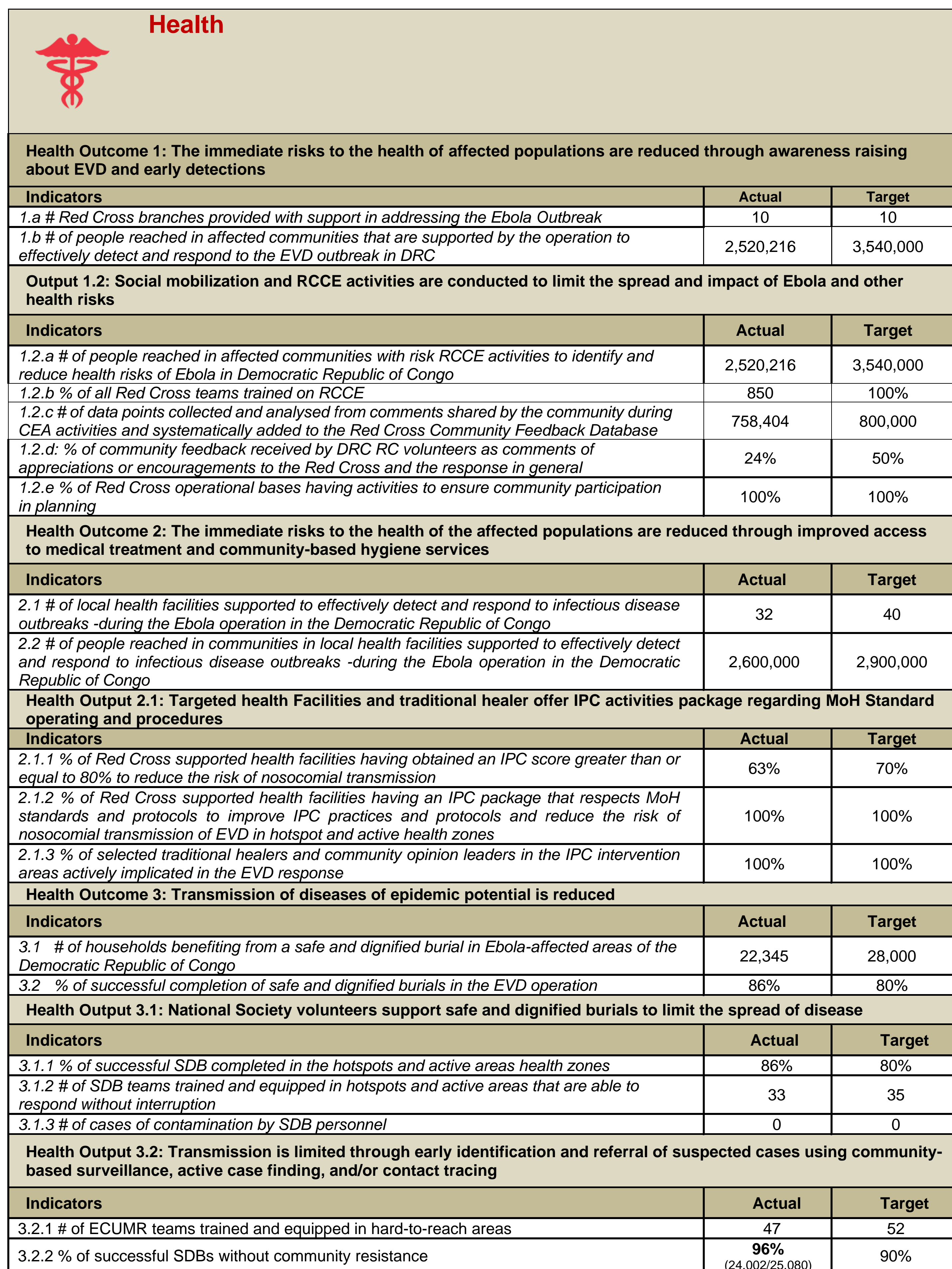


Health

Health Outcome 1: The immediate risks to the health of affected populations are reduced through awareness raising about EVD and early detection		
Indicators	**Final**	**Target**
Number of Red Cross branches provided with support in addressing the Ebola Outbreak	4	7
Health Output 1.1: Improved early detection mechanisms of resurgence of Ebola through integrated community-based health interventions		
Indicators	**Final**	**Target**
# of health areas covered by RC CBS activities	18	5
# of health areas respectively covered by RC case finding teams	23	6
# of community leaders trained on early case finding by RC	30	231

# volunteers trained on Ebola early case finding procedure	322	140
% of people reached by active case finding that belong to minorities and/or vulnerable groups	35%	65%
# of radio messages promoting active case finding behaviour change & use of Hotline	18	N/A
Health Output 1.2: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola		
Indicators	**Final**	**Target**
# people OR % target population reached with community engagement activities	266,490	N/A
% of SDB volunteers trained on CEA	100%	100%
# of Ebola survivors and SDB families involved in our campaigns	324	324
% of questions raised on SDB during radio program out of the total questions raised	N/A	N/A
# OR % of staff and volunteers trained on community engagement approach	300	850
# of system/protocols in place to collect, analyse, verify and respond to community feedback received	3	5
Health Output 1.3: Identify and prepare communities to respond to the outbreak in potentially high-risk areas of the country		
Indicators	**Final**	**Target**
# of new volunteers trained	N/A	N/A
# of people reached by community engagement activities	266,490	N/A
Health Outcome 2: Targeted health facilities with improved IPC practices and protocols to reduce infection of EVD		
Indicators	**Final**	**Target**
Number of health facilities provided with RC support to improve IPC practices and protocols:	13	50
Health Output 2.1: IPC activities conducted in 50 targeted health facilities in affected zone or at-risk zone in Mbandaka, North Kivu and Ituri (20)		
Indicators	**Final**	**Target**
# of local health facilities supported by IFRC and ICRC	13	18
# of assessments conducted based on IFRC standards	1	1
# of health facilities triage established	13	18
# of people IPC in detention sites carried by the ICRC	1	1
Health Output 2.2 The targeted health facility staff have better capacity to provide safe patient care during EVD outbreak including triage, early detection of cases and early management		
Indicators	**Final**	**Target**
# of volunteers and health practitioners trained in epidemic control	950	1000
Health Outcome 3: PSS. The psychosocial effect of the epidemic is reduced through direct support for SDB volunteers and communities affected.		
Indicators	**Final**	**Target**
Number of people reached by psychosocial support	9,208	TBD
Health Output 3.1: Preserving or restoring the psychosocial well-being of SDB volunteers directly or indirectly affected by the EVD		
Indicators	**Final**	**Target**
# of group sessions conducted to reduce stress and anxiety for SDB team	60	60
# of volunteers trained for PFA	108	108
WASH Outcome 1: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions		
Indicators	**Final**	**Target**
Number of contaminated houses/areas disinfected	70	N/A
Percentage of Safe and dignified burials carried out by an IFRC trained and equipped team out of the total number of SDB	64%	100%
WASH Output 1.1: The affected population is assisted through safe and dignified burial and decontamination activities		
Indicators	**Final**	**Target**
# of implemented SDB	36	120
# of volunteers trained in infection prevention and control as well as in SDB	920	180
WASH Output 1.2: Other areas (potential Haemorrhagic fever affected) are well prepared (contingency) for SDB activities		
Indicators	**Final**	**Target**
# of SDB teams trained in area at risk	8	N/A
# of SDB starter kit preposition in at risk area	8	N/A

Progress outcomes for the 10th outbreak (North Kivu, South Kivu and Ituri)



Health

Health Outcome 1: The immediate risks to the health of affected populations are reduced through awareness raising about EVD and early detections		
Indicators	**Actual**	**Target**
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	10	10
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	2,520,216	3,540,000
Output 1.2: Social mobilization and RCCE activities are conducted to limit the spread and impact of Ebola and other health risks		
Indicators	**Actual**	**Target**
1.2.a # of people reached in affected communities with risk RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	2,520,216	3,540,000
1.2.b % of all Red Cross teams trained on RCCE	850	100%
1.2.c # of data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	758,404	800,000
1.2.d: % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	24%	50%
1.2.e % of Red Cross operational bases having activities to ensure community participation in planning	100%	100%
Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment and community-based hygiene services		
Indicators	**Actual**	**Target**
2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	32	40
2.2 # of people reached in communities in local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	2,600,000	2,900,000
Health Output 2.1: Targeted health Facilities and traditional healer offer IPC activities package regarding MoH Standard operating and procedures		
Indicators	**Actual**	**Target**
2.1.1 % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	63%	70%
2.1.2 % of Red Cross supported health facilities having an IPC package that respects MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD in hotspot and active health zones	100%	100%
2.1.3 % of selected traditional healers and community opinion leaders in the IPC intervention areas actively implicated in the EVD response	100%	100%
Health Outcome 3: Transmission of diseases of epidemic potential is reduced		
Indicators	**Actual**	**Target**
3.1 # of households benefiting from a safe and dignified burial in Ebola-affected areas of the Democratic Republic of Congo	22,345	28,000
3.2 % of successful completion of safe and dignified burials in the EVD operation	86%	80%
Health Output 3.1: National Society volunteers support safe and dignified burials to limit the spread of disease		
Indicators	**Actual**	**Target**
3.1.1 % of successful SDB completed in the hotspots and active areas health zones	86%	80%
3.1.2 # of SDB teams trained and equipped in hotspots and active areas that are able to respond without interruption	33	35
3.1.3 # of cases of contamination by SDB personnel	0	0
Health Output 3.2: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		
Indicators	**Actual**	**Target**
3.2.1 # of ECUMR teams trained and equipped in hard-to-reach areas	47	52
3.2.2 % of successful SDBs without community resistance	**96%** (24,002/25,080)	90%

3.2.3 % of at risk EVD health zones well prepared for the successful implementation of safe and dignified burials	80%	75%
3.2.4 % of rapid SDB interventions successfully completed in the at-risk health zones	86%	80%
3.2.5 # of rapid SDB intervention teams covering at risk zones in North Kivu and Ituri	47	52
Health Outcome 4: The psychosocial impacts of the emergency are lessened		
Indicators	**Actual**	**Target**
4.1 # of participations in psychosocial support activities during the Ebola operation in the Democratic Republic of Congo	30,163	43,000
Health Output 4.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	**Actual**	**Target**
4.1.1 # of DRC RC bases involved in the EVD response supported by psychosocial support activities	7	8
4.1.2 # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	4,387	5,000
4.1.3 # of volunteers involved in EVD response activities with improved capacities to manage their psychosocial well-being	747	1,000
4.1.4 # of trained volunteers implementing quality PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	50	42
4.1.5 # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	0	8
Health Outcome 5: Contribute towards preventing the spread of Ebola in South Kivu, Tshopo, Maniema and Haut Uélé provinces through social mobilization, risk communication and community-based surveillance activities		
Health Output 5.1: Conduct Ebola preparedness activities in South Kivu, Tshopo and Haut Uélé provinces through social mobilization, risk communication and community-based surveillance activities		
Indicators	**Actual**	**Target**
5.1.1 # of volunteers per health zone receiving basic integrated training on CEA, IPC, SDB, CBS and PSS	24	30
5.1.2 # of master trainers actives and transferring knowledge to volunteers in targeted provinces	329	523
Health Output 5.2: Contribute towards preventing the spread of Ebola in South Kivu, Tshopo, Maniema and Haut Uélé provinces through social mobilization, risk communication and community-based surveillance activities		
Indicators	**Actual**	**Target**
5.2.1 # of people reached targeted communities with risk communication and community engagement activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	378,665	**TBD**
5.2.2 # of information functional kiosks set up	4	15
5.2.3 # of hand washing stations set up	N/A	TBD
5.2.4 # hygiene promotion sessions delivered	N/A	TBD

Protection, Gender and Inclusion

PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.		
PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.		
Indicators	**Actual**	**Target**
P.1.1 % of volunteers trained on the respect of gender and others diversity factors and the minimum Standard commitment.	N/A	100%
P.1.2 # of people reached with the awareness raising on preventing and responding to SGBV in all community outreach activities	N/A	TBD

Strategies for implementation (SFI)		
SFI1: Strengthen National Society		
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, competencies and capacities to plan and perform		
S.1.1.2 NS have assessed their capacity at HQ and branch level and identified areas for organizational improvement.		
Indicators	**Actual**	**Target**
# of volunteers involved in the operation who are motivated and protected		TBD
S1.1.4 National Societies have effective and motivated volunteers who are protected.		
Indicators	**Actual**	**Target**
# of volunteers engaged with DRC National Society	2,222	TBD
S.1.1.6 National Societies have the necessary corporate infrastructure and systems in place		
S.1.1.7 NS capacity to support community-based disaster epidemic response and preparedness is strengthened.		
Indicators	**Actual**	**Target**
S.1.1.7.1: # of teams trained and equipped as Epidemic Rapid Response Teams	8	TBD
S.1.1.7.2: % of branches in targeted provinces that obtain a level 2 or above in the EVD preparedness checklist	N/A	100%
S.1.1.7.3: # DRC RC Epidemic Preparedness plan and SOPs at the province level	1	1
S.1.1.7.4 # of DRC RC managers trained in inventory management	N/A	5
S.1.1.7.5: # of simulations conducted for RRTs per month (at the end of the project)	N/A	N/A
SFI 2: Effective and coordinated international disaster response is ensured		
S.2.1 Effective and coordinated international disaster response is ensured		
S.2.1.1 Effective and respected surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
Number of surge staff deployed to support the operation	1	10
S.2.2 The complementarity and strengths of the Movement are enhanced		
S.2.2.1 IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	**Actual**	**Target**
# of Movement meetings (tripartite meetings at provincial and national level, movement meetings at national level)	N/A	5
SFI 4: Ensure a Strong IFRC that is accountable		
S.4.1 The IFRC enhances its effectiveness, credibility and accountability		
S.4.1.2 IFRC staff shows good level of engagement and performance		
Indicators	**Actual**	**Target**
% of average monthly expenses processed in field bases	N/A	N/A
S.4.1.3 Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		
S.4.1.4 Staff security is prioritised in all IFRC activities		
Indicators	**Actual**	**Target**
% of IFRC staff participating in security briefings	100%	100%

South Sudan

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of awareness sessions carried out	200	192
# number of people sensitised on EVD	455,000	360,800
# of community leaders sensitized	300	300
# of radio shows on EVD conducted	18	180
# of households reached through door to door sessions	28,000	28,000
# of SSRC/IFRC staff trained on safety and security	15	15
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	**Actual**	**Target**
# of SSRC Staff and NDRT trained as TOT	16	15
# of additional volunteers trained on SDB (additional 12 teams, 8 volunteers / team to trained and setup)	97	96
# of SDB refresher training, drills and simulations carried out	60	75
# of drills carried out by 5 SDB teams	60	90
# of bicycles procured and deployed to the 4 target areas (40 procured but only 10 has been deplo	40	50

# of new locations with materials and equipment for disinfection	5	3
# of vehicles deployed	8	7
# of vehicles prearranged for SDB	4	3
# of SDB bases established and ready for operation (Bases identified, but yet to be ready in Yambio and Maridi. SBD materials prepositioned)	3	5
# of NTF, TWG and MTF Coordination meeting held	17	36
# of people reached on Key Messages on EVD	455,776	160,000
# of SSRC volunteers trained on CBS and equipped	0	120
# of SSRC volunteers in the community providing surveillance services	0	100
# of communities and target locations with CBS materials	0	11
% of alerts reported and responded with follow up	0	90%
# of Supervisors trained on CBS	20	20
# of Community Key Informer (CKI) oriented	0	800
% of Alerts detected, recorded and reported	0	100%
% of Zero alerts reported	0	80%
# of monitoring visits conducted in all locations	0	60
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**
# of volunteers trained in psychosocial support	190	180
Outcome 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		
Indicators	**Actual**	**Target**
# of volunteers insured	400	360
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# reviews done on NS epidemic contingency/preparedness	In progress	1
# of staff recruited/contracted and actively supporting EVD preparedness operation at HQ and branch levels	14	14
SSRC EVD Contingency plan developed and used	1	1
EVD PMER tools and system fully functional and supporting the operation	1	1
# of local review/assessment of the EVD Preparedness operation	1	2
# of EVD SMRCCE impact KAP Survey conducted in the 4 locations (Yei, Maridi, Yambio and Nimule)	In progress	2
# of supportive supervision/monitoring visits provided by SSRC HQ relevant sectorial heads for the EVD preparedness operation	6	12
# of EVD related reports produced and shared with relevant stakeholders (weekly, monthly & Quarterly)	18	24
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of missions conducted by IFRC staff	6	6

Burundi

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of community leader trainings conducted	120	12
# number of people sensitised on EVD	305,325	272,343
# of awareness sessions carried out in schools	84	84
# of cultural shows disseminating EVD messages	4	30
# of radio shows on EVD conducted	24	24
# of volunteers refreshed on CEA	117	117
# of volunteers trained on CEA	120	120
# of households reached through door to door sessions	16,060	10,000
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	**Actual**	**Target**
# of drills carried out by 6 SDB teams	54	50
# of SDB refresher trainings carried out	7	12
# of SDB replenishment kits procured	6	10
# of SDB starter kits procured	40	10
# of SDB training kits procured	8	6
# of bicycles procured	60	60
# of staff and volunteers trained	368	320
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**
# of staff and volunteers trained in PSS	90	120
# of PSS sessions provided	1	N/A
Outcome 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		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators	Actual	Target
# of volunteers insured	298	320
# of security trained staff and volunteers	20	20
Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# reviews done on NS epidemic contingency/preparedness	1	1
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of missions conducted by IFRC staff	4	6

Rwanda

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of people reached with community-based epidemic prevention and control activities	3,764,113	5,000,000
# of mobile cinema sessions conducted	305	290
# of volunteers refreshed on CEA	0	300
# of teams that receive CEA branch level training	0	15
Health Output 4.3: National Society volunteers support safe and dignified burials to limit the spread of disease		

Indicators	Actual	Target
# of trained frontline SDB teams that are ready to deploy	2	2
# of trained reserve SDB teams that are ready to deploy	11	15
# of simulation exercises conducted (attended)	3	N/A
Health Output 1.5: Psychosocial support provided to the target population		
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	**Actual**	**Target**
# of volunteers trained in psychosocial support	55	75
Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		
# of volunteer teams trained in contact tracing	11	15
Health Outcome 7: National Society has increased capacity to manage and respond to health risks		
Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services		
# of branches with trained rapid response teams for health emergencies	11	15
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		
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# of NS contingency and preparedness plans updated	1	1
# of RCCE orientation sessions conducted	31	30
Outcome S2.1: Effective and coordinated international disaster response is ensured		
# of districts with trained rapid response teams for health emergencies	11	15
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of trained frontline SDB teams that are ready to deploy	2	2
# of trained reserve SDB teams that are ready to deploy	11	15
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at loc national and international levels that affect the most vulnerable.		
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators	**Actual**	**Target**
# of evaluation and lessons learned reviews conducted	1	2

Uganda

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	**Actual**	**Target**
# of people reached by NS with services to reduce relevant health risk factors	10,364,054	7,068,060
# of volunteers conducting risk communication, social mobilization activities in 7 districts for 3 mo	360	360
# of CEA mechanisms established	2	2
# of HH reached with EVD messages on prevention, identification and referral though risk commu activities (188.724 HH//month x 3 months)	368,725	566,171
# of people reached with EVD messages on prevention, identification and referral though risk communication activities (1,321,066 people/month x 3 months)	1,442,795	3,000,000
# of community/group meetings held on EVD prevention, identification and referral (2,620 community groups/months x 3 months)	14,647	5,000
# of people taking part in community/group meetings held on EVD prevention, identification and referral (142.221 people/month x 6 months)	1,067,178	853,326
# of people reached with EVD prevention messages through mobile cinema sessions (150 people/sessions x 105 sessions); 4,400 people reached with EVD prevention messages through drama sessions, target: (100 people/session x 44 sessions).	16,075	42,000
# of mobile cinema sessions conducted	133	210
# of volunteers trained on surveillance and contact tracing	420	420
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	**Actual**	**Target**
# of SDB trainings from health partners supported by URCS facilitators	26	13

	Actual	Target
# of volunteers conducting screening activities at 28 PoE for 3 months	196	334
# of people screened at PoE crossing the border for trade, family, religious, health and education reasons in 3 months (946.662 people/month);	10,346,054	7,200,000
# of people crossing the border to seek refuge in 3 months, (89 people/day)	N/A	N/A
# of SDB drills conducted by 3 SDB teams,	9	30
# of SDB simulations conducted by 3 SDB teams	6	15
# of joint MoH and URCS quality control missions on SDB simulations conducted	6	5
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	**Actual**	**Target**
# of volunteers providing PSS in 7 districts for 3 months	360	30
# of discharge kits procured	10	50
Outcome 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		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators	**Actual**	**Target**
# of National Society contingency and preparedness plan adopted, including SDB SOPs	1	1
# of volunteers insured	273	420
# of people which have received PSS	360	586
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators	**Actual**	**Target**
# of monitoring missions conducted by IFRC staff	20	5
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	**Actual**	**Target**
# of NDRTs deployed	2	3
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators	**Actual**	**Target**
# of emergency procurement procedures reviewed	In progress	1
# of motor-vehicles deployed to the field to support the operation	4	4
# of URCS logistic support staff fully dedicated to the operation	2	1
Output S1.1.7: URCS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	**Actual**	**Target**
# reviews done on URCS epidemic contingency/preparedness	4	2
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	**Actual**	**Target**
# of Movement in-country coordination meetings	3	3
# of Lessons learnt workshops conducted	2	1

D. FINANCIAL REPORT

The overall amount allocated for this operation remains 61 million CHF as indicated in the EPoA revision 4 budget. The table below summarizes the expenditure per Area of Focus and Strategy for Implementation.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/1-2020/4	Operation	MDRCD026
Budget Timeframe	*	Budget	APPROVED

Prepared on 19 Jun 2020

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 31 Dec 2020; appeal launch date: 21 May 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	42,225,000
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strenghten National Societies	2,000,000
SFI2 - Effective international disaster management	12,200,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	4,575,000
Total Funding Requirements	**61,000,000**
Donor Response* as per 19 Jun 2020	**42,845,403**
Appeal Coverage	**70.24%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	-11	4,591	-4,602
AOF3 - Livelihoods and basic needs	9,548	9,548	0
AOF4 - Health	22,840,166	17,141,742	5,698,424
AOF5 - Water, sanitation and hygiene	312,683	233,952	78,731
AOF6 - Protection, Gender & Inclusion	19,111	872	18,239
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	3,454,471	897,601	2,556,869
SFI2 - Effective international disaster management	18,637,718	10,241,127	8,396,590
SFI3 - Influence others as leading strategic partners	299,408	89,844	209,564
SFI4 - Ensure a strong IFRC	30,254	45,413	-15,158
Grand Total	**45,603,347**	**28,664,690**	**16,938,657**

III. Operating Movement & Closing Balance per 2020/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	39,352,950
Expenditure	-28,664,690
Closing Balance	**10,688,260**
Deferred Income	3,537,903
Funds Available	14,226,163

IV. DREF Loan

* not included in Donor Response	Loan :	1,016,168	Reimbursed :	502,168	**Outstanding :**	**514,000**

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/1-2020/4	Operation	MDRCD026
Budget Timeframe	*	Budget	APPROVED

Prepared on 19 Jun 2020

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 31 Dec 2020; appeal launch date: 21 May 2018

V. Contributions by Donor and Other Income

Opening Balance	0

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Red Cross	404,024				404,024	
Australian Red Cross (from Australian Government*)	672,300				672,300	
Austrian Red Cross (from Austrian Government*)	109,482				109,482	
Belgian Government - Flanders	170,709				170,709	
British Red Cross	823,526				823,526	
British Red Cross (from British Government*)	8,762,881				8,762,881	
CDC Centers for Disease Control and Prevention	940,935				940,935	*2,365,281*
China Red Cross, Hong Kong branch	50,512				50,512	
Danish Red Cross	400,000				400,000	
Danish Red Cross (from Danish Government*)	2,167,182				2,167,182	
DREF Allocations				514,000	514,000	
European Commission - DG ECHO	3,442,379				3,442,379	
Finnish Red Cross	110,810		29,877		140,687	
Finnish Red Cross (from Finnish Government*)	612,237				612,237	
Icelandic Red Cross	425,000				425,000	
Icelandic Red Cross (from Icelandic Government*)	225,000				225,000	
Italian Government Bilateral Emergency Fund	562,395				562,395	
Italian Red Cross	105,686				105,686	
Japanese Red Cross Society	89,554				89,554	
Kenya Red Cross Society			18,083		18,083	
Kuwait Red Crescent Society	297,923				297,923	
Norwegian Red Cross	596,742				596,742	
Norwegian Red Cross (from Norwegian Government*)	159,515				159,515	
On Line donations	188				188	
Other			16,181		16,181	
Paul G Allen Family Foundation	957,956				957,956	
Red Cross of Monaco	17,401				17,401	
Spanish Government	109,035				109,035	
Swedish Red Cross	493,485				493,485	
Swiss Government	1,000,000				1,000,000	
Swiss Red Cross	227,000				227,000	
The Canadian Red Cross Society	3,107	10,018			13,125	
The Canadian Red Cross Society (from Canadian Gov	2,299,305				2,299,305	
The Netherlands Red Cross	269,166				269,166	
The Netherlands Red Cross (from Netherlands Govern	1,210,007				1,210,007	
Turkish Red Crescent Society	60,000				60,000	
United States Government - USAID	6,243,581				6,243,581	*1,162,956*
United States - Private Donors	1,897				1,897	
Western Union Foundation	9,484				9,484	
WHO - World Health Organization	4,809,601				4,809,601	*9,666*
Write off & provisions				-75,212	-75,212	
Total Contributions and Other Income	**38,840,004**	**10,018**	**64,140**	**438,788**	**39,352,950**	***3,537,903***
Total Income and Deferred Income					**39,352,950**	*3,537,903*

Reference documents

Click here for:

Previous Appeals and updates

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

In the DRC RC National Society

DRC Red Cross Secretary General: Dr Jacques Katshitshi, email: jacques.nsal@gmail.com or jacques.kat@croixrouge-rdc.org, phone: +243 81651688

In the IFRC

Regional Office for Africa: Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery; phone +254 731 067 489; email: adesh.tripathee@ifrc.org

Kinshasa Country Office: Momodou Lamin Fye, Head of Country Office; email: momodoulamin.fye@ifrc.org, phone: +243 851 239 854

Ops Manager North Kivu: Robert Ghosn, Operations Manager, phone: +243 854 920 148; email: robert.ghosn@ifrc.org

In IFRC Geneva

- **IFRC GVA:** Nicolas Boyrie, Operations Coordinator (Americas and Africa Regions), Tel. +41-22-730 4980, email: nicolas.boyrie@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for EVD Appeal**: Lorentza Ruud, Partnership and Resource Development, email: lorentza.ruud@ifrc.org, phone: +243 856 133 941

For In-Kind donations and Mobilization table support:

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

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

IFRC Regional Office for Africa: Philip Kahuho, PMER Manager, email. philip.kahuho@ifrc.org, phone: +254 732 203 081

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.