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## Operation Update Report

### Republic of Congo: EVD Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>MDRCG017</b>	<b>GLIDE n° N/A</b>
<b>Operation update n° 1; date of issue: 05 October 2020</b>	<b>Timeframe covered by this update: 29 June – 03 October 2020</b>
<b>Operation start date: 29 June 2020</b>	<b>Operation timeframe: 06 months (New end date: 31 December 2020)</b>
<b>Total funding requirements (CHF): CHF 210,316</b>	<b>DREF amount initially allocated: CHF 156,587 Second allocation: CHF 53,729</b>
<b>N° of people being assisted: 30,000</b>	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC).</b>	
<b>Other partner organizations actively involved in the operation: Ministry of Health, World Health Organisation (WHO), Médecins d’Afrique, and Terre Sans Frontières.</b>	

#### Summary of major revisions made to emergency plan of action:

This DREF Operation update is published to inform stakeholders about the following decision:

- ❖ A second DREF allocation of **CHF 53,729** to supplement the initially allocated **CHF 156,587** for a total grant of **CHF 210,316**. This additional allocation will allow the National Society to cover costs relating to:
  - Strengthening the NS capacities in safe and dignified burials (SDB) and community engagement and accountability (CEA) pillars through trainings, simulation and supervision. This will be carried out through immediate deployment of two teams of CEA and SDB trainers (total of six members out of which four will be deployed for two weeks and 2 – 1 CEA and 1 SDB-- will remain for two months to ensure continuous training and supervision in case of an Ebola outbreak in Republic of Congo.
  - Two weeks security mission to support NS to complete business continuity plan
  - Additional communication and transport of volunteers to the training places
  - One more month deployment for the identified Surge Operations Manager originally planned for two months
  - Additional translation and communication costs (see table in Financial paragraph and budget).
- ❖ A timeframe extension of three months (new end date: 31 December 2020). Overall operational timeframe is now six months to ensure effective implementation of the operation, which has been delayed by several factors including:
  - The movement restriction measures linked with COVID -19 pandemic
  - Government prioritization of the response activities against COVID-19 and other competing country emergencies
  - Highly reduced workforce of the General Secretariat of the National Society (same staff had to work on multiple operations)
  - Delayed deployment of the identified Operational Surge as per work plan due to security reasons. The operations manager is finally due to arrive by the end of September.

The rationale behind the above-mentioned modification stems from the intensification of the epidemic in the DRC along the border areas with the Republic of Congo (RoC) in week 37 (7 to 13 September). This resurgence has led WHO to indicating on 11 September that RoC is very high risk of EVD outbreak spill over. Considering the Congolese Red Cross is the only actor having the mandate for SDB, on 15 September, WHO requested IFRC to inform on the level of SDB preparedness of the NS in case of an imminent outbreak.

Considering competing emergency priorities and the overstretched capacities of the team, both the NS and IFRC deemed necessary to support the NS to rapidly increase readiness capacities of the 122 identified volunteers in SDB

and CEA pillars to speed up the completion of the preparedness activities and be able to effectively respond in case of an outbreak in RoC. In addition to the trainings in SDB and CEA, the new operational strategy also foresees a refocus of the prioritization of activities in high risk geographical areas such as the bordering areas with DRC (i.e. Liranga and Impfondo).

A short security mission has also been included to complete business continuity planning developed by the NS and guarantee that the safety and security standards are met for the deployment of the Operations Manager and the SDB-CEA trainers. The security delegate arrived in Brazzaville on Saturday 03 October 2020. Costs related to communication, and transport of volunteers for trainings have equally been reviewed. The ongoing deployment of the Surge will enable the National Society to speed up the implementation of its plan, especially with respect to training volunteers on safe and dignified burials (SDB), strengthening community-based feedback, risk communication and community engagement.

Yaoundé CCST is sending additional resources and re focusing the targeting on the border area identified as high risk by WHO. In addition, the distance between localities demands extra costs and/or shifting between lines, but other support costs such as those related to the deployment of the Security delegate and resource persons for the trainings on SDB and CEA will be integrated in the initial budget of the operation which has increased upwards from **CHF 156,587 to CHF 210,316** in the update.

## A. SITUATION ANALYSIS

### Description of the disaster

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

The recent intensification of the epidemic in the DRC along the bordering areas with RoC in the week 37 (7-13 September) has led WHO to indicate that RoC is at very high risk of EVD outbreak spill over on the 11 September. Considering that RoC RC is the only actor having the mandate for SDB, on September 15, WHO requested IFRC to inform on the level of SDB preparedness of the NS in case of an imminent outbreak.

Situation in DRC as of 24 September 2020:

- A total of 124 confirmed and probable cases, of which 50 have died (40%) since the beginning of the epidemic, with 62 people having recovered from EVD
- The vast majority of cases are not registered contacts and most do not have documented epidemiological links to other cases, indicating very poor surveillance and case detection capacity, and increasing the risk of spill over to new communities and countries.

There is sustained transmission of EVD in DRC areas bordering on and sharing significant social and trade links with neighbouring communities in ROC. Contacts of known cases have crossed into ROC, and not all of them are accounted for. These factors significantly increase the risk of an EVD outbreak in ROC. Indeed, on the week from 7 to 13 September, two suspected cases were reported by the Director of Epidemic Control and Disease of the Ministry of Health, which turned out to be negative. However, readiness needs to increase rapidly and significantly to appropriately respond to suspect cases, to reduce the risk of onwards transmission and a larger outbreak resulted from first imported cases.

### Summary of current response

#### Overview of Host National Society

Red Cross is the only actor having the mandate for SDB in country and WHO is requesting information regarding the level of SDB preparedness in case of an imminent outbreak and the role of CRC. Thanks to this DREF operation and the close cooperation with IFRC, MoH, WHO and partners, the Congolese RC has been able to:

- Participate in the emergency weekly coordination meetings since end of June, hence, contributing to develop the National EVD Prevention Action Plan with the lead of the MoH and partners in August. This plan was developed based on previous responses, lessons learned from the prevention operation of 2018 and in accordance with the roadmap of the Ministry of Health and partners.
- Ensure participation of the Red Cross department committees to the MoH coordinated rapid assessment of the level of preparedness to respond to a possible Ebola epidemic from 23 June to 7 July 2020 (the National Society

HQ was involved in the preparation phase in Brazzaville and supported the field mission with participation of volunteers from concerned departmental committees (Liranga, Mbouemba, Mossaka, Mokotipoko and Loukolela). These localities were the first localities with high risk especially, Liranga near Equateur (DRC), where the assessment of the situation was undertaken.

- Identify the Operations Manager (Surge) in July and develop a draft security plan for the deployment of the Surge. Both the Surge and IFRC security delegate were deployed together on 3 October. The Surge will be in place for 3 months from October to December while Security delegate will be in country for 2 weeks, to support NS with finalizing BCP.
- Carry out weekly regular and ad hoc coordination on progress with Yaoundé and Regional EVD Management. This was done through e-mails, phone / teams /WhatsApp call to regularly monitor the progress of activities with the NS and discussion about challenges faced. Some 3 interim reports were developed during this period in collaboration with the EVD programme manager in Nairobi. This supported updating of this plan.
- Complete the identification of the target 122 volunteers to be trained and subscription to the insurance policy in 4 geographic departments (21 in Brazzaville. 41 in Likouala, 28 in Cuvette and 32 in Plateaux).
- Complete procurement process for all materials (excluding SDB materials) has been done: all the material for the protection and the visibility have been purchased and dispatched to the field.
- Complete the development of community-based surveillance and epidemic control training modules and their harmonization with MoH. Excluding SDB training, all trainings has been done in the department of Brazzaville in the Cuvette and Likouala departments from August to September 2020
- Complete the training of 91 volunteers (21 in Brazzaville department, 28 in Cuvette department (Mossaka), and 41 in Likouala department - Liranga and Ndzondo) in various fields such as Community-Based Surveillance, Epidemic Control, Risk Communication and Community Engagement, Protection, Gender and Inclusion in August.
- Complete training in the department of Plateaux (Makotimpoko) between August and September.
- In terms of SDB trainings, all these volunteers have been briefed on the management of dead bodies according to the guidelines of the Ministry of Health and the WHO. Yet, a more in-depth training on SDB will be carried out by the proposed SDB/CEA teams. Management of Mortal Remains (MMR) equipment that was available to the NS thanks to an ICRC grant in the past years was used for this briefing. Cascade simulations on the donning and doffing of PPE, the solution of disinfectant products and the handling and maintenance of sprayers and cleaning of objects recoverable within the framework of SDB were also carried out by the hygienists of the CRC.
- Prepare and submit three interim report to inform on the DREF progress in mid-August and mid-September and early October.
- Sign contract with media (radio and TV) in Brazzaville for the broadcasting of awareness spots. Broadcast started in Brazzaville and is underway at the time of writing in Moussaka (Cuvette Centrale).
- Collect rumours and feedback through awareness-raising meetings with community leaders, mayors and neighbourhood chiefs facilitated by volunteers, in Liranga, Brazzaville, Makotipoko and Mossaka. About 45% of the population is covered. Please see some of the main rumours under Operational risk assessment.
- Carry out sensitization and disinfection activities of public places in collaboration with health districts in the neighbourhoods including the 4 health districts of Brazzaville, 4 health districts of Liranga, 1 health district in Ndzondou village, 8 districts of the health district of Mossaka and 8 districts of the health district of Makotimpoko. These activities are ongoing in these localities and will continue in Impfondo.
- Begin screening in the Brazzaville Beach since the last week of August with and Liranga (since beginning of September) entry points following the gradual reopening of the borders with two (2) volunteers positioned per gateway, 3 times a week. Screening includes taking temperatures and registering people. 100% of passengers are registered with a systematic temperature check. The same applies to the entry point at the market fair in Liranga where a thermoflash has been made available to the departmental committee and volunteers proceed to the registering and taking of temperature at this entry point.

- Carry out from 11 to 23 September a joint mission of the Congolese Red Cross with MoH, WHO, Médecins d'Afrique in the departments of Likouala and Cuvette Centrale for community awareness, surveillance and monitoring of the EVD situation at the borders areas. During this same period, NS led trainings on same topics with the addition of RCCE, reaching 69 volunteers in Cuvette (28 volunteers) and Likouala (41 volunteers) departments.

### Overview of Red Cross Red Crescent Movement in country

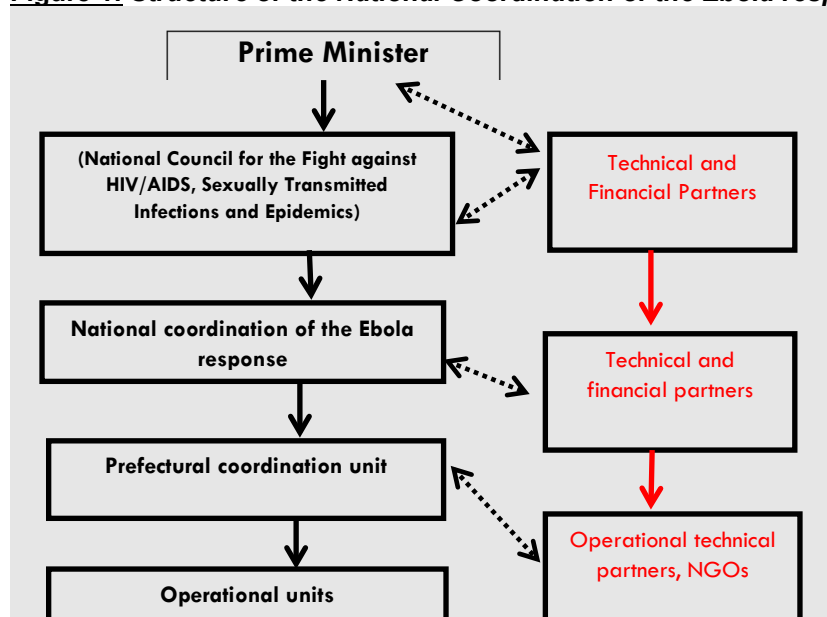
- With movement restrictions, the cluster's programme and support team has organised weekly online exchanges with the National Society for the follow-up of activities in order to give the necessary support and guidance on the implementation process (technical support, logistical and financial process, etc). The insurance was purchased for the 122 volunteers deployed in the operation.
- The same applies to the Regional Office, which has closely monitored the progress of the implementation of activities.
- The Surge deployment process has been finalised. He arrived in Brazzaville with the DRC country office Security Delegate on 3 October 2020. The security delegate was deployed for two weeks to Brazzaville to review with the National Society, all security aspects of this operation.
- Related to Security, ICRC and CRC are finalising a security plan which will be co-signed. The areas concerned by this operation are not in the conflict zones, but in the river corridor where there is an intense movement of people between DRC and the Republic of Congo. However, ICRC is assisting to ensure a safe access to the Surge accommodation in Brazzaville and during his missions in the target areas.
- The French Red Cross, the only participating partner present in Congo, supports health and water, sanitation and hygiene projects but is not involved in this operation.

### Overview of other actors in country

The Government of the Republic of Congo (RoC) and its partners have set up a coordination structure within the National Leadership supported by the United Nations System which is coordinated at the highest level by the government of the Republic through the CNLSE (National Committee for Epidemiological Control and Surveillance).

The Ministry of Health and the WHO continue the monitoring of the situation in the field. In parallel, WHO, Médecins d'Afrique and Terre Sans Frontières have supported the Government with handwashing kits at the department levels, organised meetings to raise awareness among the population, production and distribution of posters and picture boxes for these awareness-raising events.

**Figure 1: Structure of the National Coordination of the Ebola response**



Technical coordination is ensured at national, departmental and local levels by:

1. the national committee for the coordination and management of the Ebola epidemic with decentralised technical sub-committees at the national level
2. by the departmental committee for the coordination and management of the Ebola epidemic including the technical sub-committees
3. the district and/or village coordinating committee for the management of the Ebola epidemic at local level.

The Government of Roc and its partners have set up an emergency committee to update the 2018 Ebola contingency plan, with emergency activities to be implemented for the response to EVD through the organization and establishment of a multidisciplinary national coordination committee for the response to EVD. The strategic areas of this response are as follows: 1. Coordination; 2. Epidemiological surveillance; 3. The Laboratory; 4. Entry Points; 5. Management; 6. Infection Prevention and Control; 7. Social Mobilization for Community Involvement; 8. Vaccination; 9. Safe and dignified burial.

## Needs analysis and scenario planning

### Needs analysis

The joint field assessment carried out by the Ministry of Health team and WHO from 23 June to 7 July, on the level of preparedness to respond to a possible Ebola epidemic revealed widespread lack of readiness to response to a case or EVD outbreak. False alarms were recorded in the Cuvette department (Mossaka), suspected cases were tested negative in Likouala (Liranga), but no cases of EVD have been recorded in the Republic of Congo so far.

The joint field assessment noted that the current capacities and arrangements at entry points and in health facilities in the various localities visited are weak. This weakness is reflected in several observations, the most recurrent of which are as follows:

- Lack of systematic health checks at entry points for official boats.
- Insufficient human resources and equipment (thermo flash, check-in cards, water transport...) to ensure effective controls of passengers, including check-in for a possible follow-up of contacts.
- Existence of several unofficial/ clandestine entry points, in most of the localities visited, which are beyond the control of the staff at the official entry points.
- Conditions required for prevention, early detection and response are not in place with respect to the multiple challenges of the health system at the local level.

In view of these observations the following urgent recommendations were made:

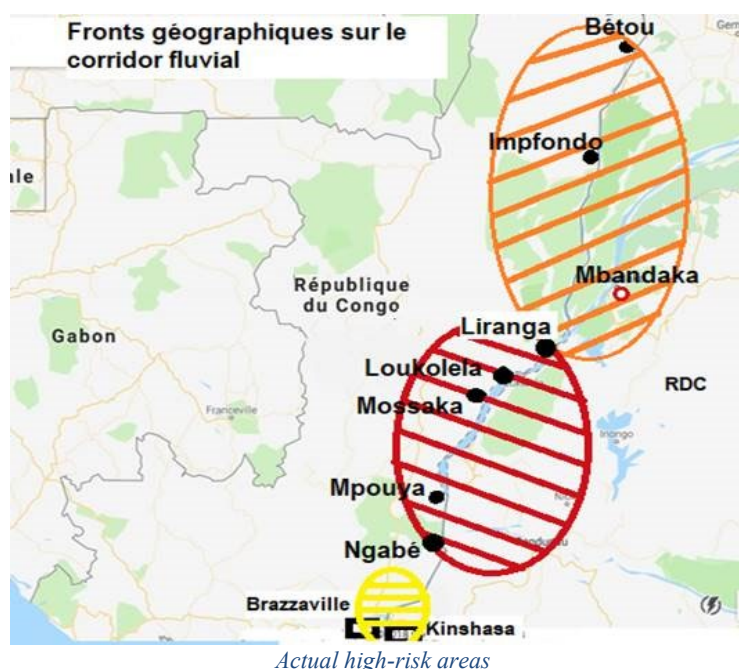
- Strengthen the surveillance system by setting up a multidisciplinary team with the logistical and financial means to implement EVD surveillance activities at the entry points, health facilities and community level in all five localities.
- Deploy a multidisciplinary team with the aim of strengthening local capacity in infection prevention and control, case management, risk communication and community engagement, implementation of triage and isolation facilities in the different high-risk localities/districts.

All these elements have been considered and it will be an opportunity to strengthen local committees. This MoH emergency plan of action will last one month. In the 1st phase priority will be given to the districts/localities at high risk of importing EVD cases related to the current epidemic in the province of Equateur. In the 2nd phase, activities will be extended to other localities, according to available resources.

### Operation Risk Assessment

The risks initially assessed have not changed significantly. See EPoA available [here](#). Further assessments carried out during the implementation of the DREF highlighted:

- Limited capacity at the entry points and in health facilities in the various localities visited



- Existence of several unofficial/illegal entry points in most localities that are beyond the control of staff at official entry points
- Low community involvement in the preparedness, and many rumours and preconceived ideas about the disease has led to mistrust and resistance from the population.
  - Few examples of common rumours and preconceived ideas captured among the population are: *"the epidemic is being sprayed"*; *"politicians are looking for money to solve the economic crisis linked to the fall of oil, "it is the freemasons who are creating confusion to shut our mouths and avoid opposition to politics"*; *"our ancestors have been eating meat since the dawn of time, Where were you Ebola"*; *"Ebola is the disease that exists in the DRC, but not in Congo"*; *"where are the cases?"* Field team will ensure that the effective implementation of activities allows her to fill these gaps and strengthen the structures on the ground. The fact that the rainy season is upcoming should not be overlooked as it could also hinder the implementation of activities.
  - No other SDB actors, and limited readiness
  - Limited surveillance and case detection capacity.

The current DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 (SARS-CoV-2) pandemic. According to WHO, as of 28 September 2020, 5,008 confirmed cases have been recorded in the country, with 89 deaths. Following the declaration of the index case on 14 March 2020, the Government took measures including partial lockdown and curfew.

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

This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this particular crisis and provide necessary guidance to its membership on the same. The NS will keep 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. Below table indicates potential impact on operation and how CRC will respond to this despite COVID-19 mitigation measures being implemented in the country.

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

		<p>Briefing/ recycling of Volunteers on COVID-19 preventive measures CRC advocates to obtain authorization for humanitarian purposes. Some Community mobilization activities will be conducted through radio broadcasts to limit exposure of people to the virus.</p>	<p>Briefing/recycling of Volunteers on COVID-19 preventive measures. CRC easily obtains Government authorization for implementation of activities during lockdowns.</p> <p>Improve daily communication with Local Authorities and community leaders and elaborate joint agenda of implementation of activities in collaboration with all the stakeholders.</p>
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## B. OPERATIONAL STRATEGY

### Proposed strategy

Due to the intensification of the epidemic in the DRC along the border areas with the Republic of Congo (RoC) in week 37 (7 to 13 September) with sustained and high risk of spreading of the Ebola virus into neighbouring communities in RoC, it is critical to focus on the prevention of the importation and spread of EVD in the at-risk localities bordering Equateur Province of DRC by extending the implementation timeframe of the DREF operation in RoC. Like the previous DREF response in Burundi, Rwanda, South Sudan and Uganda during DRC's 10th epidemic, this intervention responds to the Movement community led vision to ensure a continuous delivering of life-saving interventions based on the evolution of the outbreak and changes in access, security situation and capacity. There is also the intensification of the epidemic in DRC along the border areas with the Republic of Congo (RoC) in week 37 (7-13 September).

Lessons learnt and challenges from past DREF preparedness experiences in P1 countries have been considered while building this intervention, to improve its operational strategy. Overall, the operational strategy has remained the same as well as the main objective of supporting preparedness actions of the Congolese RC by training 122 volunteers and supervisors to carry out community awareness actions to increase early recognition of EVD and actions to contain an EVD outbreak in the RoC, and activities to ensure SDB teams are prepared to suspect cases to prevent onwards transmission from the first imported case(s). The same applies to the specific objectives, which are based on different axes -- See EPoA available [here](#).

- Health: (Passive) community surveillance, screening at entry/frontier posts, infection prevention and control actions including disinfection activities in communities and forest markets, risk communication and community engagement (RCCE) with a focus on information and knowledge of EVD;
- Training and readiness of safe and dignified burial teams;
- Protection, gender and inclusion elements with briefings and signing of the Code of Conduct (CoC), Protection against Sexual Exploitation and Abuse, Child Protection;
- Coordination, monitoring and evaluation.

However, the operational strategy will undergo some changes with a concentration of activities in high-risk target areas in term of surveillance and screening, SDB training and CEA. For the department of Likouala, the localities of Impfondo and Liranga are the priority target areas due to their proximity communities in DRC with sustained transmission and other areas might be identified based on the risks identified.

More specifically, with concern to the SDB and CEA trainings the intervention plans to:


- Replenish SDB kits and deploy them to the high-risk areas for training and pre-positioning for deployment in the event of suspect of confirmed deaths.
- Immediate deployment of the identified operations manager from DRC RC to Brazzaville/roaming to support the field teams.
- Deployment of 3 SDB trainers to simultaneously identify and train 2-3 teams (1 in Liranga, 1 between Liranga and Impfondo, and 1 in Impfondo), and CEA trainers/supervisors in the same areas.
- Once the training is complete, 1 SDB and 1 CEA coordinators to remain in the field for 2 months to reinforce capacity, establish systems/coordination, and provide supervision

- Immediate re-prioritisation of activities to the high-risk areas based on current transmission dynamics
- Immediate planning and implementation of RC/CEA and SDB activities
- Prolong the deployment of the identified operations manager till the end of the operation for a total of three months instead of the two originally planned. (Extra month added to the budget).
- Integrate additional support and communication costs in the budget for the 3 months extension period.

**Main achievements so far:**

Sector	Activity	Key figures recorded
<b>Health</b>	Assessment of entry points of the Ebola Virus disease in border localities with the DRC	<ul style="list-style-type: none"> <li>• Alert of local committees of border localities with the DRC/ Equateur (Brazzaville, Likouala (Liranga, Impfondo), Cuvette (Loukoléla and Mossaka), plateaux (Makotimpoko and Bouemba in phase 1 of MoH)</li> <li>• Briefing of managers at the national level and setting up of a work team</li> <li>• Training of 21 volunteers of the department of Brazzaville in Community-based surveillance (CBS), epidemic control for volunteers (ECV), risk communication and community engagement (RCCE), and protection, gender inclusion (PGI)</li> <li>• Training of 28 volunteers in the Cuvette department (Mossaka) in the same package (CBS, ECV, RCCE, and PGI)</li> <li>• Training of 42 volunteers in Liranga, Likouala, in the same package (CBS, ECV, RCCE, PGI)</li> <li>• Conduct 7 sensitization sessions in Mossaka with collection of feedback</li> <li>• Disinfection of public areas in the 3 departments</li> <li>• Briefing of volunteers with table-top simulation on the management of dead bodies by Red Cross hygienists while waiting for SDB trainings</li> </ul>
<b>Strategy for implementation</b>	Logistics process	<ul style="list-style-type: none"> <li>• Tendering process finalized and the preparation and purchase of protective and visibility materials (t-shirts, bibs, caps), awareness materials (posters, image boxes) have been produced and made available to the departmental committees.</li> <li>• Procedures for the purchase of secure and dignified burial kits and body bags are underway with the support of the IFRC DRC country office.</li> </ul>
	Capacity building	<ul style="list-style-type: none"> <li>• Identification of 122 volunteers, with the support of local committees concerned, under the supervision of the national head office.</li> <li>• Insurance subscription for 122 volunteers</li> <li>• Elaboration of training modules already done in collaboration with the Ministry of Public Health</li> <li>• Training of 91 volunteers (21 in the department of Brazzaville, 28 in Cuvette and 42 in Likouala) on RCCE, Community-Based Surveillance, Epidemic Control, Protection/Gender and Inclusion).</li> <li>• Under the guidance of the Ministry of Health and WHO, all these volunteers were briefed on the management of dead bodies while waiting for the actual training on safe and dignified burials.</li> </ul>
	Coordination	<ul style="list-style-type: none"> <li>• Participation by NS in various meetings of the platform for Ebola epidemic preparedness organized by the Ministry of Health with other humanitarian partners.</li> <li>• Online working and exchange sessions between the program and support teams of the NS and those of the IFRC</li> <li>• Surge deployment planning</li> <li>• Planning of the national staff field visit</li> </ul>

## C. DETAILED OPERATIONAL PLAN

 <b>HEALTH</b> People reached: 22,000 Men: 8,800 Women: 13,200		
<b>Health Outcome 1: The risks of an imported outbreak of EVD are reduced in the border areas (Likouala, Cuvette centrale and Plateaux).</b>		
Indicators:	Target	Actual
Number of people reached by Ebola awareness messages	30,000	22,000
Number of alerts made via the Community-based monitoring system	NA	
<b>Health Output 1.1: Ensure community-based disease surveillance and health promotion among the target population to apply good practice in Ebola prevention and detection measures.</b>		
Indicators:	Target	Actual
Number of posters produced	2,500	2,500
Number of image boxes	40	40
Number of radio programmes recorded each week	4	1
Number of volunteers trained on the ECV and RC/CEA	122	91 (21 Brazzaville, 28 Cuvette and 42 Likouala)
Number of community leaders supporting the response	NA	10 leaders (community leaders), 5 Mayors and 5 Neighbourhood Leaders 3 religious leaders
Number of people who have received information on the prevention of Ebola virus diseases	30,000	22,000
Number of community comments documented	NA	
Percentage of Community-Based Monitoring alerts / rumours answered within 24 hours	NA	45%
Proportion of communities in which action has been taken following an alert /rumours, per month	NA	20%
Weekly report of radio/TV broadcasts	1	1
Number of volunteers trained in Epidemic Control (ECV) and Community-Based Surveillance (CBS)	122	91
Number of volunteers trained in safe and dignified burials (SDB)	40	0 (briefing of volunteers on the management of dead bodies,
Number of people reached by Ebola awareness messages through RC/CEA	30,000	22,000
<b>Health Output 1.2: The risk of post-mortem transmission of EVD is prevented through provision of safe and dignified burials services to the at-risk population</b>		
Indicators:	Target	Actual
SDB teams are trained and ready to response in Liranga, Impfondo and other at-risk areas	3	0
SDB equipment is pre-positioned in three high-risk communities	3	0
SDB refreshers, exercises and/or community demonstrations occur at regular intervals during the preparedness phase (minimum 1x/month per team following training)	9	0
<b>Progress on achieving results</b>		

Since the announcement of the epidemic in the DRC, the National Society has participated in all the weekly meetings held at the Ministry of Health, as well as bilateral meetings with strategic partners such as WHO and UNICEF on prevention mechanisms and revision of the response plan in the RoC.

To date, as part of the planned activities, the NS has produced Information, Education and Communication (IEC) materials such as posters (2500) and picture boxes (40). These materials have already been sent to the field during the mission of the national headquarters team for training.

Spots have been produced for broadcast in the media (Radio/TV). The NS has signed a contract with these media for this purpose, but the planned dissemination in the 4 departments has only occurred in 1, namely Brazzaville department. Another contract will be signed in the locality of Mossaka to cover the other departments.

In addition, with the support of the cluster's logistics department, the process of purchasing visibility and protection equipment has been completed and the material is available at the Congolese Red Cross headquarters. Delivery to the departments will be made during the field trip for the training courses.

All the 91 volunteers already trained (21 volunteers from Brazzaville, 28 Cuvette and 42 Likouala) on Community-Based Surveillance and epidemic control are integrated into the health districts and deployed in the field for community disinfection in public places, markets in the districts of Bacongo, Makelekele, Poto-Poto, Talangai and Djiri for Brazzaville, in Mossaka for the Cuvette and for Likouala, the 4 districts (Q1 Bopengola, Q2 Centre, Q 3 Bangala and Q4 post office of the locality of Liranga and the village Djondou located 45 km from Liranga were reached by boat.

This deployment is carried out in collaboration with the Ministry of Health (health districts), twice a week in teams of 6 volunteers. The disinfection activities are preceded by awareness sessions in these districts on the Ebola virus disease and the importance of disinfection.

In Brazzaville department, 5 health districts were selected and 10 community leaders, 5 mayors, 5 presidents of the heads of neighbourhoods and 5 chief district doctors contributed to raising awareness on the Ebola virus disease.

In Cuvette and Likouala departments, all these trained volunteers were briefed on the management of dead bodies under the supervision of the Ministry of Health and the WHO while waiting for more in-depth training on dignified and safe burials. MMR equipment that was available to the NS thanks to an ICRC grant in the past years was used for this briefing. There were cascade simulations on the wearing and undressing of PPE, the solution of disinfectant products and the handling and maintenance of sprayers and the cleaning of recoverable objects within the framework of dignified and safe burials by the Congolese RC hygienists who had already been trained. In addition to community leaders, religious leaders are also involved in mass sensitisation on the disease in the Cuvette and Likouala departments.

The required extension period will also mobilise these key people to raise awareness in the other departments. For the last two months and on a weekly basis, this awareness raising has been done through exchange meetings with these local leaders to encourage community engagement and to collect community perceptions, beliefs and rumours through questions and answers on the disease on the WHO website.

With the easing of movement restrictions, the gradual opening of borders, the activities of controls started at the entry gates precisely at the entry point in the locality of Liranga which is close to Mbandaka and at the Beach of Brazzaville. Thermoflahs have been made available to the volunteers and it is estimated that 100% of the people have been compulsorily registered, with the temperature being taken and recorded according to the week's attendance schedule of our volunteers.

So far, as per plan, the training began in mid-August in the department of Brazzaville covering 21 volunteers, followed by training in the Cuvette and Likouala departments for 28 and 42 volunteers, respectively. The trainings in collaboration with the health districts focused on risk communication and community involvement, Community-Based Surveillance (CBS), epidemic control (ECV), and protection, gender and inclusion (PGI).



Vu des volontaires en session de recyclage sur la MVE à Liranga

The module on secured and dignified Burials (SDB) for a pool of 40 volunteers (for the 4 departments) has not yet taken place because the process of purchasing training kits is still underway. However, during the other training sessions, in accordance with the recommendations of the WHO and the Ministry of Health, the volunteers were briefed on the management of the dead by the Congolese RC hygiene volunteers, pending in-depth training on safe and dignified burials as soon as the training kits are available.

Arrangements have already been made with the IFRC office in Kinshasa which will provide the Congolese Red Cross with the training kits by the first week of October 2020.



### Protection, Gender and Inclusion

**People reached:** 5500 (25% of population reached in this Update)

**Male:** 2,500

**Female:** 3,000

**Protection, Gender & Inclusion Output1: Communities become more peaceful, safe and more inclusive through meeting the needs and rights of the most vulnerable.**

Indicators:	Targets	Actual
Number of volunteers trained	122	91

**Protection, Gender & Inclusion Output 1.2: Programs and operations prevent and respond to sexual and gender-based violence and other forms of violence especially against children.**

Indicators:	Targets	Actual
Number of people reached by PGI activities (25% of target populations)	7,000	5,500
% of NS participation in SGBV coordination meetings	100%	25%
Briefings on the code of conduct for all volunteers and staff involved in the operation	122	91

#### Progress on achieving results

In the field of Protection, Gender and Inclusion, activities began with training in the department of Brazzaville, followed by Cuvette and Likouala, where 21, 28 and 42 volunteers were trained on the subject, respectively. The National Society participates in coordination meetings during which gender issues are raised. The aim is to emphasize this aspect to enable all the actors concerned to truly integrate it into their activities. These 91 volunteers were briefed on the code of conduct, signed it and were called upon to respect it not only for this operation in particular, but also in the exercise of their voluntary activities in general. It should be noted that people living with disabilities, elderly people and pregnant women are genuinely interested in the activities. The same is true for minority groups such as the displaced persons in Cuvette departments following the population movements of 2019 from DRC. The National Society also ensures that among the identified volunteers, gender and inclusion are well respected. For example, in the Likouala region, 42 volunteers were trained, including 19 women 23 men, and 2 people living with disabilities (PLWHA).

#### Challenge

Establish/strengthen partnership with other organizations advocating for the rights of women, people living with disabilities or other marginalized or minority groups.

#### Mitigating measures

Promoting informal exchanges and participation in coordination meeting to favour trust building and synergical approach.

## Strategies for Implementation

**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:	Target	Actual
Number of insured volunteers	122	122

**Output S1.1.4: National Societies have effective and motivated volunteers who are protected**

Indicators:	Target	Actual
Number of Surges deployed for the operation initially planned for 2 months and now with one more month.	1 (depending on COVID-19 measures)	1 (in the process of deployment)
Number of volunteers deployed for the operation (Target: 122 volunteers (including 8 supervisors) in 13 districts and 4 departments)	122	91
Number of NS staff deployed for the operation	5	5
Number of Security delegate deployed for 2 weeks mission (new indicator)	1	
Number of SDB trainers deployed from DRC for 2 weeks (new indicator)	2	
Number SDB Surge for training, coordination and supervision for 2 months (New indicator)	1	
Number of CEA trainers Deployed for 2 weeks (new indicator)	2	
Number of CEA Surge for training, coordination and supervision for 2 months (new indicator)	1	

### Progress on achievement of results

To date, the head office of the National Society, in collaboration with the 13 local concerned committees, has identified the target 122 volunteers (taking gender into account) who will be involved in the operation. The list of 122 volunteers has been sent out with all details requested (name, sex and age and even the committees from which they come) and accident insurance has been taken out. The insurance certificate drawn up by the department in charge of insurance in Geneva has already been shared with the National Society.

As for the volunteers deployed in the field, 91 out of the 122 have been deployed. These are those in Brazzaville (21), La Cuvette (28) and Likouala (42) where activities have already been launched.

Deployment of the Surge is still underway, but the process has made great progress. The identified DRC RC Surge has experience in managing the Ebola epidemic, both in his country in DRC as well as in other countries where he has been deployed. Several discussions on security issues took place which delayed his actual deployment, but in the end, consensus was reached. The NS is in the process of finalising a security plan that will be approved with the ICRC through the collaboration and support of the IFRC office in Kinshasa. The Surge member has completed his online security courses and deployment is imminent.

### Challenge

In terms of challenges, a critical one is that the NS team is very small, and the same people have been involved in several operations, such as the time-consuming Covid-19 response. Deploying the Surge earlier would have lightened the load on the NS and allowed DREF activities to start earlier.

### Mitigating Measures

The Surge OPS manager has begun to have initial contact with the CRC Health Officer and exchanges continue with remote working. The NS contacted the immigration service for administrative arrangements for its crossing to Brazzaville.

In addition to the OPS manager, a two weeks security mission will be conducted in RoC by IFRC Security delegate based in DRC to speed up the completion of the BCP Safety and Security compliance.

Similarly, in synergy with the response active in DRC, two trainers in CEA and SDB will be pooled by DRC to run a two-weeks CEA-SDB trainings in RoC. Two surges, one for SDB and one for CEA will be instead needed to remain for a 2 months period to ensure follow up. The Surge Ops Manager initially planned for 2 months deployment will also remain in the field for one more month so at total 3 months.

<b>Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of communication media produced	1	1
<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of radio spots produced	1	1
Number of broadcasts of radio spots	24	4
Number of translations completed	3	1
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of workshops held on lessons learned	1	N/A
<b>Progress on achievement of results</b>		
<p>For better monitoring and implementation of the DREF, the approved document was re-translated into French and shared with the CRC team. Several online meetings and telephone exchanges take place on a weekly basis between the Congolese Red Cross and the IFRC Cluster in Yaoundé to monitor the progress of activities. All the support services (logistics and finance as well as operations and PMER) as well as the NS and IFRC participate to ensure proper technical follow-up in each area of expertise. The first meeting was dedicated to brief and enable NS finance services to exchange on all logistics procedures and services and procurement process.</p> <p>Meetings continued with the programs at the Cluster and even Regional Office level to update on the progress of activities and programs adjustment. This is the case of the interim report that was submitted mid of August on the level of implementation of activities and faced challenges.</p> <p>Volunteers carry out awareness-raising sessions in pairs on a rotational basis for 2 months by the Criers. Communication media (posters, megaphone, small posters, etc.) are made available to the departmental committees.</p> <p><b>Challenge</b> RoC Borders lockdown was lifted only on 15 of August 2020 imposing remote support and monitoring. Remote monitoring cannot take into account all the realities on the ground. Mitigating measures With the start of flexibility on border openings, physical missions will be planned by the Cluster Office as soon as this extension request is approved, to better support the NS.</p> <p><b>Training challenge:</b> A three days training was originally planned per department. The operation covers 13 localities, which cannot be grouped together due to COVID measures. As the original budget does not cover the costs of non-budgeted department (i.e. coverage for travel, accommodation and subsistence for volunteers in the capitals of non-budgeted departments).</p> <p><b>Mitigation measure:</b> As a mitigation measure, we propose a plan B which consists of carrying out the training courses in order of priority areas. Taking into account the highest level of risk, Impfondo, Liranga, Mossaka, Brazzaville and Makotipoko are in phase 1, while the other localities are taken into account in phase 2. In phase 2, the volunteers trained in the departmental capitals are then sent to the other villages to support them in their awareness-raising activities.</p> <p>A lessons-learned workshop will be organized at the end of the DREF to assess the impact of the operation.</p>		

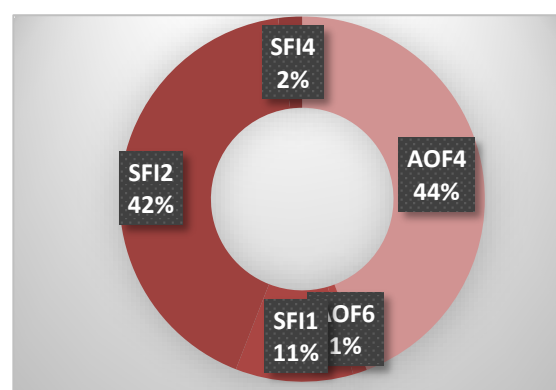
## D. Financial Report

This operation update is authorizing a second DREF allocation of **CHF 53,729** to supplement the initially allocated **CHF 156,587**. As such, the total budget for this operation is **CHF 210,316** as detailed below and in the budget.

### MDRCG017 - Republic of Congo - Ebola Virus Preparedness

#### Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	4,497
Medical & First Aid	54,113
Teaching Materials	4,776
<b>Relief items, Construction, Supplies</b>	<b>63,386</b>
Transport & Vehicles Costs	10,147
<b>Logistics, Transport &amp; Storage</b>	<b>10,147</b>
International Staff	51,183
National Society Staff	2,934
Volunteers	12,669
<b>Personnel</b>	<b>66,785</b>
Professional Fees	1,345
<b>Consultants &amp; Professional Fees</b>	<b>1,345</b>
Workshops & Training	32,066
<b>Workshops &amp; Training</b>	<b>32,066</b>
Travel	16,693
Information & Public Relations	3,382
Office Costs	220
Communications	2,282
Financial Charges	1,174
<b>General Expenditure</b>	<b>23,751</b>
DIRECT COSTS	197,480
INDIRECT COSTS	12,836
<b>TOTAL BUDGET</b>	<b>210,316</b>



#### Budget by Area of Intervention

AOF4	Health	93,071
AOF6	Protection, Gender and Inclusion	2,603
SF11	Strengthen National Societies	21,926
SF12	Effective International Disaster Management	88,285
SF14	Ensure a strong IFRC	4,431
<b>TOTAL</b>		<b>210,316</b>

<b>Budget by Resource</b>					
<b>Budget Group</b>	<b>sections</b>	<b>Initial budget</b>	<b>Budget revised</b>	<b>Main changes per line</b>	<b>comments</b>
<b>Transport &amp; Vehicle costs</b>		6,964	10,147		Additional transport cost from DRC to Yaoundé + transport of Surge.
<b>International Staff</b>		12,278	51,183	-38,904	CHF 23,178
<b>Professional Fees</b>		0	1,345	-1,345	Adjustment of translation fees which was wrongly put in "760"= financial charges in the initial budget and not 750 = professional fees
<b>Travel</b>		10,555	16,692	-6,138	Travel costs for Surge
<b>Communications</b>		1,060	2,282	-1,223	Additional communication for time extension, Thuraya communication and Surge communication
<b>Financial Charges</b>		1,516	1,174	342	removing translation in "760"
<b>Total Budget</b>	<b>Total</b>	<b>156,587</b>	<b>210,316</b>	<b>-53,729</b>	<b>Total additional funding required = 53,729 CHF</b>
<b>Operations (relief + transport + volunteers) - should be 60% max</b>		53%	41%	6%	Revision in 94% of support costs is the reason of this low ratio for operations in this revision
<b>Supports cost- should be 40% max</b>		47%	59%	94%	

## Reference documents

Click here for:  
[Emergency Plan of Action \(EPoA\)](#)

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

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#### For In-Kind donations and Mobilization table support:

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

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## How we work

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

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



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



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



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

# DREF OPERATION

MDRCG017 - Republic of Congo - Ebola Virus Preparedness

9/29/2020

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