



REVISED EMERGENCY APPEAL

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

Appeal No: n° MDRCD026	To be assisted: 8.7 million people	Appeal launched: 12 May 2018
	DREF allocated: OIA: CHF 800,000 (reimbursed) Uganda: CHF 300,000 South Sudan: CHF 64,000 DRC: CHF 486,000	Revision n°7 issued: 31 March 2021
Glide No: EP-2021-000014-COD EP-2020-000151-COD EP-2018-000129-COD EP-2018-000049-COD	IFRC Funding requirements: CHF 56 million Appeal Funding: CHF 46.8 million (84%) Budget gap: CHF 9.2 million (16%)	Appeal ends: 30 September 2021 (extended 3 months)
	(If revised Appeal): Yes Appeal launched: 21 May 2018 Revision no 1: 14 June 2018 OIA revision no. 2: 21 August 2018 OIA revision no. 3: 21 March 2019 OIA Revision 4: 15 July 2019 OIA Revision 5: 18 December 2019 Revision no 6: 24 Sept 2020 Revision no 7: 31 March 2021	(If Appeal extended): Yes

This Revised Emergency Appeal is triggered due to the current situation of the resurgence of the Ebola Virus in Biena, Butembo Territory in North Kivu Province, and seeks further support that will help contain the outbreak quickly. **The operation time frame is also to be extended to 30 September 2021**, given the minimum surveillance period required even if the transmission is quickly ended.

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. 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 to immediately start response activities that would minimise the spread of the disease. A Provincial Coordination Committee 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 have been 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), safe and dignified burials (SDB) and patient transfers.

The IFRC urgently needs to mobilize additional funding to support the DRC Red Cross to respond to the outbreak, allowing for continued presence and readiness throughout the enhanced surveillance period (until at least September 30) if the outbreak is controlled quickly. The funds are needed to support an adequate operational setup, including DRC Red Cross staff (SDB, rapid response teams, Community Engagement/Accountability, 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 transmission related to this resurgence. 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, including risk communication
- Safe and dignified burials and safe patient transfers
- Infection prevention and control activities, 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 capacity 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 International Committee of the Red Cross (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. An allocation from the IFRC Disaster Relief Emergency Fund (DREF) allowed the reactivation of response activities in these areas while fundraising efforts are ongoing.

A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE



*In Bunia, DR Congo, Red Cross volunteers conduct a safe and dignified burial after a suspected case of Ebola.
(Archive Photo: Corrie Butler, IFRC)*

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](#).

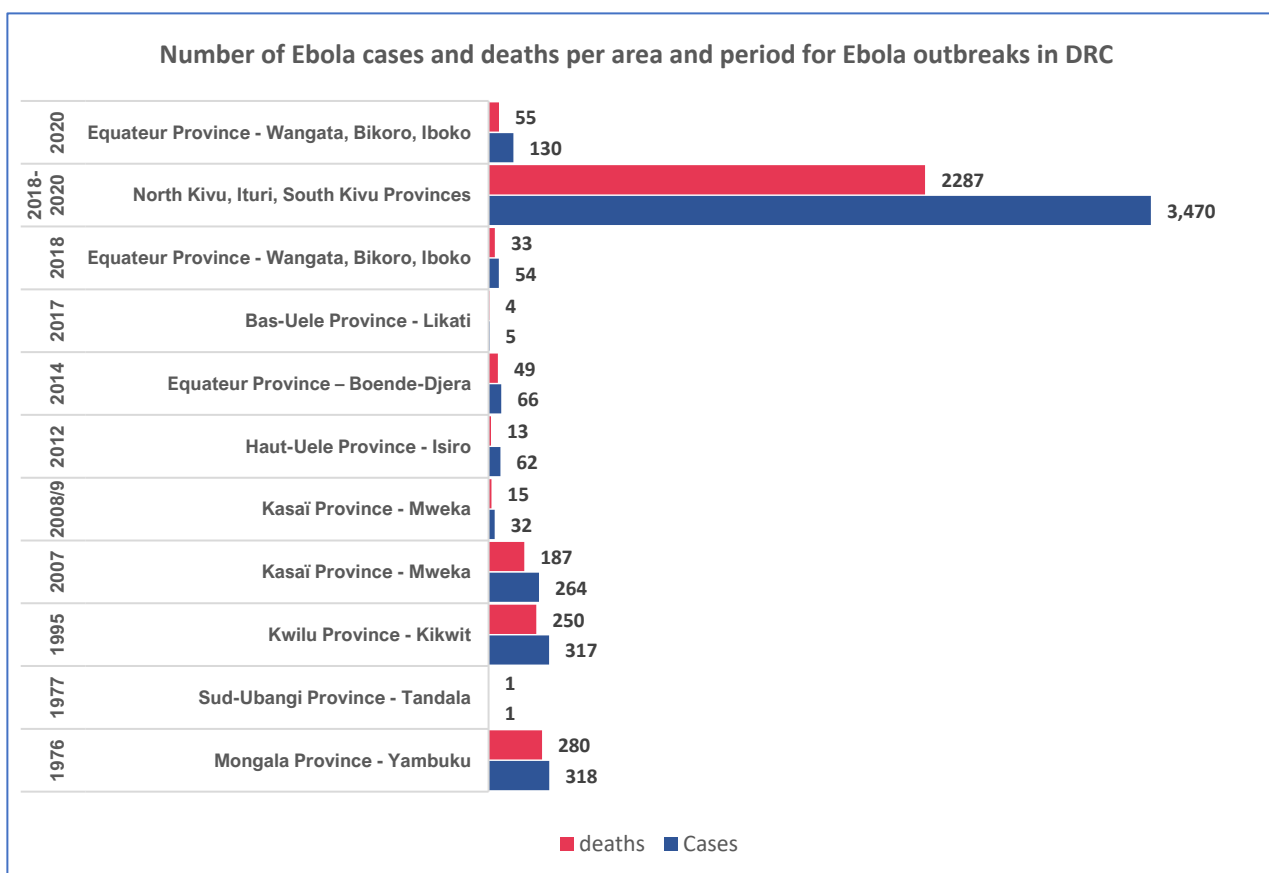
7 February 2021: The Minister of Health of the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease (EVD) after the laboratory confirmation of one case was reported in Biena Health Zone in the territory of Butembo, North Kivu Province.

19 February 2021: A third generation of cases begins, indicating ongoing transmission after detection of the outbreak. These cases were identified in remote areas, raising concerns about the potential unidentified spread of the virus.

15 March 2021: IFRC provides CHF 486,000 as a DREF allocation to the Emergency Appeal which allows the reactivation of response activities in these areas while fundraising efforts are ongoing.

23 March 2021: 11 confirmed EVD cases and 1 probable case including 2 health workers, across 6 health areas in 4 health zones: Biena, Katwa, Butembo and Musienene. There have been 6 deaths 50% case fatality rate. 84% of contacts are being monitored, however, in all health zones, searches for never seen contacts are continuing.

31 March 2021: IFRC releases a revised Federation-wide Emergency Appeal.



Summary of Red Cross and Red Crescent Response to Date

From the 7 of February to date DRC RC teams were activated in four health zones: Musienene, Biena, Butembo and Katwa where more than 245 Red Cross volunteers the DRC Red Cross, with the support of the IFRC, have undertaken the following activities:

- 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 trained during the previous epidemic 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.

Summary of Key Achievements:

Resurgence North Kivu (Officially 12th Outbreak)

Key results achieved as of 24 March 2021



184 alerts for Rapid Response Teams have been responded to, of which: **95** death alerts and **89** patient transfer alerts all of which have been responded to successfully.



69 CEA volunteers have reached **3,030** people with door-to-door sensitization.



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

11th 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 positive.



528 CEA volunteers 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 supported with an IPC package and **426,778** people screened.



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

10th 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.

9th 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.

B. THE OPERATIONAL STRATEGY

Needs assessment and targeting

12th Outbreak - Epidemic Response

The resurgence of cases has come at a time when the EVD operation was supporting long-term recovery 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.

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 province (North Kivu, Ituri, South Kivu and 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 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 other major outbreaks are driven by financial or political imperatives, rather than health or humanitarian ones.

10th and 11th Outbreak – Recovery and Preparedness

The 10th 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. The impact of the 11th outbreak in Equateur Province also shed light on the specific vulnerabilities and challenges the populations in the province faced tied to the difficulty of access to the areas and the lack of services. 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 emergencies.

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 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 both eastern DRC and Equateur, 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 and Equateur, strengthening the capacity of communities to face these outbreaks quickly and effectively.

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

Coordination and Partnerships

Overview of Red Cross Red Crescent Movement in DRC

The IFRC DRC Country Delegation 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 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 9th and 11th 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, was under ICRC lead for operational access including security management. For this response, there is a strong and ongoing partnership built with French Red Cross who is leading the infection prevention and control

(IPC) effort. The Belgian Red Cross French-speaking section will contribute to the piloting of a Community Based Surveillance system. DRC RC and IFRC are not only open but welcome any PNS's interest in supporting this operation through expertise.

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

Throughout the implementation period for this Revised Emergency Appeal (March 2021-September 2021), the IFRC will approach all Partner National Societies (PNS) present in Eastern DRC to define a Federation-Wide long-term strategy in this area. This strategic collective engagement is proven necessary due to the recurrent disasters that affect the Eastern DRC, which is now only emphasized by an EVD resurgence two years after the first one. Therefore, IFRC and its members must ensure continued presence, surveillance and readiness to support the DRC Red Cross in strengthening response capacity. The ICRC will also play a crucial part in this endeavour given the constant security incidents and civil unrest that unfolds in different areas. Together, the Movement is in a better position to aim for long-term impact.

External Coordination

The recovery from the 10th outbreak in eastern DRC aims at ensuring the DRC RC continues to be a national partner of choice that can support DRC health authorities and also coordinate with humanitarian mechanisms in place in Eastern DRC such as the UN-led Cluster system. This Appeal will provide the DRC RC with the technical and logistical capacity to respond to the extreme humanitarian needs in the area, including the response to future outbreaks through early warning and early response systems, coordinated with national, provincial and local authorities, as well as the entire humanitarian community present in Eastern DRC.

For the 12th outbreak, there are currently 15 national and international organizations (including local authorities) involved in the ongoing EVD response¹. The DRC Ministry of Health (MoH) leads the response with the technical support of the WHO. Coordination is decentralised to the health zones and is led by the provincial coordination (Comité Provincial de Coordination/CPC) under the direct supervision of the National Coordination Committee (NCC). The CPC includes all stakeholders in the spirit of multi-sectorality and accountability. The objective is to position the Movement as a reliable and efficient humanitarian partner, strengthening the response and, at the same time, the role of DRC RC as an independent auxiliary to the authorities. Throughout the response, the DRC RC and IFRC will advocate for actions that are grounded in humanitarian and healthcare ethics and principles. The Movement is part of all coordination mechanisms in the 12th outbreak. The General Coordination is based in Goma, at the Emergency Operations Centre (EOC) with sub-coordination in all affected health zones under Chief Medical Officer (MCZ) for the Health Zone (Butembo, Biena, Musienene). National authorities and partners have developed a strategic response plan for this outbreak and set up a post-Ebola plan for recovery and preparedness.

Capacity analysis of the National Society in the country, risk analysis and scenario planning

DRC RC remains a neutral humanitarian organization, auxiliary to public authorities, with a network of approximately 160,000 volunteers (one of the largest volunteer networks in the world). Across the country, it has Provincial Disaster Response Teams (11 PDRTs), a national disaster response team (NDRT) with 30 members, of which 10 are members of the Regional Disaster Response Team (RDRT). The DRC RC has a long experience in the management of natural disasters (volcanic eruptions, landslides, floods, population movements, etc.) and armed

¹OCHA, September 2020

conflicts. As soon as disaster strikes, the RC committee in the affected area deploys volunteers to the field for a rapid assessment, to provide relief through first aid to the injured and evacuate victims. Further, DRC RC is present in 26 provinces in DRC.

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. During the EVD operation, IFRC supported DRC RC to establish provincial warehouse capacity with important contingency stocks in four provinces (Equateur, South Kivu, North Kivu and Ituri).

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 implementation of this Appeal in eastern DRC is very contingent on security. The populations in this area face all kinds of violence leading to major protection problems (rape, harassment, kidnapping, etc.). The security situation in the axis of Virunga parc (Lubero, Beni territories) remains a major concern. The population faces attacks by ADF and other local militias. Kidnapping, killings, robberies are recurrent. 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. In the current affected areas (Biena, Musienene) there is the presence of several armed groups (Mai-Mai) and it's hard to access for humanitarian actors. This is exacerbated by community resistance to the EVD response.

The security situation is closely monitored by the in-country operation management and ICRC with the support of the IFRC Africa Security Unit. The IFRC continues to follow ICRC security rules for international staff (L3 agreement). The IFRC security plans will apply to all IFRC staff throughout. 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.

There is constant monitoring of the security situation in the Beni, and Butembo territories. 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.

There is a risk of humanitarian access being hindered for Red Cross staff and volunteers if communities continue to deny the existence of Ebola and COVID-19, to claim that the Ebola response is a business and thus distrust responders.

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 at the workplace to reduce 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.

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

C. PROPOSED AREAS FOR INTERVENTION

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

Epidemiological Overview EVD – Resurgence Eastern DRC 24th March 2021

Reported cases - Ebola resurgence Biena

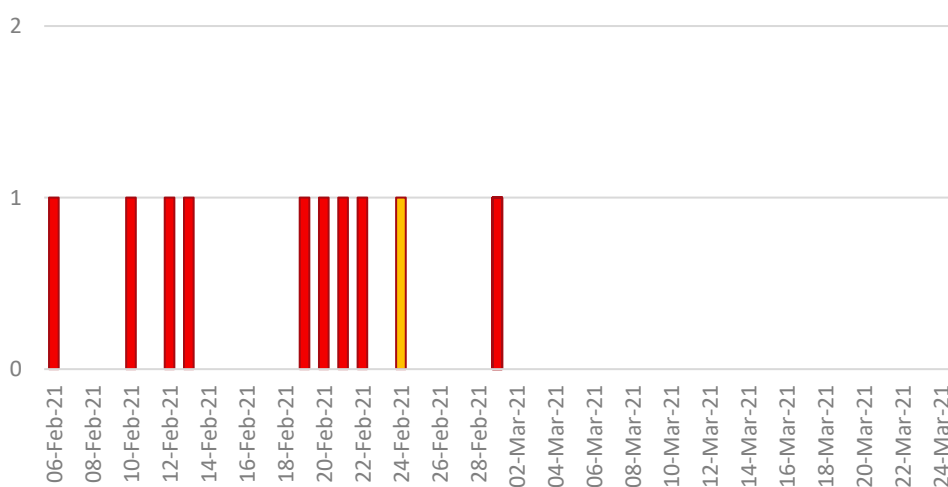


Figure 2: Evolution of confirmed (red) and presumed (orange) EVD cases by health zone

Proposed strategy

With the declaration of the end of the 11th 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, it is critical that the IFRC is able to support the DRC Red Cross to continue to respond at scale.

RC operational strategy is based on four operational priorities:

- 1) **In former EVD outbreak affected areas:** provide high quality, humanitarian and community-based epidemic control services in places that have ended the outbreak 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) **In affected or at-risk areas:** mobilize DRC RC branches and volunteers for early detection and early response, according to the defined 4 pillars of intervention (IPC, SDB, CEA and PSS), integrating the multidimensional threats that affect communities.
- 3) **Continue to build the capacity of 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 early detection and rapid containment of new outbreaks of Ebola in eastern DRC, this operation also contributes to limit the humanitarian impact of COVID-19 in the parts where DRC RC operates, including adapting IPC activities to be more COVID-19 appropriate and where possible, transition into COVID-19 response funded through the IFRC COVID-19 Appeal

Intervention areas (see map in annexe):

Plan to support DRC RC interventions in the following 6 health areas:

- Musienene affected area with 1 confirmed case
- Biena affected area with 5 confirmed cases and 1 probable case
- Butembo affected area with 3 confirmed cases
- Katwa affected area with 2 confirmed cases
- Beni area at risk
- Mabalako area at risk
- Kalunguta area at risk

As per the second operational strategy, the intervention in these areas will focus on early detection and response, based on the 4 pillars – IPC, SDB, CEA, PSS and CBS). This operational strategy will be rolled-out with current resources (as per below), while increasing rapidly the capacity to prepare for a scenario of escalation of cases:

- 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

Response pillars

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 through Rapid Response Teams
- Infection prevention and control, including assessments of health facilities
- Psychosocial support – assessment of needs and provision of psychosocial support
- Strengthening and sustaining the capacities of DRC Red Cross volunteers
- Early detection and response to diseases of epidemic potential through Community Based Surveillance

STRATEGIC AREAS OF FOCUS



Health

People targeted: 8,743,924

Male: 4,305,392

Female: 4,438,532

Requirements (CHF): 37,000,000

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

Population to be assisted: Out of the 8.7 million people to be assisted by the overall response and recovery efforts, 2 million people will be targeted directly in its response to the 12th Outbreak with RCCE/CEA, PSS, IPC and Rapid Response Teams. Feedback will be collected from communities and used to tailor and target prevention and response activities.

Programme standards/benchmarks: The activities under this sector will follow the proven EVD response strategies as well as global best practices and minimum standards.

Response to the 12th Outbreak

People targeted directly: 2,000,000

Due to the complex context of both Ebola and COVID-19 outbreaks, the strategy is to activate and/or train local response Rapid Response Teams in affected areas to respond through an integrated approach to respond to death and patient transfers alerts to both epidemics accompanied of CEA, IPC and PSS efforts.

Key ongoing and planned activities include:

Safe and dignified burials and safe patient transfers through Rapid Response Teams (RRT)

- Organize training for volunteers on how to conduct safe and dignified burials and safe transfers in affected areas Biena and Musienene. Reactivate and support already trained teams in Butembo and Katwa.
- Respond to both death alerts with SDB as well as patient transfer alerts.
- Organize adapted refresher trainings for RRT teams based on the needs including CEA and PSS (modules)
- Identification and implementation of decontamination areas for vehicle and personnel (dressing and removal of PPEs for volunteers)
- Supply protective equipment and all the necessary material for SDB and transfers.
- Supply means of transportation for RRT teams adapted to the context
- Monitoring and quality control of activities

Infection Prevention and Control (IPC)

- Develop terms of reference of IPC package for each supported health facility
- Train health service providers, traditional healers and volunteers in the 10 health facilities on IPC and case identification
- Regular joint supervisions and monitoring with MoH

- Renovate WASH infrastructure in the health facilities based on needs
- Establish hand washing points in the health facilities
- Supply IPC material

Psychosocial Support (PSS)

- Quality review of PSS interventions with the view of initiating direct PSS services to the affected population.
- Continue psychosocial support activities for staff and volunteers involved in the operation.
- Training/orientation and coaching of PSS staff and volunteers (focal points, supervisors, team leaders, etc) on community-based PSS interventions
- Set up the PSS component of the RRT
- Print and disseminate IEC (Information, Education and Communication) materials for PSS
- Ensure proper referral to higher level PSS interventions when needed

Risk Communication and Community Engagement (RCCE):

- Regular refresher sessions for volunteers on RCCE approach, feedback data collection and analysis, knowledge on EVD and COVID-19, Epidemic Control for Volunteers (ECV) and PSS.
- Conduct door to door sensitisation and mass awareness activities including interactive radio shows, roadshows using motorised vehicles with loudspeakers (allo allo caravan) and theatre activities in schools, local associations and institutions as well as educative talks in communities
- Conduct public hygiene and sanitation activities in the community such as cleaning-up schools or markets to use these as an opportunity to further engage with communities and improve local acceptance
- Conduct RCCE activities targeting marginalized and vulnerable groups (persons with disability, Indigenous people, children, etc.) in close collaboration with PSS teams. Including activities against the stigmatization of survivors.
- Engage with truck drivers, hairdressers, motorbike-taxis and civil society groups, provide prevention and public health messages, and encourage them to listen to and participate in radio programs.
- Organise meetings with community leaders (district and cell chiefs, religious leaders etc.), influencers (young leaders, women, artists etc.) to plan and organize joint community-based activities
- Set up and operate DRC Red Cross information kiosks
- Training of volunteers on media and communication techniques
- Adapt, translate and print Information Education and Communication materials
- Collect and analyse community feedback during social mobilisation activities (door-to-door, mass sensitisation, interactive media, etc)
- Maintain community feedback groups to discuss findings and identify concrete action to address the feedback and regularly share community feedback internally and externally
- Return to communities to inform them about measures taken about their feedback (closing the loop)

Community Based Surveillance in emergencies

- Training of Focal Points and teams in affected areas.
- Roll-out of CBS for active case surveillance in affected areas by the current epidemic.
- Review of activities and adjusting according to findings

Recovery from the 10th and 11th Outbreaks

Key ongoing and planned activities include:

Multi-risk Rapid Response Teams:

- Continued support to train and equip multisectoral response teams (RRT) in the field on first aid, psychosocial first aid (PFA), safe transfer protocols, epidemic control for volunteers that can be on standby for any emergency.
- Supply protective equipment and all the necessary material for the RRTs

- Supply means of transportation for RRT adapted to the context
- Conduct patient transport according to safe protocols
- Monitoring and supervision of RRT teams
- Regular refresher training of RRT to ensure preparedness
- Adapt, develop and implement First Aid Blended Learning (FABL) from the Belgian Red Cross-Flanders (RKV)
- Monitoring and quality control of activities to ensure protocols are properly followed.

Community-Based Surveillance (CBS)

- Collation of CBS assessment results and SN and MoH capacities for final identification of roll-out areas.
- Training of trainers for National Society Focal Points that make up the CBS team.
- Cascading trainings and roll out in pilot sites one health zone per province.
- Review of activities and adjusting according to findings.

Infection prevention and control (IPC)

- Reduction of IPC activities in supported health facilities after the 90 days surveillance period and according to needs and discussions with MoH envisaged handover date by the end of April 2021.
- Provide handover kits to health facilities during phasing out
- Finalise donation of PPE and hygiene kits for the supported FOSA according to the handover phases and needs
- Finish planned rehabilitation/construction of WASH facilities in healthcare facilities
- Finish Mbandaka prison to improve IPC by renovating WASH facilities, training prison staff and detainees, and supplying IPC material as needed

PSS

- Establish and support a PSS roving team for emergency response, quality control and supervision
- Training/ orientation and coaching of PSS staff and volunteers (focal points, supervisors, team leaders, etc) on community-based PSS interventions
- Set up the PSS component of the RRT
- Ensure safe and dignified referral to higher level PSS interventions when needed

CEA

- Finalize the CEA toolkit for EVD outbreaks
- Set up the CEA component of the RRT – preparedness at the SN for CEA response – capacity building (teams of 10 ready-to-go).



Protection, Gender and Inclusion

People targeted: 3,079

Male: 2,076

Female: 1,003

Requirements (CHF): embedded in Health AoF

Needs analysis: This response is taking place in an area with an extremely high rate of sexual and gender-based violence, marginalization of several populations and the presence of extremely vulnerable groups, including children, displaced populations, or people with disabilities. The major needs in this sector include ensuring all populations including the most vulnerable as highlighted above are reached by EVD preparedness and response activities, including Community Based Surveillance, CEA and PSS, prevention and response to sexual and gender-based violence as well as prevention of sexual exploitation and abuse. The PGI activities will be implemented in North Kivu (including the areas of the 12th outbreak), Ituri, South Kivu and Equateur and will be mainstreamed in all sectors, and outbreak response activities will continually adapt to ensure that particularly vulnerable groups (and their carers where appropriate) are informed and engaged in the response and can make use of available supports to identify and prevent cases of EVD.

Programme standards/benchmarks: The IFRC Minimum Standards for protection, gender and inclusion in emergencies, the IFRC Strategic Framework on Gender and Diversity issues, the Child Protection Action Plan and the Movement-wide Strategic Framework on Disability Inclusion.

Key ongoing and future activities include:

- Continue to support the Hotline which is functional and has been adopted by all Movement partners ICRC, DRC RC and IFRC, over 100 sensitive comments have been received and responded to.
- SMT and all field coordinators hold PGI focused meetings every two months. Minutes of meetings, recommendations and follow up points shared with PGI advisor at the regional office
- Support sectoral teams to ensure mainstreaming of PGI and that they meet the IFRC Minimum Standards for PGI in emergencies
- Train focal points, supervisors and PSS and CEA teams on PSEA, SGBV. Child Protection and Trafficking in persons
- Continue working with community engagement and accountability (CEA) team to operationalize guidelines for sensitive complaints.
- Identification and dissemination of referral pathways for the different areas of operation
- DRC RC PGI focal points participate in the gender-based violence (GBV) sub-clusters in DRC to ensure close coordination with other SGBV actors
- Training of trainers to staff and volunteers on prevention and response to SGBV
- Conduct sensitization sessions in each of the operational bases to raise awareness on prevention and response to SGBV
- Hold trainings and training of trainers for IFRC and NS staff and volunteers on the Code of Conduct and prevention of sexual exploitation and abuse (PSEA) all briefings and trainings on PSEA to include this video <https://www.youtube.com/watch?v=2rOMyul-NDk> and they complete the brief online introduction on sexual and gender-based violence case disclosure and referral found on this link https://www.drop-box.com/s/x7ccl0fj9mbds01/zoom_0.mp4?dl=0
- Ensure volunteers and staff sign the Code of Conduct and include reminders during regular meetings
- RCCE activities targeting marginalized and vulnerable groups (persons living with disability, communities in conflict areas, indigenous groups etc.) includes activities to prevent stigmatization
- Production and dissemination of information and communication materials adapted to local languages and specific audiences (e.g. vulnerable and marginalized groups)
- Collection, analysis, and dissemination of sex- and age-disaggregated data

ENABLING ACTIONS

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

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

Strengthening National Societies

Requirements (CHF): 2,000,000

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

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

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

Influencing others as strategic partners

Requirements (CHF): 13,500,000

Needs analysis: DRC is a complex emergency with active conflict areas in the East and frequent natural disasters that regularly triggers a Movement response in different parts of the country. The DRC RC is a massive organisation with strengths and areas for development. This landscape requires an effective and coordinated Movement response that includes all components of the Movement, leveraging their specific added value. This needs to be supported through strong communication flow and regular coordination.

Key ongoing and future activities include:

- Ensure joint planning and decision making of Movement in implementation and reporting of operational activities
- Ensure complementarity of roles and responsibilities in the operation between Movement partners
- Continue collaborating under the L3 agreement with ICRC
- Provide operational support in information technology and communications to active pillars and services in the operation

- Continue developing the capacities of the DRC RC in logistics, including warehousing and fleet to ensure operational continuity
- Ensure the volunteer management platform is adapted to the transition and recovery phases, and plan for a handover to the National Society
- Logistics, information management and PMER structures are adjusted as per needs
- Develop an IFRC-DRC RC joint plan in order to ensure that the DRC RC gets all the needed support to face all further outbreaks exploring the possibility of an IFRC operational hub in Goma
- Develop a plan with the DRC RC on the use of vehicles and other assets in order to strengthen a response capacity

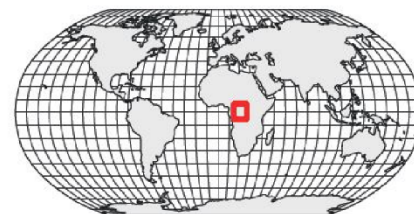
Ensuring Accountability

Requirements (CHF): 3,500,000

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

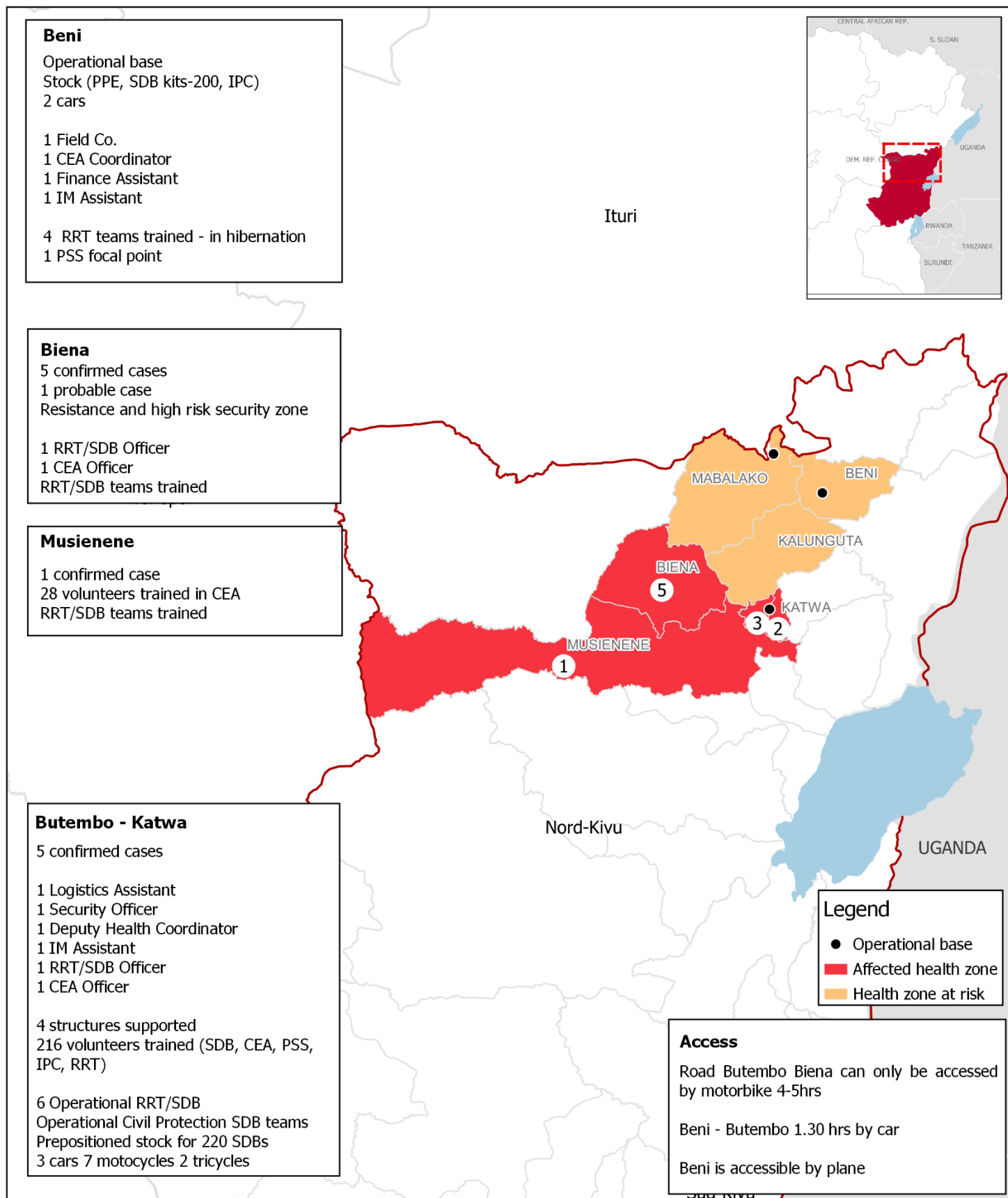
Key ongoing and future activities include:

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



Movement Capacities and Confirmed EVD cases Ebola Virus Disease Resurgence, Biena

16 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 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.

0 10 20 km



D. FUNDING REQUIREMENTS

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRCD026 - DRC - Ebola Virus Disease Outbreak Funding requirements - summary

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

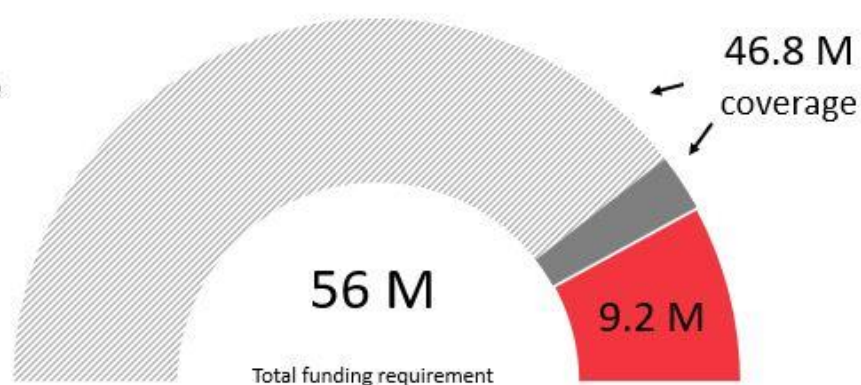
all amounts in Swiss Francs (CHF)

Funding status

▨ Mobilised spent

■ Mobilised available

■ Funding Gap



Contact information.

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

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For IFRC Resource Mobilization and Pledges support

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For In-Kind donations and Mobilization table support

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

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

PMER for EVD Appeal: **Beatrice Okeyo, PMER Delegate, email: beatrice.okeyo@ifrc.org** phone: +243 850 733 922

Reference documents



Click here for:

- [Previous Appeals and updates](#)

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

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.**

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.