



Revised Emergency Appeal

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



International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRCD026 Glide n°: EP-2020-000151-COD EP-2018-000129-COD CHF 56 million current Appeal budget CHF 8 million funding gap	8.7 million people to be assisted DREF allocated OIA: CHF 800,000 (reimbursed) Uganda: CHF 300.000 South Sudan: CHF 64.000	Appeal launched: 21 May 2018 Revision no 1: 14 June 2018 Operation Update 1: 19 July 2018 Operation Update 2: 07 August 2018 OIA revision no. 2: 21 August 2018 6 months update: 10 December 2018 OIA revision no. 3: 21 March 2019 Operation Update 3: 11 July 2019 OIA Revision 4: 15 July 2019 OIA Revision 5: 18 December 2019 Operation Update: 30 June 2020 Appeal Revision 6: 24 Sept 2020 Appeal end date: 30 June 2021 Extended 6 months
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25 June 2020 marked the end of the Democratic Republic of Congo's (DRC) 10th Ebola outbreak, in North Kivu and Ituri¹ - a relief for communities who suffered the brunt of this outbreak that killed 2,300 people, infected a thousand more, unravelled the social fabric and severely disrupted the livelihoods of already fragile communities facing multi-layered humanitarian needs. This outbreak was tackled amidst a challenging security situation due to the presence of armed groups and sometime inaccessible population that was constantly moving due to insecurity. Unfortunately, three weeks before the end of the 10th outbreak, an 11th Ebola outbreak in Equateur province was officially declared on 1 June 2020 by the Ministry of Health (MoH) and the World Health Organization (WHO). In response to this new outbreak, the operational team was redeployed immediately to scale up EVD response capacities in Equateur province.

This revised appeal seeks a total of some **56 million** Swiss francs, decreased from CHF 61 million, and a 6-month timeframe extension to 30 June 2021, to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue supporting the **Democratic Republic of the Congo Red Cross (DRC RC)** to deliver assistance and support the response to and containment of the current 11th EVD outbreak in the DRC and preparedness mechanisms in order to contain potential outbreaks of diseases with epidemic potential. This revised Appeal aims to support 8.7 million people (reduced from 15.5 million people) with a specific focus on five thematic pillars: **risk communication, community engagement, and accountability (RCCE and CEA)**; **infection prevention and control (IPC)** support to health facilities in affected communities and at the community level; **safe and dignified burials (SDB)**; **psychosocial support (PSS)**; and **capacity strengthening** of the Red Cross National Societies. The planned response reflects the current situation and information available at this time of the operation.

Given the evolving operational context, the 11th EVD outbreak in the northwest of DRC (non-conflict areas) and necessary adaptation of the operation, the 6th revision of the Emergency Appeal is transitioning the operational modality from the One



Figure 1: An IPC volunteer checks the temperature of a member of the SDB team prior to the start of his daily activities at the operation centre. Photo IFRC/ Corrie Butler

¹ See WHO dashboard for more information [here](#).

International Appeal (OIA) towards an IFRC **Coordinated Appeal**, extends the **operation timeframe until 30 June 2021** and extends the geographic coverage to include the current **response to the 11th outbreak in Equateur Province**. The **recovery phase will continue in North Kivu and Ituri until December 2020**, to ensure a strong transition focused on local ownership and supporting ongoing efforts to strengthen epidemic readiness and response.

With the end of the 10th outbreak, the focus is now on transition and recovery activities in the East, maintaining strong surveillance and response systems in order to rapidly respond to future outbreaks of diseases with epidemic potential. The extensive network of Red Cross of the Democratic Republic of the Congo (DRC RC) and its committed frontline volunteers are ideally placed to implement these surveillance and early response systems as they are present in the communities and highly trusted by them. These surveillance and preparedness activities have progressively replaced response activities since the end of the outbreak and will now be strengthened and completed by June 2021.

In response to the 10th outbreak, the IFRC, working with the respective National Societies, had implemented preparedness activities in neighbouring Burundi, Uganda, Rwanda and South Sudan. These activities will now be phased out and will be completed by December 2020. Thus, this revised appeal does not include any additional activities in countries neighbouring eastern DRC. For the 11th outbreak, the risk to spread to the neighbouring Republic of Congo (RoC) and Central African Republic (CAR) is considered as high. Therefore, the IFRC has mobilized the Disaster Relief Emergency Fund (DREF) to support EVD preparedness operations in both countries. Currently, these two operations are not part of this revised Appeal but could potentially be integrated before the end of the year if the risk remains high or if confirmed EVD cases are identified in RoC or CAR.

The disaster and the Red Cross Red Crescent response to date

September 2020: 124 cases have been reported, with 50 deaths - lethality rate of 40.3%. While the number of cases remains fortunately low, the spread to more than 40 health areas across 12 health zones is a very worrying development. In addition, this spread requires a very agile response in areas that are very hard to reach due to lack of roads and communications. The response to this new outbreak is aligned with the DRC Ministry of Health response plan. It is the implementation of this response in Equateur that is the compelling humanitarian rationale for the revision of this Appeal.

25 June 2020: End of 10th EVD Outbreak: This outbreak infected 3,470 people and killed 2,287 of them, leaving 1,171 survivors. This is a fatality rate of more than 65%.

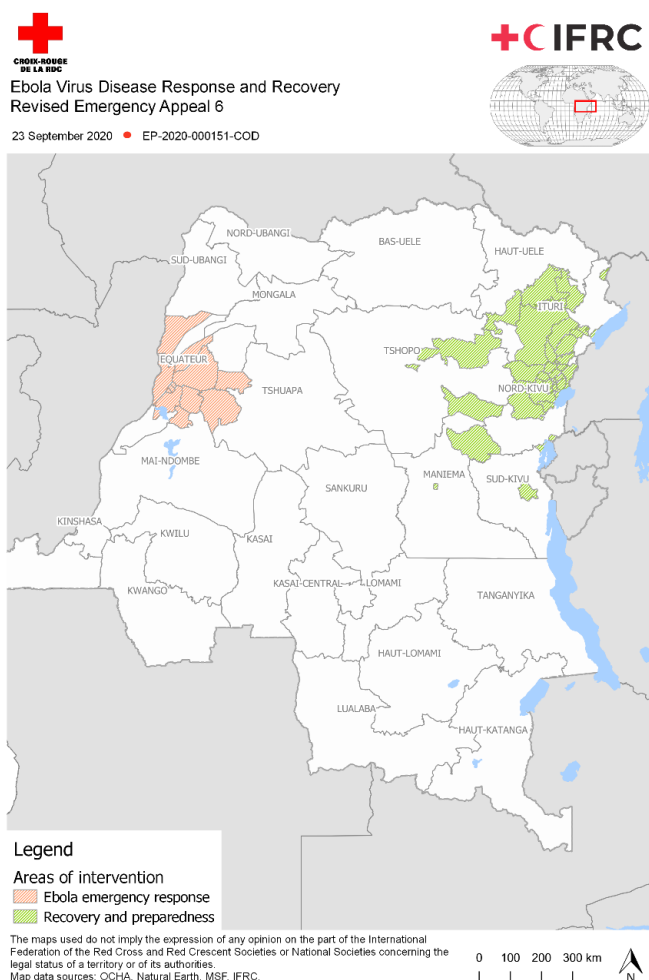
1 June 2020: 11th EVD Outbreak: While the operation was preparing for a transition from the response to the recovery phase, another epidemic (the 11th in the history of the DRC) was reported in the town of Mbandaka in Equateur Province, the same area that had experienced the 9th epidemic. This 11th epidemic was declared by the DRC Ministry of Health on 1 June 2020.

18 December 2019: The [OIA is revised for the 5th time to extend the timeframe to December 2020](#) and make provision for transition and recovery activities. Budget increases from CHF 43m to CHF 61m.

July 2019: [4th revision of the OIA](#) - activities timeframe is extended to 21 February 2020

17 March 2019: IFRC issues the [3rd OIA Revision](#) which scales up operations in North Kivu and Ituri; and includes epidemic preparedness in surrounding health zones; as well as epidemic preparedness in priority one countries.

10 December 2018: IFRC issues a [6 Month Operation Update](#) extending the timeframe until 21 May 2019, to ensure alignment with the Strategic Response Plan (SRP).



28 September 2018: WHO revised its risk assessment for the outbreak and elevated the risk from high to very high.

21 August 2018: [2nd OIA Revision](#) - response to the new EVD outbreak in North Kivu and continue with actions in Equateur.

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

8 May 2018: **9th EVD outbreak was reported by the DRC MoH** in the Bikoro and Iboko health zones in Equateur province. Democratic Republic of Congo Red Cross, supported by IFRC, deployed response teams and the outbreak was declared over on 25 July 2018 with 33 deaths from among 54 cases reported (of which 38 cases laboratory-confirmed)².

Key progress and achievements:

The Movement is grateful for all support to the operation to date, which has seen positive impacts and results. Some of the key achievements of the 10th Outbreak include:

- Zero transmission of infection among the Safe and Dignified Burial (SDB) teams while carrying out their work.
- Operational responsiveness strengthened in the use of community feedback to improve programming. Some of the tangible actions taken were the change from using opaque to transparent body bags following rumours that there was mutilation of the dead and selling of body parts.
- The IFRC and DRC RC have positioned themselves as key actors in the area of community feedback, set up an inter-agency working group to discuss community feedback and how to address it across pillars, and shared community feedback analysis with the broader response.
- Set-up of Red Cross Rapid Response Teams in Equateur for the 11th outbreak that will not only bury EVD deaths safely but also transport suspected cases safely to Ebola treatment centres.



Figure 2: DRC Red Cross's Volunteers, getting ready to perform Safe and Dignified Burials (SDB)

11th Outbreak – Equateur Province

Key figures as of 31 August 2020



129 (51%) of the **252** SDB alerts have been completed successfully by Red Cross teams. The SDB teams carried out 143 swabs out of which 16 were tested positive.



477 CEA volunteers have reached **225,595** people (58% under 18 years and 53% women) with door-to-door sensitization.

41,703 community feedback data points have been collected from community members analysed and informed decision making across pillars. There have also been many community engagement sessions with youth and community leaders to improve acceptance of EVD response with positive results obtained with communities accepting the EVD response (example Air Congo neighbourhood was very resistant to EVD response teams and is now accessible to Red Cross teams).



5 health facilities have been supported with an IPC package



PSS teams have implemented **1,109** activities that benefited both RC staff and volunteers.

² [WHO Situation report: declaration of the end of the Ebola outbreak in Équateur Province 25 July 2018](#)

10th Outbreak - North Kivu, South Kivu, Ituri and surrounding preparedness provinces, and P1 countries:

Key results achieved as of 31 August 2020



25,847 (88%) of the **29,357** SDB alerts have been completed successfully by Safe and Dignified Burials teams including 32 Red Cross teams formed of 277 volunteers, 28 Civil Protection, 48 community-led harm reduction burial teams (ECUMR) trained by the Red Cross and 37 community burials teams trained by Civil Protection.



904 CEA volunteers have reached **3,449,637** of the target population with door-to-door and mass sensitization activities



1,312,294 community feedback data points have been collected from community members, analysed and informed decision making across pillars. This is one of the largest feedback platform developed by the Red Cross Red Crescent Movement in the world.



55 health facilities have been supported with an IPC package, supervision, training and 354 volunteers have screened **3,714,497** people (12.4% under 18 years; 58.7% female), referred 1,413 suspected cases (80 cases were confirmed following the laboratory test), completed 1,927 decontaminations and trained more than 403 health care workers (including 222 women)

PSS teams have reached staff and volunteers with **86,021** participations through **10,520** PSS activities. **37** volunteers have been trained in Psychosocial First Aid.

Key achievements in Priority 1 countries

Uganda:

- **360** volunteers have been conducting community dialogue activities at the community level to promote behaviour change in their own communities
- **418** volunteers have been conducting screening at Points of entries (PoE)
- From October-December 2019, a total of **4.97 million** people were screened
- Information education communication materials have been distributed: 3,512 posters and 12,426 leaflets.
- Five Safe and Dignified Burial (SDB) kits were pre-positioned.
- URCS recruited an EVD operations manager and three health programme officers to supervise project implementation, monitoring and reporting, from August 2019 to the present.
- During 2019, four additional SDB teams (in Kabarole, Bundibugyo, Ntoroko and Kisoro) were trained. In total 56 URCS volunteers were trained in SDB, 14 volunteers per team.
- **Four** SDB drills and simulations were conducted in the districts of Kanungu, Kasese, Ntoroko and Bundibugyo by URCS trainers.
- **76** volunteers listed in the above mentioned 11 PoEs have been deployed, and the volunteers have been trained to screen for COVID-19 cases as well, and thus integration of COVID-19 into EVD.
- Community-based surveillance has been strengthened across the seven EVD districts with integration of COVID-19.
- In March 2020, an IPC Committee was formed and trained at Kyegegwa HCIV; the training was facilitated by the IPC facilitators from the MoH supported by the URCS EVD Operations Manager.
- Equipment for screening and risk communication: the volunteers have been equipped with respect to COVID-19 standard operating procedures, and, therefore, face masks, disposable gloves and T-shirts have been procured for the volunteers.
- Since the beginning of the outbreak, URCS has been actively involved in the coordination of EVD, and now also COVID-19, at both district and national levels. Furthermore, a Response Plan for COVID-19 has been developed and is being put into action.

South Sudan:

- 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 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.
- 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 eight occasions they performed Safe and Dignified Burials.

Rwanda:

- 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.

Burundi:

- **20** communal teams of Safe and Dignified Burials (SD) have been established and trained in the 6 targeted BRCS Branches
- **200** volunteers have been trained and 28 additional volunteers refreshed in SDB
- **67** SDB Drills have been conducted by SDB teams in their branches
- **80** BRCS volunteers have been trained in Infection Prevention and Control (IPC)
- **168** BRCS volunteers have been trained in Contact tracing
- **122** staff and volunteers have been trained in psychosocial support (PSS) and are cascading the training to their communities
- 2 SDB vehicles have been procured and predisposed at NHQ for EVD activities
- BRCS Volunteers reached globally 1,078,540 people which were sensitized on EVD and for COVID-19 (Since April 2020, MoH recommended to all humanitarian actors to include systematically COVID-19 preventive messages during EVD sensitization activities)
- **813** community leaders reached through Community sensitization meetings realized for EVD and COVID-19 preventive measures

- **802** Roadshows conducted for community awareness about EVD and COVID-19 preventive messages in the 6 targeted Branches
- **119** awareness sessions for EVD and COVID-19 prevention carried in schools reaching 77,354 students
- 480 radios EVD and COVID-19 preventive messages aired on 8 national radios stations
- EVD Knowledge, Attitudes and Practices (KAP): 27% of people were knowledgeable about EVD (Baseline) vs 29.4% of people were knowledgeable about EVD (End line)
- EVD Knowledge, Attitudes and Practices (KAP): 95% of targeted people have adopted recommended practices after BRCS volunteer's sensitization (End line)
- Finalization of procurements done (bicycles, phones, first aid kits, SDB kits, etc.)
- Validation workshop conducted for mental health and psychosocial Plan of Action of Burundi Red Cross Society (BRCS)
- Coordination: participation in regular meetings of National Ebola National Task Force & COVID-19 Task Force.

Coordination and Partnerships

Overview of Red Cross Red Crescent Movement in DRC: The Red Cross of the Democratic Republic of the Congo (DRC RC) is present in all provinces and territories of the country with an extensive and deep network of 160,000 active volunteers³ (2018) organised through 1,787 local branches. All activities within the framework of this Appeal are implemented in complete partnership with DRC RC.

Eastern DRC is an armed conflict area thus DRC RC, IFRC and the ICRC developed a joint approach where clear roles and responsibilities were agreed upon through multi-level and regular coordination. The ICRC provides security management for movements of all international staff operating in eastern DRC under an agreement known as L3 agreement. This L3 agreement is extended in Eastern DRC for this revised Appeal. It will continue to be adapted as needed through discussions between ICRC and IFRC. Cooperation between ICRC and IFRC for the Equateur response will be structured around Service agreements, as and when needed.

In addition, in response to the 10th outbreak, the ICRC supported EVD prevention activities to the particularly vulnerable populations of detainees and war wounded in the four major prisons and four major hospitals in North Kivu and Ituri as well as in Bukavu central prison and Uvira prison (South Kivu).

With the end of the 10th outbreak, these ICRC-implemented EVD prevention activities in eastern DRC were phased out. Thus, in this revised Appeal, the ICRC will not be implementing activities directly. All activities in this revised Appeal will be implemented by DRC RC and IFRC, with the support of ICRC, when needed and where ICRC is in position to provide such support. The ICRC will continue to provide security management of international staff in eastern DRC under the L3 agreement. In other fields, ICRC will provide support for the implementation of this revised Appeal, upon request and through Service agreements or other arrangements. This changes the modality of this Appeal from a One International Appeal to an IFRC Coordinated Appeal. This change in modality is driven by facts on the ground: the EVD outbreak has shifted from eastern DRC, an ICRC area of operation, to Equateur, an area with no ICRC presence. This change in the nature of the Appeal does not change the strong commitment by both IFRC and ICRC to work together and seek meaningful collaboration in the spirit of a One Movement approach.

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

Within the implementation of this Appeal, partner National Societies (PNS) will be welcome to contribute to the Movement effort, in areas where they have expertise and interest. There is a strong and ongoing partnership built with French Red Cross who is leading the infection prevention and control (IPC) effort. The Belgian Red Cross, French speaking section will contribute to the piloting of a Community Based Surveillance system. DRC RC and IFRC are not only open but welcome any PNS's interest in supporting this operation through expertise.

External Coordination: The recovery from the 10th outbreak in eastern DRC aims at ensuring the DRC RC continues to be a national partner of choice that can second DRC health authorities and also coordinate with humanitarian mechanisms in place in Eastern DRC such as the UN-led Cluster system. This Appeal will provide the DRC RC with the technical and logistical capacity to respond to the extreme humanitarian needs in the area, including the response to future

³ Source: FDRS : <https://data.ifrc.org/fdrs/societies/red-cross-of-the-democratic-republic-of-the-congo>

outbreaks through early warning and early response systems, coordinated with national, provincial and local authorities, as well as the entire humanitarian community present in Eastern DRC.

For the 11th outbreak, there are currently 21 national and international organizations (including local authorities) involved in the ongoing EVD response⁴. The DRC Ministry of Health (MoH) leads the response with the technical support of the WHO. The objective is to position the Movement as a reliable and efficient humanitarian partner, strengthening the response and, at the same time, the role of DRC RC as an independent auxiliary to the authorities. Throughout the response, the DRC RC and IFRC will advocate for actions that are grounded in humanitarian and healthcare ethics and principles.

The Movement is part of all coordination mechanisms in both the 10th and 11th outbreaks. The General Coordination is based in Mbandaka at the Emergency Operations Centre (EOC) with sub-coordination in all affected health zones under Chief Medical Officer (MCZ) for the Health Zone. Intervention teams are under the Head Nurse of the local health facility (FOSA). Multidisciplinary Rapid Intervention Teams provide support to newly affected areas, and at the local level, the DRC RC coordinates with local Health Committees, Health Area Development Committees (CODESA) and Community Animation Cells (CAC) for community engagement.

OCHA coordinated a multisectoral response plan to the 11th outbreak. This operation falls squarely within this plan to which DRC RC and IFRC have contributed and where the role of the Movement is clearly recognised. A review of the multisectoral plan is ongoing at the time of revision of this Appeal and the IFRC is actively participating in this review.

As for the recovery from the 10th outbreak, national authorities and partners have set up a post-Ebola plan for recovery and preparedness. The Government of the DRC coordinates the response through an established coordination infrastructure (General Coordination, Sub-coordination and Technical Commissions). Both the response and recovery operations are managed at national level by the Presidential Multisectoral Committee or “Comité multisectoriel de la riposte à épidémies à la Maladie à virus Ebola” (CMRE), under the leadership of the Prime Minister and supported by a Technical Secretariat led by Professor Muyembe, a legendary epidemiologist, who is a worldwide recognised Ebola expert.

The Operational Strategy

The overall objective of this appeal is to contribute to preventing and reducing morbidity and mortality resulting from Ebola virus disease in the DRC and to rapidly contain the outbreak of EVD should the virus spread to neighbouring countries. At the same time, the longer-term strategy focuses on supporting resilient health systems and tools of the National Society to ensure response readiness in DRC. The operational strategy is based on four operational priorities:

- 1) Prevent transmission of EVD: In active outbreak areas, provide high quality, humanitarian and community-based epidemic control services and keep Ebola at zero in places that have ended the outbreak, by maintaining the needed level of Community Engagement and IPC measures in place to rapidly detect and contain any new emergence of the disease in this region where the population has already paid an immense toll to Ebola.
- 2) Strengthen DRC Red Cross's capacity for early detection and early response to future emergencies, including Ebola. Communities in eastern DRC face multifaceted health, livelihood and protection threats. They are often left on their own to face this overwhelming threat. Participatory planning is key to ensuring the local needs are met and local capacities used. See figure 3 for the vulnerability map of DRC.
- 3) Provide the DRC Red Cross in eastern DRC with the capacity to respond to future emergencies, including outbreaks of Ebola or other infectious diseases.

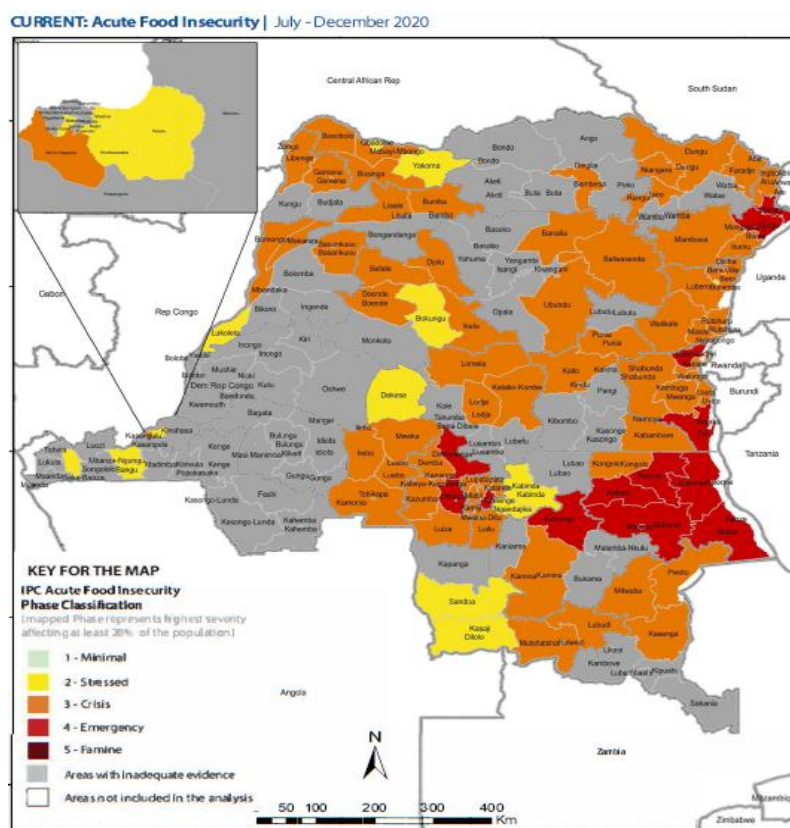


Figure 3 Vulnerability map of DRC – IPC classification

⁴OCHA, September 2020

- 4) While focused on preventing a new outbreak of Ebola in eastern DRC, this operation also contributes to limit the humanitarian impact of COVID-19 in the parts where DRC Red Cross operates in. IPC activities will be adapted to be more COVID-19 appropriate and where possible transition into COVID-19 response, funded through the IFRC COVID-19 Appeal.

During the implementation of this revised Appeal, the transition to recovery will continue and will eventually phase out response interventions in eastern DRC while ensuring the needed level of surveillance and response capacity by the DRC Red Cross. This preparedness is the final step of the EVD response in eastern DRC and it is a crucial one. The 11th outbreak clearly demonstrated that the preparedness work implemented in Equateur following the 9th outbreak in 2018 proved instrumental to Red Cross capacity to quickly and efficiently respond to the 11th outbreak in Equateur in 2020.

In Equateur, the strategy is adapted to the context and the features of the 11th outbreak. This outbreak is characterised by geographic spread that results in many outbreak areas in disparate places (as shown in the attached map of the outbreak spread in the last 8 weeks, figure 5). Equateur is a very remote and poor province, even by DRC standards. Most of Equateur province is neither accessible by car nor it is served by phone networks. There is no centrally provided electricity in the province. The teams must deploy to very hard to reach areas by using pirogues (canoes), UN provided helicopters, motorcycles, etc. The 11th outbreak required to design an agile response to be able to deploy quickly to newly hit areas and work hard to stop the outbreak before it spreads further. For that purpose, a strategy based on three operational priorities has been developed:

- 1) **A locally led response:** The 9th outbreak of Ebola had hit Equateur in 2018. The local branches of the DRC RC have therefore gained experience in responding to Ebola. In addition, the operational team took advantage of the experience gathered by DRC RC in eastern DRC by deploying local staff and volunteers from eastern DRC to Equateur. Key community groups are engaged to ensure the response is accepted and owned by local communities.
- 2) **A light and agile operational footprint approach:** The 9th outbreak had many cases that were mainly concentrated in few health zones. The 11th outbreak has evolved differently, spreading in hard to reach areas. This requires to be agile and be able to quickly deploy to areas newly hit by Ebola to swiftly set up the required response. As an example of this agile approach, the Equateur part of the operation features Rapid Deployment Teams of six staff and volunteers who, upon a confirmed case in new health areas, can hop in helicopter or pirogue, reach the area and start responding with local DRC RC volunteers in a matter of a few days.
- 3) **Implementing lessons learned from 10th outbreak:** Based on the lessons learned from the different EVD response in DRC, some key components such as proper management of volunteers, support to local sections of DRC Red Cross, as well as systematic collection of—and action based on—community feedback yield better results if started early. From the onset of the Equateur response, the lessons learned from the eastern DRC were implemented. This has allowed to set up the Equateur component of this operation quickly and on the right foundations.

The Red Cross Red Crescent Movement's community-led vision was designed considering key elements such as the security context, epidemic trends, internal and external analysis of available data, and shifts in humanitarian context. These facilitated the continuous adaptation of the response by identifying creative strategies to continue delivering life-saving interventions despite the evolution of the outbreak and changes in access and security situation and capacity. At the same time, it laid the foundations for health resilience at the community level by engaging support from Movement partners while enacting the above vision.

In this revision of the Appeal, the focus will be to continue responding to the 11th outbreak with critical life-saving and EVD controlling activities and at the same time, strengthening community health systems, with priority given to strengthening DRC Red Cross' readiness to respond while transitioning to recovery 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 community-based surveillance (CBS).

Maintaining daily discussions with local structures and communities is also key; adjust interventions over time, based on the feedback and perceptions of affected and at-risk communities and other research findings to enhance Red Cross and other key community actors' capacity to conduct community dialogues and ensure that communities in the most affected areas can participate in the response, have access to relevant and useful information, and their questions are answered.

Needs assessment

11th Outbreak – Epidemic Response

The 11th outbreak is characterised by very weak health and surveillance systems, low population knowledge of EVD and its means of transmission and methods to stop it, and vast distances with poor communication and transportation networks. In the interagency response, the DRC RC is identified as a key responder in the affected communities.

Unsafe burials of people who have died of EVD in the community have been one driver of the epidemic and have been the cause of several super-spreading events. Providing safe and dignified burials for confirmed and suspect EVD cases to reduce the chance of post-mortem transmission of the virus is a key life-saving intervention. The DRC RC is the key SDB provider in DRC and has existing capacity to respond built from the 9th epidemic.

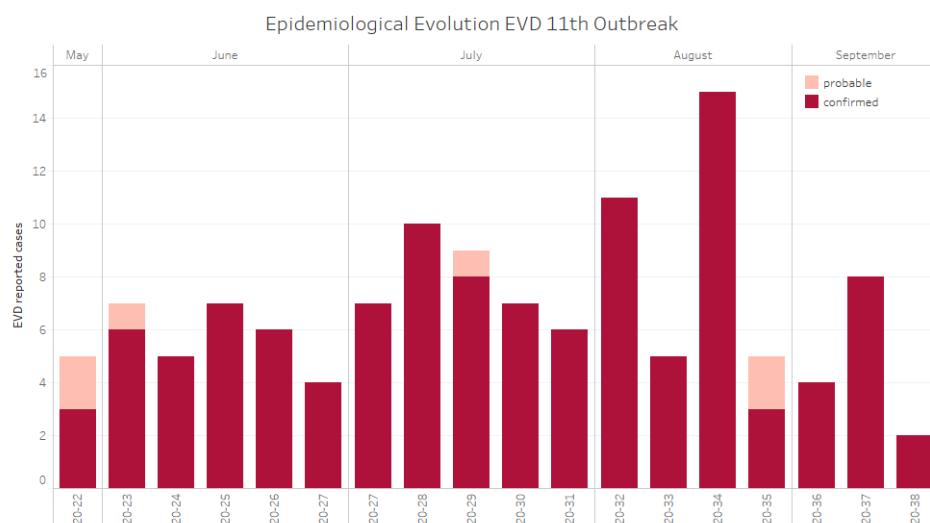


Figure 4: Epidemiological evolution 11th Outbreak, source: MoH surveillance data

IPC knowledge, practices and capacities are very low in both traditional and clinical health facilities. IPC interventions are critical to reduce the risk of **nosocomial transmission** of the virus, to increase **case detection capacity** from within existing patient populations, and to maintain confidence in the health system and mitigate the reduction in care-seeking behaviour that is frequently seen in epidemics.

While some affected communities experienced the 9th outbreak in 2018, that outbreak was relatively small and short-lived, and many communities in the 11th outbreak are affected by EVD for the first time. **Understanding of the virus is generally low**, including its symptoms, means of transmission and methods to prevent transmission. This hampers both case identification, as both the general public and healthcare providers (traditional and clinical) may frequently fail to identify cases and high-risk behaviours or exposures based on a misunderstanding of the disease; and it hampers response, as the key response activities—including SDB, contact tracing, early care-seeking and isolation of cases, and vaccination—are not understood. Effective risk communication is critical to increasing the understanding of the virus, which lays the foundation for acceptance and community ownership of epidemic response activities.

Top-down approaches and lack of engagement with affected communities can create hostility and distrust of the epidemic response, which is evident in the community feedback and in the motives for SDB refusal already seen in the first months of this response. It is important that community members contribute to the response and can impact the way response activities occur in their own communities. Equally critical to community acceptance is ensuring that response activities for EVD are nested within responses to communities' self-identified needs. Failure to address communities' needs also contributes to perceptions that Ebola is driven by financial or political imperatives, rather than health or humanitarian ones.

Limited surveillance capacity has resulted in complicated epidemic dynamics, which complicate appropriate response, including rapid and unpredictable spread of the epidemic (see map as an illustration) to new and hard-to-reach areas, and there are many undetected chains of transmission and isolated cases of EVD with no known epidemiological links. These dynamics require rapid and flexible response systems. Some of the resulting outbreaks remain isolated cases, requiring only a local and time-bound response, while others result in continued transmission and require a full scale-up of response activities for a sustained period. Movement due to trade and other activities is frequent and poses a significant (and proven) threat of disease transmission. Children are disproportionately represented among EVD cases in this outbreak compared to previous ones.

Finally, both first responders and affected communities are at heightened risk of negative **psychosocial effects** and require support to mitigate the harmful impacts of both the epidemic and responses to it.

10th Outbreak – Recovery and Preparedness

While the 10th outbreak in eastern DRC is fortunately over, it left communities very vulnerable. Humanitarian needs in eastern DRC are massive. The map in figure 3 shows the vulnerability of communities in DRC, especially in the eastern part of the country. To give a snapshot of the terrible situation in eastern DRC, between January and June 2020, more than 1 million people were displaced by violence in eastern DRC, according to UNHCR⁵. Additionally, the people of DRC are routinely vulnerable to outbreaks of contagious diseases such as Ebola as well as measles, cholera, etc. Coupled with this, DRC is also hit by COVID-19. The humanitarian consequences of these communicable diseases are compounded by insecurity, food insecurity, displacement and lack of basic services.

This shows the humanitarian imperative and relevance of the strategy to strengthen DRC RC capacity of early warning and early response for any emergency with a focus on health outbreaks. In such fragile communities, the humanitarian consequences of outbreaks are dramatically amplified, thus the importance of strengthening the capacity to stop these outbreaks early on and reduce their humanitarian impact.

This Appeal is not meant to respond to humanitarian needs such as displacement or food insecurity, and it will not. However, the fragility of communities in eastern DRC has two immediate humanitarian consequences that will be tackled by this Appeal:

- 1) **Early warning saves lives.** Conflict, lack of essential services and huge humanitarian needs make it impossible for the DRC health authorities to detect and respond to new outbreaks in a timely way. In April 2018, in Mangina (NK), it is only after several deadly weeks that the 10th EVD outbreak was identified by health authorities. This led to unnecessary deaths, including health workers and an initial head-start of the disease unchecked. Both could have been limited with an effective early warning system. The DRC RC has a very dense network of volunteers, present in every community, where they are known and trusted. Properly trained and supported, the DRC RC volunteers will warn of possible outbreaks upon the first signs. This will allow an early response that lessens the humanitarian impact on already-fragile communities.
- 2) **DRC Red Cross's Auxiliary role in humanitarian response is vital.** The capacity of authorities to respond to outbreaks when identified is stunted by conflict and chronic challenges to build efficient state institutions in eastern DRC, along with distrust between communities and authorities. The DRC Red Cross is the main local humanitarian actor in the country, and it is expected by communities to respond to outbreaks and other emergencies. This Appeal will improve the preparedness of DRC Red Cross to respond to future outbreaks in eastern DRC, strengthening the capacity of communities to face these outbreaks quickly and effectively.

In DRC, health capacity and resources are considerably strained, and additional burdens have been put on the national health system with the COVID-19 pandemic and other health emergencies currently experienced in the DRC. It is therefore important to have measures in place for early detection, reporting and response of potential health risks with epidemic potential in communities to allow for quick response mobilisation. This revised appeal will strengthen the capacity of the DRC RC to maintain early warning and early response systems for future outbreaks.

Security Constraints and Other Risks

In eastern DRC: Insecurity and increase in active conflict and potential targeting of Red Cross teams. The security environment in eastern DRC is affected by clashes among various armed groups and DRC military forces as well as MONUSCO Peacekeepers. There is a myriad of armed groups including Ugandan non-state armed groups, the Allied Democratic Forces (ADF) militias, the ethnic-Hutu Democratic Forces for the Liberation of Rwanda (FDLR) and several local ethnic militias operating in rural areas. Small, highly mobile armed groups operate in significant portions of rural areas, where they regularly clash with the Congolese armed forces (FARDC) and the local population. Civilians are routinely targeted; villages are looted weekly and rape is rife. Armed groups also engage in unlawful activities such as roadside banditry, artisanal gold mining, timber trafficking, wildlife poaching, armed robberies, and kidnappings and extortion, including targeting humanitarian agencies.

Community Engagement and Accountability (CEA) activities of DRC RC and community feedback mechanisms are essential in this operation to constantly track and improve community acceptance and spot possible threats at the community level.

The implementation of this Appeal in eastern DRC is very contingent on security. The security situation is closely monitored and constantly adapt to the situation, under the guidance of IFRC Africa Security Unit. The IFRC continues to follow ICRC security rules for international staff and relies on ICRC understanding of the security situation in the implementation of this Appeal.

⁵ Mainly in Djugu Ituri, Fizi and Mwenga in South Kivu, Masisi and Rutshuru in North Kivu. Source UNHCR : <https://www.unhcr.org/news/briefing/2020/6/5efaeefb4/unhcr-appalled-rising-violence-against-displaced-eastern-drc.html>

In Equateur: There is no active armed conflict. However, the teams are exposed to a significant risk of community resistance. There have been incidents of violence targeted at Ebola response teams, including DRC RC SDB teams. The approach is permanently adapted to reduce community resistance and improve community acceptance of the activities. Examples of the approach are:

- Entering a dialogue with resistance groups and including them into the response, by, for example, training members of these groups as DRC RC volunteers.
- CEA activities and community feedback mechanisms to constantly track and improve community acceptance and spot possible threats for early action.
- DRC RC teams are oriented in basic security awareness to improve security awareness and safety while implementing activities.

In the entire operation, the following additional risks are identified and managed:

COVID-19 in DRC and its humanitarian consequences: The IFRC has learned lessons through this operation that enable us to include COVID-19 messaging into EVD activities to continue to limit the humanitarian consequences of COVID-19 and maintain the trust and relationship between communities and the DRC Red Cross by showing that the response takes into account their concerns and not only to the risk of EVD.

Teams exposure to COVID-19: Plans and protocols have been developed to reduce exposure of staff and volunteers to COVID-19 while maintaining the needed level of humanitarian impact.

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 the bases offering psychosocial support activities (psychological first aid, education sessions, focus group discussions, debriefings after incidents, recreational activities, etc). Rest and relaxation (R&R) had been suspended due to COVID-19 travel restrictions and are restarting at the time of writing this appeal. The IFRC has been implementing several measures for staff well-being and stress reduction and this remains a high priority task for the IFRC management.

The IFRC security plans will apply to all IFRC staff. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

COVID-19 Response

As of 29th September, the Democratic Republic of Congo has reported 10,658 confirmed cases of COVID-19, including 272 deaths. The population has faced a significant burden of COVID-19, including due to the collapse in informal sector work following movement restrictions. DRC RC has taken an active role in COVID-19 prevention with risk communication, community engagement, and health and hygiene promotion activities.

On 31 January 2020, IFRC launched a global [Emergency Appeal](#) (further revised in February, March and May 2020) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 outbreak with three IFRC wide operational priorities:

- Preventing transmission and reducing the health impacts through health and WASH interventions;
- Reducing the socio-economic impact; and
- Strengthening National Societies.

The Emergency Appeal focusses on ensuring the implementation of effective and relevant activities to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies are playing a strong role in supporting national COVID-19 response focused on preventing and suppression transmission of the virus. Focus is also given to supporting National Societies to maintain critical service provision to people affected by humanitarian crises through new and ongoing Emergency Appeal 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.

As such, the National Society actions' dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and build upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked

to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO), launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response.

The strategies envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the supported National Society as part of the national COVID-19 response and covered outside of this emergency appeal is available on the [COVID-19 operation page IFRC GO Platform](#).

Proposed areas for intervention

The focus is to prevent and reduce morbidity and mortality resulting from Ebola virus disease in the DRC, and to rapidly contain the outbreak of EVD should the virus spread to neighbouring areas and countries. At the same time, the longer-term strategy focuses on supporting resilient health systems and strengthen DRC Red Cross's capacity to respond swiftly and efficiently to any potential new outbreaks of EVD or other communicable diseases.

Preparedness in the Central African Republic and the Republic of Congo

Given the risk for the 11th outbreak to spread to the neighbouring countries, Republic of Congo (ROC, Congo Brazzaville) and/ or Central African Republic (CAR), the IFRC is supporting the two National Red Cross Societies - Central African Red Cross Society and Congolese Red Cross to increase EVD preparedness capabilities by mobilizing the Disaster Relief Emergency Fund (DREF) separately. Two preparedness operations supported by the DREF were launched on 30 June 2020 and will continue till December 2020 with an allocation of CHF 210'315 for RoC and CHF 141,089 for CAR to start up key activities such as screening at the point of entry, share messages on the promotion of hygiene, train volunteers in community based surveillance not only of diseases with epidemiological potential, but also in the surveillance of any other events that may occur in the community and train volunteers in performing SDBs. Both countries leverage the experience, lessons learned and response capacity present in DRC.

Though IFRC is overseeing and supporting the preparedness works in RoC and CAR, these two countries and DREF operations are at this stage not part of this Appeal. Should onward transmission occur within either of these two countries, the scaled-up response in the affected country will be included in this Appeal through a revision. If the risk of EVD crossing into the at-risk countries remains high in December, when the DREF preparedness operations conclude, the at-risk countries will also be included in the Appeal.

Given that 10th outbreak is controlled in the eastern DRC, the four neighbouring countries' National Red Cross Societies (Burundi Red Cross, Rwanda Red Cross, Uganda Red Cross and South Sudan Red Cross) are transitioning EVD preparedness activities from this Appeal to their regular health programming. These countries will be phased out from this appeal by December 2020.

Epidemic evolution of EVD confirmed cases by health zone 11th outbreak

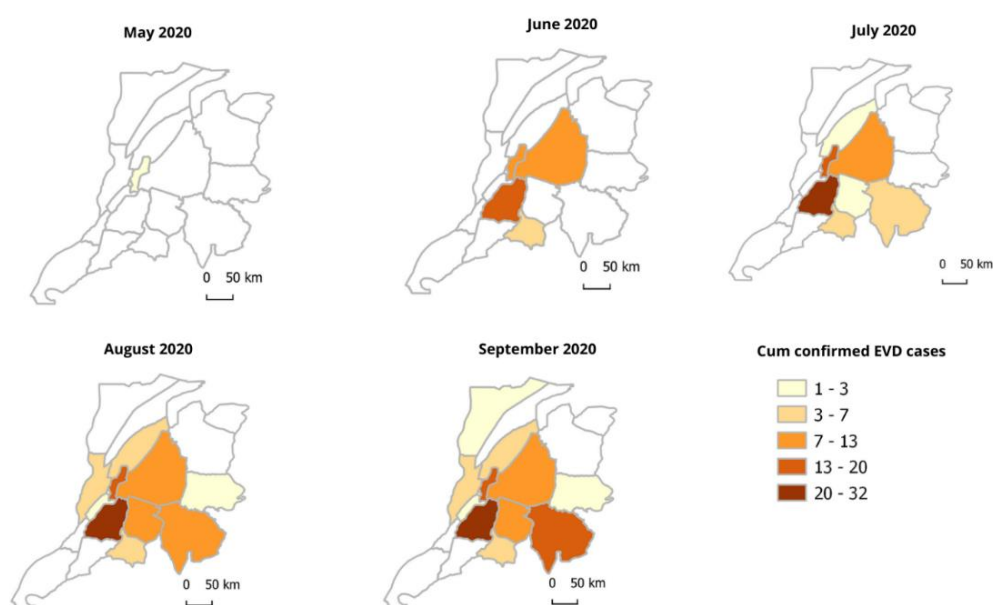


Figure 5 Evolution of confirmed and presumed EVD cases by health zone

Recovery from 10th Outbreak and Response to the 11th Outbreak.



Health

People targeted: 8,743,924

Male: 4,305,392

Female: 4,438,532

Requirements (CHF): 37,000,000

Needs analysis: The 11th outbreak continues to spread geographically to new health zones within the Equateur Province, with sustained transmission in some harder-hit communities. The number of cases and geography affected have quickly surpassed the 9th epidemic in the same province, and the outbreak is now the second largest in DRC since 2007. Poor surveillance and limited case detection most likely significantly underestimate the real burden of disease and areas of transmission. Due to the scattered nature of the (detected) outbreak, the strategy responds to areas with high number of cases through local response teams and deploys Rapid Response Teams to areas with single cases. If transmission is sustained in these new areas, the team then invests in building capacity for a sustained response.

In the attempt to stop the geographic spread of the virus, Rapid Deployment Teams (RDTs) who can deploy with all needed equipment to provide burials and community engagement to immediately respond to the first cases in new areas are constituted. If the disease is sustained in this area then local volunteers from the affected communities are trained, while the Rapid Deployment teams move to another newly hit area. In addition, in areas with sustained transmission, Red Cross Rapid Response Teams (RRTs) are set up to not only bury EVD deaths safely but also transport suspected cases safely to Ebola Treatment Centres (ETC) in Equateur. Similar teams will also respond to alerts of suspected cases in Ituri, North and South Kivu provinces. This strategy is not only more sustainable as it can be maintained after the outbreak but will also improve community acceptance of the Red Cross as not an “Ebola-only” actor. In addition to this, in areas where transmission has ended, there is need to strengthen community-based surveillance and put in place early response mechanisms to prevent escalation of diseases with epidemic potential, hence the assessment and piloting of community-based surveillance system and community-based response mechanisms.

Population to be assisted: Out of the 8.7 million people to be assisted, this operation is targeting about 2 million people to be reached directly with RCCE/CEA, PSS, IPC and SDB (Rapid Response Teams and Rapid Deployment Teams) activities. Feedback will be collected from communities and used to tailor and target prevention and response activities.

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

Key ongoing and planned activities include:

EVD epidemic response activities

Safe and dignified burials- SDB (Equateur)

- Organize training for volunteers on how to conduct safe and dignified burials where the outbreak is sustained according to the epidemiological situation.
- Conduct SDB following validated SDB alerts
- Organize adapted refresher trainings for SDB teams based on the needs including CEA and PSS (modules)
- Identification and implementation of decontamination areas for vehicle and personnel (dressing and removal of PPEs for volunteers)
- Supply protective equipment and all the necessary material for SDB
- Supply means of transportation for SDB teams adapted to the context
- Monitoring and quality control of activities

Rapid Deployment Teams (RDT):

- Train and equip multisectoral rapid deployment teams (RDT) in the field of SDB, PSS and CEA in order to rapidly respond in newly affected areas
- Organize training for Red Cross teams to conduct SDB, PSS and CEA in areas where outbreak is sustained
- Conduct first response SDB, CEA, PSS activities in newly affected areas
- Identify and implement decontamination areas for vehicles and reusable SDB equipment
- Supply means of transportation for RDT adapted to the context

- Supply protective equipment and all the necessary material for the RDT

IPC in Equateur:

- Develop terms of reference of IPC package for each FOSA
- Build or designate triage and pre-triage zones and isolation centres for suspect cases
- Train health service providers, traditional healers and volunteers in the 15 FOSAs on IPC and case identification
- Regular joint supervisions and monitoring with MoH
- Renovate WASH infrastructure in the FOSA based on needs
- Establish hand washing points in the FOSAs
- Supply IPC material
- Support Mbandaka prison to improve IPC by renovating WASH facilities, training prison staff and detainees, and supplying IPC material as needed

Psychosocial Support (PSS)

- Service mapping of PSS and Sexual and gender-based violence (SGBV) actors to ensure appropriate referrals for cases in need of higher level of care
- Quality review of PSS interventions with the view of initiating direct PSS services to the affected population
- Continue psychosocial support activities for staff and volunteers involved in the operation
- Training/ Orientation and coaching of PSS staff and volunteers (focal points, supervisors, team leaders, etc) on community-based PSS interventions
- Set up the PSS component of the RRT
- Print and disseminate IEC (Information, Education and Communication) materials for PSS
- Ensure proper referral to higher level PSS interventions when needed

Activities common to both response and recovery

Risk Communication and Community Engagement (RCCE):

- Regular refresher sessions for volunteers on RCCE approach, feedback data collection and analysis, knowledge on EVD and COVID-19, Epidemic Control for Volunteers (ECV) and PSS
- Conduct door to door sensitisation and mass awareness activities including interactive radio shows, roadshows using motorised vehicles with loudspeakers (allo allo caravan) and theatre activities in schools, local associations and institutions as well as educative talks in communities
- Conduct public hygiene and sanitation activities in the community such as cleaning-up schools or markets to use these as an opportunity to further engage with communities and improve local acceptance
- Organise meetings with community leaders (district and cell chiefs, religious leaders etc.), influencers (young leaders, women, artists etc.) to plan and organize joint community-based activities
- Set up and operate DRC Red Cross information kiosks
- Conduct rapid assessment combined with PSS, on level of knowledge, attitude and practices of affected communities
- Training of volunteers on media and communication techniques
- Conduct RCCE activities targeting marginalized and vulnerable groups (persons with disability, Indigenous people, children, etc.) in close collaboration with PSS teams. Including activities against stigmatization of survivors.
- Engage with truck drivers, hairdressers, motorbike-taxis and civil society groups, provide prevention and public health messages, and encourage them to listen to and participate in radio programs.
- Finalize the CEA toolkit for EVD outbreaks
- Set up the CEA component of the RRT
- Adapt, translate and print IEC materials
- Collect and analyse community feedback during social mobilisation activities (door-to-door, mass sensitisation, interactive media, etc)
- Maintain community feedback groups to discuss findings and identify concrete action to address the feedback and regularly share community feedback internally and externally
- Maintain an information management and quality control system
- Adapt the modus operandi of the response to the community feedback and track action
- Pilot a project with Translators without Borders to use a chatbot on WhatsApp to answer questions related to EVD and COVID-19 in local languages
- Return to communities to inform them about measures taken about their feedback (closing the loop)

Multi-risk Rapid Response Teams (including Equateur):

- Train and equip multisectoral response teams (RRT) in the field on first aid, psychosocial first aid (PFA), safe transfer protocols, epidemic control for volunteers
- Supply protective equipment and all the necessary material for the RRT
- Supply means of transportation for RRT adapted to the context

- Conduct patient transport according to safe protocols
- Monitoring and supervision of RRT teams
- Regular refresher training of RRT to ensure preparedness
- Adapt, develop and implement First Aid Blended Learning (FABL) from the Belgian Red Cross-Flanders (RKV)
- Implement CDC rapid diagnostic tests on all suspected deaths in the community according to MoH/WHO protocol
- Monitoring and quality control of activities

EVD recovery activities

Infection prevention and control (IPC) in eastern DRC:

- Gradual reduction of IPC activities in supported health facilities after the 90 days surveillance period and according to needs and discussions with MoH
- Provide handover kits to health facilities during phasing out
- Regular coordination meetings with MoH and other health partners to agree on a gradual handover ensuring the safety of patients and health care staff
- Continue donation of PPE and hygiene kits for the supported FOSA according to the handover phases and needs
- Finish planned rehabilitation/construction of WASH facilities in healthcare facilities
- Refresher training of health care workers in IPC
- Transform the temporary isolation spaces in FOSA into permanent structures

Community-Based Surveillance

- Assessment to analyse relevance of community-based surveillance, scope of application and integration with existing epidemiological surveillance mechanisms in DRC
- Assessment of community situation to identify needs and potential locations for piloting community-based surveillance activities
- Identification and training of CBS team and roll out on pilot sites
- Review of activities and adjusting according to findings

PSS in eastern DRC:

- Needs assessment and mapping of mental health services and PSS
- Re-evaluation of program activities and transition to community-based interventions taking into account epidemiologic situation/integration activities
- Training/ orientation and coaching of PSS staff and volunteers (focal points, supervisors, team leaders, etc) on community-based PSS interventions
- Establish and support a PSS roving team for emergency response, quality control and supervision
- Set up the PSS component of the RDT and RRT
- Translate adapt, print and distribute IEC (Information, Education and Communication) materials for PSS
- Ensure safe and dignified referral to higher level PSS interventions when needed
- Provide PSS interventions to support to volunteers involved in the response.



Protection, Gender and Inclusion

People targeted: 3,079

Male: 2,076

Female: 1,003

Requirements (CHF): embedded in Health AoF

Needs analysis: This response is taking place in an area with an extremely high rate of sexual and gender-based violence, marginalization of several populations and the presence of extremely vulnerable groups. The major needs in this sector include ensuring all populations including the most vulnerable are reached by EVD preparedness and response activities that will ensure information sharing with staff and volunteers on prevention and response to sexual and gender-based violence as well as prevention of sexual exploitation and abuse. In addition, the 11th outbreak is showing unusual patterns relative to other EVD outbreaks, with a particular concentration of cases among children. The PGI activities will be implemented in North Kivu, Ituri, South Kivu and Equateur and will be mainstreamed in all sectors, and outbreak response activities will continually adapt to ensure that particularly vulnerable groups (and their carers where appropriate) are informed and engaged in the response and can make use of available supports to identify and prevent cases of EVD.

Programme standards/benchmarks: The IFRC Minimum Standards for protection, gender and inclusion 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.

Key ongoing and future activities include:

- Identification and training of prevention of sexual exploitation and abuse (PSEA) focal points
- SMT and all field coordinators hold PGI focused meetings every two months. Minutes of meetings, recommendations and follow up points shared with PGI advisor at regional office
- Set up and activate the use of hotline
- Support sectoral teams to ensure mainstreaming of PGI and that they meet the IFRC Minimum Standards for PGI in emergencies
- Train focal points, supervisors and PSS and CEA teams on PSEA, SGBV. Child Protection and Trafficking in persons
- Continue working with community engagement and accountability (CEA) team to operationalize guidelines for sensitive complaints and pilot a system on collection and handling of sensitive feedback
- Identification and dissemination of referral pathways for the different areas of operation
- DRC RC PGI focal points participate in the gender-based violence (GBV) sub-clusters in DRC to ensure close coordination with other SGBV actors
- Training of trainers to staff and volunteers on prevention and response to SGBV
- Conduct sensitization sessions in each of the operational bases to raise awareness on prevention and response to SGBV
- Hold trainings and training of trainers for IFRC and NS staff and volunteers on the Code of Conduct and prevention of sexual exploitation and abuse (PSEA) all briefings and trainings on PSEA to include this video <https://www.youtube.com/watch?v=2rOMyul-NDk> and they complete the brief online introduction on sexual and gender-based violence case disclosure and referral found on this link https://www.dropbox.com/s/x7ccl0f9mbds01/zoom_0.mp4?dl=0
- Ensure volunteers and staff sign the Code of Conduct and include reminders during regular meetings
- RCCE activities targeting marginalized and vulnerable groups (persons living with disability, communities in conflict areas, indigenous groups etc.) includes activities to prevent stigmatization
- Production and dissemination of information and communication materials adapted to local languages and specific audiences (e.g. vulnerable and marginalized groups)
- Collection, analysis, and dissemination of sex- and age-disaggregated data

PREPAREDNESS COUNTRIES
PHASING OUT ACTIVITIES (December 2020)

Uganda:

- Carry out handwashing and screening activities in 16 PoE in Kasese, Ntoroko and Bundibugyo for three months through the engagement of 106 URCS community volunteers.
- Establish and equip 30 new PoE in Kasese, Ntoroko and Bundibugyo at unofficial border crossing points, and conduct IPC and screening activities for three months (October-December 2020) through the engagement of 60 community volunteers.
- Replenish/procure equipment and items such as batteries for thermometers, chlorine, chairs, tables, tarpaulin sheets, to ensure functionality of all PoE.
- Replenish/procure protective gear and visibility materials for volunteers at PoE.
- Conduct one community engagement and accountability (CEA) orientation session per district and ensure implementation of CEA mechanisms, including feedback and complaint mechanisms, through regular field visits by URCS health officers.
- Conduct on-the-job trainings on IPC for all volunteers involved in PoE activities and ensure monitoring through regular field visits by URCS health officers.
- Conduct supportive supervision to ensure compliance with quality standards at PoE.
- Realization of one psychosocial support (PSS) session per district.
- Strengthening of CBS in the South West and Rwenzori region, and will include 300 volunteers initially trained in CBS to be re-oriented/refreshed in CBS.

South Sudan:

- Refresher training TOT on CBS and reporting for supervisors and team leads
- Orientation of Community Key Informants (CKIs) on CBS and priority diseases
- Conducting CBS outreaches (passive surveillance) by volunteers and community engagement
- Monitoring and Supervision Visits to 8 main locations (Yambio, Nimule, Yei and Maridi and 4 other counties) 2 visits each for supportive supervision and M&E
- Printing, Production and Distribution of visibility and volunteer support material (aprons, sunhats, bags, water bottles, bicycles etc.), priority Diseases Flip Chart (for volunteer reference and dissemination) and writing aids
- Printing of Reporting Tools/forms, attendance sheets etc.
- Lessons learnt review meeting

Rwanda:

- Refresher training for the two frontline SDB teams
- Roll-out of RCCE bra
- nch level training in 15 districts
- Psychosocial support (PSS) Psychological First Aid (PFA) and training for 13 district teams
- Training of Trainers for 43 volunteers

Burundi:

- Workshop for the national validation of Burial Management SOPs for EVD and COVID-19 awaiting the approval of MoH and with the participation of WHO Burundi Office
- Training of Volunteers in Screening and RCCE at PoE/PoC
- Transports, customs, and importation of SDB Kits

Regional Coordination

In terms of regional coordination, the 9th, 10th and 11th outbreak operations have been coordinated and given strategic, technical, financial, and operational support and direction through the IFRC Africa Regional Office in Nairobi. Highlights of the coordination and support activities include:

- Strategic and operational oversight in driving a coordinated EVD preparedness and response strategy amongst IFRC and Movement partners including RoC and CAR for the 11th Outbreak.
- Maintenance of an agile and slim Ebola support structure and team at the IFRC Africa Regional Office and different strategic locations. Ensure smooth functioning and availability of regional surge members (rapid response personnel) to support multi-country response coordination and country-specific preparedness activities
- Update Regional EVD Contingency Plan
- Review and harmonization of training packages, operational guidelines, guidance for NSs and Standard Operating Procedures on SDB and RCCE
- Establishment of an information management platform for the regional containment strategy to enhance coordination between operations and support external communications
- Cross-border information sharing, cross-border SDB experience sharing, lessons learned, and data analysed from the feedback system in DRC
- Development of tools including the IM toolkit for SDB and SDB training materials
- 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 as well as support of preparedness activities in RoC given the high risk of spillover.
- 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 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.
- Facilitation of cross-programmatic coordination between COVID-19 and EVD responses in all five countries.
- Facilitation of logistical support as needed for international procurements and provision of back up logistics.

Key ongoing and future activities include:

- Continued strategic oversight of the EVD strategy for IFRC, with technical support in Coordination, CEA and Health, now and into the recovery strategy
- Strategic and operational oversight in driving a coordinated EVD preparedness and response strategy amongst IFRC and Movement partners including RoC and CAR
- Continued coordination and oversight of DRC's support to preparedness activities in RoC
- Sharing and refinement of Information Management tools developed out of the learnings from the DRC operation specifically related to SDB and community feedback in the regional containment countries
- Support for country-level readiness support of tools, systems and personnel for rapid response teams (including considerations for adapting the toolkit to wider epidemics)
- Continued coordination with external donors and partners, across all countries
- Continued oversight and support services in IM, finances, legal, logistics, HR, communications, resource mobilization and PMER
- Dissemination of the chronological review and organization of a lesson learnt webinar
- Support of the finalization of a CEA package for EVD outbreaks, as well as the development of a qualitative toolkit for data collection, analysis, reporting, and use of community feedback in public health emergencies

Strategies for Implementation

DRC Red Cross capacity strengthening activities will continue with efforts put towards preparedness and prepositioning in eastern DRC while support to improve response capacity will be the focus in Equateur. Building on the work conducted during the response phase, this pillar will focus on ensuring that the systems, mechanisms and operational capacity acquired are maintained or adapted to recovery and sustainable long-term programmes. This will ensure the National Society is able to deliver the activities at the scale and quality required, while also augmenting and strengthening its broader programming spanning across the humanitarian-development nexus. Priority areas will continue to encompass the development and maintenance of tools, strategies and the operational means to deliver across the National Society's support services, operations and technical departments. In line with National Society Development best practice there will be continuation of activities in the following areas:

- Financial systems strengthening.
- Logistics and supply chain management (including warehousing and fleet management).
- Volunteer management.
- Operational and technical expertise, through a two-way counterpart system between all technical and operational management profiles of the DRC RC and IFRC.
- Integration of DRC RC capacities within national mechanisms. i.e. related to multi-disciplinary Red Cross Rapid Response Teams for epidemics.

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

Requirements (CHF): 2,000,000

Needs analysis: Capacity building of the DRC RC to be able to effectively respond to future emergencies especially outbreaks is essential, in view of the fragile humanitarian situation of communities in DRC and the frequency of outbreaks in the country. This is also in line with the IFRC Africa region road map which envisions National Societies that are stronger and better prepared to respond to current and future disasters including outbreaks.

All the activities will be conducted and informed by Organizational Capacity Assessment and Certification (OCAC) and, where relevant the Branch Organizational Capacity Assessment (BOCA) and will contribute to the Preparedness for Effective Response Capacity Assessment (Well Prepared National Society (WPNS)). Key ongoing and future activities include:

- Strengthening use of a Volunteer Management System
- Revise the protocol of service and care for volunteers and staff based on lessons learned from the EVD response.
- Strengthen the National Society in reinforcing the office space and operational bases
- Strengthen the fleet capacity of the National Society through vehicles and repairs of existing fleet
- Conduct mid-term and post-outbreak workshops on SDB, PSS, CEA and IPC to consolidate knowledge and learning.
- Support management transition for Equateur provincial committee
- Reinforce the information management capacity of the National Society
- Improve visibility and respect of the emblem through purchase of RC visibility items and equipping DRC Red Cross intervention teams
- Develop in close coordination with the NS a longer-term PSS programme)
- Training of National Society project staff and reference persons in financial management, security management and reporting
- Setting up and developing SOPs for emergency response and the relevant organogram
- Provide a contingency stock (SDB kits and materials, CEA tools and products, IPC hardware, etc.) at the provincial level for the rapid intervention teams
- Support the DRC RC in a scaled reduction of staff as needed for the response and transition, and restructuring of volunteer duties toward recovery
- Support the successful handover of the community-based/CEA feedback and analysis mechanisms for use by DRC RC in public health and other DRC RC programs
- Improve DRC RC financial capacities through trainings, workshop and on the job mentoring
- Ensure lessons learned from the EVD response are collected, consolidated and acted upon including in the Disaster response planning of DRC Red Cross.
- Support Disaster response planning and monitoring of DRC Red Cross including the support to the 6 national disaster response hubs.

Effective and coordinated international disaster response is ensured

Requirements (CHF): 13,500,000

Needs analysis: DRC is a complex emergency with active conflict areas in the East and frequent natural disasters that regularly triggers a Movement response in different parts of the country. The DRC RC is a massive organisation with strengths and areas for development. This landscape requires an effective and coordinated Movement response that

includes all components of the Movement, leveraging their specific added value. This needs to be supported through strong communication flow and regular coordination.

All the activities will be conducted and informed by Organizational Capacity Assessment and Certification (OCAC) and, where relevant the Branch Organizational Capacity Assessment (BOCA) and will contribute to the Preparedness for Effective Response Capacity Assessment (Well Prepared National Society (WPNS)). Key ongoing and future activities include:

- Ensure joint planning and decision making of Movement in implementation and reporting of operational activities
- Ensure complementarity of roles and responsibilities in the operation between Movement partners
- Continue collaborating under the L3 agreement with ICRC
- Provide operational support in information technology and communications to active pillars and services in the operation
- Continue developing the capacities of the DRC RC in logistics, including warehousing and fleet to ensure operational continuity
- Ensure the volunteer management platform is adapted to the transition and recovery phases, and plan for a handover to the National Society together
- Logistics, information management and PMER structures are adjusted as per needs
- Develop an IFRC-DRC RC joint plan in order to ensure that the DRC RC gets all the needed support to face all further outbreaks exploring the possibility of an IFRC operational hub in Goma
- Develop a plan with the DRC RC on the use of vehicles and other assets in order to strengthen a response capacity

Ensure a Strong IFRC that is accountable

Requirements (CHF): 3,500,000

Needs analysis: In this operation the IFRC invests significantly in data gathering, data-driven decision making as well as supported by high-quality research and evaluation. The outcomes will not only inform this operation's strategy, but also responses to outbreaks by IFRC. Furthermore, it will also help craft the right posture for IFRC in protracted emergencies and high vulnerability countries such as DRC.

Key ongoing and future activities include:

- Conduct end of operation evaluation
- Continuous monitoring and evaluation of activities and ensure action on community feedback data
- Support services coordinate closely to ensure adherence to procedures, build capacity where needed and adapt tools, planning and reporting mechanisms
- Grant management, resource mobilisation, donor relations and reporting
- Keep constant monitoring of the security situation together with ICRC
- Maintain close contact with field bases to ensure rapid response in case of incidents
- Provide security briefings to staff and volunteers



Ebola Virus Disease Response and Recovery Revised Emergency Appeal 6

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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



Funding Requirements

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRCD026 - DRC - Ebola Virus Disease Outbreak

Funding requirements - summary

HEALTH	37,000,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	2,000,000
ENSURE EFFECTIVE INTER'L DISASTER MGT <i>Incl. contribution to ICRC (6.3M)</i>	13,500,000
ENSURE A STRONG IFRC	3,500,000
TOTAL FUNDING REQUIREMENTS	56,000,000

all amounts in Swiss Francs (CHF)

Jagan Chapagain
Secretary General

Reference documents

Click here for:

[Previous Appeals and updates](#)**For further information, specifically related to this operation please contact:****DRC Red Cross Society:**Dr Jacques Katshitshi, Secretary General DRC RC; email: sgcrrdc@croixrouge-rdc.org; phone: +243 81651688**IFRC DRC Country Office, Kinshasa:**Momodou Lamin Fye, Head of DRC Country Office; email: momodoulamin.fye@ifrc.org ; phone: +243 851 239 854**Operations Manager:** Robert Ghosn, Email: robert.ghosn@ifrc.org phone: +243 854 920 148**IFRC Office for Africa Region:**Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.orgLeonor Crisostomo, EVD Regional Operations Coordinator, Disaster Crisis Prevention, Response and Recovery Department; email: leonor.crisostomo@ifrc.org**In IFRC Geneva**Nicolas Boyrie, Senior Officer - Operations Coordination (Africa Region), Email nicolas.boyrie@ifrc.org phone: +41 22 730 4980, Mob. +41 79 152 5147.**For IFRC Resource Mobilization and Pledges support****Partnership and Resource Development Head of unit, Africa Region:** Louise Daintrey-Hall, email: Louise.daintrey@ifrc.org phone +254 110 843978**Partnership and Resource Development 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**IFRC Africa Regional Office for Logistics Unit: 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)**PMER for EVD Appeal: **Beatrice Okeyo, PMER Delegate**, email: beatrice.okeyo@ifrc.org phone: +243 850 733 922

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.**