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Emergency Plan of Action Operations Update:

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



<p>One International Appeal n° MDRCD026</p>	<p>GLIDE n°: EP-2018-000049-COD EP-2018-000129-COD EP-2020-000151-COD</p>
<p>Operations Update n°6; Date of issue: 31 October 2020</p>	<p>Timeframe covered by this update: 28 months (May 2018 – August 2020)</p>
<p>Operation start date: 21 May 2018</p>	<p>Operation timeframe: end date 30 June 2021</p>
<p>Overall operation budget: CHF 56 million with funding gap of CHF 6 million</p>	<p>OIA amount initially allocated: CHF 500,000 + CHF 300,000 (Uganda)</p>
<p>N° of people to be assisted: 8.7 million people</p>	
<p>Red Cross Red Crescent Movement partners actively involved in the operation: In addition to the Red Cross of the Democratic Republic of Congo, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) there is also French Red Cross and other in-country partner National Societies (Belgium Red Cross, Canadian Red Cross, Spanish Red Cross and Swedish Red Cross) and other Partner National Societies who have made financial contributions (American, British, Canadian, Finnish, Icelandic, Norwegian, Swedish, Swiss).</p>	
<p>Alongside these Movement partners, other national and international organizations are directly involved in the response to the Ebola epidemic. These include the Ministry of Health of the Democratic Republic of Congo, WHO, UNICEF, MSF, Oxfam, Personnes vivant avec Handicap (PVH), Soutien action pour le développement de l'Afrique (SAD Africa), AMEF, ASEBO, MND, Humanitarian Action, Ministry of Primary and Secondary Education (EPSP), Border Hygiene, IMC, The Alliance for International Medicine Action (ALIMA), IRC, Caritas, Mercy Corps, FHI 360, Africa CDC, CDC Atlanta, Foreign, Commonwealth and Development Office (FCDO formerly DFID) and the World Bank.</p>	
<p>Summary of the major revision made to the Emergency Plan of Action This Emergency Appeal was revised to extend the operation for 6 months to 30 June 2021 from 31 December 2020 to enable the International Federation of Red Cross (IFRC) continue supporting the Democratic Republic of 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. The 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. As a result of the revision, IFRC working with and working for DRC Red Cross to combat EVD seeks a total of some 56 million Swiss francs, decreased from CHF 61 million. The planned response reflects the current situation and information available at this time of the operation.</p> <p>This operation update also notes that activities in DRC and surrounding Priority 1 countries 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.</p>	

< Click [here](#) for the interim financial report and [here](#) for contacts >

A. SITUATION ANALYSIS

Description of the disaster



Figure 1: Sensitization Activities in Mbandaka with the RC RDC

The Democratic Republic of the Congo (DRC) has to date declared 11 outbreaks of Ebola virus disease (EVD) since the first identified outbreak in Yambuku Province in 1976. Historically, EVD outbreaks have been geographically spread across the country with 10 of 26 provinces affected, as presented in Table 1 below.

The 11th Ebola outbreak declared on 1 June 2020, in Equateur province continued the IFRC *working with and working for DRC Red Cross to combat EVD* to redeploy staff and scale up EVD response. As a result, the Emergency Appeal was revised to take into account the needs of the 11th outbreak and as at 20 September 2020, 124 cases have been reported, with 50 deaths (a lethality rate of 40.3%).

Table 1: EVD outbreaks in DRC

Number	Year	Location	Cases and deaths
1	1976	Mongala Province - Yambuku	318 cases (280 deaths)
2	1977	Sud-Ubangi Province - Tandala	1 case (1 death)
3	1995	Kwilu Province - Kikwit	317 cases (250 deaths)
4	2007	Kasaï Province - Mweka	264 cases (187 deaths)
5	2008/9	Kasaï Province - Mweka	32 cases (15 deaths)
6	2012	Haut-Uele Province - Isiro	62 cases (13 deaths)
7	2014	Equateur Province – Boende-Djera	66 cases (49 deaths)
8	2017	Bas-Uele Province - Likati	5 cases (4 deaths)
9	2018	Equateur Province - Wangata, Bikoro, Iboko	54 cases (33 deaths)
10	2018/19	North Kivu, Ituri, South Kivu Provinces	3,470 cases including 3,324 confirmed – and 2,287 deaths (case fatality – 66%)
11	2020	Equateur Province - Wangata, Bikoro, Iboko	130 cases (55 deaths) as of 22 October 2020

The Disaster and 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.

19 July 2019: [4th revision of the OIA](#) - activities timeframe was 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 the 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)¹.

Key Achievements:

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.

10th Outbreak - North Kivu, South Kivu and Ituri

Key results achieved as of 31 August 2020



25,847 (88%) of the **29,357** SDB alerts have been completed successfully Safe and Dignified Burials teams including 32 Red Cross, 26 Civil Protection, 48 community-led harm reduction burial teams (ECUMR) trained by the Red Cross and 37 community burials teams trained by Civil Protection)

¹ [WHO Situation report: declaration of the end of the Ebola outbreak in Équateur Province 25 July 2018](#)



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 platforms 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 update of the 9th Outbreak - Equateur

Key results achieved to the end of the outbreak



A total of 266,490 people reached with the risk communication and community engagement sessions including in schools and religious sites

Training of 445 volunteers in different areas including 300 in risk communication and community engagement, 108 in Safe and Dignified Burials and disinfection techniques, and 37 in PSS;



36 Safe and Dignified Burials have been carried out and 70 households disinfected by Red Cross volunteers in Itipo, Bikoro and Mbandaka.



Support to 13 health centres and hospitals in Mbandaka with Infection Prevention and Control and capacity building activities, 920 health professionals and hygienists trained on IPC

Summary of current regional containment activities

Regional preparedness and 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. COVID-19 travel restrictions continued throughout the summer with a gradual reopening of the targeted countries' borders during July and August allowing the resumption of the activities under the 'new normal' imposed by COVID-19 measures. During this reporting period, the Regional Office has continued supporting the operations in DRC and Priority 1 countries (Uganda, Burundi, Rwanda and South Sudan) in the planning, integration and operationalization of preparedness and response activities for COVID-19 in the EVD program, as well as planning and preparation to resume and complete the planned EVD activities. This has been achieved by taking in consideration the 'new normal'; to give an example, the year-long Lessons Learnt Review (LLR) which deep-dived into the IFRC experience **working with and working for DRC Red Cross to combat EVD** throughout the 9th and 10th outbreaks was completed and a webinar will be organized replacing an in-person workshop. This webinar aims at discussing the recommendations for Operations and Health managers handling similar elements in future epidemic responses. The results of this LLR webinars will be used to inform the management and guide IFRC decision-makers and operational teams responding to future EVD and other outbreaks across the African continent and globally.

Highlights of the coordination and support activities include:

- Provided strategic, technical, financial and operational support and direction to CAR (Central African Republic) and Republic of Congo (RoC) through the East Africa Country Cluster office in Nairobi and Central Africa Cluster

(Yaoundé) in driving two coordinated EVD preparedness DREF interventions amongst IFRC and Movement partners including for the 11th Outbreak.

- Maintenance of an agile and light 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 (IM) 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.
- Recruitment of regional level staff to support in planning, monitoring, evaluation and reporting on the EVD operation, human resources, and other sectors like programs, logistic etc.
- 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

Transition Strategy and EVD+

The transition strategy for the regional coordination team has revolved around building on the lessons learned and capacities developed during the previous EVD outbreaks in the DRC to contribute to the longer-term strengthening of preparedness of the DRC Red Cross, the Red Cross of Priority 1 (P1) countries as well as, most recently, CAR and RoC, Equateurs neighbouring countries at risk of Ebola spillover, to respond quickly and effectively to future public health emergencies and pandemics.

In the effort to enable the organization to truly implement the lessons learned from EVD in future operations, the above mentioned chronological review has been carried out and completed. The dissemination, as well as technical webinar

of the chronological review, will aim at outlining the key strategic and operational decisions that must be taken by the IFRC *working with and working for DRC Red Cross to combat* future epidemic responses in complex contexts to ensure operational efficiency and effectiveness as well as validating the results and developing a roadmap to implement the recommendations.

With the 10th Ebola Outbreak declared over on 25 June and with the arisen 11th EVD outbreak in Equateur Province, DRC, 2000 km away from P1 countries, the activities in Priority 1 countries, which border the eastern provinces of DRC, will be phased out as EVD activities by the end of 2020.



Figure 2 Handwashing sensitization in Mbandaka led by the Red Cross of DR Congo supported by an IFRC technical delegate

Overview of Red Cross Red Crescent Movement in DRC

The DRC Country Office of the International Federation of Red Cross and Red Crescent Societies (IFRC) has been strengthened through the deployment of regional and global surge capacity and hiring of staff to support the NS and the response effort for both outbreaks. Five partner National Societies (Belgium Red Cross, Canadian Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long-standing programs with the National Society. The International Committee of the Red Cross (ICRC) is present in 10 provinces of the country with programmes responding to the protection and assistance needs of the population affected by armed conflict and other situations of violence. The Democratic Republic of Congo Red Cross (DRC RC) is present in all provinces and territories of the country. While the response for the 9th outbreak in the non-conflict area of Equateur was carried out under the co-leadership of IFRC and DRC RC, the 10th outbreak, being in a conflict area, is under ICRC lead for operational access, including security management.

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

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

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

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

Burundi

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

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

Following COVID outbreak, the Government has highly recommended to immediately integrate prevention messages on COVID-19 virus. EVD RCCE activities were therefore also useful for COVID-19 response, In May the Government suspended all EVD preparedness activities to only focus on COVID-19 outbreak.

Rwanda

The Rwanda Red Cross Society (RRCS) is part of the National Rapid Response Team (NRRT). The NRRT is the national level coordination team and is composed of the Ministry of Health (MoH)/Rwanda Bio-Medical Centre, and major NGO and UN partners. At the beginning of the response, weekly coordination meetings were convened to update and coordinate response strategies. RRCS was tasked with community surveillance/contact tracing, risk communication/ social mobilization and community engagement, SDB/Decontamination, as well as PSS. A 72-Hours National Response Plan was also developed. The coordination platform has since then been converted into the national taskforce for COVID-19 response coordination.

IFRC has been supporting through the Eastern Africa CCST as well as through the Africa Regional Office and there has been regular contact with IFRC Regional Operations and Health teams. Surge Field Assessment Coordination Teams (FACT) support was deployed in January 2019 to assist with coordination and ensure that the requirements for SDB readiness were in place. RC partners in-country include the Austrian RC, Belgian-FI, Belgian Fr, Japanese RC, and Spanish RC some of whom supported preparedness activities for EVD in the initial phases of the response including mobile cinema, SDB and community sensitization.

Rwanda Red Cross has been carrying out preparedness activities since 2018, focusing on risk communication, health and hygiene promotion across 15 at highest risk districts. EVD Risk Communication activities were discontinued in March 2020 following COVID-19 outbreak as public health messaging by the government was shifted to focus on the pandemic. The National Society continues to work in the 15 target districts under the EVD operation to conduct refresher training of rapid response teams to strengthen their capacities in CEA, PSS and SDB.

South Sudan

The South Sudan Ministry of Health has activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and instituted four main sub-Technical Working Groups. The Social Mobilization and Risk Communication, Infection Prevention and Control. Besides, the inter-agency response in South Sudan has enhanced the country's Ebola prevention efforts and improved response capabilities. Earlier November 2019, a high-level coordination meeting of U.N. agencies and other humanitarian partners led to the formation of a

strategic advisory group whose purpose is to provide technical support to the Ebola national task force in areas such as surveillance, risk communication, psychosocial support, rapid response, and safe and dignified burials. Activities were discontinued in June except for the sensitization activities. For the phase-out period, the South Sudan Red Cross (SSRC) will focus on community-based surveillance training.

The SSRC is still one of the implementing partners engaged in RCSMCE activities in the four operational areas (high-risk border towns and points of entry), namely; Nimule, Yei, Maridi and Yambio, thus complementing the efforts of the Ministry of Health and other partners in behavioural change communication with regards to EVD.

At the country level, SSRC continued to coordinate the EVD preparedness and COVID-19 response operation closely with the IFRC, ICRC, and 9 in-country PNSs including, Danish Red Cross, Netherlands Red Cross, Swedish Red Cross, Norwegian Red Cross, Finish Red Cross, Canadian Red Cross and Turkish Red Crescent.

Uganda

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

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

Since the start of the operation, URCS has been an active member of the National and District Task Forces. The National Society continues to work in the target districts under the EVD operation, integrating COVID-19 response through implementation of community sensitization activities/RCCE, Community Based Surveillance (CBS) and screening at Points of Entry (PoE).

Needs analysis and scenario planning

DRC 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 and 10th epidemics.

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, 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 increase 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 the appropriate response, including rapid and unpredictable spread of the epidemic 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. In eastern DRC, between January and June 2020, more than 1 million people were displaced by violence, according to UNHCR². 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.

In such fragile communities, the humanitarian consequences of outbreaks are dramatically amplified, thus the relevance of our strategy to **strengthen DRC RC capacity of early warning and early response** for any emergency with a focus on health outbreaks.

We are mindful that 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-early action (community surveillance and actions).** 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.

² 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 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.

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

Over the last year, risks of EVD in the P1 countries have declined and finally disappeared. National societies have worked hard to have adequate preparedness and response capacity. At the time of this operation update, there are no EVD cases in any P1 countries. Following the transition to EVD+, P1 countries have continued with activities related to EVD preparedness while also tackling COVID-19 preparedness and messaging to the communities. These will continue till the end of 2020 where they will cease to be part of the Appeal.

Because of the outbreak in Equateur, future revised appeal could include Equateur-bordering countries of Central African Republic (CAR) and Republic of Congo (RoC) should there be reported Ebola cases in these countries. For the moment, a DREF has been allocated to support preparedness activities that are currently ongoing.

Scenario planning

10th and 11th Outbreaks

Scenario analysis

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

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
Scenario 1 (current scenario)	<ul style="list-style-type: none"> ▪ Mbandaka Outbreak is contained to the 8 HZ that have so far been affected and remain mostly in Equateur Province with single cases or small clusters in other neighbouring zones. This assumption now takes continuing cases in Equateur into consideration. ▪ On average 50% of cases are unknown contacts, suggesting that many potential unknown transmission chains are driving the epidemic. This is driven by risk factors such as delayed time between symptoms and isolation/seeking of treatment, high movement of contacts and an increased number of community deaths ▪ Risk of potential spread of cases to neighbouring provinces: PoE control is working effectively to be able to detect suspected cases reducing the risk. This assumption now contains RoC and CAR. ▪ Security situation allows continuity of response ▪ The preparedness and readiness to response capabilities will also be augmented in neighbouring countries (CAR and ROC) 	<ul style="list-style-type: none"> ▪ Movement interventions shifted in the 5 key pillars in Equateur Province with a DRC RC ▪ The IFRC and DRC RC will be able to increase operational bandwidths in speedy fashion in Equateur Province ▪ In the North Kivu, the IFRC will continue to work with DRC Red Cross in close cooperation with ICRC to ensure smooth transitions and implement recovery activities. ▪ The IFRC response/Recovery remains supported by the L3 agreement with ICRC in North Kivu whereby "IFRC has the operational expertise for programmatic response especially in Safe and Dignified Burials (SDB), Community Engagement and Accountability, Psychosocial Support, Surveillance and IPC while the ICRC is leading the operation, mainly in terms of security (including movements, deployment capacity, accommodation, etc.) and field expertise in the area, especially regarding the response in detention facilities ▪ Security situation allows effective response despite access constraints ▪ Close coordination with partners across all pillars for readiness should there be need for future response ▪ Logistics and material supply to support the operational plan in eastern Congo and Equateur and global supply chain is not severely impacted by COVID-19 ▪ Maintain the support/liaison office in ICRC Sub-Delegation of Goma for the IFRC ▪ HR structure will be downsized as appropriate to support the operational plan ▪ Volunteers who have been mobilised and trained for will be included in readiness plans or reactivated in Equateur ▪ Communities are engaged and provided with needed information, EVD+ (including COVID-19) messaging is tailored

	<ul style="list-style-type: none"> ▪ Preparedness/ contingency planning activities by DRC RC in Health Zones at risk as security allows as well as nationally ▪ The WHO, Ministry of Health and other key stakeholders will be able to increase their operational capabilities and continue to provide the necessary support to wider EVD response system including Red Crosse ▪ It is assumed that the 11th EVD outbreak will either be fully controlled or confined within a limited pocket in the next 6-8 months. ▪ It is also anticipated that the response efforts to COVID-19 and other disaster and crisis will take a holistic approach to deal with EVD 	<p>to beliefs, concerns and questions tracked by community engagement volunteers</p> <ul style="list-style-type: none"> ▪ Support CAR and RoC National Societies Preparedness activities to ensure response capacity in case of outbreak and inclusion in the appeal ▪ Flexibility and revision of the plans as needed based on the evolution of the epidemic, primarily in Equateur and readiness in eastern Congo ▪ Increased coordination with humanitarian mechanisms for travel including flights to ensure duty of care for exiting staff and onboarding of new staff ▪ Anticipation of the end of 11th EVD outbreak in the next 6-8 months. In this scenario, the IFRC's will have three key operational orientations; the first one to respond the 11th outbreak to control, the second is to augment the preparedness capabilities and third one to continue transitions and recovery activities in North Kivu. ▪ Eventually, close the EVD response and shift towards longer-term programming (the remaining activities could go under the regular programme /country plans
<p>Scenario 2 (increase outbreak in Equateur, neighbouring province, neighbouring countries and new outbreak in North Kivu)</p>	<ul style="list-style-type: none"> ▪ Major surge in cases (over 100 cases per week) in DRC, expansion into non-affected health zones, including areas with access restrictions ▪ Appearance of cases in urban centres in DRC ▪ Spillover of cases to neighbouring countries with local transmission (not only imported cases) including RoC and CAR ▪ Another outbreak in North Kivu and old areas ▪ A Public Health Emergency of International Concern is declared as the number of cases increases weekly, exceeding 500 and cases reported regionally ▪ COVID-19 continues to generate negative community feedback ▪ COVID-19 has major impacts on people's local coping mechanisms and on supply chain and human resources movement ▪ Plague which is a chronic endemic situation in Ituri increase in large numbers 	<ul style="list-style-type: none"> ▪ The EVD response operation should be scaled up significantly in term of operational HR, Sure deployments, resource mobilization, increasing funding, international coordination, communications and support system ▪ Timeframe for the response (Appeal) has been extended through June 2021. ▪ Revision of operational plan to scale up in all pillars in affected areas in close coordination with ICRC, DRC RC and IFRC and still supported by the L3 agreement in North Kivu ▪ Scale-up from preparedness to active response in neighbouring affected provinces and neighbouring countries ▪ Scale-up of offices in each affected province and/or country ▪ Deployment of further surge to support the operation at provincial, national and regional level ▪ Extension of the operational timeline of the Regional Ebola Hub ▪ Training and mobilizing additional volunteers from all targeted areas ▪ Communities are engaged and provided with needed information, messaging is tailored to beliefs, concerns and questions tracked by community engagement volunteers ▪ Close coordination with other stakeholders ▪ Revision of the OIA and EPoA ▪ Increase of supply chain and logistics capacity to match the size of the operation, especially contingency planning for COVID-19 effects on supply chain ▪ Prevention and Preparedness activities in additional at-risk provinces and additional at-risk countries (regional) ▪ Regional legal preparedness to facilitate the coordination of international humanitarian assistance ▪ Flexibility and revision of the plans as needed based on the evolution of the epidemic.

Burundi, Rwanda, South Sudan and Uganda are no longer considered at risk of spread of any current EVD outbreak, though they remain at risk of a new outbreak due to presumed endemicity of the Ebolavirus in bat populations and the ever-present risk of a new zoonotic crossover event.

Operation Risk Assessment

DRC:

The following are the risks that affect implementation in addition to security risks discussed later on in this update:

COVID-19 in DRC and its humanitarian consequences: The IFRC *working with and working for DRC Red Cross to combat EVD* 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 we respond to their concerns and not only to the EVD risk. As of 18 October 2020, a total of 11,052 cases of COVID-19 had been registered in the country, with 302 deaths and 10,357 recoveries, 21 Provinces affected according to Africa CDC. To note, a total of 89 new cases were registered on 27 June, all of them locally transmitted.

Teams exposure to COVID-19: We have also developed plans and protocols to reduce exposure of staff and volunteers to COVID-19 while maintaining the needed level of humanitarian impact. Line managers have organised their teams into 2 groups who interchange coming to the office and working from home, An additional working area outside the office building has been created to create more space for staff, all the IFRC vehicles have sanitizers inside and all staff using the vehicles are required to sanitise their hands as they enter the vehicle and put on their masks at all times, the number of passengers in the vehicle has been reviewed downwards and finally, handwashing stands have been placed at the entrance of all Federation offices and residences with trained security guards and IPC volunteers taking temperature readings.

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) travel has resumed to enable staff to take a break and prevent burnout. 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.

Mismanagement of financial and procured assets through fraud and corruption: Strong internal control is in place to ensure compliance, with IFRC procedures and donor requirements. Recurrent workshops have been carried out on the Code of Conduct and Prevention of Fraud and Corruption to all Staff and Partners involved in the EVD operation in DRC. including Staff in Equateur for the response to the 11th Outbreak in August 2020. Three hundred (300) staff and volunteers, including 60 women, have been trained since the end of 2019 in Goma, Beni, Mangina Bunia, Butembo and Mbandaka. The gender balance would be improved for the further trainings scheduled by the beginning of November 2020. It is important to also notice that the aim of those training should be to identify focal points who would be in charge of the small refresher trainings in all field bases to ensure continuity on the sensitization on the code of conduct and fraud and corruption.

Internal Audit was conducted on December 2019 and External Audit by KPMG was conducted on March 2020 to ensure quality control and review of compliance measures.

Red Rose system has been implemented to manage volunteer presence data in 10 bases and sub-bases to mitigate risks for potential cases of ghost volunteers for per diem payments. Electronic data collection (using biometrics/GPS) is done every time a volunteer reports for duty and this is what is used to generate the payment automatically. To date, 3,934 volunteers have been registered on the system including their biometrics and other personal details (photograph, ID card, Red Cross membership card).

Sexual Exploitation and Abuse

All staff have signed the Code of conduct which has also been put on display in the office premises for everyone to have access to it in three languages English, Swahili and French.

There are regular code of conduct trainings for staff and volunteers. The Federation office in Goma is supporting the implementation of Federation Prevention and Response to Sexual Exploitation and Abuse (PSEA) best practices in eastern Congo as well as in Equateur. This includes support to roll out of the DRC RC national PSEA policy, selection of NS focal points per region and training of new focal points then dissemination of the training to the field bases. Discussions at the local level include brainstorming concrete action points to better integrate gender mainstreaming and

provide all volunteers agency and power to report safely as well as actions to reduce power disparities and lessen the motivation and opportunity for abuse before it happens.

A plan to establish a green line was undertaken and will be operational before the end of 2020. This has an aim to better enhance community feedback.

As of September, the Federation supports a national hotline to report abuse. The community is informed through CEA activities to report any suspicion of sexual exploitation or abuse through the hotline immediately. The Federation ensures that an effective anonymous and confidential complaint mechanism exists. The complaint mechanism or hotline is accessible for all communities' members around DRC and it is easy and safe for the community to use.

Two committees composed of Federation, ICRC and NS members are in the process of being put in place to manage all complaints coming through the hotline. One committee will respond or escalate all sensitive matter such as SEA or security issues related to Red Cross staff, volunteers or activities and the other one will focus on responding to non-sensitive community feedback.

Central Africa Republic (CAR)

1. Security

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

2. COVID-19

The current preparedness operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic.

The NS keeps 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 NS volunteers and national and international staff movement. For more information, please consult the COVID-19 operation page on the [IFRC Go platform](#).

Republic of Congo (RoC)

1. SECURITY

Target areas of the operation are not conflict zones, nonetheless, volunteers have been briefed on Safer Access and the Code of conduct. Target zones have access by waterway and by air, thus the need to rent means of transport that meet the natural requirements, an example being motorized canoes. Selected and deployed volunteers are being insured against accidents and during the deployment, each team of four volunteers has been equipped with a first aid kit.

2. COVID-19

The current preparedness operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic.

Uganda:

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

1) Volunteer protection:

The risk for EVD infection of staff and volunteers has been mitigated through MoH, WHO and Red Cross orientations and trainings on screening and Infection Prevention and Control (IPC) as well as through the procurement of appropriate protective gears (PPEs). All volunteers also participate in one PSS information session/district, led by URCS PSS officer.

In the current context of COVID-19, the procurement of additional PPE (face masks and sanitizers) has been processed to ensure all deployed volunteers have access to face masks and sanitizers during deployment.

2) Increase/escalation of tensions/violence:

There is a potential risk that tensions/violence between Ugandan host communities and refugees increase and/or escalate. Given the current COVID-19 pandemic and fear on the same, the local communities may become hostile to Congolese due to fear of further cases/infection.

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

Rumours continue to be present in communities, both on Ebola as well as COVID-19. The fear of Ebola has also increased fear towards the COVID-19 pandemic, with many misconceptions on the same causing fear and stigma. This risk is being mitigated through the community sensitization activities supported through this response plan, rumours are tracked and followed up and communities are informed on Ebola and COVID-19 symptoms, prevention and treatment.

Burundi:

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

1) COVID-19 outbreak affects the ability of the NS to implement EVD preparedness activities

- BRCS continues to participate as a member of the National Ebola Task Force which has now become National Ebola and COVID-19 Task Force
- BRCS has been requested by Ministry of Public Health to support the following response pillars: Surveillance and contact tracing, Risk communication and community engagement, Infection Prevention and Control with WASH in community and Burial Management of dead bodies, Health care with Psychosocial first aid (PFA) / Psychosocial support (PSS) activities and more recently, Points of entry (PoEs).
- Due to the occurrence of COVID-19 outbreak inside the country, more focus has been made on COVID-19 preparedness and response activities. In consequence, EVD activities were cancelled in May due to the disinterest of Ministry of Public Health and Partners, but also to the recommendations of National Ebola and COVID-19 Task Force limiting implementation of EVD activities.
- BRCS has set-up an internal Task Force, which has developed a plan for preparedness and response to COVID-19 with immediate implementation, the detailed plan has been shared with Movement and external partners. Activities have been implemented according to the recommendations of the different technical sub-committee leading to: Surveillance, IPC, PSS/PFA and RCCE trainings, Roadshows, Focus Groups Discussions, Radio jingles broadcasts, etc.
- The BRCS response Plan has involved both financial and technical support from the Movement and external partners inside the country. Some EVD activities have been reallocated to ensure better response to COVID-19. In addition, COVID-19 preventive messages have been integrated into EVD sensitization activities as recommended by National Ebola and COVID-19 Task Force in April.

2) Political instability - related to elections in 2020

- The NS worked on an Election Preparedness response plan – funded by IFRC and other Movement partners
- EVD activities have been affected by the elections. During the election campaigns, there was limited access to the field in some targeted branches. According to the security risk assessment conducted with ICRC support, some activities were prioritized to be continued and others postponed and implemented after the elections.
- During the elections, staff were mainly mobilized across the country to ensure Rapid Response activities, such as First Aid in case of electoral and post-electoral violence. In addition, ambulances were pre-positioned in each Branch of the country for evacuation of wounded in case of violence.
- After the election process, the death of the former President H.E Pierre NKURUNZIZA, has put a stop on implementation of activities during the funeral period. Activities implementation were prohibited across the country.

3) Sexual exploitation and abuse by DRC RC, IFRC or ICRC staff and volunteers

- Due to the COVID-19 travel restrictions, the IFRC Protection, Gender & Inclusion unit is supporting remotely the BRCS Gender and Inclusion Focal point during the implementation of planned actions towards operationalization of the BRCS PSEA policy.
- Despite delays observed, two workshops have been already carried out for staff and volunteers on Code of conduct, Child Protection, Gender based violence, and PSEA especially during COVID-19 outbreak as well sensitization activities are running.
- PGI and PSEA activities are progressively integrated into the COVID-19 Response Plan of the NS which is under revision.

4) Delays in recruitment & deployment of technical support to BRCS

- The EVD Preparedness delegate deployed in Burundi in January 2020 and based in Bujumbura continue to participate in interagency meetings on COVID-19 response (National Ebola and COVID-19 Task Force and other strategic meetings).
- The SDB Surge Trainer has been deployed from DRC to assist and provide technical support to BRCS, during implementation of SDB trainings and SDB drills in community. His mission has been extended due to the closure of borders in Burundi and ended finally on September 30. The SDB Surge trainer left Burundi to go and support Congolese Red Cross to build capacities in SDB because of the current Outbreak in Mbandaka Province which is closed from DRC

5) Management of financial and procured assets through fraud and corruption

- The planned capacity assessment of BRCS for the transition from Cash transfer to Funds transfer modalities is running virtually through PWC Platform. Indeed, it was planned for March but due to COVID-19 travel restrictions, it was postponed. This assessment includes financial and system review,
- Induction sessions have been conducted to the NS with the participation of BRCS technical focal points including: Finance, Logistics, General Services, Human Resources, Internal Audit, IT, PMER and the SG of the NS.

South Sudan:

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

1. Volunteer protection:

The risk for EVD and COVID-19 infection of staff and volunteers have been mitigated through internal measures taken by the SSRC. The measures have been tailored to the ones given by the South Sudan Government with consultation from Medical Advisory Panel (MAP). The SDB Volunteers were also trained to be able to safely manage COVID-19 Deaths in case of Mass casualties. SSRC Volunteers in all the 17 branches and 102 units have been oriented on ways of protecting themselves and their community members. SDB and EVD point of entry screenings in South Sudan are completed and finished.

2. Increase/escalation of tensions/violence:

The situation has remained stable during the reporting period and under the Transitional Government of National Unity, the risk of resumption of fighting has remained moderate. Those Risks which have not been directly related to the conflict have remained relevant to RCRC operations in South Sudan such as the risk of criminality which has continued to increase across the country and in big urban cities like Juba, and the cattle rustling especially in areas inhabited by pastoralist communities.

Regular Risk Assessments are being conducted by ICRC which has maintained the lead in terms of RCRC security management whereby mitigation measures are implemented, and security advisories are being provided to the respective RCRC partners operating in the said areas.

To reduce the risk of RCRC personnel falling victim to crime or violence, all RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Related to safer access concern, one of the main benefits of the SSRC

is the nationwide recognition of the National Society which has facilitated the relationship with community heads, leaders and most importantly the community themselves.

3. COVID-19 outbreak

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

4. Fragile Health System

The overall health system across South Sudan remains fragile and the protracted crisis has seriously affected health service delivery. Health services delivery infrastructures were heavily destroyed in most parts of the country during the crises that occurred over the past few years. Factors for increased likelihood of EVD as well as COVID-19 cross-border spread to South Sudan include a very porous border with DRC, informal trade between the two countries, regular cross-border market activities, unregulated movements and the fact that communities on both sides of the border share language, culture and beliefs.

Rwanda:

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

1. Accessibility

Some of the districts along the borders are not easily accessible due to poor road infrastructure and the hilly topography. In addition, the area is prone to floods and landslides which affects the Western districts during the annual rainy seasons, making access more difficult.

2. Refugee influx

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

3. COVID-19 outbreak

In Rwanda, the COVID-19 outbreak has shifted focus on the risk communication messaging by the government from EVD to COVID-19 since March 2020. The National coordination committee on EVD was transformed to be the same one in charge of COVID-19 response. As such, Rwanda RC has also shifted risk communication to COVID-19 to be in line with government efforts.

B. OPERATIONAL STRATEGY

Proposed strategy

Our 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 multidimensional 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.
- 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.
- 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. We will be shifting IPC activities to be more COVID-19 appropriate and where possible, transition into COVID-19 response funded through the IFRC COVID-19 Appeal.

In Equateur, the strategy is adapted to the context and the features of the 11th outbreak. As above mentioned, this outbreak is characterised by geographic spread that results in many outbreak areas in disparate places. 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. Our teams must deploy to very hard to reach areas by using pirogues (canoes), UN provided helicopters, motorcycles, etc. The 11th outbreak required us 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, we have designed a strategy based on three operational priorities:

- 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, we have leveraged 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 11th outbreak has evolved differently from the 9th one, spreading in hard-to-reach areas. This requires us to be agile and be able to quickly and decisively 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:** From the onset of the Equateur response, we have implemented the lessons learned from the eastern DRC. We have learned through the course of this operation that 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.
- 4) **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).

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 our Movement partners while enacting the above vision.

Maintaining daily discussions with local structures and communities has been also key; we 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, by accessing relevant and useful information, and their questions are answered.



Figure 3: In response to Ebola and COVID-19, CEA teams adapted mobile cinema with theatre activities (“Allo allo campaigns”) to more socially distance means of information dissemination. Photo DRC Red Cross

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

Security Constraints and Other Risks

The implementation of this Appeal in eastern DRC is very contingent on security. We closely monitor the security situation 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 we rely on ICRC understanding of the security situation in the implementation of this Appeal.

North Kivu and Ituri provinces: are characterized by civil unrest, armed conflict between Armed Opposition Groups and DRC Military forces, and kidnapping. Terrorist and armed groups operating in North Kivu and Ituri provinces have attacked military and civilian targets and represent an ongoing threat to humanitarian aid workers and other INGO personnel operating in the area. For example, On 20 October, members of the Allied Democratic Forces (ADF) militant group attacked the Kangbaya central prison in Beni (North Kivu), freeing over 1,300 detainees. On 9 October, one soldier was killed when a bomb exploded near Mapobu village (North Kivu). Two days earlier, at least eight people were killed in an attack by unidentified assailants in Kasoko village (Ituri) on 7 October. These incidents follow a series of similar attacks, as well as clashes between militants and the Congolese Army (FARDC), in both provinces in recent weeks.

Violent crime, such as armed robbery, armed home invasion, and assault, is common and local police lack resources to respond effectively to serious crime. Assailants may pose as police or security agents. Road travellers are frequently targeted for ambush, armed robbery, and kidnapping.

Demonstrations are common in many cities and some have turned violent. Police have at times responded with heavy-handed tactics that resulted in civilian casualties and arrests, posing a threat to humanitarian aid workers and other personnel operating in the area.

The security situation will likely remain poor and extremely volatile in eastern provinces in the medium to long term, as the FARDC struggles to contain violence in the region. The FARDC largely relies on support from UN troops to carry out military offensives against rebels, as government forces are not fully trained and lack resources.

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

Since the 11th EVD outbreak was announced by the government in late May 2020, there has been a relatively significant community resistance in some areas. In Mbandaka, the humanitarian response is still viewed as a big business by a large part of the population. On several occasions, acts of violence have been committed against IFRC/DRC RC teams. Residents of the district called “Air Congo” pelted IFRC vehicle used for SDB activities. Several districts in Mbandaka such as Air Congo, Basoko, Bongonjo, Bosomba, Bakutu Mpenge and Bokilimba are areas of potential violence against EVD responders.

Regional Preparedness

Overall Operational Objective

During the phase-out period, the surrounding P1 countries will continue to focus on six key pillars around which the EVD+ interventions are organized:

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

Burundi

The preparedness operation has permitted for completion of activities which were outstanding (RCCE, IPC, SDB, PSS, Community surveillance and contact tracing, and National society capacity Strengthening) and BRCS is currently collecting the data and writing the final reports. EVD preparedness activities in Burundi were completed in September 2020. The government in Burundi shut down all EVD messaging in May 2020 which caused some delays in finalizing activities. All preparedness activities in Burundi now focus on COVID-19 and continue to build off pandemic experience gained during EVD.

Rwanda

Frontline SDB teams: There are two frontline teams (North and West) composed of ten volunteers each. These teams are first responders and work with the MoH Rapid Response teams in each district in case of response. The two teams will receive refresher training. They are qualified as trainers for the reserve teams.

Reserve SDB teams: The reserve teams are made up of 10 trained SDB volunteers and 5 PSS volunteers. Each district has a reserve team. These teams are “dormant” in each of the districts. They would be mobilized in case the outbreak affects their district.

The EVD SDB teams in Rwanda have been dormant since March 2020 following the shift of focus by the government from EVD to COVID-19. As such, Rwanda Red Cross aligned their activities with government priorities in line with their auxiliary role. All EVD RCCE and SDB activities were also discontinued in March. Following the lifting of restrictions, the following activities will continue to be implemented until the end of the operation in December 2020.

Other priority activities included:

- CEA branch level training for the 15 districts
- PSS training for each of the district teams
- PSS and PFA training for National and local Disaster Response Teams
- Continuation of risk communication and community engagement activities as appropriate integrating COVID-19, as behaviour change is a time-based process.

RRCS has conducted activities in 210 sectors across the 15 districts.

EVD activities in Rwanda are closing out and will be concluded by the end of 2020.

South Sudan

Despite the challenging context in the country, South Sudan Red Cross actively supported government EVD preparedness efforts, coordinated through the national and state level Task Forces led by MoH and WHO. In the EVD high-at-risk locations, the South Sudan Red Cross engaged in RSCMCE activities involving 180 SSRC trained volunteers. Furthermore, the SSRC was the lead agency for Safe and Dignified Burial (SDB) and through the end of EVD, the SSRC with support of IFRC trained 156 volunteers on SDB ready to be deployed to respond to EVD alert. As from August 2018 to date, SSRC responded to eleven (11) EVD alerts and conducted SDB to seven (7) of the alerts across the country.

The SSRC EVD Preparedness plan covered the following key areas:

- Social Mobilization, Risk Communication and Community Engagement.
- Support EVD screening at ground Points of Entry (PoEs) and Juba International Airport.
- Psychosocial support training for volunteers.
- Safe and Dignified Burials (SDB).
- National Society Capacity Strengthening
- Strengthening of Coordination and Communication

From September to December 2020 SSRC will focus on the following preparedness readiness activities:

- Refresher training TOT on CBS and reporting for supervisors and team leads using best practices learned during EVD activities
- Orientation of Community Key Informants (CKIs) on CBS and priority diseases
- Conducting CBS outreaches (passive surveillance) by volunteers and community engagement
- Lessons learnt review meeting

There was an outbreak of suspected/unidentified viral haemorrhagic fever in South Sudan in September 2020 and the SSRC was able to mobilise SDB teams and prepared to move equipment before the test results came back negative for Ebola. This highlights that preparedness activities have increased preparedness.

Activities in South Sudan are scaling down and EVD specific activities will be concluded by the end of 2020.

Uganda

As per the original Appeal, and in line with the National EVD Response Plan, the aim was to strengthen the existing URCS EVD response structures and mechanisms in the event of suspected and confirmed EVD cases, including community preparedness in Kasese, Kabarole, B, Ntoroko, Kisoro, Kanungu, Bundibugyo districts in Uganda.

In line with IFRC Regional EVD strategic plan as well as WHO regulations, URCS EVD operation focused on the following specific activities:

- Point of Entry screening
- Community sensitization and mobilisation
- Training and equipping Safe and Dignified Burial (SDB) teams in strategic locations
- Community Based Surveillance
- Psychosocial Support


Since the declaration of the end of the 10th Ebola outbreak in DRC, and the changed context and COVID-19 pandemic, the URCS has refocused its operation and will continue to implement the following activities from September to December 2020:

- Continuation of community sensitization and RCCE, through training and engagement of local structures including District Health teams and URCS volunteers.
- Using lessons learned during EVD preparedness, former SDB teams will be transitioned to Epidemic Response teams to respond to future pandemic response as appropriate.
- Continuation of Community Based Surveillance activities.

Activities in Uganda are scaling down and EVD specific activities will be concluded by the end of 2020.


C. DETAILED OPERATIONAL PLAN

Progress outcomes for the 9th outbreak (Equateur)

 Health		
Health Outcome 1: The immediate risks to the health of affected populations are reduced through awareness raising about EVD and early detection		
Indicators	Final	Target
<i>Number of Red Cross branches provided with support in addressing the Ebola Outbreak</i>	4	7
Health Output 1.1: Improved early detection mechanisms of resurgence of Ebola through integrated community-based health interventions		
Indicators	Final	Target
<i># of health areas covered by RC CBS activities</i>	18	5
<i># of health areas respectively covered by RC case finding teams</i>	23	6
<i># of community leaders trained on early case finding by RC</i>	30	231
<i># volunteers trained on Ebola early case finding procedure</i>	322	140
<i>% of people reached by active case finding that belong to minorities and/or vulnerable groups</i>	35%	65%
<i># of radio messages promoting active case finding behaviour change & use of Hotline</i>	18	N/A
Health Output 1.2: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola		
Indicators	Final	Target
<i># people OR % target population reached with community engagement activities</i>	266,490	N/A
<i>% of SDB volunteers trained on CEA</i>	100%	100%
<i># of Ebola survivors and SDB families involved in our campaigns</i>	324	324
<i>% of questions raised on SDB during radio program out of the total questions raised</i>	N/A	N/A
<i># OR % of staff and volunteers trained on community engagement approach</i>	300	850
<i># of system/protocols in place to collect, analyse, verify and respond to community feedback received</i>	3	5
Health Output 1.3: Identify and prepare communities to respond to the outbreak in potentially high-risk areas of the country		
Indicators	Final	Target
<i># of new volunteers trained</i>	N/A	N/A
<i># of people reached by community engagement activities</i>	266,490	N/A
Health Outcome 2: Targeted health facilities with improved IPC practices and protocols to reduce infection of EVD		
Indicators	Final	Target
<i>Number of health facilities provided with RC support to improve IPC practices and protocols:</i>	13	50
Health Output 2.1: IPC activities conducted in 50 targeted health facilities in affected zone or at-risk zone in Mbandaka, North Kivu and Ituri (20)		
Indicators	Final	Target
<i># of local health facilities supported by IFRC working with and working for DRC Red Cross to combat EVD and ICRC</i>	13	18
<i># of assessments conducted based on IFRC standards</i>	1	1
<i># of health facilities triage established</i>	13	18
<i># of people IPC in detention sites carried by the ICRC</i>	1	1
Health Output 2.2 The targeted health facility staff have better capacity to provide safe patient care during EVD outbreak including triage, early detection of cases and early management		
Indicators	Final	Target
<i># of volunteers and health practitioners trained in epidemic control</i>	950	1000

Health Outcome 3: PSS. The psychosocial effect of the epidemic is reduced through direct support for SDB volunteers and communities affected.		
Indicators	Final	Target
<i>Number of people reached by psychosocial support</i>	9,208	TBD
Health Output 3.1: Preserving or restoring the psychosocial well-being of SDB volunteers directly or indirectly affected by the EVD		
Indicators	Final	Target
<i># of group sessions conducted to reduce stress and anxiety for SDB team</i>	60	60
<i># of volunteers trained for PFA</i>	108	108
WASH Outcome 1: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions		
Indicators	Final	Target
<i>Number of contaminated houses/areas disinfected</i>	70	N/A
<i>Percentage of Safe and dignified burials carried out by an IFRC working with and working for DRC Red Cross trained and equipped team out of the total number of SDB</i>	64%	100%
WASH Output 1.1: The affected population is assisted through safe and dignified burial and decontamination activities		
Indicators	Final	Target
<i># of implemented SDB</i>	36	120
<i># of volunteers trained in infection prevention and control as well as in SDB</i>	920	180
WASH Output 1.2: Other areas (potential Haemorrhagic fever affected) are well prepared (contingency) for SDB activities		
Indicators	Final	Target
<i># of SDB teams trained in area at risk</i>	8	N/A
<i># of SDB starter kit preposition in at risk area</i>	8	N/A

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

 Health		
Health Outcome 1: The immediate risks to the health of affected populations are reduced through awareness raising about EVD and early detections		
Indicators	Actual	Target
<i>1.a # Red Cross branches provided with support in addressing the Ebola Outbreak</i>	10	10
<i>1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC</i>	3,272,232	4,800,000
Output 1.2: Social mobilization and RCCE activities are conducted to limit the spread and impact of Ebola and other health risks		
Indicators	Actual	Target
<i>1.2.a # of people reached in affected communities with risk RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo</i>	3,272,232	4,800,000
<i>1.2.b % of all Red Cross teams trained on RCCE</i>	100%	100%
<i>1.2.c # of data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database</i>	802,700	1,800,000
<i>1.2.d: % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general</i>	24%	50%
<i>1.2.e % of Red Cross operational bases having activities to ensure community participation in planning</i>	100%	100%

Key drivers/enablers of success during the reporting period:

From community feedback analysed, community-based activities, specifically house visits community dialogues and community meetings, have been very helpful in changing unhealthy and unsafe social practices and saved lives. Increased awareness-raising activities would be the best way to reduce high-risk behaviours as they are directly conducted within the community either door to door or as a group with the full participation of the very community members, who also many times proffer local solutions that are very sustainable.

Also, Ebola survivors have been one very potent enabler which builds hope, motivates others to believe that when they seek early treatment they could be treated and could survive too. An Ebola survivor in Beni said on 17 July 2020 in an interview that he felt that he could bring hope and encouragement to his fellow compatriots. Ebola survivors served as a principal local partner in the Red Cross community social mobilisation and other awareness-raising activities. A motor taxi driver in Butembo said that they have transported more people returning from health centres, either having tested negative for Ebola or having survived, who felt increasingly confident to seek treatment early in hopes of surviving. As one woman, a local petty trader in Katwa said, “We see people who come out of the Ebola Treatment Center and they are still alive, and sometimes they are not sick of Ebola at all, now we believe that people can live”.

Several lessons were learnt, the following will however be listed: capacity building of local actors, especially local opinion leaders, traditional rulers, traditional healers, local health workers, the community animation cells (CACs), not only members of the Red Cross, this has strengthened community participation, ownership and enhanced community access. Another lesson is the integration of all pillars in trainings and community work. Involvement of local competences right at the beginning has helped a lot to deal with community anger and mistrust. Capacity building for the Government’s Ministry of Health’s personnel through targeted training, for example, Feedback System training for members of the sub-coordination and the general coordination and harmonisation of messages and the approaches used at work also enhanced increased local community participation and productivity.

Key activities for Sept – Dec 2020:

1. DRC Red Cross is provided efficient risk communication and community engagement strategy with support to address the 11th Ebola Outbreak in the Equator province and the capacity building of local capacities
2. Conduct a mapping to ascertain the most felt needs to adequately inform an exit strategy, leaving in place over the next four months (September-December 2020) a well-functioning system that guarantees a sustainable ownership of the approaches already applied in the operations and helping the communities to be resilient
3. Gradual scale down of risk communication activities with increased DRC Red Cross leadership especially at the operational community levels of interventions.
4. Reduce the number of personnel and maintain a reasonable presence of the Red Cross awareness-raising teams in the communities with risk RCCE activities to identify, report and reduce health risks of Ebola in all operational provinces, Equator, North Kivu, Ituri, and in the Ebola preparedness provinces of South Kivu, Miniema, Tchopo and Kissangani.
5. Continue collection, coding, cleaning, analysis and reporting of community feedbacks for use. Weekly reports are made available to the Strategic Coordination, RCCE commissions and sub-commissions in the field. Capacity building of staff at the national, provincial and health and of teams at operational level on the various themes of Community Based Surveillance (CBS) and Community Based First Aid, training community-based volunteers in monitoring, detection and reporting of health risks associated with diseases with epidemic potential following laid down protocols.

Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment and community-based hygiene services

Indicators	Actual	Target
2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	36	40
2.2 # of people reached in communities in local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	5,274,053	5,900,000
Health Output 2.1: Targeted health Facilities and traditional healer offer IPC activities package regarding MoH Standard operating and procedures		
Indicators	Actual	Target
2.1.1 % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	69,5%	70%

2.1.2 % of Red Cross supported health facilities having an IPC package that respects MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD in hotspot and active health zones	67%	100%
2.1.3 % of selected traditional healers and community opinion leaders in the IPC intervention areas actively implicated in the EVD response	100%	100%
2.1.4 # of temporary isolation spaces converted to permanent structures ³	1	15

May-August 2020 achievements:

Achievements

- 36 health facilities (FOSA) supported with an IPC package, supervision, and training.
- 229 volunteers have screened 2,661,612 people in the health facilities (27% under 18 years); referred 91 suspected cases, including 0 confirmed cases. The team also completed 278 decontaminations and has trained more than 156 health care workers, volunteers and traditional healers on IPC measures according to the MoH standards and SOPs.
- Rehabilitation works are ongoing in 1 health facilities in Goma. Construction of 14 Hangar with a concrete floor to protect the isolation tents against humidity and heat.

Challenges and how solved:

- The IPC quality performance has not yet reached the target level because of the lack of WASH component. In June, the MoH revised the scorecard by adding the WASH component.
- 15 Health centres do not have a functional triage (No fence, no isolation room)
- Problem of access to water and hygiene and sanitation, which decreases the overall quality performance of PCI

To solve this problem:

- Construction of triage for 15 health centres, support health centres for the closure and construction of WASH facilities (impluvium, incinerator, placenta pit, laundry, gender latrine and shower)
- Support WASH facilities to improve IPC performance. The closure of the FOSAs, the year-round water supply, the existence of an incinerator and a pit for organic waste and general waste and the construction of a gendered latrine and shower.

Key activities for Sept – Dec 2020:

- Reduction of the activities in the health facilities
- Reduction of the number of health facilities
- 20 health facilities will be phased out as part of handover to the MoH
- In the health centres supported in North Kivu and Ituri, 15 yards will be built, 6 gender-segregated latrines and showers, 6 waste zones and 4 incinerators for the territorial committees of Bunia, Béni, Butembo and Goma

Health Outcome 3: Transmission of diseases of epidemic potential is reduced⁴

Indicators	Actual	Target
3.1 # of households benefiting from a safe and dignified burial in Ebola-affected areas of the Democratic Republic of Congo	28,056	28,000
3.2 % of successful completion of safe and dignified burials in the EVD operation	88%	80%
3.3. # of multisectoral RRT trained and equipped	40	45
Health Output 3.1: National Society volunteers support safe and dignified burials to limit the spread of disease		
Indicators	Actual	Target
3.1.1 % of successful SDB completed in the hotspots and active areas health zones	88%	80%
3.1.2 # of SDB teams trained and equipped in hotspots and active areas that can respond without interruption	33	35
3.1.3 # of cases of contamination by SDB personnel	0	0
3.1.4 % of active multisectoral RRT out of the total trained	89%	100%
Health Output 3.2: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		
Indicators	Actual	Target

³ New indicator

⁴ To note that SDB teams and ECUMRs were deactivated in the affected zone 132 days (42 after the last case + 90 days of surveillance) following the declaration of the end of the 10th epidemicon 25 June 2020.

3.2.1 # of ECUMR teams trained and equipped in hard-to-reach areas	47	52
3.2.2 % of successful SDBs without community resistance	87% (24,514 out of 28,056)	90%
3.2.3 % of at risk EVD health zones well prepared for the successful implementation of safe and dignified burials	80%	75%
3.2.4 % of rapid SDB interventions successfully completed in the at-risk health zones	88%	80%
3.2.5 # of rapid SDB intervention teams covering at risk zones in North Kivu and Ituri	47	52
3.2.6 # of volunteers identified and trained to form CBS teams	N/A	TBD

May-August 2020 achievements:

There have been no SDB activities in Eastern DRC since May after the ending of the Ebola disease and the 42 + 90 days count down which led to the declaration of the end of 10th Ebola outbreak on the 25 June by the MoH.

The change of strategy in September coincided with the decrease in EVD cases at the Equator. with RRTS (Rapid Response Team) throughout the DRC we try to no longer have SDB teams but teams capable of responding to both health and natural emergencies. Activities focused on better communication flow in the alert system: Several coordination meetings have been carried out to have a direct and precise flow of information including integration of CEA within the SDB activities: the strategy is to map community resistance with the CEA and coordinate interventions according to local SDB teams. The indicators tell us that despite the great challenges, the targets have been achieved

Strategically, by integrating CEA in SDB interventions, the causes of community resistance have been systematically analysed allowing a more effective intervention.

Challenges and how solved:

- Community Resistance The presence of several partners carrying out SDBs in Equateur Province has often caused double counting in the intervention, solved with better coordination between partners
- CEA team have been usually deployed first on the territory. Thanks to this approach, community resistance has reduced
- Refusals in the community were also present, due to often delayed SDB due to late alerts and due to delayed Swab results. The indicators show that despite the great challenge, the target has been achieved

Key drivers/enablers of success during the reporting period:

The meetings with the partners, the work with the CEA and the support of the PSS were fundamental. The various pillars together have shown that by working together they can really make an effective impact on the community. In an agreement with the CEA, we have deepened the causes of the failures and we have improved communication with the alert system, moreover, the integral work of the IM was fundamental for accurate data analysis. Other activities were:

- clear data analysis
- analysis of community resistance
- work with partners on the alert system

Key activities for Sept – Dec 2020:

The IFRC strategy is to support the NS with a presence focused not only on EVD but also on other emergencies: with the end of the EVD emergency, the strategy is to train RRT for the coming months (with training in first aid, SDB and CEA) to cope with different scenarios. In November, RRT teams will be formed at the Equator. Activities will include:

- improve community acceptance
- work on smoother flow in the alert system
- trainings for RRT

Health Outcome 4: The psychosocial impacts of the emergency are lessened

Indicators	Actual	Target
4.1 # of participations in psychosocial support activities during the Ebola operation in the Democratic Republic of Congo	68,761	43,000
Health Output 4.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	Actual	Target
4.1.1 # of DRC RC bases involved in the EVD response supported by psychosocial support activities	7	8

4.1.2 # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	7,676	5,000
4.1.3 # of volunteers involved in EVD response activities with improved capacities to manage their psychosocial well-being	747	1,000
4.1.4 # of trained volunteers implementing quality PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	50	42
4.1.5 # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	0	8

May-August 2020 achievements:

- Activities continued without any modification during this reporting period.
- Activities focused on the provision of psychosocial support activities to DRCRC staff and volunteers.
- Refresher online ToT on PFA supported and implemented by the Swedish Red Cross took place in July. Three people were trained (2 men, 1 woman) and were followed by the PSS provincial focal point and Goma focal point.
- Development of strategy for implementation till the end of the operation that was done by two staff of the DRC RC and PSS Delegate of IFRC. The main outcome was the elaboration of PSS strategy till June 2021 and identifying ways to strengthen PSS for the volunteers involved in the operation.

Key activities for Sept – Dec 2020:

- Workshop with all Focal points/supervisors to ensure smooth phase out from PSS activities of the 10th outbreak.
- Assessments in identified bases to have a better understanding of needs and gaps for possible future PSS programming

Health Outcome 5: Contribute towards preventing the spread of Ebola in South Kivu, Tshopo, Maniema and Haut Uélé provinces through social mobilization, risk communication and community-based surveillance activities

Health Output 5.1: Conduct Ebola preparedness activities in South Kivu, Tshopo and Haut Uélé provinces through social mobilization, risk communication and community-based surveillance activities

Indicators	Actual	Target
5.1.1 # of volunteers per health zone receiving basic integrated training on CEA, IPC, SDB, CBS and PSS	24	30
5.1.2 # of master trainers actives and transferring knowledge to volunteers in targeted provinces	329	523

Health Output 5.2: Contribute towards preventing the spread of Ebola in South Kivu, Tshopo, Maniema and Haut Uélé provinces through social mobilization, risk communication and community-based surveillance activities

Indicators	Actual	Target
5.2.1 # of people reached targeted communities with risk communication and community engagement activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	553,106	1,000,000
5.2.2 # of information functional kiosks set up	9	11
5.2.3 # of handwashing stations set up	30	TBD
5.2.4. # of Rapid Response Teams trained and equipped	72	TBD

May-August 2020 achievements:

The CEA activities conducted since the beginning of the operation through to 31 August 2020 reached 3,272,232, among which include 750,629 men, 755,798 women, 857,286 boys (under 18 years) and 908,519 girls (under 18 years). About 2,367,760 of these people were reached by door-to-door sensitization and 904,472 people reached through small scale mass awareness-raising outreach activities such as community dialogue, campaigns using megaphones, and community educative talks. Community interactive radio shows were also broadcast with full community participation either as panellists or as audiences who send in their questions and concerns through SMS messaging and phone calls, etc.

CEA awareness raining activities were also conducted in 3 surrounding provinces as part of provincial preparedness activities in South Kivu, Tchopo and Maniema. A total of 329 DRC Red Cross volunteers reached 553,106 people by EVD and COVID-19 prevention messages. A total of nine information kiosks are established in Bukavu, Minova, Kisangani, Bafwasende and visited more than 21,000 people.

As part of the Ebola and COVID-19 response, the South Kivu Red Cross branch, in collaboration with the Bukavu town hall, forged a partnership for nearly 100 volunteers from the Kadutu commune were mobilized on 6 June 2020 to encourage the community to practice environmental hygiene, especially in the context of COVID-19. Thus, a large-scale

sanitation action was organized in Bukavu on 6 June 2020 with the participation of almost 100 RC volunteers. In addition, a total of 30 handwashing stations were installed in certain public places in Bukavu (including 10 kits in Katudu and 10 kits in Ibanda).

In order to reduce the reticence surrounding rumours linked to epidemics and the acceptance of RC volunteers in the community concerning the meetings, the South Kivu CEA teams organized six community dialogue meetings in Bukavu and Minova with the participation of 79 leaders, administrative authorities and pressure groups. These were 3 meetings in Bagira with 26 participants, 1 Kadutu meeting with 20 participants, 1 meeting in Ibanda with 15 participants and Minova 1 meeting with 18 participants.

Challenges and how solved:

As challenges, CEA teams in Kinsangani and Bukavu were attacked by communities due to rumours on COVID-19. To solve these problems, community dialogue meetings were organized in Bunaku and Kinsangani with participation of key influencers and leaders.

Due to the absence of contract with local radio stations, radio broadcasting activities could not be implemented as planned.


Key drivers/enablers of success during the reporting period:

Dissemination of EVD and COVID-19 prevention messages through information kiosks was an innovative activity which increased the visibility of DRC RC in Bukavu, Kinsangani, Minova and Bafwasende.

Key activities for Sept – Dec 2020:

- Maintain CEA routine activities in preparedness zones by involving volunteers
- Increase dissemination of prevention messages in schools (officially reopened in October 2020)
- Reinforce radio broadcasting message for EVD and Covid prevention

Progress outcomes for the 11th outbreak (Equateur)

 Health		
Health Outcome 1: The immediate risks to the health of affected populations are reduced through awareness raising about EVD and early detections		
Indicators	Actual	Target
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	2	TBD
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	226,124	2,000,000
Output 1.2: Social mobilization and RCCE activities are conducted to limit the spread and impact of Ebola and other health risks		
Indicators	Actual	Target
1.2.a # of people reached in affected communities with risk RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	226,124	2,000,000
1.2.b % of all Red Cross teams trained on RCCE	N/A	100%
1.2.c # of data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	10,692	TBD
1.2.d: % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	N/A	TBD
1.2.e % of Red Cross operational bases having activities to ensure community participation in planning	N/A	TBD
1.2.f # of feedback meetings held with the community to close the loop ⁵	N/A	TBD
June - August 2020 achievements:		

⁵ New indicator after revision of the Appeal

During the reporting period, the CEA teams reestablished CEA mechanisms in Equateur. This was built on preparedness activities after the 9th outbreak and influenced from lessons learned during the 10th outbreak in eastern DR Congo.

Sensitization teams worked in tandem with RRTs to ensure that communities with confirmed or suspected EVD cases were informed and interacted with both EVD and COVID-19 information in order to encourage community trust.

After initial community resistance in several sites, the CEA teams used information collected to adjust programming and building a responsive relationship between the RC RDC and the communities. The reduction of community hostility in Aire Congo was especially noticeable over the last several months.

Challenge:

The community mistrust of EVD, compounded by misinformation about COVID-19 Aire Congo near Mbandaka due to not understanding the burial and infection prevention and control protocols.

To manage to stop this mistrust, anger and resistance in the community, CEA team, the volunteers organized group discussions and interviews with sections of the community, especially young people and mothers because it was this social layer who opposed the dignified and secure burial protocols to understand why they do not believe that Ebola disease is real or that it can harm them. CEA team displayed the body bags, helping the community to understand and accept that the body bags are not as harmful as has been rumoured. Now the community's members participate in the process of burials of their loved ones.

Key drivers/enablers of success during the reporting period:

CEA team continued to raise awareness of the importance of safe and dignified burial for Ebola prevention in the community.

Key activities for Sept – Dec 2020:

- Continue to adapt and revise key messages based on the feedback received and communicate it back to the community promptly
- Work on integrating messages of other diseases of potential epidemics based on community SDB
- Work on a smoother flow of CEA activities transition to the national society

Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment and community-based hygiene services

Indicators	Actual	Target
2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	5	15
2.2 # of people reached in communities in local health facilities supported to effectively detect and respond to infectious disease outbreaks during the Ebola operation in the Democratic Republic of Congo	N/A	TBD
Health Output 2.1: Targeted health Facilities and traditional healer offer IPC activities package regarding MoH Standard operating and procedures		
Indicators	Actual	Target
2.1.1 % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	60%	70%
2.1.2 % of Red Cross supported health facilities having an IPC package that respects MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD in hotspot and active health zones	5	13
2.1.3 # of triage and pre-triage zones and isolation centres constructed	5	10
2.1.4 # of health services providers, traditional healers and volunteers trained on IPC	54	80

June - August 2020 achievements:

Field assessment in Mbandaka and Bikoro, for health facilities inclusion (by Emergency Response Units (ERUs)) donation IPC kits to the Central Prison of Mbandaka.

Mentoring of health workers (50) about IPC protocols and guidelines and IPC quality evaluation and monitoring of health workers (50) about IPC protocols and guidelines and IPC quality evaluation.

Challenges and how solved:

The biggest challenges were:

Relationship management with local authorities has been time-consuming, but the IFRC now has a good slow-moving relationship with local government entities based on regular meetings. Remote management of staff has also presented a challenge due to the remote and disparate locations of cases in Equateur and complications with COVID-19 containment measures. Recruitment and onboarding have also been a challenge, again due to remote Equateur locations. The new IPC/WASH delegate arrived during the reporting period.

Key drivers/enablers of success during the reporting period :

Arrival of Team Leader and WASH Delegate to better follow up IPC activities

Change of the PCI focal point who became supervisor (replacement scheduled for October)

Key activities for Sept – Dec 2020:

The strategy of this period is to support the FOSAs jointly with the ministry, seeking through complementary evaluations to identify the most urgent needs. Furthermore, we work jointly with the other pillars to do integrated work and allow the community involvement and feedback on new structures and rules at the entrance of the triage: hand washing and temperature measurement. Strong participation of the national society to manage independently the activities in the FOSAs, agreeing together on the structures to support. Another strategy was to create an IPC national society focal point and a WASH delegate to control activities more effectively.

Training of healthcare providers on IPC (12)

- Start of construction triage and isolation areas in FOSAs (12)
- WASH assessments of the FOSAs, the prison, and the SDB decontamination base at the national society Mbandaka (15)
- Analysis of new FOSAs for further interventions

Health Outcome 3: Transmission of diseases of epidemic potential is reduced

Health Output 3.1: Red Cross SDB teams are set up and conduct safe and dignified burials in areas where the outbreak is sustained to limit the spread of EVD and other diseases of epidemic potential

Indicators	Actual	Target
3.1. # of households benefiting from a safe and dignified burial in Ebola-affected areas of the Democratic Republic of Congo	171	150
3.2. % of successful completion of safe and dignified burials in the EVD operation	55,8%	80%
3.3. # of SDB teams trained and equipped	N/A	80%
3.4. # of cases of contamination by SDB personnel	0	0

Health Output 3.2: Red Cross RDT are set up and conduct SDB, CEA and PSS activities in areas newly affected by the outbreak, to limit the spread of EVD and other diseases of epidemic potential

Indicators	Actual	Target
3.1.2 # of multisectoral RRT trained and equipped	36	35
3.1.3 # of RDT trained and equipped	N/A	35
3.1.4 % of active multisectoral RRT out of the total trained	N/A	35

Health Output 3.3: Red Cross RRT are set up and conduct patient transfer activities in areas affected by the outbreak, to allow safe access to health care services (suspect cases, confirmed cases and others)

Indicators	Actual	Target
3.2.1 # of RRT trained and equipped	36	52
3.2.2 # of patients transported by RRT according to safe protocols	90%	90%

June - August 2020 achievements:

During the reporting period 36 RRT were trained and equipped in 26 health zones of North Kivu, Ituri, South Kivu and Tshopo with a total of 216 RC volunteers. RRT transferred 258 people including 205 suspected and confirmed cases of Covid-19 and 53 people transported due to accidents. A total of 39 suspected death (EVD) with negative swab secured in the three Ituri, North Kivu and South Kivu.

Challenges and how solved:

COVID-19 disrupted the implementations of activities in all targeted areas. However, the DRC/IFRC RC teams monitored activities remotely. The main challenges were difficulty of accessibility of some project areas due to movement restrictions as a result of COVID-19 situation and the state of emergency decreed by the DRC government since March 2020. Another challenge was the transport of contingency stocks to the field (e.g. the case of Isiro which took one month

on the road by land). All these factors delayed the implementation of activities in Haut-Uélé provinces and some areas of Maniema. When the state of emergency was lifted on 15 August, activities were rescheduled

Key drivers/enablers of success during the reporting period:

RRT established by RC were involved in sensitization and spread of key messages on COVID-19 prevention and feedback collected from communities. These working closely with MoH surveillance teams played a big role in COVID19 patients transfer in Bukavu, Goma and Bunia.

Key activities for Sept – Dec 2020:

- Planning of Ebola and COVID-19 RRT prevention trainings in the provinces of Maniema (Lubutu and Punia), South Kivu (Idjwi), Haut-Uélé (Isiro, Gombari, Wamba and Watsa) and Tshopo (Bafwasende, Makiso and Wanyarukula) scheduled for August and September 2020.
- Continued deployment of volunteers in the field to carry out prevention activities
- Equipping the rapid response team in Bafwasende and Uvira with a tricycle for epidemic preparedness and other community activities
- Strengthen the implementation of handwashing kits in public places in the health zones targeted by the project (Tshopo, Maniema, Haut-Uélé).
- Continuation of door-to-door activities and RRT interventions in the field

Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved

Indicators	Actual	Target
4.1 # of people reached with PSS activities in the community	N/A	TBD
Health Output 4.1: Psychosocial support provided to the target population		
Indicators	Actual	Target
4.1.1 # of volunteers and staff reached with PSS activities	N/A	TBD
4.1.2 # of cases referred to higher level of PSS care	0	TDB
4.1.3 # of volunteers trained on community-based PSS interventions	0	10

June - August 2020 achievements:

- Three-day training of 10 PSS volunteers on basic PSS interventions including PFA in Goma
- Identified new focal points for national society branches

Challenges and how solved:

Turnover and subsequent reidentification of PSS focal points within the national society provided a challenge especially with the new outbreak in Equateur. New focal points once identified will require onboarding and training.

Travel within Equateur province is a challenge for reaching all volunteers with PSS. The PSS team is working on ensuring that all volunteers have access to PSS no matter how remote their location. PSS volunteers will deploy as part of Rapid Response teams whenever possible. PSS also works in close coordination with the CEA colleagues to ensure messaging is in line with PSS principles.

Key drivers/enablers of success during the reporting period:

The arrival of a new PSS delegate as reinvigorated the team especially with deployments to Equateur to share information, best practices, and lessons learned from the experienced teams in eastern DR Congo.

Key activities for Sept – Dec 2020:

The PSS strategy for the Equator is to reinforce the activities and above all the quality. For this reason, it was decided in agreement with the national society, to change the PSS focal point in Mbandaka, to open a position for a PSS manager for the National Society. The new IFRCV PSS delegate will focus on supporting the activities, improving the quality of reporting and ongoing activities

PSS will also be involved in strengthening the capabilities of RRTs, supporting volunteers as PSS during their activities and enhancing their capabilities for a rapid PSS assessment to improve their deployment in emergency.

Furthermore, frequent meetings with the ICRC have been held to start community-based PSS activities with the IDPS, waiting for the ICRC to take over the activities autonomously in 2021 when their delegated PSS will be present (March 2021)

- Train PSS staff and volunteers in caring for staff and volunteers skills including setting up a system for staff and volunteer care.
- Establish a functional and sustainable referral system for severe cases of mental health conditions as well as referrals to basic services including a clear referral procedure.
- Conduct supportive supervision talks with frontline staff and volunteers



Protection, Gender and Inclusion

PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators	Actual	Target
<i>P.1.1 % of volunteers trained on the respect of gender and others diversity factors and the minimum Standard commitment.</i>	N/A	100%
<i>P.1.2 # of people reached with the awareness raising on preventing and responding to SGBV in all community outreach activities</i>	N/A	TBD
<i>P.1.3 # of recommendations implemented from SMT and field coordinator meetings</i>	N/A	TBD
<i>P.1.4 # of focal points and supervisors trained on PSEA</i>	N/A	TBD

May-August 2020 achievements:

DRC RC PGI focal point based in Kinshasa participated in online training organised by IFRC on prevention and response to SGBV in COVID-19

IFRC HR staff based in DRC including PSEA focal point based in Goma participated in the regional webinar on prevention of sexual exploitation and abuse (PSEA) for IFRC HR staff in Africa. IFRC works to systematically prevented, increase awareness and identify and reduce risks, including risks of sexual exploitation, abuse and harassment, in all its operations and the community where they serve. IFRC is striving to address these concerns, by ensuring that reporting mechanisms are known, accessible and trusted, and that the community knows where to report and who to call in case of report sexual misconduct or abuse. To achieve this, IFRC is in the process of implementing a hotline that would help survivors to call to report any situations. The hotline is a confidential independent line available to the community members who wish to report misconduct. The hotline will be managed by an external provider and is available from 8am to 5pm by phone. It offers the possibility to report in complete anonymity. IFRC and NS have consistently and strongly encouraged staff to speak out and underscored the mandatory obligation for all staff to report on situations or interactions that may give rise to concerns of sexual exploitation or abuse. Staff also are encouraged to use the hotline as needed to report any issues.

Challenges and how solved

PSEA and SGBV remain endemic throughout the world and risk is heightened in conflict zones and areas affected by stressful disease outbreaks. DR Congo is currently experiencing all these challenges. The IFRC is committed both to creating safe reporting mechanisms for survivors and identifying opportunities to mitigate gender-based power imbalance.

After recent news coverage and international attention to these issues particularly in the structures of UN responses across eastern Congo, the IFRC has redoubled efforts to integrate policies and more importantly workplace culture changes both in the IFRC and in collaboration with the local and national mechanisms of the DR Congo Red Cross.

Challenges and cultural inertia are strong but the IFRC remains committed to gender awareness mainstreaming and the prevention of PSEA for staff and volunteers.

Key drivers/enablers of success during the reporting period

The RDC CR has dedicated focal points in Kinsasha who are working in partnership with support from Nairobi and rollout support from the Goma office.

The international attention brought by the news coverage in the New Humanitarian created a crucible moment where pressure and support from donors has elevated the opportunities to make meaningful change.

Key activities for Sept – Dec 2020:

- Support to DRC RC to start developing PSEA policy
- Fundraising and recruit for PSEA coordinator position to be based in DRC
- PSEA sessions for IFRC Staff in DRC Implementation of the hotline with free calling and texting to all phone companies
- Ensure a committee is put in place to manage all PSEA complaints
- Develop a plan for action on PSEA and SGBV for DRC RC with IFRC support

Strategies for implementation (SFI)⁶

SFI1: Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

S.1.1.2 NS have assessed their capacity at HQ and branch level and identified areas for organizational improvement.

Indicators	Actual	Target
# of workshops organized in Kinshasa on PMER with managers from Headquarters, North and South Kivu, Ituri, Kwango, Kinshasa and Central Kongo branches.	2	2
# of training and popularization of accounting software (Tomproo) + at the headquarters of the CRRDC's finance managers (headquarters, N/S-Kivu, Ituri, Kinshasa, Kongo Central),	N/A	1
# of staff trained at headquarters, eastern branch and CODIR on IFRC procedures and on fraud and corruption	N/A	TBD
# of NS staff trained in financial management, security management and reporting	25	TBD
# of lessons learned workshops in Kinshasa on the Ebola virus disease involving all field actors and capitalise on the conclusions in the revision of existing methods, practices, standards and procedures.	1	TBD
# of counterparts from the NS and the Federation, following the organization charts of the CRRDC and IFRC	12	TBD
# of training undertaken in strengthening the capacities of the CRRDC's Human Resources	3	TBD
# of BOCA assessments carried out in branches in North and South Kivu to see what needs to be strengthened	1	TBD
# of mini partnership meeting undertaken with the Movement's partners present in the Democratic Republic of Congo in order to set up coordination mechanisms and define support for the implementation of the DRRC's Strategic Plan	1	TBD
# of physical infrastructures supported to strengthen NS structures in North Kivu, South Kivu and Ituri in order to promote the long-term sustainability of the DRCRC.	4	TBD

Priority areas:

- Rehabilitate the DRCRC secretariat in Kinshasa
- Rehabilitating the Uvira territory office in Sange, South Kivu
- Rehabilitating the building housing the CRRDC's central warehouse
- Buy 15 laptops for the CRRDC (6 at Headquarters, 3 in South Kivu, 3 in North Kivu and 3 in Ituri)

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

Indicators	Actual	Target
# of volunteers engaged with DRC National Society using volunteer management system	2,222	TBD
# of volunteers trained on data collection using CRRDC application at Headquarters		
# of times the Resource Management System containing volunteer's database is updated and subjected to review		

S.1.1.6 National Societies have the necessary corporate infrastructure and systems in place

S.1.1.7 NS capacity to support community-based disaster epidemic response and preparedness is strengthened.

Indicators	Actual	Target
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⁶ Targets are not mentioned for some of the indicators as these were added during the previous review of the Appeal, whose EPOA is currently being revised for validation. A mini-workshop is planned between the PMER, Data management and the pillars teams by the first week of November to harmonise the M&E plan and the Indicator Tracking Table

S.1.1.7.1: # of teams trained and equipped as Epidemic Rapid Response Teams	8	TBD
S.1.1.7.2: % of branches in targeted provinces that obtain a level 2 or above in the EVD preparedness checklist	N/A	100%
S.1.1.7.3: # DRC RC Epidemic Preparedness plan and SOPs at the province level	1	1
S.1.1.7.4 # of DRC RC managers trained in inventory management	N/A	5
S.1.1.7.5: # of simulations conducted for RRTs per month (at the end of the project)	N/A	N/A
S.1.1.7.6. # of warehouses rehabilitated/constructed	N/A	TBD
SFI 2: Effective and coordinated international disaster response is ensured		
S.2.1 Effective and coordinated international disaster response is ensured		
S.2.2 The complementarity and strengths of the Movement are enhanced		
S.2.2.1 IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	Actual	Target
# of Movement meetings (tripartite meetings at provincial and national level, movement meetings at national level)	N/A	5
SFI 4: Ensure a Strong IFRC that is accountable		
S.4.1 The IFRC enhances its effectiveness, credibility and accountability		
S.4.1.2 IFRC staff shows good level of engagement and performance		
Indicators	Actual	Target
% of average monthly expenses processed in field bases	N/A	N/A
S.4.1.3 Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		
Indicators	Actual	Target
# of audits of financial statements conducted in compliance with international financial reporting standards	N/A	TBD
S.4.1.4 Staff security is prioritised in all IFRC activities		
Indicators	Actual	Target
% of IFRC staff participating in security briefings	100%	100%

May-August 2020 achievements:**Logistics**

1. Setting up and managing one warehouse of 80 sqm at the Mbandaka provincial base and leasing 1.300 sqm for the operation increasing the holding capacity from 80 sqm to 380 sqm in the Equatorial province.
2. Enhanced compliance & efficiency by 60% in Mbandaka by setting up functioning system from inception using two experienced volunteers from NK and selecting two supportive volunteers in collaboration with the national society.
3. Successfully renewed Goma warehouse storage contract for six months and initiated and realized new contract for Beni increasing the holding capacity to 240 sqm from 54 sqm.

Finance

Two hours webinar sessions were organized each week with DRC RC HQ finance and logistics staff on IFRC working advance and procurement procedures as well as reporting, compliance, fraud and corruption.

Challenges and how solved

The IFRC aspires to have gender equality in all its missions. The indicators above reflect that staff cohorts are still largely men. The IFRC is re-evaluating how positions are posted and recruited in DRC in order to attract more female candidates.

Key drivers/enablers of success during the reporting period

Before COVID-19 lockdowns, trainers were able to travel and give trainings to a large number of participants. COVID-19 has reduced this opportunity. However, the IFRC now takes travel precautions and does training several times to smaller audience.

Key activities for Sept – Dec 2020:

- Support DRC RC with the procurement of accounting software.
- Training of staff from the Headquarters and branches of the Eastern DRC and DRC RC Leadership on IFRC procedures and fraud and corruption.
- Support the NS of an external audit firm to do both financial and organizational audit of DRC RC.
- Lessons learned workshops in Kinshasa on the Ebola virus disease involving all field actors and capitalise on the conclusions in the revision of existing methods, practices, standards and procedures.
- Validation workshop of DRC RC Disaster and Health Emergency Response Plan- Printing, duplication and popularization the plan in the 6 operational areas.
- Organize Branch Capacity Assessment (BOCA) in North and South Kivu to identify needs
- Rehabilitate the DRC RC bases as determined by need

Produce and broadcast a documentary-advocacy on DRC RC's response to Ebola virus disease (Field Mission, Editing, Broadcasting and Archive)

South Sudan

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

# of bicycles procured and deployed to the 4 target areas (40 procured but only 10 has been deployed)	40	50
# of new locations with materials and equipment for disinfection	5	3
# of vehicles deployed	8	7
# of vehicles prearranged for SDB	4	3
# of SDB bases established and ready for operation (Bases identified, but yet to be ready in Yambio and Maridi. SDB materials prepositioned)	3	5
# of NTF, TWG and MTF Coordination meeting held	17	36
# of people reached on Key Messages on EVD	455,776	160,000
# of SSRC volunteers trained on CBS and equipped	0	120
# of SSRC volunteers in the community providing surveillance services	0	100
# of communities and target locations with CBS materials	0	11
% of alerts reported and responded with follow up	0	90%
# of Supervisors trained on CBS	20	20
# of Community Key Informer (CKI) oriented	0	800
% of Alerts detected, recorded and reported	0	100%
% of Zero alerts reported	0	80%
# of monitoring visits conducted in all locations	0	60
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	Actual	Target
# of volunteers trained in psychosocial support	190	180
Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform		
Indicators	Actual	Target
# of volunteers insured	400	360
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	Actual	Target
# reviews done on NS epidemic contingency/preparedness	0	1
# of staff recruited/contracted and actively supporting EVD preparedness operation at HQ and branch levels	14	14
SSRC EVD Contingency plan developed and used	1	1
EVD PMER tools and system fully functional and supporting the operation	1	1
# of local review/assessment of the EVD Preparedness operation	1	2
# of EVD SMRCCE impact KAP Survey conducted in the 4 locations (Yei, Maridi, Yambio and Nimule)	0	2
# of supportive supervision/monitoring visits provided by SSRC HQ relevant sectorial heads for the EVD preparedness operation	6	12
# of EVD related reports produced and shared with relevant stakeholders (weekly, monthly & Quarterly)	18	24
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	Actual	Target
# of missions conducted by IFRC staff	0	6
<ul style="list-style-type: none"> • May-August 2020 achievements: <ul style="list-style-type: none"> • RCCE: though the EVD activity had been interrupted by the advent of COVID-19 crisis, Nimule branch volunteers continued to carry on risk communication and community engagement in the community and at the ground point of entry in order to avoid importation of EVD or COVID-19 in South Sudan 		
Challenges and how solved		

- EVD activities have been interrupted by the advent of COVID-19 crisis. As mentioned above, RCCE activities have been maintained

Key drivers/enablers of success during the reporting period

N/A

Key activities for Sept – Dec 2020:

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
 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

Burundi

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Actual	Target
# of people sensitized on EVD	1,078,540	272,343
# of households reached through door to door sessions	36,240	10,000
# of community leaders trained on EVD	819	120
# of cultural shows disseminating EVD messages	4	30
# of roadshows disseminating EVD messages	202	202
# of awareness sessions carried out in schools	119	84
# of volunteers refreshed on CEA	117	117
# of volunteers trained on CEA	120	120
# of radio shows and interactive shows on EVD conducted	480	24
# of EVD KAP surveys conducted for Baseline and End line	2	2
# of targeted communities who have good knowledge of EVD after volunteers sensitization	29.4%	50%
# of people who have adopted safe and preventive practices for EVD following after volunteers sensitization	95%	90%
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	Actual	Target
# of drills carried out by 6 SDB teams	67	50
# of people trained in SDB (volunteers and local CHWs)	228	120
# of communal teams for SDB established and trained	20	10
# of volunteers trained in Infection Prevention and Control (IPC)	80	60
# of SDB refresher trainings carried out	7	12
# of SDB replenishment kits procured	0	10
# of SDB starter kits procured	0	10
# of SDB training kits procured	0	6
# of SDB vehicles procured	2	2
# of bicycles procured	60	60
# of handwashing stations procured and pre-positioned at Branch level	300	200
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	Actual	Target
# of staff and volunteers trained in PSS	122	120
# of PSS sessions provided	1	N/A
# of BRCS Psychosocial support Plan of action elaboration workshop conducted	1	1

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

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

Indicators	Actual	Target
# of volunteers insured	298	320
# of security trained staff and volunteers	20	20

Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened

Indicators	Actual	Target
# reviews done on NS epidemic contingency/preparedness	1	1

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators	Actual	Target
# of missions conducted by IFRC staff	4	6

May-August 2020 achievements:

Risk communication and community engagement (RCCE) activities

After the outbreak of COVID-19 in Burundi on March 31, the Government declared recommendations to all humanitarian actors to include essential information for awareness-raising, prevention and actions regarding COVID-19 virus in all their activities. As a result, BRCS integrated COVID-19 awareness messages into EVD messaging activities and intensified its community actions. BRCS volunteers have been able to sensitize a total of 1,078,540 people from January to August. In addition, volunteers also carried out RCCE activities to reach vulnerable groups such as students. Thus, BRCS volunteers conducted 119 sensitization sessions in schools for awareness on EVD with preventive messages on COVID-19 as well. These activities reached 77,354 students in the 6 target Branches.

Safe and dignified burials (SDB)

Between May to August 2020, 10 additional trainings for communal volunteers were conducted resulting cumulatively to 20 SDB communal teams and 228 people trained in SDB. In addition, SDB drills were continuously conducted leading cumulatively to 67 SDB drills since January 2020.

Psychosocial support (PSS) activities:

PSS achievements were the capacity building of existing branches, which was carried out in 3 steps: Training of national trainers leading to 14 staffs trained at the national level. This was followed by a training of provincial trainers leading to 38 staff and volunteers trained. And finally, it was followed by cascade trainings at the commune level, leading to 70 volunteers trained in the PSS in the targeted municipalities. In addition, BRCS has developed a Mental Health and Psychosocial Support (MHPSS) action plan to integrate and deliver community-based PSS activities across the country.

BRCS capacity strengthening

NS capacity strengthening has been partially implemented. Local purchases could be made as part of the implementation. However, due to the global strong demand and subsequent shortages of SDB Kits it did not allow for purchases as planned, however, from the stocks predisposed in the DREF Ebola 2019, BRCS were able to constitute for each of the targeted Branches, full SDB kits and pre-position them in each branch for the implementation of activities, and so that the branches formed may be able to respond of EVD cases in the country. In addition, two SDB vehicles were purchased from DFID funds and delivered to BRCS for the implementation of activities.

Challenges and how they have been solved

Integration of COVID-19 preventive messages into EVD sensitization resulting in a lower than expected knowledge of targeted communities

Despite the strong awareness carried out at community level on EVD by BRCS volunteers, the proportion of target people with good knowledge and especially that of acceptable knowledge was still not satisfactory with regard to the expected objectives (29.4% at the final evaluation CAP vs 50% expected). This finding could be explained by the confusion created by the massive awareness-raising on COVID-19 at the same time as EVD, and also because of the integration of awareness

messages concerning COVID-19 simultaneously during the awareness on EVD as recommended by the Ministry of Public Health and the National Ebola and COVID-19 Task Force.

Burundi 2020 Elections, socio-political and security context

During the electoral process (electoral campaigns) and elections, project implementation rate has been reduced due to limited access to the field, limiting also the implementation of some activities. In addition, following the death of the former President H.E Pierre NKURUNZIZA, the Government called for National mourning during the funeral period and activities had to be put on hold. All these situations have impacted on the project implementation schedule which obliged to postpone some activities.

Closure of Burundian borders following COVID-19 outbreak

This situation resulted in a fluctuation of local prices in the market, which delayed the procurement processes, as well as some shortages (locally and abroad as well like for SDB kits and materials). The procurements have been concluded by BRCS through regular market assessments to identify price fluctuations and adapting the purchasing strategy.

Key drivers/enablers of success during the reporting period

Good acceptance/perception of BRCS at community level: this allowed the implementation of activities and access to places where no other humanitarian actors could go during the immediate pre- and post-election periods.

Good integration of BRCS at strategic coordination level, in particular within the Task Force and technical sub-committees: This allowed BRCS to actively participate in the adaptation and orientation of public health actions thanks to its rich experience in the implementation of community interventions. This made easy to adapt activities to the current epidemic context and adapt them to the recommendations of the National Task Force and the sub-committees respecting the strict measures compliance which have been put in place to prevent the spread of the virus.

Key activities for Sept – Dec 2020:

At the time of reporting, activities have been completed. BRCS is in the process of collecting data and writing the final report.

Rwanda

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Actual	Target
<i># of people reached with community-based epidemic prevention and control activities</i>	750,000	5,000,000
<i># of mobile cinema sessions conducted</i>	305	290
<i># of volunteers refreshed on CEA (10 volunteers in each of the 15 districts)</i>	0	150
<i># of teams that receive CEA branch level training</i>	0	15
Health Output 4.3: National Society volunteers support safe and dignified burials to limit the spread of disease		
Indicators	Actual	Target
<i># of trained frontline SDB teams that are ready to deploy</i>	2	2
<i># of trained reserve SDB teams that are ready to deploy</i>	11	15
<i># of simulation exercises conducted (attended)</i>	3	N/A
Health Output 1.5: Psychosocial support provided to the target population		
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	Actual	Target
<i># of volunteers trained in psychosocial support</i>	55	75
Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		
<i># of volunteer teams trained in contact tracing</i>	11	15
Health Outcome 7: National Society has increased capacity to manage and respond to health risks		

Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services		
<i># of branches with trained rapid response teams for health Emergencies</i>	11	15
S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	Actual	Target
<i># of NS contingency and preparedness plans updated</i>	1	1
<i># of RCCE orientation sessions conducted</i>	31	30
Outcome S2.1: Effective and coordinated international disaster response is ensured		
<i># of districts with trained rapid response teams for health emergencies</i>	11	15
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	Actual	Target
<i># of trained frontline SDB teams that are ready to deploy</i>	2	2
<i># of trained reserve SDB teams that are ready to deploy</i>	11	15
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.		
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators	Actual	Target
<i># of evaluation and lessons learned reviews conducted</i>	1	2
May-August 2020 achievements: No activities have been conducted since April 2020.		
Challenges and how solved NS shifted focus to COVID-19 response. In addition, EVD risk communication was discontinued as Ministry of Health public health messaging was focused on COVID-19.		
Key drivers/enablers of success during the reporting period: N/A		
Key activities for Sept – Dec 2020: The following activities are planned until December:		
<ul style="list-style-type: none"> • Training of trainers for the CEA branch level training (15 branches / 2 people per branch) • Roll out of the branch level training and risk communication to 15 Community Engagement teams (3 days/10 volunteers per district) • Conduct refresher for two frontline SDB teams • Conduct refresher ToT PSS training for 15 district teams • Conduct PSS and PFA training for National and Local Disaster Response teams (150 volunteers) 		

Uganda

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Actual	Target
<i># of people reached by NS with services to reduce relevant health risk factors</i>	10,786,570	7,068,060
<i># of volunteers conducting risk communication, social mobilization activities in 7 districts for 3 months</i>	480	360
<i># of CEA mechanisms established</i>	2	2
<i># of HH reached with EVD messages on prevention, identification and referral through risk communication activities (188.724 HH//month x 3 months)</i>	374,057	566,171
<i># of people reached with EVD messages on prevention, identification and referral through risk communication activities (1,321,066 people/month x 3 months)</i>	1,629,657	3,000,000
<i># of community/group meetings held on EVD prevention, identification and referral (2,620 community groups/months x 3 months)</i>	14,647	5,000

# of people taking part in community/group meetings held on EVD prevention, identification and referral (142.221 people/month x 6 months)	1,067,178	853,326
# of people reached with EVD prevention messages through mobile cinema sessions (150 people/sessions x 105 sessions); 4,400 people reached with EVD prevention messages through drama sessions, target: (100 people/session x 44 sessions).	16,075	42,000
# of mobile cinema sessions conducted	133	210
# of volunteers trained on surveillance and contact tracing	505	420
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators	Actual	Target
# of SDB trainings from health partners supported by URCS facilitators	29	13
# of volunteers conducting screening activities at 28 PoE for 3 months	196,281	334
# of people screened at PoE crossing the border for trade, family, religious, health and education reasons in 3 months (946.662 people/month);	10,393,083	7,200,000
# of people crossing the border to seek refuge in 3 months, (89 people/day)	N/A	N/A
# of SDB drills conducted by 3 SDB teams,	18	30
# of SDB simulations conducted by 3 SDB teams	8	15
# of joint MoH and URCS quality control missions on SDB simulations conducted	20	5
Health Output 1.5: Psychosocial support provided to the target population		
Indicators	Actual	Target
# of volunteers providing PSS in 7 districts for 3 months	527	30
# of discharge kits procured	10	50
Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators	Actual	Target
# of National Society contingency and preparedness plan adopted, including SDB SOPs	1	1
# of volunteers insured	358	420
# of people which have received PSS	47029	586
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators	Actual	Target
# of monitoring missions conducted by IFRC staff	5	5
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators	Actual	Target
# of NDRTs deployed	2	3
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators	Actual	Target
# of emergency procurement procedures reviewed	In progress	1
# of motor-vehicles deployed to the field to support the operation	6	4
# of URCS logistic support staff fully dedicated to the operation	2	1
Output S1.1.7: URCS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	Actual	Target
# reviews done on URCS epidemic contingency/preparedness	4	2
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	Actual	Target
# of Movement in-country coordination meetings	3	3
# of Lessons learnt workshops conducted	2	1
May-August 2020 achievements:		
RCCE and CBS activities		
Due to the COVID-19 outbreak and subsequent restrictions put in place, the continuation of activities have been affected with significant delays in community implementation. As a result of the COVID-19 outbreak, URCS integrated COVID-19 awareness messages into EVD messaging. As of August 2020, RCCE activities have again been intensified.		

Safe and dignified burials (SDB)

As above mentioned, URCS has been engaging with government and local communities through its SDB teams, to advocate for safe handling of community body handling of COVID-19 cases, in line with the IFRC/ICRC guidelines

Point of Entry screening

Point of Entry screening has been ongoing with support from other funding channels.

Challenges and how solved

- The COVID-19 outbreak caused significant delays to the implementation of the operation, due to government restrictions, including restrictions of movement. In addition, the end of the EVD outbreak in the Eastern part of DRC, as well as the COVID-19 outbreak in Uganda, demanded a refocus the operation. URCS activated and oriented its SDB teams on the new SOPs as well as the IFRC/ICRC guidelines to support advocacy efforts with district governments as well as awareness sessions with communities.

Key drivers/enablers of success during the reporting period

- Having a large network of trained URCS volunteer allowed URCS to deploy their teams on short notice and as required.
- URCS made available all necessary technical and program management staff as required.
- Improved synergy and Coordination with Movement and non-Movement actors and partners allowed a smoother implementation of the operation.

Key activities planned for the period Sept – Dec 2020:

- Continuation of PoE screening
- Implementation of the new Community Engagement and Accountability Strategy (CEAS) issued by Government of Uganda. This will imply trainings of Village health teams, District health teams, district health workers and volunteers on RCCE and CEAS.
- Continuation of Mentorship and supervision
- Align URCS community mobilisation and RCCE plans with CEAS focusing on epidemic preparedness, including EVD and COVID-19.
- Continuation of CBS
- Procurement of face masks, gloves, body bags and other PPE related items.
- A proactive and trustful relationship with UN agencies, MoH and other partners allowed URCS to play a key role

D. FINANCIAL REPORT

The overall amount allocated for this operation is 56 million CHF as indicated in the [One International Appeal Revision 6](#) budget. The table below summarizes the expenditure per Area of Focus and Strategy for Implementation.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2020/08	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 02 Nov 2020

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 30 Jun 2021; appeal launch date: 21 May 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	42,225,000
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,000,000
SFI2 - Effective international disaster management	12,200,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	4,575,000
Total Funding Requirements	61,000,000
Donor Response* as per 02 Nov 2020	45,023,107
Appeal Coverage	73.81%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	8,272	8,261	11
AOF3 - Livelihoods and basic needs	2,436	9,548	-7,112
AOF4 - Health	26,214,918	23,492,361	2,722,556
AOF5 - Water, sanitation and hygiene	971	233,986	-233,015
AOF6 - Protection, Gender & Inclusion	6,000	880	5,120
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,975,419	1,107,015	868,404
SFI2 - Effective international disaster management	14,492,829	12,711,913	1,780,916
SFI3 - Influence others as leading strategic partners	197,393	98,882	98,511
SFI4 - Ensure a strong IFRC	47,305	55,319	-8,014
Grand Total	42,945,544	37,718,165	5,227,379

III. Operating Movement & Closing Balance per 2020/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	42,393,447
Expenditure	-37,718,165
Closing Balance	4,675,282
Deferred Income	323,535
Funds Available	4,998,818

IV. DREF Loan

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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2020/08	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 02 Nov 2020

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 30 Jun 2021; appeal launch date: 21 May 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	404,024				404,024		
Australian Red Cross (from Australian Government*)	672,300				672,300		
Austrian Red Cross (from Austrian Government*)	109,482				109,482		
Belgian Government - Flanders	170,709				170,709		
British Red Cross	823,526				823,526		
British Red Cross (from British Government*)	8,762,881				8,762,881		
CDC Centers for Disease Control and Prevention	2,888,434				2,888,434	209,604	
China Red Cross, Hong Kong branch	50,512				50,512		
Danish Red Cross	400,000				400,000		
Danish Red Cross (from Danish Government*)	2,167,182				2,167,182		
DREF Allocations				514,000	514,000		
European Commission - DG ECHO	3,448,302				3,448,302		
Finnish Red Cross	110,810		29,877		140,687		
Finnish Red Cross (from Finnish Government*)	612,237				612,237		
Icelandic Red Cross	425,000				425,000		
Icelandic Red Cross (from Icelandic Government*)	225,000				225,000		
Italian Government Bilateral Emergency Fund	562,395				562,395		
Italian Red Cross	107,660				107,660		
Japanese Red Cross Society	89,554				89,554		
Kenya Red Cross Society			18,083		18,083		
Kuwait Red Crescent Society	297,923				297,923		
London School of Hygiene&Tropical Medicine	112,288				112,288	3,324	
Norwegian Red Cross	596,742				596,742		
Norwegian Red Cross (from Norwegian Government*)	159,515				159,515		
On Line donations	188				188		
Other			0		0		
Paul G Allen Family Foundation	957,671				957,671	285	
Red Cross of Monaco	17,401				17,401		
Spanish Government	109,035				109,035		
Swedish Red Cross	493,485				493,485		
Swiss Government	1,000,000				1,000,000		
Swiss Red Cross	227,000				227,000		
The Canadian Red Cross Society	3,107	10,018			13,125		
The Canadian Red Cross Society (from Canadian Gov	3,004,506				3,004,506		
The Netherlands Red Cross	269,166				269,166		
The Netherlands Red Cross (from Netherlands Govern	1,210,007				1,210,007		
Turkish Red Crescent Society	60,000				60,000		
United States Government - USAID	6,527,659				6,527,659	100,628	
United States - Private Donors	1,897				1,897		
Western Union Foundation	9,484				9,484		
WHO - World Health Organization	4,735,040				4,735,040	9,696	
Write off & provisions				-651	-651		
Total Contributions and Other Income	41,822,121	10,018	47,960	513,349	42,393,447	323,535	
Total Income and Deferred Income					42,393,447	323,535	

B. CONTACTS

Reference documents

Click here for: [Previous Appeals and updates](#)

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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.**