

## Democratic Republic of the Congo (DRC), AFRICA | Ebola Virus Disease outbreak

<b>Appeal No: n°</b> MDRCD026	<b>Operations Update n° 8</b> <b>Date of issue:</b> 12 March 2020	<b>Timeframe covered by this update:</b> 34 months (May 2018 –February 2021)
	<b>Operation start date:</b> 21 May 2018	<b>Operation timeframe:</b> 12 May 2018 – 30 September 2021
<b>Glide No:</b> <a href="#">EP-2018-000049-COD</a> <a href="#">EP-2018-000129-COD</a> <a href="#">EP-2020-000151-COD</a> <a href="#">EP-2021-000014-COD</a>	<b>Overall operation budget:</b> CHF 56 million <b>Budget Coverage as of 08 March 2021:</b> CHF46.8m (84%) <b>Budget Gap:</b> CHF9.2m (16%)	<b>One International Appeal amount initially allocated:</b> CHF 500,000 + CHF 300,000 (Uganda)

**N° of people to be assisted:** 8.7 million people

**Red Cross Red Crescent Movement partners currently actively involved in the operation:** In addition to the Democratic Republic of Congo Red Cross (DRC RC), 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, 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).

**Other partner organizations actively involved in the operation:** 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), OIM and the World Bank.

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

### Summary of the major activities

This Operations Update No. 8 is to notify partners on the current situation in view of the resurgence of Ebola Virus in Biena, Butembo Territory in North Kivu Province and seek further support that will help contain the outbreak before it spreads further. The operation time frame is also to be extended to 30 September 2021, given the minimum surveillance period as per protocols.

The first suspected patient was admitted to a health centre in Biena before being referred to the Matanda hospital in Butembo where she eventually died on 3 February. She was the wife of an Ebola survivor. On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo confirmed the laboratory results and declared an outbreak of Ebola Virus Disease (EVD) in the territory of Butembo, North Kivu Province. Following this, the DRC RC, with support from IFRC organised strategy meetings to immediately start response activities that would minimise the spread of the disease. A provincial response team from the Ministry of Health, supported by WHO, is already in the field and is working on contact tracing and disinfection of sites. Red Cross teams were activated in four health zones: Musienene, Biena, Butembo and Katwa and engaged in the response to provide services such as infection prevention and control (IPC), community mobilisation and awareness-raising, psychosocial support (PSS) and, if necessary, safe and dignified burials (SDB).

Between 7 to 14 February 2021, 2 more confirmed cases were registered out of 180 listed contacts, 129 were followed up with a 72% follow-up rate. Concerns arose on the 19 of February, as the first EVD cases were detected out of a known transmission chain, **thus starting a new generation of cases** that increases the risk profile and can potentially lead to exponential growth.

As of 4 March 2021, the situation is the following:

- 11 confirmed EVD cases, including 4 deaths, across 6 health areas in 4 health zones: Biena, Katwa, Butembo and Musienene.
- Two health workers among confirmed cases; 57% case fatality rate.
- 856 people vaccinated; only 36% of cases were among people who had been listed as contacts and benefited from vaccination, demonstrating critical gaps in surveillance; average time to have people isolated after first symptoms is five days.
- 10 patients transferred, 9 to various local hospitals and 1 case to an Ebola treatment centre (ETC), by DRC Red Cross rapid response teams (RRT).

In the three-week period 7-28 February, DRC RC teams were activated in the four health zones: Musienene, Biena, Butembo and Katwa where more than 245 Red Cross volunteers of the DRC Red Cross, with the support of the IFRC, have undertaken the following activities:

- Community engagement and accountability (CEA) activities - 92 volunteers were mobilized, who sensitized a total of 2,574 people in Biena, Musienene, Butembo and Katwa.
- To reinforce DRC Red Cross capacities, 24 new volunteers were mobilized in Biena for CEA, and for preparedness, 80 new volunteers were mobilized in Kalunguta, Beni and Mabalako.
- Trainings of volunteers in safe and dignified burials (SDB) in Biena and Musienene. The rapid response teams are active in Butembo and Katwa.
- Infection prevention and control (IPC) assessments took place in Biena, Katwa and Butembo, with the Ministry of Health; and evaluation of 10 health facilities was undertaken in the Biena health zone, with the revival of hygiene committees in the health facilities.
- Psychosocial support (PSS) - meetings took place with traditional leaders in Biena and Musienene to assess psychosocial support needs in communities.

Moving forward, the DRC Red Cross and IFRC will continue to provide support in the affected areas in the following key pillars:

- Community engagement and accountability activities
- Safe and dignified burials and safe patient transfers
- Infection prevention and control, including assessments of health facilities
- Psychosocial support – assessment of needs and provision of psychosocial support
- Strengthening the capacities of DRC Red Cross volunteers and mobilization of Rapid Response Teams

For the past two and a half years, the DRC Red Cross, with the support of the IFRC, has built strong capacities in EVD preparedness and response; it has the structures, staff, volunteers, expertise, and logistics in place. The area of resurgence of cases is an area of armed conflict, and the DRC Red Cross is one of the few organisations with access to the area with the support of Red Cross Red Crescent Movement partners, including the ICRC. The Red Cross is therefore uniquely placed to respond to the latest resurgence of cases and to play a critical role in this latest public health emergency.

The DRC RC will shift the focus from preparedness and recovery to response, under the framework of this Emergency Appeal. Unfortunately, due to the funding shortfall in this operation, the IFRC is not in a position to maintain sustained support to DRC RC to continue the response to this resurgence beyond March 2021. An allocation from the IFRC Disaster Relief Emergency Fund (DREF) is being sought to maintain operation ongoing for the coming weeks, while fundraising efforts are ongoing, **seeking for CHF9.2 million to continue the operation until September 2021.**

## A. SITUATION ANALYSIS

### Description of the disaster

The Democratic Republic of the Congo (DRC) has to date declared 12 outbreaks of Ebola virus disease (EVD) since the first identified outbreak in Yambuku Province in 1976 with the outbreaks having affected 10 of 26 provinces.

### The Disaster and Red Cross Red Crescent response to date



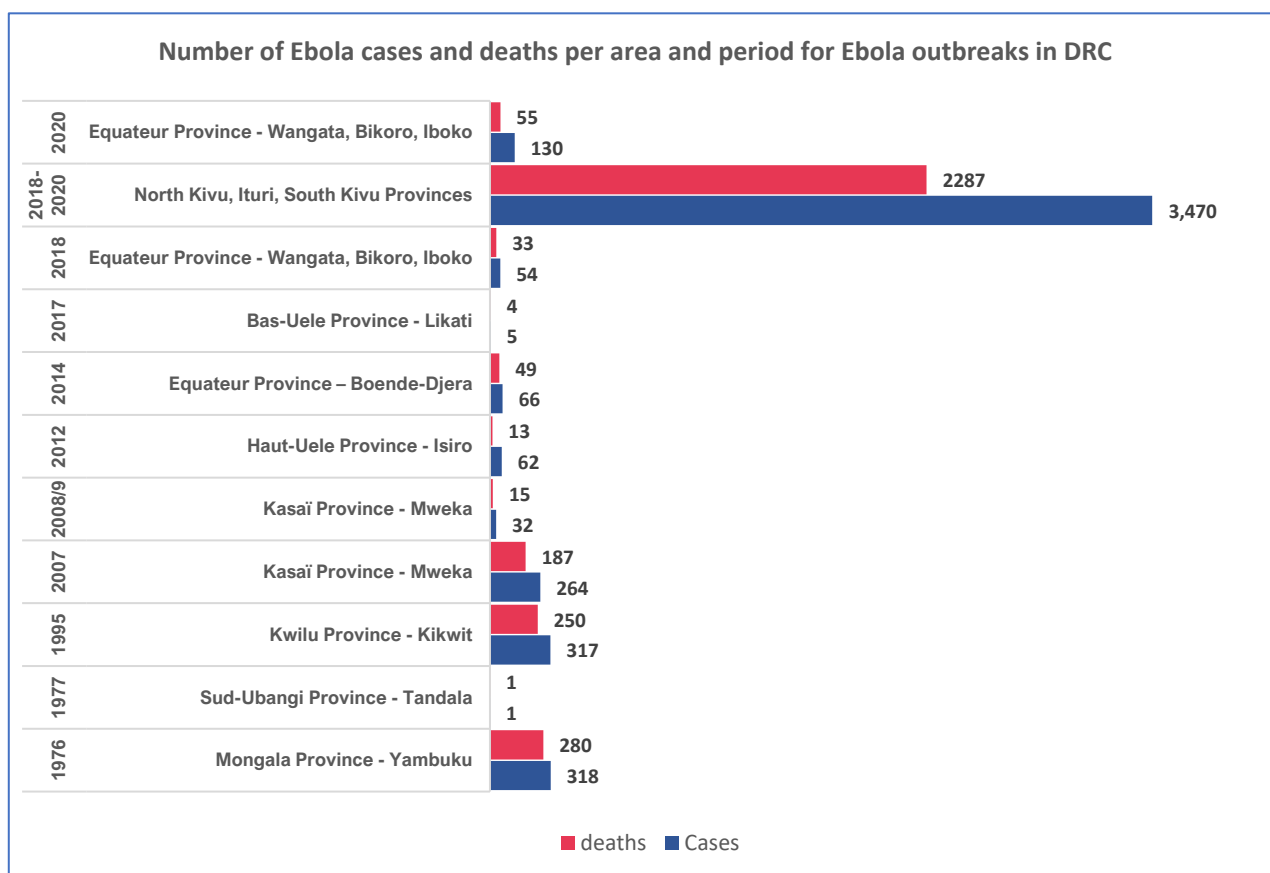
**8 May 2018:** 9th EVD epidemic was declared by the DRC MoH in Equateur province which marked IFRC response in the country. Others Key dates for the 9th, 10th and 11th outbreaks can be found in [previous operation updates](#).

**7 February 2021:** The Minister of Health of the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease (EVD) after the laboratory confirmation of one case, an adult female was reported in Biena Health Zone in the territory of Butembo, North Kivu Province.

**19 February 2021:** New cases were identified out of the previous known chain of transmission, hence starting a new generation of cases. These cases were identified in remote areas, raising concerns about the potential unidentified spread of the virus.

**4 March 2021:** 11 confirmed EVD cases including 2 health workers, across 6 health areas in 4 health zones: Biena, Katwa, Butembo and Musienene. **This resurgence occurred in same geographical area as the biggest outbreak DRC has ever faced, as can be seen in the below chart:**

### Summary of Key Achievements:



## Resurgence North Kivu

### Key results achieved as of 3 March 2021



**4** SDB alerts and 46 patient transfers have been completed successfully by Red Cross teams.



**92** CEA volunteers have reached 2,574 people with door-to-door sensitization.



Assessment of **10 health facilities** in Biena, Katwa and Butembo and revival of hygiene committees

## 11<sup>th</sup> Outbreak – Equateur

### Key results achieved as of 31 December 2020



**261 (56%)** of the **465** SDB alerts have been completed successfully by Red Cross teams. The SDB teams carried out 282 swabs out of which 17 were tested positive.



**528** CEA volunteers have reached **228,121** people (58% under 18 years and 55% women) with door-to-door sensitization.

**114,442** community feedback data points have been collected from community members analysed and informed decision making across pillars.



**9** health facilities have been supported with an IPC package and **426,778** people have been screened.



PSS teams have implemented **2,992** activities that benefited both RC staff and volunteers.

## 10<sup>th</sup> Outbreak - North Kivu, Ituri and South Kivu

### Key results achieved as of 31 December 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)



**981** CEA volunteers have reached **3,993,291** of the target population with door-to-door and mass sensitization activities

**1,636,923** 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. 333 volunteers have screened **4,909,533** people (23% under 18 years; 53% female), referred 1,450 suspected cases (86 cases were confirmed following the laboratory test), completed 2,204 decontaminations and trained more than 403 health care workers (including 222 women)



PSS teams have reached staff and volunteers with **91,451** participations through **11,155** PSS activities.

## 9<sup>th</sup> Outbreak - Equateur

### Key results achieved as of 24 July 2018



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



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



**13** health centres and hospitals in Equateur supported with Infection Prevention and Control and capacity building activities, 920 health professionals and hygienists trained on IPC.

## Overview of Red Cross Red Crescent Movement in DRC

The DRC Country Delegation of the 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 all three outbreaks. Four Partner National Societies (Belgium Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long-standing programs with the National Society. The Luxembourg Red Cross recently initiated a new program to support Panzi Hospital in South Kivu. 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 9<sup>th</sup> and 11<sup>th</sup> outbreak in the non-conflict area of Equateur was carried out under the co-leadership of IFRC and DRC RC, the 10<sup>th</sup> outbreak, being in a conflict area, was under ICRC lead for operational access including security management.

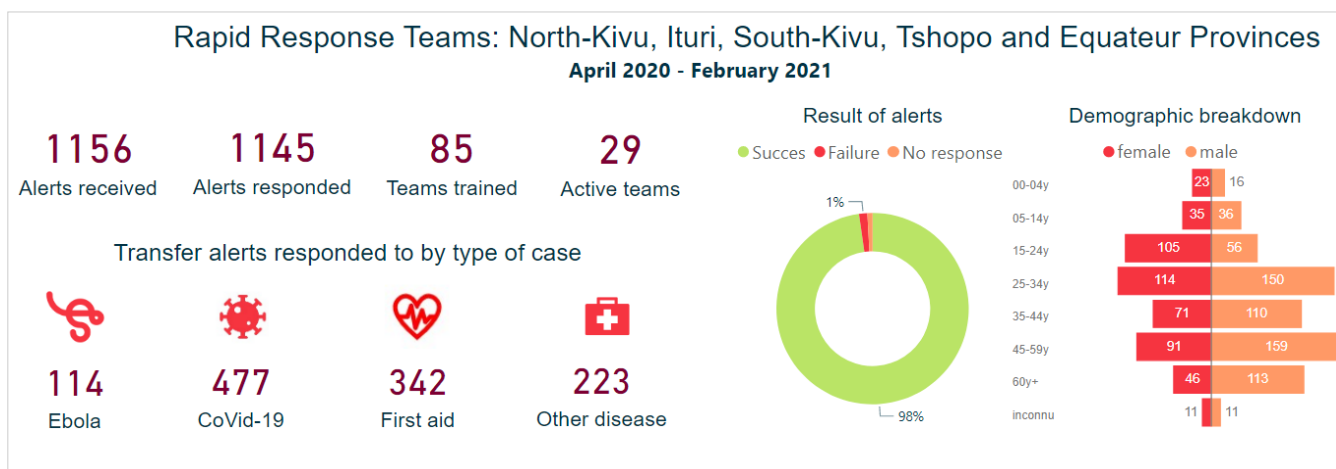


Figure 2: Chart of DRC RC rapid response teams' capabilities

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 DRC, 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 those affected by 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.

## Needs analysis and scenario planning

The resurgence of cases has come at a time when the EVD operation was in recovery mode and scaling down, with the handover of activities and resources to DRC RC, gearing for end of the operation on 30 June 2021.

With the new confirmed cases, over 245 Red Cross volunteers in 4 health zones: Musienene, Biena, Butembo and Katwa have been reactivated, refresher training ongoing while new training done for newly recruited volunteers to be engaged in CEA, IPC, SDB and PSS activities. The first Ebola case of this resurgence died on 3 February 2021 while the second case was confirmed on 11 February 2021 in Ngubi. This is the current situation:

- 11 reported positive cases, including 4 deaths, across 5 health areas in 3 health zones: Biena, Katwa and Musienene
- 2 health workers among confirmed cases; 57% case fatality rate
- 44 suspect cases validated; 816 persons vaccinated
- 46 patients transferred, including 9 in the various local hospitals and 1 case at the ETC by the RRTs.

IPC assessments have been carried out to determine needs/gaps and address them to prevent further infection happening at the health facilities keeping both the health workers and patients safe.

**Limited surveillance capacity** complicates the monitoring of the epidemic dynamics which may evolve rapidly and unpredictably to new areas, including hard-to-reach rural areas. In the past outbreak in North Kivu, there were many undetected chains of transmission and isolated cases of EVD with no known epidemiological links. An assessment to implement Community based Surveillance (CBS) project was carried out in October-November 2020 and a pilot health zone identified for every former Ebola active provinces (North Kivu, Ituri, South Kivu including Equateur). The CBS project will rely on DRC RC volunteers living in the community to escalate via an online platform, any suspected increase of patients sharing common symptoms to conduct further investigation and identify potential new outbreaks.

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 are nested within responses to communities' self-identified needs. Failure to address communities' needs also contributes to perceptions that Ebola and others major outbreaks are driven by financial or political imperatives, rather than health or humanitarian ones.

### **10<sup>th</sup> Outbreak – Recovery and Preparedness**

The **10<sup>th</sup> outbreak** in eastern DRC (same areas as the current resurgence) left communities very vulnerable. Humanitarian needs in eastern DRC are massive. In December 2020, 21.8 million people were considered in need in DRC with the biggest proportion in the East. 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-based surveillance and actions).** Conflict, lack of essential services and huge humanitarian needs make it challenging for the DRC health authorities to detect and respond to new outbreaks in a timely way. In April 2018, in Mangina (NK), it was only after several deadly weeks that the 10<sup>th</sup> 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 is improving 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.

## Scenario planning

The scenarios have been updated to reflect the resurgence in Butembo territory, North Kivu. This scenario has two 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
<b>Scenario 1</b> (Best case scenario)	Contacts are identified, followed up and taken care of at an early stage. Few EVD cases among high-risk contacts. No extension of EVD case out of current zones at risk (Butembo, Katwa, Musienene, Biena)	<ul style="list-style-type: none"> <li>▪ Reinforce the preparedness and response capacities of RC in 7 health zones.</li> <li>▪ The EVD response operation will review the HR operational plan and support system as well as increase resource mobilization.</li> <li>▪ Volunteers who have been mobilised and trained will be included in readiness plans to deliver EVD response activities in the following pillars (SDB, CEA, PSS, IPC)</li> <li>▪ Communities are engaged and provided with needed information, EVD+ (including COVID-19) information tailored to beliefs, concerns and questions tracked by community engagement volunteers</li> <li>▪ The IFRC response/recovery remains supported by the L3 agreement with ICRC in Eastern DRC whereby "IFRC has the operational expertise for programmatic response especially in SDB, CEA, PSS 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.</li> </ul>
<b>Scenario 2</b> (Geographic extension of EVD in other health zones and neighbouring countries in addition to accelerated infection rates in multiple locations)	<ul style="list-style-type: none"> <li>▪ Extension of Ebola cases in Grand Nord Kivu and the south (Goma) is controlled</li> <li>▪ DRC RC efforts to manage negative community feedback is successful allowing access</li> </ul>	<ul style="list-style-type: none"> <li>▪ The EVD response operation should stop scaling down in terms of operational HR and support system. We need to increase resource mobilization.</li> <li>▪ Timeframe for the response (Appeal) is extended through December 2021.</li> <li>▪ Revision of operational plan to scale up in all pillars in affected areas in close coordination with ICRC, DRC RC, IFRC and PNSs.</li> <li>▪ Communities are engaged and provided with needed information, messaging is tailored to beliefs, concerns and questions tracked by CEA volunteers</li> <li>▪ Close coordination with other stakeholders</li> </ul>

	<ul style="list-style-type: none"> <li>▪ COVID-19 impacts on people's local coping mechanisms and supply chain and human resources movement are limited</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase of supply chain and logistics capacity to match the size of the operation, especially contingency planning for COVID-19 effects on supply chain</li> <li>▪ Prevention and preparedness activities in additional at-risk provinces and additional at-risk countries (Uganda, Rwanda).</li> <li>▪ Flexibility and revision of the plans as needed based on the evolution of the epidemic.</li> </ul>
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### Human Resources Plan and gaps

RC movement has been present since August 2018 and during the 10<sup>th</sup> outbreak has implemented EVD response in four main pillars (risk communication and community engagement (RCCE/CEA), SDBs, IPC, PSS) in North Kivu, Ituri and South Kivu provinces of DRC. Since the end of the 10<sup>th</sup> outbreak in July 2020, the RC movement started transition focusing on preparedness and rapid response capacity led by DRC RC in the local branches. The current structure of the operation is as follows:

- Operation coordination based in Goma with strong support services structure (Finances, Logistics, HR)
- Field coordination (Beni, Mbandaka) with an autonomy support structure
- Rapid response teams: 6 RRT of 40 volunteers active in Butembo and Katwa with an effective response capacity on SDB, epidemic control, first aid, patients transfer (COVID-19), decontamination of affected areas, CEA activities.

### Logistics Preparedness

- Supply chain - prepositioned supplies, access, lead time: Prepositioned stocks are available in Butembo warehouse and Beni with SDB kits for 120 burials, PPE, IPC kits. Important stock in Goma warehouse.
- Fleet composition: 5 vehicles and 7 motorbikes available to support RRT and CEA volunteers. Biena is not easily accessible by cars, only motorbikes. In addition, MoH has given instructions to limit high numbers of cars in this area.

### Security

Triangle Butembo-Biena-Musienene have several armed groups who control these areas. Butembo is accessible for IFRC delegates but after confirmation of ICRC as per the L3 agreement but Musienene and Biena are not accessible for delegates but for DRC RC. To mitigate this risk, the priority is to recruit and deploy local volunteers to these locations as this is a new area where there were previously no trained volunteers. In addition, our local security officer will be deployed to support in security coordination from 12 March 2021.

### Coordination

- Movement coordination platform is operational in Beni and at Goma level too with OCHA.
- Coordination platform with MoH needs to be set-up (MoH does information retention). Provincial Minister and Deputy Health Coordinator will do a joint visit on Friday 12 March 2021.
- DRC RC to lead the coordination with MoH, WHO, OCHA and other partners in Butembo in collaboration with IFRC.

### Funding

- Budget needed for 3 months: CHF 5million
- Total Budget gap: CHF9.2m
- There is a necessity to liaise with donors for fundraising and reinforce the containment plan in Grand Nord Kivu and the south Goma

## Operation Risk Assessment

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

There is a **risk of limited access** when the **community denies the reality of Ebola/COVID-19** giving conspiracy theories and thinking Ebola is a business and prevents the DRC RC staff and volunteers access to provide the

services needed. If communities' perception of RC staff and volunteers continue to deteriorate, hence low acceptance, then access may be hindered.

**COVID-19 in DRC and its humanitarian consequences:** The IFRC in *working with and working for DRC Red Cross to combat EVD* has learned lessons through this operation that enabled us to include COVID-19 information 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.

**Teams' exposure to COVID-19:** The operations team have also developed a COVID-19 prevention plan and protocols in the workplace to reduce the exposure of staff and volunteers to COVID-19 while maintaining the needed level of humanitarian impact. Additional working space outside the office building was constructed to create more space for staff. In addition, 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 always put on their masks. 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.

## B. OPERATIONAL STRATEGY

### Proposed strategy

RC operational strategy is based on four operational priorities:

- 1) Maintain EVD at zero: In former EVD outbreak affected 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 risk communication and IPC measures in place to rapidly detect and contain any new emergence of the disease in Equateur, North Kivu and Ituri where the population has already paid an immense toll to Ebola.
- 2) Mobilize DRC RC branches in affected areas for early detection and early response, according to the defined four pillars of intervention (IPC, SDB, CEA and PSS), integrating the multidimensional threats that affect communities, such as health (including COVID-19), protection
- 3) Provide the DRC Red Cross in NK with the capacity to respond to 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 RC operates. 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

With the declaration of the end of the 11<sup>th</sup> EVD outbreak in Equateur province on 18 November 2020, the DRC Red Cross EVD operation had been scaling down, reducing numbers of IFRC international delegates and national staff, and working towards the closing of the operation by the end of June 2021. However, with the new resurgence of cases, the planned closing of the operation is now not possible, and it is critical that the IFRC is able to support the DRC Red Cross to maintain its capacity.

### Intervention areas for Scenario 1 (see map in annex):

Plan to support DRC RC interventions in the following six health areas:

- Musienene (affected) – in secure burial of the confirmed case. Contact tracing ongoing.
- Biena (affected) – 2 confirmed cases. Resistance and high-risk security zone.
- Butembo (Katwa - affected)– treatment of positive case in Matanda Health Centre.
- Beni: Zone at Risk
- Mabalako: Zone at Risk
- Kalunguta: Zone at Risk

As per the second operational strategy, the intervention in these areas will focus on early detection and response, based on the four pillars – IPC, SDB, CEA and PSS. This operational strategy will be rolled-out with current resources (as per below), while increasing rapidly the capacity to prepare for scenario 2:

- Recruit, train and equip DRC RC volunteers;
- Scale-up logistics capacity and stocks in all areas;
- Increase fleet and outreach capacity;
- Assume Movement coordination role
- Engage with inter-agency and position the movement swiftly in the response;
- Mobilize resources

## Security Constraints and Other Risks

The implementation of this Appeal in eastern DRC is very contingent on security. The security situation is closely monitored and constantly adapt to the situation, under the guidance of the 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.

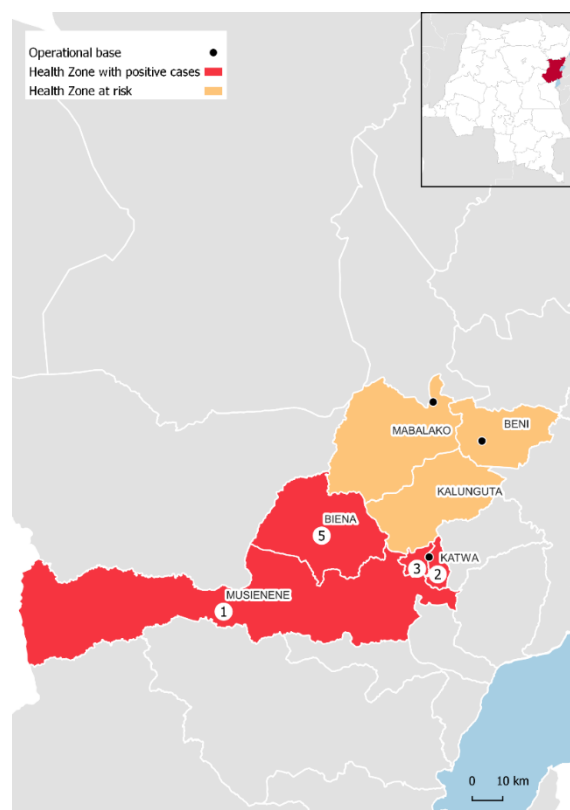
The security situation in the town and the territory of Beni remains a major concern, for example, 17 people were killed during an ADF (Allied Democratic Forces) incursion into the rural commune of Mutwanga/ Rwenzori sector on the night of Monday to Tuesday 23 February 2021. In addition, a vehicle coming from Kasindi was ambushed by ADFs on the Beni-Kasindi road in the locality of Makisabo east of the town of Beni in the afternoon of Friday 26 February 2021. The death toll was 3, the vehicle and all the goods on board were set on fire. In the rural commune of Oicha, a man carrying a gun shot a young girl at close range on the night of Friday to Saturday, 27 February 2021. The girl died on the spot and the criminal is still at large. Two soldiers died by mob justice in Lume in the Ruwenzori area on 23 February 2021. The security situation remains very volatile and therefore it is important for all staff to observe standard security measures to reduce the degree of exposure to potentially insecure situations.

Mangina: In the month of February, four kidnappings and two crimes were reported in the area between Kyanzaba and Mangina. An attack was also reported in the locality of Makeke (in the same area) on the Mangina-Biakato axis on Wednesday 24 February 2021.

There is constant monitoring of the security situation in the Beni, Mangina and Butembo bases and safety of the warehouse. 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 national army (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.



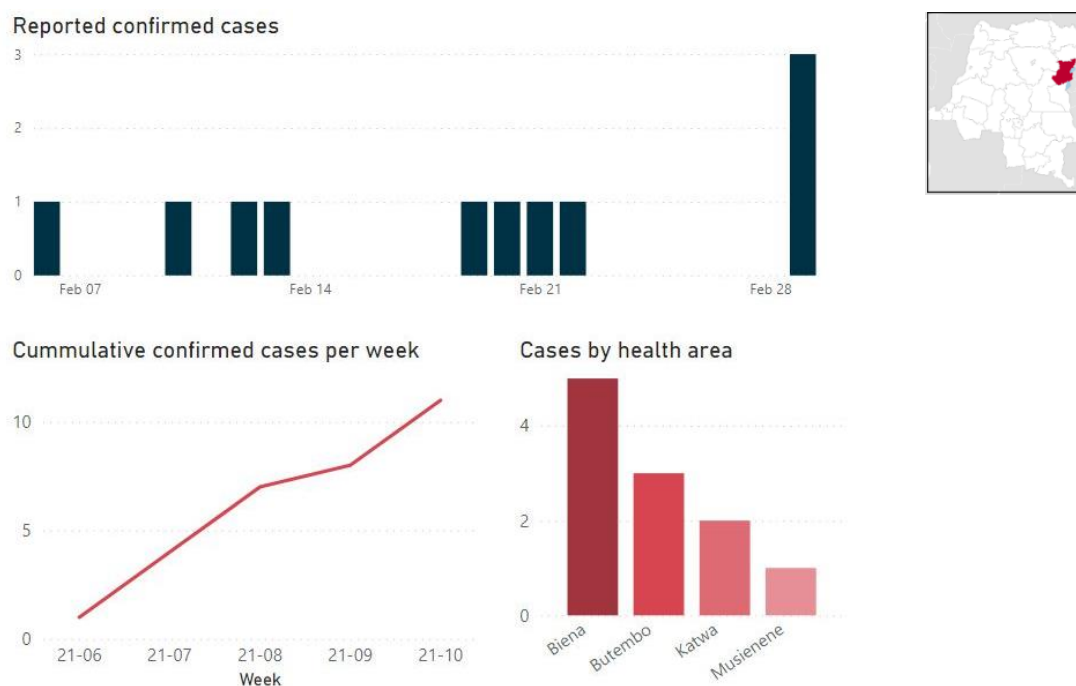
## C. DETAILED OPERATIONAL PLAN

Below are the Red Cross activities to date following the resurgence:

- Community engagement and accountability (CEA) activities - 92 volunteers were mobilized, who have sensitized a total of 2,574 people in Biena, Musienene, Butembo and Katwa to date.
- To reinforce DRC Red Cross capacities, 24 new volunteers were mobilized in Biena for CEA, and for preparedness, 80 new volunteers were reactivated in Kalunguta, Beni and Mabalako.
- Trainings of volunteers in safe and dignified burials (SDB) in Biena and Musienene. Rapid response team active in Butembo and Katwa.
- Infection prevention and control (IPC) assessments took place in Biena, Katwa and Butembo, with the Ministry of Health; and evaluation of 10 health facilities was undertaken in the Biena health zone, with the revival of hygiene committees in the health facilities.
- Psychosocial support (PSS) - meetings took place with traditional leaders in Biena and Musienene to assess psychosocial support needs in communities.

### Planned response:

### Epidemiological Overview EVD – Resurgence Eastern DRC 28<sup>th</sup> February 2021




For the past two and a half years, the DRC Red Cross, with support of the IFRC, and with funding contributions from many partners, has built up a very strong capacity in EVD preparedness and response; it has the structures, staff, volunteers, expertise, and logistics in place. The DRC Red Cross works as an auxiliary to the government, and to the Ministry of Health. The area of resurgence of cases is an area of armed conflict, and the DRC Red Cross is one of the few organisations with access to the area with the support of Red Cross Red Crescent Movement partners, including the ICRC. The Red Cross is therefore uniquely placed to respond to the latest resurgence of cases and to play a critical role in this latest public health emergency.

DRC Red Cross and IFRC will provide support in the affected areas in the following key pillars:

- Community engagement and accountability activities
- Safe and dignified burials and safe patient transfers
- Infection prevention and control, including assessments of health facilities
- Psychosocial support – assessment of needs and provision of psychosocial support
- Strengthening the capacities of DRC Red Cross volunteers


## Progress outcomes for the 10<sup>th</sup> outbreak (North Kivu, Ituri and preparedness in South Kivu, Tshopo, Maniema, Haut-Uele)

	<b>Health</b>	
<b>Health Outcome 1: The immediate risks to the health of affected populations are addressed through scaled up community engagement and early detection approaches</b>		
<b>Output 1.1: CEA activities are conducted to limit the spread and impact of EVD, COVID and other co-occurring health risks</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	10	10
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	4,909,533	4,400,000
<b>Health Output 1.2: Community feedback mechanisms are in place and feed into programming</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
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	3,993,291	4,400,000
1.2.b # of feedback data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	1,636,923	1,500,000
1.2.c % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	17%	20%
1.2.d # of feedback meetings held with the community to close the loop <sup>1</sup>	0	TBD
<b>Health Outcome 2: Infection risk to the health of the affected populations is reduced through infection prevention and control measures</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
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	20
2.2 # of people screened in communities in local health facilities supported to effectively detect and respond to infectious disease outbreaks	4,909,533	5,400,000
<b>Health Output 2.1: Targeted health facilities (including traditional healers) are better protected through improved IPC services</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
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 in line with MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD	67%	100%
2.1.3 # of temporary isolation spaces converted to permanent structures	1	20
<b>Health Outcome 3: Transmission of diseases of epidemic potential is reduced</b>		
<b>Health Output 3.1: Red Cross RRT are set up to conduct patient transfer activities to allow safe access to health care services</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>

<sup>1</sup> Activity slated for next quarter

3.1.1 # of multisectoral RRT trained and equipped	78	72
3.1.2 % of active multisectoral RRT out of the total trained	28%	25%
3.1.3 # of cases of illness among RRT personnel	0	0
3.1.5. Proportion of patients transported by RRT according to safe protocols	92%	100%
<b>Health Output 3.2: Capacity to detect, report and respond to diseases with epidemic potential strengthened</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
3.2.1 # of volunteers identified and trained to form CBS teams	20	240
<b>Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
4.1 # of participations in psychosocial support activities during the Ebola operation in the Democratic Republic of Congo	91,451	90,000
<b>Health Output 4.1: Psychosocial support provided to the volunteers and staff</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
4.1.1 # of DRC RC bases involved in the EVD response supported by psychosocial support activities	7	3
4.1.2 # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	11,155	10,000
4.1.3 # of trained volunteers implementing PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	50	3
4.1.4 # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	1	7

## Progress outcomes for the 11<sup>th</sup> outbreak (Equateur)

	<b>Health</b>	
<b>Health Outcome 1: The immediate risks to the health of affected populations are addressed through scaled up community engagement and early detection approaches</b>		
<b>Output 1.1: RCCE activities are conducted to limit the spread and impact of EVD, COVID and other health risks</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	2	2
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	426,778	600,000
<b>Health Output 1.2: Community feedback mechanisms are in place and feed into programming</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
1.2.a # of people reached in affected communities with RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	228,121	600,000
1.2.b # 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	114,442	300,000
1.2.c % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	20%	20%

1.2.d # of feedback meetings held with the community to close the loop <sup>2</sup>	N/A	TBD
<b>Health Outcome 2: Infection risks to the health of the affected population are reduced through improved infection prevention and control measures</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
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	9	15
2.2 # of people screened in local health facilities supported to effectively detect and respond to infectious disease outbreaks	426,778	500,000
<b>Health Output 2.1: Targeted health facilities (including traditional healers) are better protected to through improved IPC services</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
2.1.a % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	22%	70%
2.1.b % of Red Cross supported health facilities having an IPC package in line with MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD	100% (9/9)	100%
2.1.c # of triage and pre-triage zones and isolation centres constructed	4	15
2.1.d # of health services providers, traditional healers and volunteers trained on IPC	263	80
2.1.e # of WASH infrastructure renovated in the FOSA	2	5
<b>Health Outcome 3: Transmission of EVD and other diseases of epidemic potential is reduced</b>		
<b>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</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
3.1.a # of households benefiting from a safe and dignified burial in Ebola-affected areas of the Democratic Republic of Congo	465	NA
3.1.b % of successful completion of safe and dignified burials in the EVD operation	56%	80%
3.1.c # of SDB teams trained and equipped	17	20
3.1.d # of cases of contamination by EVD among SDB personnel	0	0
<b>Health Output 3.2. Red Cross Rapid Deployment Teams (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</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
3.2.a # of RDT trained and equipped	2	2
3.2.b # of RDT deployments completed	3	3
<b>Health Output 3.3: Red Cross Rapid Response Teams (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)</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
3.3.a # of RRT trained and equipped	7	6
3.3.b % of active multisectoral RRT out of the total trained	100%	50%
3.3.c Proportion of patients transported by RRT according to safe protocols	60%	100%
3.3.d # of cases of infection among RRT personnel during activities	0	0
<b>Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
4.1 # of participations in psychosocial support activities during the Ebola operation in Democratic Republic of Congo	2,992	5,000
<b>Health Output 4.1: Psychosocial support provided to the target population</b>		

<sup>2</sup> Activity to be done in the next quarter

Indicators	Actual	Target
4.1.a # of DRC RC bases involved in the EVD response supported by psychosocial support activities	2	2
4.1.b # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	1,182	2,000
4.1.c # of trained volunteers implementing PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	56	21
4.1.d # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	0	1



## Protection, Gender and Inclusion

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

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

Indicators	Actual	Target
P.1.1 Proportion of female volunteers engaged in the operation	33%	at least 30%
P.1.2 # of focal points and supervisors trained on PSEA	46	94

## ENABLING ACTIONS

### 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**

**S1.1.1 National Societies have effective and motivated volunteers who are protected**

Indicators	Actual	Target
# of volunteers engaged with DRC National Society.		

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

Indicators	Actual	Target
# of office space and operational bases rehabilitated	4	2
# of NS staff trained in financial management, security management and data collection	25	TBD

**S.1.1.4 NS capacity to support community-based disaster epidemic response and preparedness is strengthened**

Indicators	Actual	Target
# DRC RC Epidemic Preparedness plan and SOPs at the provincial level	2	3
# of DRC RC staff and volunteer trained in warehouse management and compliance	59	48
# of DRC RC staff and volunteers trained in logistics and supply chain management	33	36

### 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
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# of Movement meetings (tripartite meetings at provincial and national level, movement meetings at national level)	1	1 per week
<b>S.2.2.2 Shared services in areas such as IT, logistics and information management are provided.</b>		
# of warehouses rehabilitated/constructed	2	5
<b>Ensure a Strong IFRC that is accountable</b>		
<b>S.4.1 The IFRC enhances its effectiveness, credibility and accountability</b>		
<b>S.4.1.2 IFRC staff shows good level of engagement and performance</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
End of operation evaluation completed	0	1
<b>S.4.1.3 Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
# of audits of financial statements conducted in compliance with international financial reporting standards	1	2
<b>S.4.1.4 Staff security is prioritised in all IFRC activities</b>		
<b>Indicators</b>	<b>Actual</b>	<b>Target</b>
% of IFRC staff and volunteers participating in security briefings	100%	100%

## 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 IFRC urgently needs to mobilize CHF 9.2 million, to support the DRC Red Cross to maintain its operational capacity up until at least the end of September 2021, which allows for continued presence and readiness throughout the enhanced surveillance period if the outbreak is quickly controlled. The funds are needed to support a minimal operational set up, including DRC Red Cross staff (SDB, RRT, CEA, community-based surveillance, information management, logistics, finance, HR and security) and logistics (vehicles, warehouses, infection prevention and control supplies and stocks for burials). New funding is vital for DRC Red Cross to continue its lifesaving work in halting the spread of the new resurgence of cases.

# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2021/1	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 08 Mar 2021

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	37,000,000
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	13,500,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	3,500,000
<b>Total Funding Requirements</b>	<b>56,000,000</b>
<b>Donor Response* as per 08 Mar 2021</b>	<b>46,840,247</b>
<b>Appeal Coverage</b>	<b>83.64%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	8,353	8,359	-6
AOF3 - Livelihoods and basic needs	9,114	9,548	-434
AOF4 - Health	27,751,335	25,674,238	2,077,096
AOF5 - Water, sanitation and hygiene	189,419	234,379	-44,960
AOF6 - Protection, Gender & Inclusion	813	880	-67
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,705,930	1,549,559	156,370
SFI2 - Effective international disaster management	17,027,504	16,446,485	581,019
SFI3 - Influence others as leading strategic partners	151,132	140,001	11,131
SFI4 - Ensure a strong IFRC	192,857	87,120	105,738
<b>Grand Total</b>	<b>47,036,457</b>	<b>44,150,569</b>	<b>2,885,888</b>

### III. Operating Movement & Closing Balance per 2021/01

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	46,641,713
Expenditure	-44,150,569
<b>Closing Balance</b>	<b>2,491,144</b>
Deferred Income	461,664
Funds Available	2,952,808

### IV. DREF Loan

* not included in Donor Response	Loan :	1,016,168	Reimbursed :	502,168	<b>Outstanding :</b>	<b>514,000</b>
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# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2021/1	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 08 Mar 2021

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	672,300		0		672,300		
Austrian Red Cross	109,482				109,482		
Belgian Government - Flanders	170,709				170,709		
British Red Cross	11,251,340				11,251,340		
CDC Centers for Disease Control and Prevention	2,665,425				2,665,425	421,554	
China Red Cross, Hong Kong branch	50,512				50,512		
Danish Red Cross	2,567,182				2,567,182		
DREF Allocations				514,000	514,000		
European Commission - DG ECHO	3,525,012				3,525,012		
Finnish Red Cross	723,047		29,877		752,924		
Icelandic Red Cross	650,000				650,000		
Italian Government Bilateral Emergency Fund	562,395				562,395		
Italian Red Cross	107,864				107,864		
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	78,960				78,960	3,230	
Norwegian Red Cross	756,257				756,257		
On Line donations	213				213		
Paul G Allen Family Foundation	957,956				957,956		
Red Cross of Monaco	17,401				17,401		
Spanish Government	109,035				109,035		
Swedish Red Cross	493,485				493,485		
Swiss Government	1,000,000				1,000,000		
Swiss Red Cross	227,000				227,000		
The Canadian Red Cross Society	3,007,613	10,018			3,017,631		
The Netherlands Red Cross	1,479,173				1,479,173		
Turkish Red Crescent Society	60,000				60,000		
United States Government - USAID	9,280,408				9,280,408	36,880	
United States - Private Donors	1,897				1,897		
Western Union Foundation	9,484				9,484		
WHO - World Health Organization	4,744,735				4,744,735		
Write off & provisions				-651	-651		
<b>Total Contributions and Other Income</b>	<b>46,070,386</b>	<b>10,018</b>	<b>47,960</b>	<b>513,349</b>	<b>46,641,713</b>	<b>461,664</b>	
<b>Total Income and Deferred Income</b>					<b>46,641,713</b>	<b>461,664</b>	

## E. CONTACTS

Reference documents

Click here for:

[Previous Appeals and updates](#)

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

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### How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) 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:



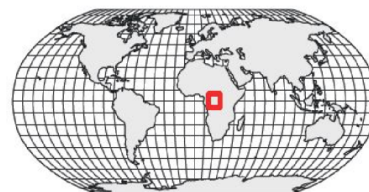
**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



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

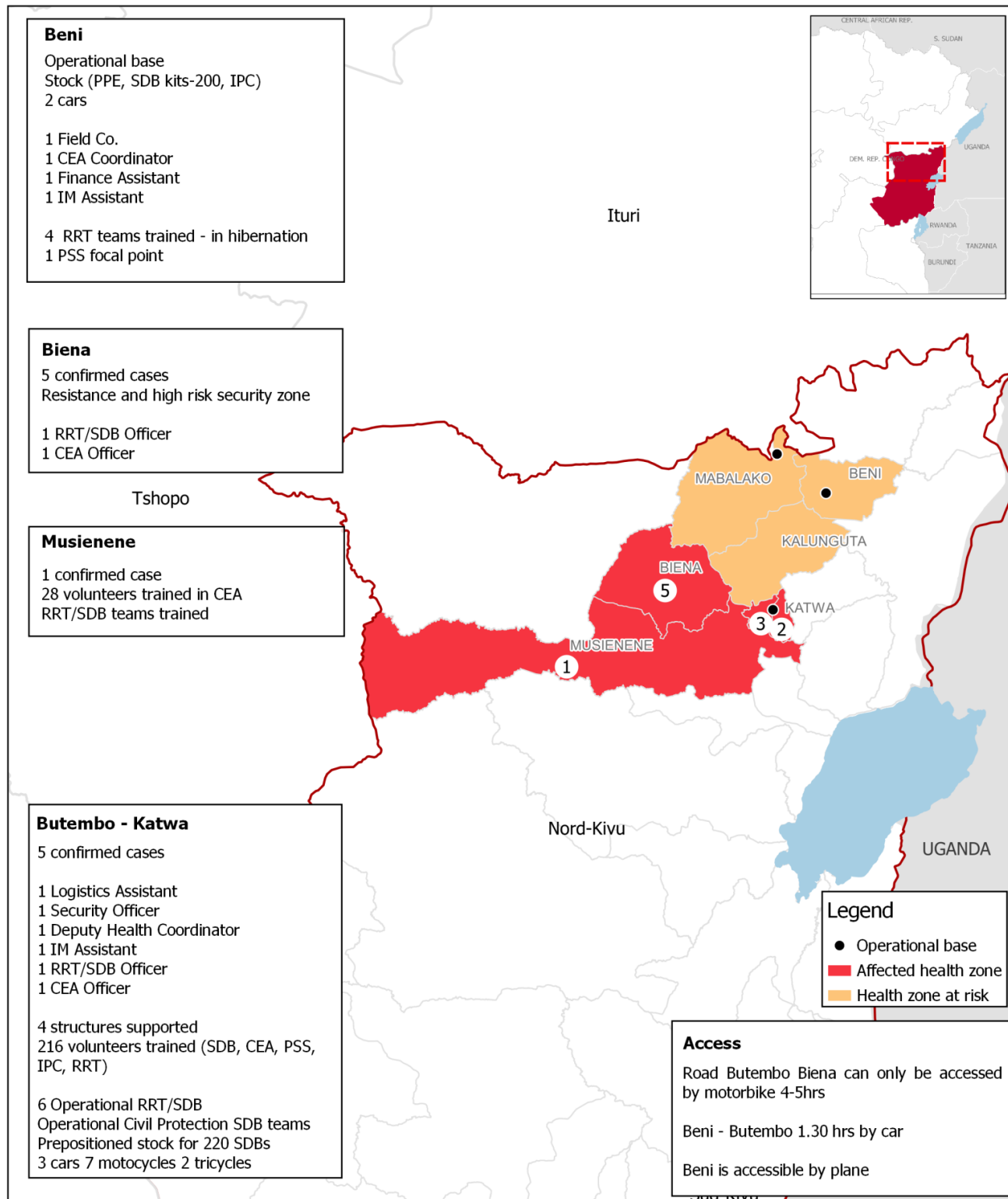


Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.



## Movement Capacities and Confirmed EVD cases Ebola Virus Disease Resurgence, Beni

8 March 2021  
EP-2021-000014-COD



The maps used do not imply the expression of any opinion on the part of the international Federation of Red Cross and Red Crescent or National Societies concerning the legal status of a territory or of its authorities. Sources: MSF, IFRC, ICRC, DRC RC, DRC MoH.

