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Emergency Plan of Action (EPoA)
DRC: Ebola Virus Disease Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation n°	**MDRCD034**	**Glide n°:**	EP-2021-000157-COD
Date of issue :	**21 October 2021**	**Expected timeframe**	**3 months**
Operation start date:	**19 October 2021**	**Expected end date :**	**31 January 2021**
Category allocated to the of the disaster or crisis: Red			
DREF allocated: CHF 310,005			
Total number of people affected:	**305,769**	**Number of people to be assisted:**	**305,769**
Provinces affected:	**Beni Health Zone**	**Provinces/Regions targeted:**	**13 Health Areas of Beni Health Zone**
Host National Society(ies) presence (n° of volunteers, staff, branches): 26 DRC RC Branches, including the Beni Branch with 675 volunteers, supported by North Kivu Provincial Committee and National Society headquarters			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC)			
Other partner organizations actively involved in the operation: Ministry of Health (MoH), World Health Organisation (WHO), UNICEF, IOM, MSF, ALIMA, IMC, FHI360, CARE, Save the Children			

A. Situation analysis

Description of the disaster

On 8 October 2021, the health zone of Beni, North Kivu Province, notified a case of Ebola Virus Disease. According to the authorities, the history of this case shows that from 5 to 7 September 2021, a father and his child went to a health centre in the health area of Butsili, for treatment following blood-tinged diarrhoea, vomiting and dehydration. A week later, on 14 September 2021, the child was re-admitted for exacerbation of the previous signs and the day after this re-admission, the child died in an undescribed condition. On 18 September 2021, the child's father consulted another health facility in the same health area and died there. On 29 September 2021, the child's younger sister presented similar symptomatology and subsequently died.

In early October 2021, the neighbour's 29-month-old male child presented symptoms including physical asthenia, anorexia, abdominal pain, respiratory difficulties, melena, and haematemesis for several days before dying on 6 October 2021. On 07 October 2021, a sample of oro-pharyngeal secretions which was sent to the National Institute for Biomedical Research (INRB) laboratories for analysis, came out positive for the Ebola virus on 08 October 2021.

The epicentre of the disease is the Butsili Health Area, Beni Health Zone, in North Kivu Province. The town of Beni is accessible by air and land. It is 52 km from the town of Butembo, 372 km from Goma and about 80 km from Kasindi, a border town with Uganda. There is also an exit road that connects Beni directly with the city of Bunia in Ituri Province and the city of Kisangani in Tshopo Province.

According to the Ministry of Health, the epidemiological situation as of 17 October is as follows:

Health Zone	Health area	Confirmed cases	Probable cases	Deaths recorded	Contact cases
Beni	Butsili	2	3	5	222

The town of Beni has communication and mobile phone infrastructure with a presence of community and commercial radio stations including television as well as Airtel, Vodacom and Orange networks which are sources of information and interaction between people. The town of Beni is also a centre of commercial exchanges with Butembo, the Ituri province line, as well as Kasindi, at the border with Uganda. Swahili and Kinande are the two local languages most spoken by the population. In addition, Beni is a host town for displaced people affected by insecurity in surrounding villages such as Mangina.

Summary of the current response

Overview of Operating National Society Response Action

In response to the current epidemic, the Red Cross of the Democratic Republic of Congo (DRC RC) has already mobilised around 215 volunteers. A team of 8 staff (3 from the national level and 5 from the provincial level) has been deployed to Beni to collect data and set up the management of the epidemic. On site, volunteers will be mobilised under the pillars of Community Engagement and Accountability - CEA (110), Safe and Dignified Burials - SDB (50), Infection Prevention and Control - IPC (17), Psychosocial Support - PSS (10), Logistics (11), Security (6), Coordination (11).

On 30 September 2021, the country completed one of the longest-running successive Ebola outbreaks in the east of the Democratic Republic of Congo (the 9th, 10th, 11th and 12th outbreaks), the response to which was through the MDRCD026 Emergency Appeal.

This succession of epidemics has enabled the DRC to provide the affected provinces with teams of volunteers trained in Community Engagement and Accountability (CEA), Safe and Dignified Burials (SDB), Psychosocial Support (PSS), Infection Prevention and Control (IPC), as well as the development of the Rapid Response Team strategy. Her experiences have helped the implementation of the Protection, Gender and Inclusion (PGI) strategy in all interventions and the prevention of sexual abuse (harassment) and exploitation (PSEA/PSHEA).

In terms of health disasters, the country has experienced 12 outbreaks of EVD since 1976 and this is the 13th. Cholera is endemic in some provinces, as are measles, polio and Marburg fever among others.

The DRC is a neutral, humanitarian organisation and auxiliary to the public authorities. It is organised at the national headquarters level with 7 directorates. There is an operational management structure with technicians to respond to natural disasters. The DRCRC has branches in all 26 provinces, organised in the same way as at national level. The National Society has many years of experience in managing epidemics.

Available material and human resources

In terms of materials, the Red Cross branch in Beni Territory still has a contingency stock from past epidemics, which can handle up to 400 alerts (samples and other SDB equipment).

It should be noted that all these teams are already operational since 10 October 2021. The DRC RC has used the teams trained and mobilised during the last EVD outbreak in the Biena Health Zone, Masoya Health Area in Lubero Territory.

Beni Territory currently has 2,060 DRC RC volunteers, including 391 women and 1,669 men, while Beni town has a total of 675 volunteers, including 473 men and 202 women. The management of the 10th Ebola epidemic left a good capacity of volunteers in Beni: 283 CEA volunteers, with skills in tools such as radio, and community feedback management, 66 in IPC, 8 in PSS, 169 in SDB and 34 in Support, for a total of 560 volunteers trained.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC has a Country Cluster Delegation in Kinshasa and an operational sub-office based in Goma, which is managing the response activities to the 22 May Nyiragongo volcanic eruption.

As soon as the resurgence of the EVD epidemic was announced, Kinshasa Cluster Delegation convened a meeting with the Goma office, the DRC Red Cross national headquarters in Kinshasa and the North Kivu provincial Red Cross committee, supported by the national level team which is managing the response to the volcanic eruption. After this meeting, another meeting was held with the IFRC regional team to decide on the response strategies to be implemented with IFRC support. NS national level officials present in Goma were dispatched to coordinate and collect data with financial support from the IFRC to facilitate the response.

With regards to logistics, the IFRC has committed to providing 5 vehicles for the next 3 months in the territory and a contingency stock that it keeps at the disposal of the DRC RC field teams.

The IFRC DRC country office will support the DRCRC in the coordination of all activities within this DREF operation, including planning, implementation, monitoring and reporting, as well as participation in monitoring/evaluation missions in the localities.

The ICRC has mobilised alongside the DRC RC, to provide support pending funding from other partners and has begun emergency support for volunteers to carry out screening at Beni General Hospital, which also houses the Ebola/COVID 19 treatment centre and the Support Centre for the War Wounded, which it supports.

The ICRC, through its sub-delegation in Goma and its office in Beni, will facilitate the operations of the DRCRC and IFRC in the area through information sharing on security aspects. A land cruiser is being sent to the Beni Red Cross Territorial Committee. It will contribute to the National Society's response.

To ensure good coordination, the DRC and its traditional partners have set up three levels of coordination: at headquarters in Kinshasa, in Goma at provincial level and in Beni at local level. These coordination mechanisms are currently meeting to monitor the progress of activities on the ground.

In all these coordination mechanisms of the current operation, the DRC RC has the lead in the field and the other components of the Movement provide support.

The DRC RC has currently mobilised volunteers in the following pillars: SDB, RCCE, IPC, PSS and PSEA (Prevention of Sexual Abuse and Exploitation).

In relation to SDB, the DRC government has required the securing of every mortal remain. As such, for SDB, the NS has already had 23 alerts, with 12 SDBs performed, one of which was a confirmed case, and 11 others for safety with 22 samples/SWABs taken and sent to the laboratory.

Within the framework of RCCE activities, DRC RC has already conducted 38 educational talks with pressure groups around the vaccination ring, 457 people reached by activities in13 health areas out of the 19 in Beni Health Zone.

As part of the IPC activities, the assessment of 10 structures supported during the 10th epidemic in the health areas at risk was conducted and sessions with the IPC sub-commission to identify priority health structures, of which a significant number of 70 structures were listed.

PSS activities have already started with psychological support to SDB 15 volunteers, debriefing before, during and after the management of a positive case and CEA.

As part of PSEA activities, a contact meeting was held with the Ministry's focal point, as well as the preparation of the Code of Conduct for signing.

Overview of other actors' actions in-country

The Government, through the Ministry of Health, has organised coordination at the national, provincial and local levels (Central Office of the Health Zone). At the local level, the Central Office has set up a response coordination that meets every morning as well as technical commissions -- the DRC RC intervenes in the pillars related to SDB, RCCE, IPC, PSS and PSEA.

UN agencies such as WHO and UNICEF are supporting coordination. About 1,000 doses of EVD vaccine will be provided - more than 200 have already arrived and vaccination has started for first responders to this 13th resurgence through RCCE and IPC - screening support/staffing. The provincial health authorities, with support from OCHA are in the process of drafting a multi-sectoral response plan with support from OCHA.

Other organisations such as ALIMA (care at ETC level), IMC (IPC, RCCE and SDB), MSF (intervening in the construction of isolation in Butsili Health Area and case management), FHI 360 (its intervention will focus more on IPC and promotion of care for the displaced in the Mutwanga Health Area), Care International (intervenes in primary health care with the displaced of the Mutwanga Health Zone without forgetting IPC/WASH and SDB), Save the Children (intervenes in RCCE activities in 4 Health Areas), ARDE/BENI (intervenes in RCCE and community-based surveillance). The DRC will focus on SDB by supporting the other pillars.

The IFRC participates in close coordination with the DRC RC in the coordination of international partners meetings in Goma and Kinshasa and has made contact with the main agencies at their headquarters.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

According to information confirmed to date, the current Ebola outbreak is taking place in the Butsili Health Area in the Beni Health Zone, Beni Territory in North Kivu Province.

The Territory of Beni covers an area of 7,484 km2 and has an estimated population of 1,487,608, or 297,522 households (State Registry report for quarter 3, updated on 31 March 2021). The town of Beni is located in the North-East of the Province of North Kivu, approximately 372 km from the town of Goma, 52 km from the town of Butembo, 80 km from town of Kasindi on the border with Uganda, while emphasizing that this town is also linked by land and air route to two neighbouring provinces, Ituri and Tshopo. The main economic activity of the city of Beni is petty trade, in contact with these different provinces of Ituri and Tshopo, and the border country Uganda.

This population blend is a risk factor for the population of the 5 health zones surrounding the Beni Health Zone and Uganda. The main economic activity in the town of Beni is small-scale trade with these different provinces of Ituri and Tshopo, and the border country Uganda. An additional risk factor for the possible spread of this epidemic is that sick people have been treated in different health structures, and at the time of writing, 222 contacts have been identified scattered in 13 health areas.

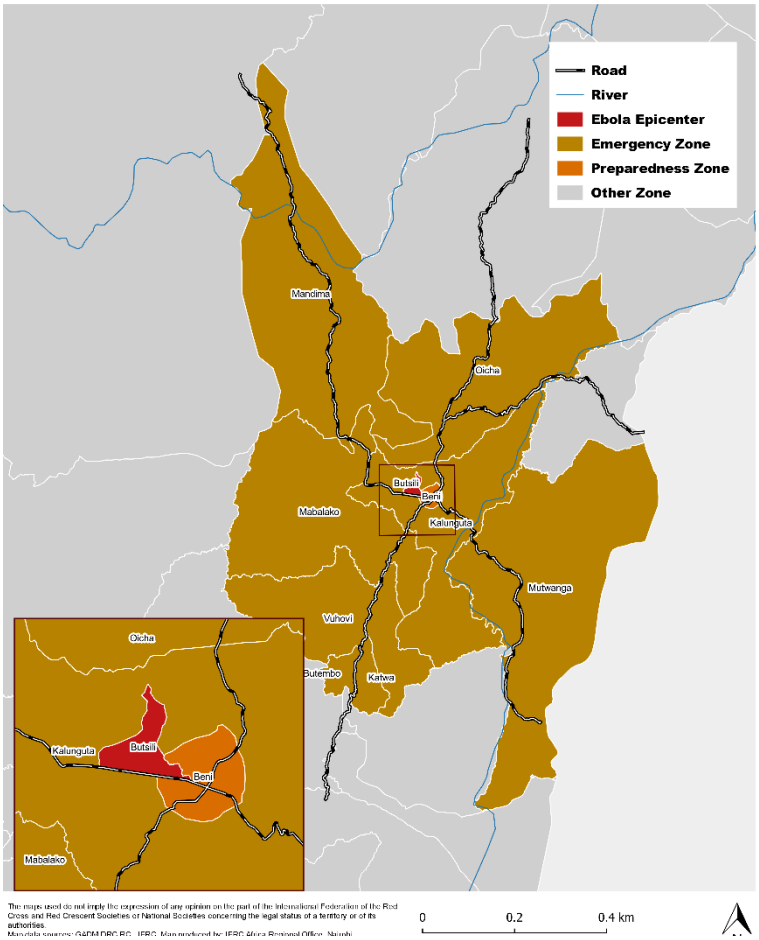
Although unconfirmed, informal indications further suggest that (1) the first suspected cases may have travelled to Beni from Biakato in Ituri and (2) at least 2 highest risk contacts may have escaped tracing efforts. This indicates the possibility of a wider territorial spread.

As an auxiliary to the authorities, the DRC RC is engaged in awareness activities in 7 Health Zones surrounding Beni and neighbouring towns, while external partners will ensure coverage of other health areas in the territory.

With regards to follow-up/contact tracing, as of 13 October 2021, of the 222 contact cases, 161 or 72.5% were followed up in 24 hours, not forgetting that there is already resistance from contact cases wanting to be removed from the town of Beni. As part of prevention from EVD spreading, the NS has categorised its intervention into two zones:

- Zone A, the emergency zone, the health zone of Beni;
- Zone B, the preparedness zones where cases can take refuge, with a total of 8 health zones, 7 of which are in North Kivu (Butembo, Katwa, Kalunguta, Mabalako, Mutwanga, Oicha and Goma) and the Mandima health zone in Ituri province.

Based on the above, the focus should be on contact tracing and active case finding at community level for early detection, to limit the spread of the disease and ensure rapid control of the epidemic. It is therefore extremely important and urgent to respond swiftly to this epidemic, to contain the disease and limit its impact.



Map of Beni Health Zone, specifying the epicentre in Bustsili, the at risk health areas under surveillance and the preparedness zones ©IFRC

Targeting

The Beni health zone will be the main target of this operation. It has 19 health areas and Butsili health area, which is in the middle of Beni town, is surrounded by 6 other health areas. DRC RC's action consists of creating a belt around Butsili, therefore mobilising in the 7 health areas, but the recording of contacts cases will take place in 13 health areas out of the 19 that make up Beni health zone. This is why the Ministry of Public Health, Hygiene and Prevention has decided to extend the response to all 13 health areas.

The total population of Beni Health Zone is approximately 488,463 people, 19 health areas, 13 of which are priorities for the Ministry of Health. Through this DREF operation, the National Society will focus initially on the population of 13 health areas at risk including: Butsili, Kanzulinzuli, Tamende, Ngilinga, Bundji, Ngongolio, Malepe, Paida, Mabakanga, Mabolio, Sayo, Mukulya and Tuungane, with an estimated population of 305,769 people, or 48,936 households, which DRC RC intends to reach with awareness.

This primary targeting area can be rapidly phased out if information is confirmed indicating wider dissemination, within security constraints (as described in the next section). In addition, this plan includes secondary targeting in neighbouring health areas in North Kivu province, Ituri and neighbouring countries to DRC, where key information will be shared and preparedness actions undertaken. The health areas targeted by the DRC RC are: Butsili, Kanzulinzuli, Tamende, Ngilinga, Ngongolio, Malepe, Paida

Scenario planning

The DRC RC with support from Movement partners have opted to respond to this outbreak in the following areas: community-based surveillance (contact tracing, case investigation, with a health promotion strategy), health promotion including risk communication and community engagement, safe and dignified burials as well as psychosocial support, infection and prevention control (exclusively the screening and sensitisation part), prevention of sexual abuse and exploitation, protection, gender and inclusion, and security of the field actions. Below scenarios will guide NS actions in the coming weeks.

Scenario	Humanitarian consequence	Potential Response
Scenario 1 : The epidemic is contained in Butsili Health Area and the other 13 health areas at risk. The disease does not spread to other areas and neighbouring health zones within the next three months.	- No spread of the disease to other health areas. - The epidemic is contained within 3 months. - The health system can manage the outbreak.	The response will be limited to the implementation of this DREF operation, as described in this emergency plan of action. Pre-activation of SDB teams in upcoming areas for the orange and red phase.
Scenario 2: The epidemic spreads throughout Beni Health Zone and the 5 surrounding health zones. The health system is overwhelmed as cases increase, and it struggles to control the epidemic over the next three months.	- Number of confirmed cases increases - Deaths increase - Psychosis sets in within the community - The health system struggles to control the epidemic - Poor collaboration of communities with staff involved in the response at community and health centre levels	The DRC RC and IFRC will update the emergency plan of action to scale up response through a second DREF allocation or the launch of an Emergency Appeal, and the engagement of branches in these areas. The NS will continue to monitor the situation and be ready to scale up the response with the support of IFRC staff (including surge staff).
Scenario 3: Insecurity is causing a significant increase in displacement, spreading the epidemic across North Kivu province and even into Uganda. Several regions begin to report outbreaks.	- The health system is overwhelmed - Insecurity issues overlap with the epidemic, making the response more difficult (with possible risk also for ETC sites) - Attacks by community members on staff involved in the response at community and health centre level	The DRC RC and IFRC will launch an Emergency Appeal to respond to the increased humanitarian needs by mobilising national and international resources. All zones in North Kivu will be reactivated and trained. The NS will continue to monitor the situation and be ready to scale up the response with the support of IFRC staff (including surge staff).

Operational risk assessment and mitigation measures:

The DRC will ensure the engagement of local staff and volunteers as well as continue to monitor the security situation using the opportunities offered by its acceptability on the ground. This will promote the successful implementation of the proposed activities. Ongoing security briefings will be organised for staff and volunteers to ensure continuous monitoring.

Below operational risks will be managed by the DRC RC as follows :

1- Infection of DRC RC staff or volunteers

- Facilitate vaccination of volunteers
- Setting up service corridors for health care for DRC RC staff or volunteers
- Ensure provision of PPE (personal protective equipment)

2- Deterioration of the security situation in the area

- The security situation in Beni Health Zone is relatively calm. However, the security situation in the 5 surrounding Health Zones of Beni is worrying with the presence of local and foreign armed groups. The DRC RC will ensure the implementation of security protocols and the visibility of its teams.
- This situation cannot prevent the DRC RC from carrying out the response activities because it is accepted and conducts the above mentioned activities.

3- Expansion of the affected area outside Beni

- Mitigation: mobile teams, preparedness in Butembo, notifications (pre-activation) ofSDB teams throughout the zone.

4- Transmission of COVID-19

As of 14 October 2021, a total of 6,217 cumulative cases have been reported in North Kivu with 580 having received the first dose of the vaccine and 3,355 having received the second dose. Beni Territory has, so far, reported 492 cases of COVID-19 with 408 recoveries and 82 cases, which represent a risk of spread in addition to the current crisis. As auxiliaries to the authorities, National Red Cross and Red Crescent Societies have an important role to play in supporting national operations focused on pandemic preparedness, containment and mitigation. This places the DRC in a favourable position to facilitate the continuity and maintenance of COVID-19 activities supported within the Movement. This is summarised in the activities of ensuring the health and safety of staff and volunteers, developing specific plans for emergency health services. As such, the actions of the NS dedicated to COVID-19 and those carried out within the framework of this operation will be mutually beneficial and will build on common synergies.

This DREF operation is aligned with and will contribute to the current global strategy and Regional Contingency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. The NS will continue to monitor the situation closely with a focus on health risks, and revise as necessary, taking into account the evolving COVID-19 situation and operational risks that may develop.

5- Cholera transmission

In 2021, from epidemiological week 1 to 37 (ending 19 September 2021), 4,952 suspected cholera cases including 97 deaths (case fatality rate 2.0%) were recorded in 76 health zones across 14 provinces of the Democratic Republic of the Congo, including North and South Kivu. Tanganyika province is reported to have experienced an exponential increase in suspected cases over the past three weeks and reported 86.8% (244 cases) of suspected cases in week 37. The risk of an upsurge of cholera cases in other parts of the country is high due to limited access to safe water, poor hygiene and sanitation conditions and the start of the new rainy season.

B. Operational strategy[1]

Overall Operational objective:

Collaborate with external partners in preventing as well as reducing morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Beni, in the affected area and conducting preparedness in selected health zones in the province of North Kivu through 4 pillars that will be active in this resurgence. The Beni area as well as the surrounding areas and the Beni territory will benefit from an ECV-CBS training package for all volunteers - a level 1 training on health risks within their communities, as well as on basic health activities at community level. With regards to selected SDB volunteers, they will receive level 2 trainings which contain community-based surveillance.

Based on current information, the Red Cross response strategy will be to help contain the EVD epidemic and will consist of:

1. Mobilize a team of volunteers per health area for the 13 health areas concerned for risk communication and community engagement (RCCE) relating to the Ebola epidemic but also COVID-19, whose level of exposure to communities remains high with low vaccine acceptance;

[1] The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

2. Mobilize rapid response teams to support families in securing bodies for burial, referencing suspected cases to the treatment centre and collecting samples for laboratory analysis;
3. Mobilize volunteers to raise awareness of good practices in healthcare structures, in order to protect healthcare personnel in the affected area, secure the entry and exit routes into the affected area and the healthcare facilities targeted by the routine temperature checks (screening) and encouragement to wash hands;
4. To ensure the follow-up of the psycho-social support to families affected by the disease through cases of illness and for volunteers victims of community stigmatization;
5. Ensure the practice of protection, gender and inclusion prevail, with reference to stigmatization of all kinds on victims of the disease and their families. Also, mobilize volunteers in the context of prevention and support for victims of gender violence and prevention against abuse and sexual exploitation.

In addition, the operation will serve to provide support to the response interventions of the DRC RC in the affected area and in at risk neighbouring health areas, as well as to deploy National Society personnel from other provinces to support the action in North Kivu in the event of identified gaps.

Proposed operational strategy

This initial plan includes activities over the course of 3 months. An initial four-week phase focuses specifically on life-saving interventions in the core zone and Ebola risk communication in neighbouring health zones.

The DRC RC/North Kivu provincial team will conduct more detailed needs assessments and coordinate with headquarters to update this emergency plan of action, either for an extension of the DREF operation or through an emergency appeal - the way forward will depend on the context analysis.

The EPoA plans for the deployment of one IFRC surge personnel (a health coordinator with a coordination background) to support the DRC during the implementation of this operation. Supplementary support will be provided by IFRC delegates in North Kivu and Kinshasa and the DRC RC team will consist of a national and provincial operations manager, team leaders and various technical sectors depending on the scale of the response.

Some of the activities to be carried out by the response team include, but are not limited to, the following:

- Identify support provided and planned by the government, WHO, UNICEF, MSF, highlighting gaps to be covered by the Red Cross Red Crescent Movement in the response;
- Participate in coordination meetings at all levels;
- Conduct field visits to ensure quality of interventions;
- Implement activities safely and effectively, including monitoring and reporting;
- Intervene in emergency situations on epidemics/pandemics & disasters.

The DRC RC will engage in an immediate response with the objective of saving lives by using the available human and material capacities of the Ebola epidemic response from 2018 to 2021 to engage in activities mandated by the government through the Ministry of Health. The flagship activities to be implemented include:

- Surveillance/contact tracing by volunteers trained in ECV-CP3 level 2 and also in active case finding (early detection) and referral of suspected cases to care facilities;
- A community-based surveillance (CBS) approach that will be able to listen to and provide alerts and appropriate RCCE support (as the DRC RC has done in the CP3 programme), for critical health needs beyond Ebola, to avoid the perception that stakeholders only care about one risk (i.e. "Ebola business").
- Health promotion including risk communication and community engagement (RCCE);
- Psychosocial support, PGI and PSEA/PSHEA;
- Support for families through safe and dignified burials and organise the transportation of samples (swabs);
- Sensitisation of health care personnel for their protection and screening at the level of the targeted health structures and, where necessary, support with IPC inputs for these structures.

The scaling up of the above actions will be supported by a detailed assessment and close coordination with other actors to refine and modify the operational strategy, if necessary, for an effective response.

The DRC RC will target people in the affected health area with health promotion activities including risk communication and community engagement. Volunteers will be mobilized to support early detection of new cases through active case finding and contact tracing. These activities will be carried out in parallel with RCCE volunteers and DRC RC volunteers who will be trained in ECV-CP3.

The DRC RC stands ready to support the government in safe and dignified burial activities (SDB) including swabs, household disinfection and direct psychosocial interventions with affected people.

This will help to address the immediate need for Ebola awareness in affected communities and at risk areas, as well as the need for government support for psychosocial interventions, safe body management and disinfection of suspected infected homes and areas. This will be implemented with strict respect of local cultures and traditions.

The awareness campaign which will be based on the use of interpersonal communication channels (home visits, community discussions, key informant interviews) will be conducted by 104 volunteers and 6 supervisors. Volunteers are selected using the zonal approach in the targeted communities based on their status in the community, their availability, their ability to speak local languages and their willingness to participate in accordance with the RCRC Movement Principles. These volunteers will work daily for the first two weeks of the operation. A national and provincial focal point will be deployed in this operation by the National Society.

For a proper analysis of the feedback data, a volunteer feedback analyst and two data encoders will be mobilized.

The table below details the number of volunteers per pillar.

N°	***Pillar***	***# of volunteers***	***# of supervisors***	***Total***
01	CEA	104	6	110
02	SDB/RAPID RESPONSE TEAMS	48	2	50
03	IPC	15	2	17
04	PSS	8	2	10
05	SECURITT	5	1	6
06	OPS SUPPORT	14	8	22
Total				***215***

Contact tracing volunteers will also receive specialized retraining in coordination with WHO and the Ministry of Health.

DRC RC volunteers in the affected areas will also be mobilized and retrained to strengthen the National Society's capacity for active case finding and social mobilization. This will greatly contribute to the early detection and control of the epidemic.

DRC volunteers from neighbouring health zones to Beni (36 teams, i.e., 215 volunteers from 8 neighbouring health zones) will be retrained in order to prevent and eventually contain the spread of the epidemic in other zones. As such, outreach teams will be reactivated for the preparedness in Butembo, notification (pre-activation) of SDB teams in the entire area.

With regards to **human resources**, the IFRC will, at the start of the operation, deploy a surge capacity with a public health and emergency operations management profile to support the DRC RC in the assessment, planning, coordination, implementation and monitoring of the operation. Close coordination and collaboration with other key actors will be ensured for an effective response. The DRC will mobilise IM, PMER, feedback and alert data analysts.

In terms of **planning, monitoring, evaluation and reporting (PMER**), the IFRC DRC Country Cluster Delegation will provide assistance to the DRC Red Cross PMER team. The DRC RC will assume overall responsibility for the implementation, reporting, compliance and financial management of this project. In addition, as the DRC is a French-speaking National Society, it is important to stress the need to translate this EPoA, any eventual updates of the operations and final reports from French to English and from English to French, to ensure that the NS can share its achievements in this operation with the government and other partners.

As concerns **logistics**, the IFRC and the DRC RC will set up a system for coordinating the available means of transport for access to the affected area, including WFP communication equipment and UNHAS or MONUSCO flights.

The National Society has an active **Business Continuity Plan (BCP)** in place whereby staff continue to provide essential services to the best of their ability, despite the disruption. In collaboration with the IFRC Delegation in the DRC, the Regional Office will provide ongoing support to the National Society's business continuity.

Security Situation Review

North Kivu province (except Goma, Beni): EXTREME
The security environment in North Kivu is affected by clashes among various Congolese militias, as well as between these groups and government and UN forces, and mission to the region is with thorough preparation and subject to clearance. Ugandan rebels, including the Allied Democratic Forces (ADF) militias, the ethnic-Hutu Democratic Forces for the Liberation of Rwanda (FDLR) and several local ethnic militias operate in rural areas. Their activities mainly affect local populations but can prompt fighting with the Congolese army (FARDC) or other armed groups, and involve armed robberies or highway banditry; lawlessness in general poses significant risks. The provincial capital, Goma, is rated HIGH risk.

Ituri province (except Bunia): EXTREME
The security environment in Ituri remains volatile. Small, highly mobile rural groups operate in significant portions of rural areas, where they regularly clash with the FARDC and the local population and engage in criminal activities such as roadside banditry, artisanal gold mining, timber trafficking, wildlife poaching and abduction.

South Kivu province (except Bukavu): EXTREME
The security environment in South Kivu is affected by the presence of various rebel and militia groups, clashes among them, as well as between these groups and government and UN forces, particularly in the Fizi et Uvira territories. Travel to the province is not recommended.

ORANGE classified regions of DRC: Kinshasa; south of Katanga province (Kolwezi district, south of Haut-Katanga district including Lubumbashi); Bas-Congo province, Beni, Bunia, Goma.

RED classified regions of DRC: Ituri district (Orientale province) except Bunia; central and northern Katanga (Mitwaba, Pweto, Manono, Malemba-Nkulu and Kalemie areas).

To reduce the risk of personnel falling victim to crime, violence or health and road hazards active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e., Stay Safe Personal Security, Security Management, or Volunteer Security).

National Society's security framework will be applied throughout the duration of the operation to protect staff and volunteers.

As it is highly probable that IFRC will deploy more personnel under ICRC Security's responsibility, including surge support, the existing ICRC Security Framework will be applied. Extension of the Security Service Agreement L-3 with ICRC at concluding phase. At the same time, IFRC is progressing in establishing its own security framework complementary to the existing L-3 Agreement following the Duty of Care principles of the IFRC.

In preparation for the launch of the **New Stay Safe 2.0 Global Edition,** the RSU has been encouraging staff and Volunteers to complete the 1-3 level of the security modules:

- **Stay Safe 2.0 Global Edition: Level 1- Fundamentals:** https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/fd082aef-a477-427b-9ace-8c5f2a13b935
- **Stay Safe 2.0 Global Edition: Level 2- Personal and Volunteer Security in Emergencies:** https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/a88a5612-4347-447b-95b1-2dbb468d987c
- **Stay Safe 2.0 Global Edition: Level 3- Security for Managers**: https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/c38f447b-3655-4867-b2bc-695f5f8c4b9e

The Regional Security Unit (RSU) will actively support in carrying out security analysis, extend early warning, security advisories and alerts to enable the team to implement risk management measures considering the evolving situation, monitoring the security environment, providing technical advice and ensuring **any internal/external security-related incident or emergency is immediately and adequately managed and reported to the Security Unit and Regional Director.**

C. Detailed Operational Plan

Health

People targeted : 305,769
Male : 145,286
Female : 160,483
Requirements (CHF) : 174,930

Needs analysis: The main needs for this sector are to facilitate an initial assessment while ensuring community surveillance, contact tracing and community engagement to prevent the spread of the disease.

Population to be assisted: The entire population of 13 Health Areas: 305,769

Programme standards/benchmarks: The activities of this sector will follow WHO's strict rules and standards for the prevention and control for Ebola.

P&B Output Code																		
	Health Outcome 1: The spread and impact of the epidemic is reduced through surveillance, case-finding and community awareness in affected health areas																	
	% of health areas with a case or contact benefiting from DRC RC-led surveillance activities (target: 80%)																	
	Health Output 1.1: The government is assisted by DRC RC volunteers for monitoring and contact tracing.																	
	• ***# of volunteers trained in ECV-CP3 level 1 and 2 during this response (Target: 215 volunteers)***																	
	• ***# of people referred through active case finding (Target: N/A)***																	
	• ***#/% tested positive (Target: N/A)***																	
	• ***#/% of alerts investigated within 24 hours (Target: N/A)***																	
	• ***# of positive cases identified through CBS (Target: N/A)***																	
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12					
AP021	Conduct a pre-assessment to establish contact with key actors on the ground.	■	■	■	■													
AP021	Provide support to the sub-branch in the planning and implementation of activities.	■	■	■	■	■	■	■	■									
AP021	Training of 215 volunteers on ECV-CP3 level 1 and 2 on Ebola signs and symptoms, outbreak management, surveillance, referral, contact tracing and community engagement (within available training capacity).		■	■														
AP021	Conduct active case finding and contact tracing in the affected and surrounding health areas using the necessary and available data collection tools.		■	■	■	■	■	■	■	■	■	■	■					
AP021	Work closely with the RCCE volunteers on awareness raising on different themes in the selected health zones and areas.			■	■	■	■	■	■	■								
AP021	CBS training for 200 health personnel in 20 health facilities		■	■	■	■	■											

P&B Output Code																		
	Health Outcome 2: The psychosocial effect of the epidemic is reduced through direct support to exposed and infected populations in the Beni health zone																	• ***# of people directly affected by EVD who request PSS support from the DRC RC (Target: N/A)*** • ***% of people requesting PSS support and receiving it (Target: 100%)***
	Health Output 2.1 : The population in the affected areas of the Beni health zone receives psychosocial support during and after the outbreak																	• ***# of volunteers trained in PSS (Target: 10)*** • ***% of beneficiaries who received PSS support (95%)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12					
AP021	Retraining of 10 volunteers in psychosocial support																	
AP021	Provide psychosocial support to families who have lost family members using culturally appropriate and accepted approaches.																	
AP021	Provide support to staff and volunteers throughout the operation.																	
AP021	Conduct referrals																	
P&B Output Code	**Health Outcome 3 : Social mobilisation, community engagement and accountability activities are carried out to limit the spread and impact of EVD**																	***% of target population reached by social mobilisation activities (Target: 100%)***
	Health Output 3.1 : Preparatory work is conducted to ensure that approximately 30% of the population in the affected health areas of Beni are sensitised on the DRC Red Cross social mobilisation campaign and in the wider EVD operation.																	• ***% of operational changes (approach, strategy, etc.) made in response to feedback (Target: 70%)*** • ***# of social mobilisation sessions organised (Target: as required)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12					
AP021	Refresher training for 215 volunteers on ECV-CP3 level 1 & 2, some topics: signs and symptoms of Ebola, management of the epidemic; awareness techniques.																	
AP084	Adaptation and multiplication of information and dissemination materials in the targeted localities.																	
AP021	Health promotion, community engagement, door-to-door social mobilisation with RCCE volunteers & traditional healers																	
AP084	Establish two-way communication systems to capture and respond to rumours, myths, reactions and complaints. A feedback analysis system will be set up and implemented by the NS																	
AP021	Set up health teams trained in community engagement and social mobilisation in the affected health area and surrounding health areas.																	
P&B Output Code	**Health Outcome 4: The spread of Ebola is limited thanks to preparedness and implementation of SDB in optimal cultural and security conditions in the Beni health zone.**																	***% of contaminated houses/areas disinfected (Target: 100%)***
	Health Output 4.1 : The affected population is supported through safe and dignified burial and decontamination activities																	• ***% of suspicious death alerts for which SDB has been successfully completed (Target: 80%)*** • ***# of volunteers trained in ECV-CP3 level 1 & 2 in infection prevention and control and SDB (Target: 215 volunteers)***

								• *% population reached through awareness messages (Target: 100%)*										
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12					
AP021	Retraining of 50 volunteers in conducting safe and dignified burials.																	
AP021	Provision of disinfection materials and protective equipment to the team																	
AP021	Disinfection of contaminated areas, including Ebola-affected households and case management facilities																	
AP021	Provision of safe and dignified burials in partnership with communities																	
AP021	Sensitisation of the affected household members																	
P&B Output Code	**Health Outcome 5: To prevent the spread of Ebola, ECV-CP3 trained volunteers will implement mitigation measures in neighbouring areas such as Biakato, Ituri Butembo etc. The spread of Ebola will be limited by carrying out SDB preparedness and execution in optimal cultural and security conditions in these health zones, in the event a case is reported.**							*% of contaminated houses/areas disinfected (Target: 100%)*										
	Health Output 5.1: The affected population is assisted with safe and dignified burial and decontamination activities							• *% of suspicious death alerts for which SDB was successfully conducted (Target: 80%)* • *% of population reached by awareness messages (Target: 80%)*										
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12					
AP021	Active case surveillance in neighbouring areas (Biakato, Ituri, Mangina, Butembo.)																	
AP021	Provide support to sub-branches in planning and implementing activities to mitigate the spread of EVD in neighbouring areas through the reactivation of EVD outreach teams																	

Water, sanitation and hygiene

People targeted : 305,769
Male : 145,286
Female: 160,483
Requirements (CHF): 0

Needs analysis : The main needs of this sector are the prevention and control of any further spread of the Ebola virus disease.

Population to be assisted : 305,7569 people

Programme standards/benchmarks: The activities of this sector will follow WHO's strict rules and standards for the prevention and control for Ebola.

P&B Output Code																	
	WASH Outcome 1: The spread of Ebola is limited through disinfection of affected houses in the Beni health zone																
	WASH Output 1.1: Affected populations are assisted in disinfecting households and other contaminated buildings																• ***# of volunteers trained in household disinfection (Target: 50)*** • ***# of contaminated sites disinfected : (Target: as necessary)*** • ***% of disinfection requests completed on time: (Target, 100%)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12				
AP021	Retraining of 17 IPC basic volunteers (screening and awareness raising)		■														
AP021	Provision of disinfection materials and protective equipment to the team.	■	■														
AP021	Carrying out disinfection activities in the contaminated environment, including in Ebola-affected households and case-management facilities			■	■	■	■	■	■	■	■	■	■				
AP021 *AP021*	Raising awareness in affected households Provide PPE for volunteers who will be conducting screening in health care facilities			■	■	■	■	■	■	■	■	■	■				

Protection, Gender and Inclusion

People targeted: 305,769
Male: 145,286
Female: 160,483
Requirements (CHF): 2,567

Needs analysis : The DRC RC aims to support the most vulnerable during the 13th EVD outbreak. During the needs assessment, data disaggregated by sex, age and disability (SADD) will be collected and analysed to better inform the emergency response.

Population to be assisted: All persons who need support in this area including men, women, boys & girls.

Program standards/benchmarks: IFRC minimum standards for PGI in emergencies

P&B Code du Produit		
	Protection, Gender and Inclusion Outcome 1: Communities identify and respond to the distinct needs of the most vulnerable segments of society, particularly disadvantaged and marginalized groups, due to violence, discrimination and exclusion	***# of people reached with Protection, Gender and Inclusion activities (Disaggregation of data in SADD)***
	Protection, Gender and Inclusion Output 1.1 : NS programmes improve equitable access to basic services by taking into account different gender needs and other diversity factors.	• ***# of sectors integrating PGI and adhering to PGI minimum standards in emergencies*** • ***# of needs assessments including PGI***

								• ***# of sectors having a Gender and Diversity analysis*** - ***# of staff and volunteers capacity build on the Minimum Standard Commitments***								
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12				
AP031	Continuous training and retraining for volunteers on PSEA-PGI																
AP031	Conduct a specific needs assessment of the affected population based on criteria selected from the Minimum Standard Commitments on Gender and Diversity																
AP031	Support the inclusion, during planning, of measures to address gender-specific vulnerabilities and diversity factors (including people with disabilities) by sectoral teams																
AP031	Organise a ½ day basic training with NS volunteers on the Minimum Standard Commitments (or integrate into standard/sectoral training a session on the Minimum Standard Commitments).																
AP031	Support sector teams to ensure the collection and analysis of data disaggregated by sex, age and disability (see guidance in the revised Minimum Standard Commitments)																
P&B Code du Produit	**Protection, Gender and Inclusion Output 1.2 : Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children**							• ***# of staff and volunteers trained on addressing sexual and gender-based violence*** • ***# of NS staff and volunteers who of have signed and been briefed on the Code of Conduct.*** • ***# of Volunteers, staff, and providers who have signed and, are briefed, and receive information about the child protection policy/guidelines*** - ***# of identified referral pathways***								
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12				
AP034	Use the Minimum Standard Commitments as a guide to support sector teams in including measures to mitigate the risk of sexual and gender-based violence																
AP034	Include messages on preventing and responding to sexual and gender-based violence in all community outreach activities.																
AP034	Organise a mandatory ½ day basic training for committed NS volunteers on SGBV and addressing sexual and gender-based violence (or include a session on addressing sexual and gender-based violence in standard/sectoral training).																
AP034	Establish a system to ensure that IFRC and NS staff and volunteers have been briefed on and have signed the Code of Conduct																
AP034	Map out local referral systems and make information about them available for any child protection concerns																

AP034	Volunteers, staff and suppliers are briefed on, sign and receive information on Child Protection Policy/Guidelines																	

Strategies for Implementation

Requirements (CHF): 132,508

P&B Output Code																			
	Outcome S2.1: Effective and coordinated international disaster response is ensured																		***# of IFRC Surge personnel deployed for the operation (Target 1)***
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.																		
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12						
AP046	Preparation for the arrival of IFRC support staff																		
AP046	Surge deployment from the DRC RC at national and provincial levels (DM Director, Head of Division in charge of Health Emergencies, Head of Logistics Division and Health Director).																		
AP046	IFRC Surge deployment of public health in emergencies profile with operations management background																		
P&B Output Code	**Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**																		***Production of visibility materials for distribution in communities***
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues																		• ***# of radio programmes (Target: 16)*** • ***# of documentary films produced (Target: 1 per pillar)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12						
AP042	Communication work																		
AP049	Translation work (EPoA, Ops update and final report)																		
P&B Output Code	**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**																		***Number of lessons-learned workshops organised (Target: 1 LLW)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12						
AP049	Conduct a lessons learnt workshop																		

Budget

The amount required for the implementation of this emergency action plan is CHF 310,005, as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRCD034 - DRC - 13th EBOLA VIRUS DISEASE OUTBREAK

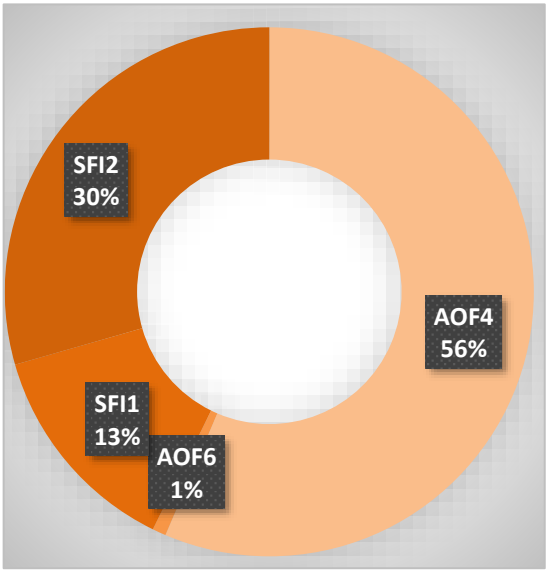
17/10/2021

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	2,225
Medical & First Aid	10,183
Teaching Materials	9,085
Relief items, Construction, Supplies	**21,493**
Storage	6,489
Transport & Vehicles Costs	30,832
Logistics, Transport & Storage	**37,321**
International Staff	22,248
National Society Staff	33,465
Volunteers	95,373
Personnel	**151,086**
Professional Fees	1,112
Consultants & Professional Fees	**1,112**
Workshops & Training	26,921
Workshops & Training	**26,921**
Travel	20,854
Information & Public Relations	4,609
Communications	10,058
Financial Charges	4,635
Other General Expenses	12,994
General Expenditure	**53,150**
DIRECT COSTS	291,084
INDIRECT COSTS	18,920
TOTAL BUDGET	**310,005**

Budget by Area of Intervention

AOF4	Health	174,930
AOF6	Protection, Gender and Inclusion	2,567
SFI1	Strengthen National Societies	41,239
SFI2	Effective International Disaster Management	91,269
	TOTAL	**310,005**

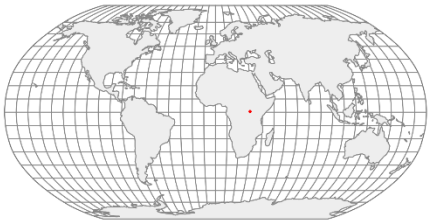


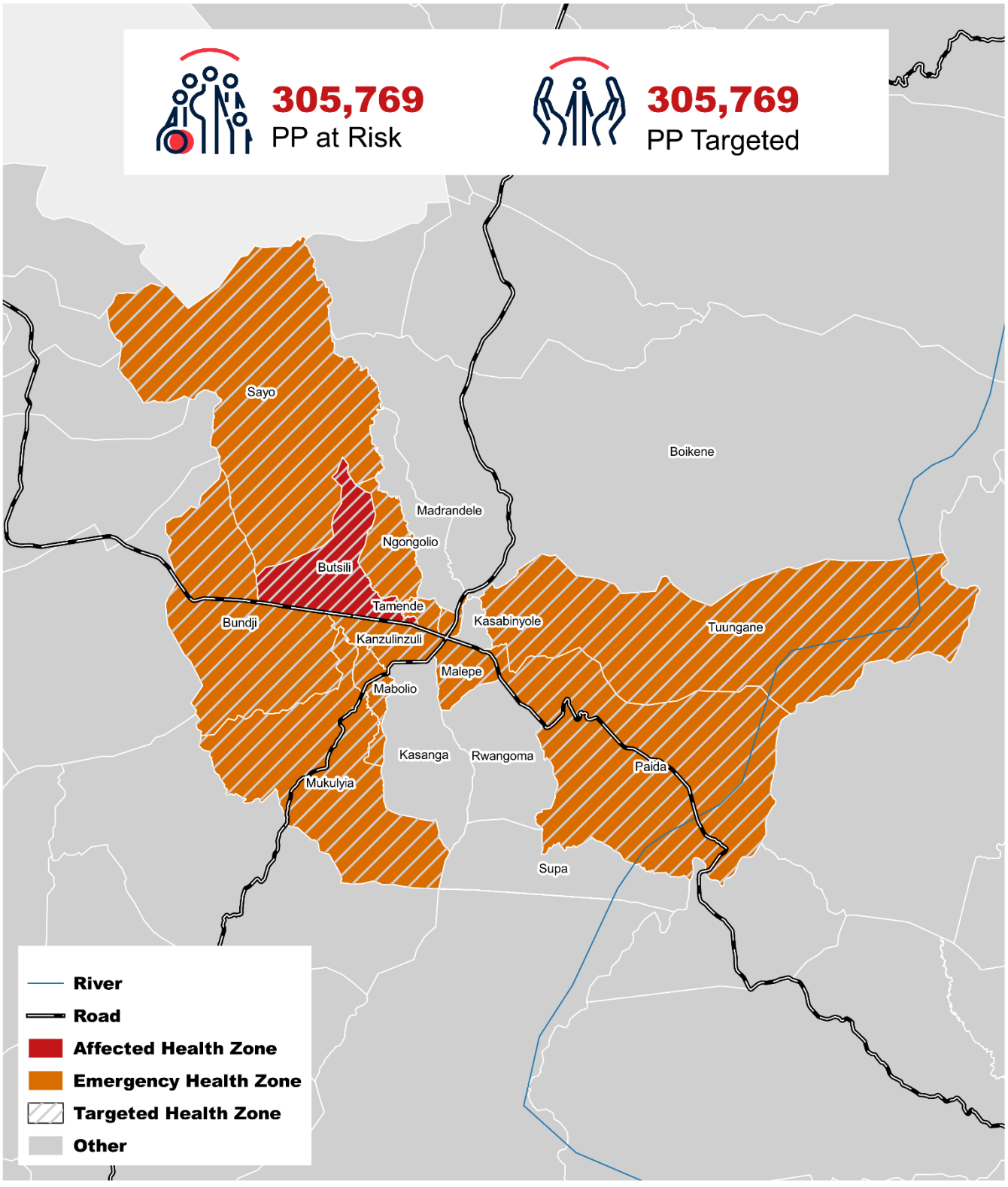
CROIX-ROUGE DE LA RDC

IFRC

DRC : Ebola Outbreak

18 October 2021 • EP-2021-000157-COD





The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM,DRC RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

0 0.05 0.1 km

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Reference documents

Click here for:

- Previous Appeals and updates

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For In-Kind donations and Mobilization table support:

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

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How we work

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

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

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

Enable healthy and safe living.

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