

Operation Update Report

DRC: Ebola Virus Disease Outbreak

www.ifrc.org
Saving lives,
changing minds.

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCD034		GLIDE n° EP-2021-000157-COD	
Operation update n° 1; 26 November 2021		Timeframe covered by this update: 10 October to 25 November 2021	
Operation start date: 19 October 2021		Operation timeframe: 6 months (New end date: 30 April 2022)	
Total operation budget: CHF 689,549	Second allocation requested: CHF 379,544	DREF amount initially allocated: CHF 310,005	
<p>N° of people being assisted: 671,213 people</p> <ul style="list-style-type: none"> For the response: 488,463 people in Beni Health Zone For preparedness: 182,750 people in Butembo, Katwa, Oicha, Mabalako, Mandima, Komanda and Mambasa health zones <p>Number of people reached as of 20 November: 312,012 people</p> <ul style="list-style-type: none"> Approx. 14,953 people through interpersonal communication (focus groups, educational talks, key informant interviews, door-to-door visits) Approx. 3,982 people through mass communication (social mobilization in markets, churches and schools) 293,077 people through radio shows (60% of the audience of the various radios through which messages are sent) 			
<p>Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC)</p>			
<p>Other partner organizations actively involved in the operation: WHO, UNICEF, Save the Children, International Rescue Committee, MSF, IMC, ALIMA, IOM and many other non-governmental organizations present in Beni Health Zone.</p>			

Summary of major revisions made to emergency plan of action:

The DRC Red Cross is issuing this Operational Update to inform stakeholders and partners of the teams' mobilization and capacity-strengthening carried out in the epicentre of the outbreak in **Bustili, Kanzulinzuli, and Bundji health areas in Beni Health Zone**. Indeed, several additional cases have been recorded since the launch of this operation on 19 October. The Operation Update expands to cover also informs seven (7) neighbouring health zones with preparedness actions, particularly the health zones of **Butembo, Katwa, Mabalako, Oicha (North Kivu province) and Mandima, Mambasa, and Komanda (Ituri Province)**.

As planned in the EPoA, these actions aim at containing the movement of contact cases in the areas, while ensuring the promotion of good health and hygiene practices linked to Ebola but also the ongoing COVID-19 pandemic, as well as the monitoring community health events in the affected and at-risk populations. Thus, through this update, the following changes will be implemented:

- Expanding the response to all 19 health areas in the Beni health zone, thus increasing the direct operational target from 305,769 people to 671,213 people for the response and preparedness zones and reinforcing response capacities in seven neighbouring health zones to Beni.
- Consolidating the SDB capacity, through the training and mobilization of additional volunteers, as well as the increasing availability of SDB equipment.
- Strengthening community health capacities, using the EPiC model, to increase the detection capacity in the community (a weakness of the response so far).
- Redefine RCCE strategy by increasing the team capacities to use RCCE approaches with an emphasis on mass communication through the radio, the feedback system including the reinforcing interpersonal communication skills, which are necessary for effective continuation of health education actions around EVD and other potentially epidemic diseases of interest to affected and at-risk groups, while ensuring good community engagement and participation.
- Extending the implementation timeframe by three months, to include the 90 days post-epidemic monitoring activities, provided no new positive cases are registered. To note, no positive case has been recorded since 30 October.
- Inform of the **second allocation of CHF 379,544** to the operation, for a total grant of **CHF 689,549**.

Based on the changes mentioned above, the new end date for this operation is 30 April 2022, for an overall implementation timeframe of six months.

A. ANALYSIS ON THE SITUATION

Description of the disaster

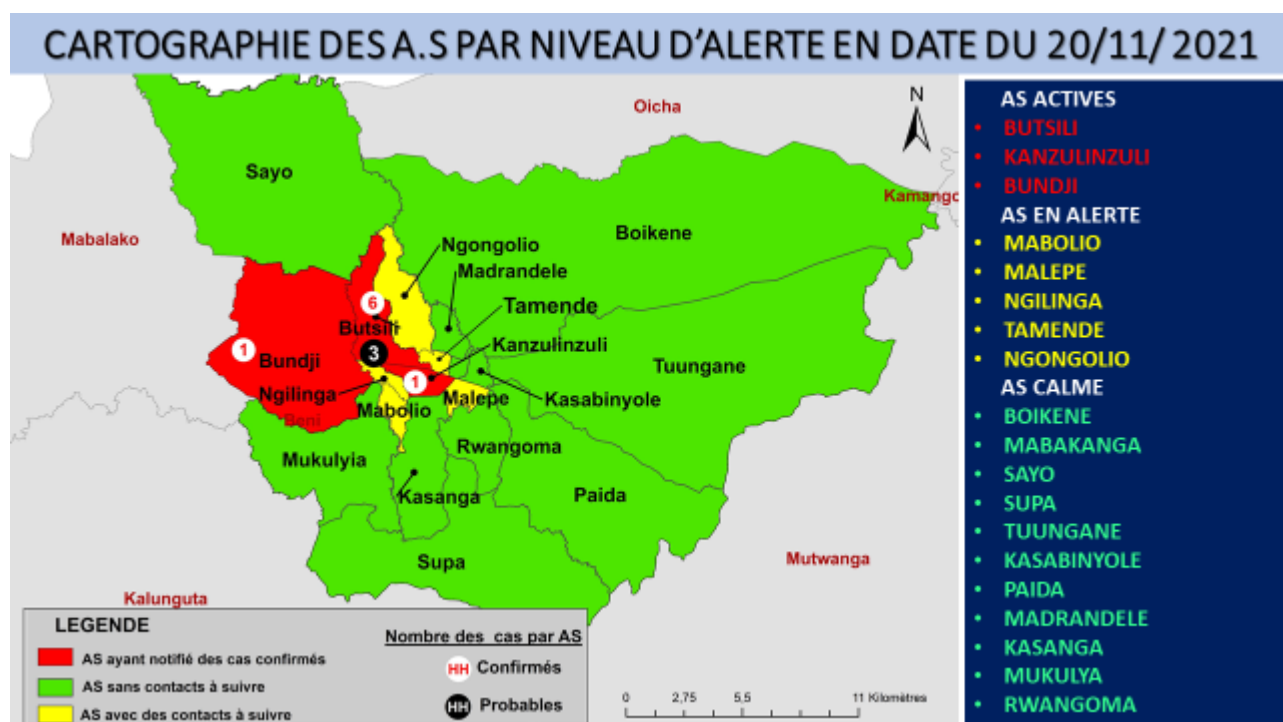
On 8 October 2021, the Beni health zone in North Kivu province recorded a case of Ebola virus disease. According to the authorities, the history of cases indicates that from 5th to 7th September 2021, three (3) suspected cases were discovered in the Butsili health area, Beni health zone in Beni Territory (North Kivu Province). All three patients died of bloody diarrhoea, vomiting and dehydration. On 7th October 2021, a sample of oropharyngeal secretions was taken from the fourth case and was sent to the laboratories of the National Institute for Biomedical Research (INRB) for analysis. This case was declared positive for the Ebola virus on 8 October 2021.



RCCE /SDB awareness session and demonstrations with youth associations in Bungulu and Beu localities ©IFRC/DRC RC

As of 20 November, at the moment of updating this operation, the epidemiological situation according to the Health Ministry of Health as follows:

Health Zone	3 affected health areas	Positive cases	Probable cases	Recoveries	Deaths	Contact cases
Beni	Butsili	6	3	2	9, of which 6 positive et 3 probable cases	20% have not been found
	Kanzulinzuli	1				
	Bundji	1				



Cartography of Health Areas by alert level as of 20 November 2021 ©EVD Response Coordination

On 19 October, this [DREF Operation](#) was launched with an allocation of CHF 310,005 received from the Disaster Relief Emergency Fund (DREF) of the International Federation of Red Cross and Red Crescent Societies (IFRC). With the spread of the outbreak from its epicentre in Butsili, into two additional health areas including, Kanzuluzuli and Bundji in Beni Health Zone, the DRC Red Cross, through this operational update, intends to extend its response in all 19 health

areas of Beni health zone, and increase response preparedness in areas around Beni (Oicha, Mabalako, Madima, Butembo, Komanda, Mambasa and Katwa).

Summary of current response

Overview of Operating National Society action

In response to the current outbreak, the Red Cross of the Democratic Republic of the Congo "DRC RC" has already mobilized 217 volunteers in the Beni health zone. These volunteers are mobilized according to the pillars of the Red Cross response, namely: community health including Risk Communication and Community Engagement - RCCE (110), Safe and Dignified Burials – SDB (50), Infections Prevention and Control - IPC (17), Psychosocial Support - PSS (10) and Support Services (30).

As part of community health / RCCE activities, volunteers lead information sessions around prevention, recognition of signs and symptoms of the disease, and medical management of cases. The messages disseminated are developed in the RCCE sub-committee, coordinating with other technical sub-groups of the response.

The actions target both communities in general and specific groups according to their information needs and the need to encourage positive behaviour change among certain categories in affected or at-risk communities. Proximity and mass communication being the usual and trusted sources of information among local populations, Ebola health education sessions are based on home visits, social mobilization in public places and large groups such as in markets, churches, schools, as well as within groups of public transporters, local women, men and youth organizations including leaders and civil society actors. Since the start of the response, community health / RCCE activities have reached approximately 18,935 people (14,953 people through interpersonal communication (focus groups, educational talks, interviews with key informants, home visits) and approximately 3,982 people through mass communication (social mobilization in marches, churches and schools)), as of 20th November through this operation. In addition, 6,528 feedbacks were recorded in 13 priority health areas through this operation. Out of a total number of 1,045 contacts recorded, 342 high-risk contacts have not been vaccinated for multiple reasons, hence 621 people had been immunized by 20 November 2021.

In addition to this, the Red Cross produces and broadcasts on an average weekly frequency of 4 interactive radio programs addressing various topics on EVD inspired by the community feedback trends. Developed in partnership with 2 community radio stations broadcasting in the Beni health zone, these programmes provide a platform to respond to major community concerns on the outbreak, ensuring that the rumours circulating are debunked by up-to-date information that is relevant to the populations and shared by experts from the Ministry of Health as well as influential leaders in the community.

Among the key messages disseminated, emphasis is placed on the importance of SDB during the outbreak, as one of the effective means to break the chain of contamination; the relevance of the immunization with a particular note on the primary targets of vaccination (contacts, front-line health staff, and response teams) as well as the protection it provides to the immune system (in response to questions from communities about the vaccine: *'It is not recommended to take the same vaccine twice that's why for Ebola one can be vaccinated more than twice'*; *'how often should the vaccine against EVD be administered?'*), the importance of rapid treatment in health facilities for people with vital signs and symptoms of the disease.

Moreover, these various themes are associated with other concerns shared through the feedback system, while highlighting the growing doubt of communities on the effectiveness of the Ebola vaccine. On the issue of immunization, two arguments are raised by the communities, namely: the question of the validity of the vaccine for which the answers provided by health specialists do not clarify the validity (two to three years, but also that research is ongoing) and the risk of exposure to EVD for people who already received the vaccine during the previous outbreaks. In addition, the persistent rumour that Ebola is a *"business"* or as stated in this comment from a community member; *'we no longer trust the government because we are being exterminated, while the government does nothing, we also think that the vaccine is a means of exterminating us'* is creating suspicion in the communities vis-à-vis the health system, resulting in the lack of confidence in the health care staff and the low attendance of health care facilities.

Several comments expressed by the populations are linked to the possibilities of home care provision for patients or suspected cases. However, one of the current challenges in the process of adapting or developing key messages remains the slow responsiveness of other technical sectors to requests from the RCCE sub-committee on specific issues/perceptions requiring medical expertise to provide an informed and precise follow-up.

Within the NS's community health/RCCE teams, the general trends in feedback are discussed every Wednesday, to exchange views on the messages to be disseminated, the target groups for attention as well as the approaches and most appropriate channels to reach them. This is how the community health / RCCE and SDB teams jointly organized information sessions for youth groups on SDB including practical demonstrations.

The Red Cross has set up a community feedback system to listen and act on community perceptions of the disease and other topics of interest to them. To date, the development of the new key messages and communication media on the disease is inspired by the major concerns of the populations collected through the feedback system.

In addition, to mutualise action within the RCCE coordination, it was agreed to adopt a multi-agency approach for the community feedback system, whose operationalization is underway. This initiative is supported by the inter-agency RCCE coordination for West and Central Africa on COVID-19 and EVD, set up at the start of the COVID19 pandemic and in which the IFRC collaborates with UNICEF and WHO. Within the RCCE Coordination in Beni, the Red Cross will henceforth be a co-lead, with UNICEF, of the working group on community feedback. This working group is made up of other members who contribute to the feedback system, amongst which the Ministry of Health, the Red Cross / IFRC, UNICEF, WHO, Save the Children, *Association de réveil pour le développement Endogène (ARDE)* an NGO supported by UNICEF in RCCE, *Réseau des médias pour le développement (RE.ME.D)*, *Action pour la protection de la femme, l'enfant et environnement au Congo (APROFEED-RDC)*, Internews and International Rescue Committee (IRC).

As of 17 November 2021, the DRC RC SDB teams were able to manage a total of 259 alerts for 3 failures, as detailed in the table below

Health Zone	# of SDB Teams	# of swabs	# of SDB completed	# of bodies secured	not completed
Beni	4 teams of 12 volunteers and 2 supervisors (total of 48 volunteers and 2 supervisors)	256	77	179	3

Since the current response strategy is more community-based with the zonal approach, the SDB algorithm has been streamlined to reduce community reluctance. Thus, any dead body in which the sample analysis turns out to be negative is systematically returned to the family, which conducts the funeral ceremony. To note, the DRC RC has 4 SDB mobile teams of a total number of 48 volunteers and 2 supervisors.

The National Society has developed IPC activities that do not have a complete package. Indeed, priority activities include temperature checks in 7 health care facilities, support through IPC briefings of health care staff, organizing triage, and supplying the necessary IPC inputs. Since starting activities, the DRC RC IPC teams have monitored the temperatures of 12,466 people (4,838 men, 3,940 women, 1,955 girls and 1,733 boys) at the entrance to these 7 health care facilities and 239 alerts sent to the surveillance teams. The National Society also made the first allocation of inputs (inputs remaining from the 10th EVD outbreak). Following these activities in the 7 healthcare facilities, their performance assessment (scorecard) reached more than 80%.

With regards to PSS, the DRC RC made available 10 volunteers trained in psychosocial support to cover the various activities of the PSS sub-commission. These volunteers are visible at the Ebola Treatment Centre (ETC), where they support patients and are divided into two teams: 07 are focused on PSS while 3 are focused on PGI. They are present at the level of the medical laboratory, to announce test results. At the morgue, they support bereaved families with their grief. They also support vaccination teams at the vaccination sites. Thus, through this pillar, 130 people benefited from psychological first aid, 412 people benefited from psycho-education sessions and 67% of volunteers involved in this response received PSS support from their peers.

PGI-PSEA activities are progressing normally with the signing of the Code of Conduct by all volunteers. In the field, 2 cases of rape were transferred for proper treatment in less than 72 hours, and contact with other partners for the coordinated activities have already started.

Material and human resources capacity

As concerns equipment, the Red Cross branch of Beni has a contingency stock built up during previous EVD outbreaks which can support the management of up to 250 alerts (SDB equipment). However, a new supply is currently required for the purchase of SDB equipment as well as swab kits.

Although Beni territory is full of technical and operational capacities from responses to previous outbreaks (2,060 DRC RC volunteers, throughout the Territory, including 675 in Beni city: 283 community health volunteers, 66 IPC, 8 PSS, 169 SDB and 34 support services, for a total number of 560 active volunteers). Among the teams of volunteers mobilized for the current response, nearly half need training on the basic modules of RCCE as well as skills on specific RCCE tools, particularly the community feedback system and radio. Two (2) community radios have been activated for the moment and two more will be contracted in Ituri to support preparedness through this Operation Update.

The introduction of the integrated Epidemic Preparedness and response in Communities (EPiC) training module being new in the intervention areas, all response teams will benefit from this training at different levels, to better integrate the new elements of community-based surveillance around a set of diseases with epidemic potential.

Overview of the Red Cross and Red Crescent Movement in-country

The IFRC has a Country Cluster Delegation in Kinshasa and an operational sub-office based in Goma. Operationally, the IFRC has deployed a field coordinator in Beni and a CEA delegate from the Cluster in Goma to support response activities alongside the National Society. This support translates into participation in operational and strategic coordination meetings held at different levels (Beni, Kinshasa, RCCE sub-regional interagency, internal IFRC joint task force and operational) in support of the current response.

- Regarding the RCCE approach, support is provided to field teams in updating the tools of the feedback system, considering the new multi-agency approach, as well as the development of communication, supports in response to major concerns of the community.
- The EPiC training courses being prepared, as well as the development of specific skills in the field of RCCE (radio, community feedback system), benefit from the expertise of the CEA and CP3 teams of the IFRC.
- With regards to the logistical viewpoint, the IFRC has made available 5 vehicles to support the NS for the current operation. However, with the evolution of the response, 5 additional vehicles are needed to support the 7 preparedness health zones in North Kivu and Ituri branches. It is also planned to renew the contingency stock that has significantly been depleted by this resurgence.
- Visibility of actions carried out by the DRC Red Cross is ensured by the IFRC with its traditional and potential partners, in particular, the US Centre for Disease Control (US CDC) through sharing of weekly reports on the community feedback and Sitrep.

The ICRC has an office on-site in Beni. At the operational level, the ICRC provided support for community health and CEA activities for 30 days in 6 health areas not budgeted for by this DREF operation. They have also made provisions for hot meals to be available for SDB mobile teams until 22 February 2022. In addition to this, ICRC support travel for NS and IFRC staff involved in the operation through its RED aircraft and covers the cost of deploying the IFRC Health Coordinator for two months. A donation of IPC and SDB inputs worth \$ 26,213 has been donated to support activities, as well as 15 VHF radios made available to the NS. A vehicle is also being shipped to the field to support.

A tripartite Movement meeting is organized weekly to coordinate actions on the ground and at the central level. The IFRC participates closely in collaboration with the DRC RC in the coordination meetings of international partners in Beni and Kinshasa. The DRC RC has the lead on the field while the other Movement components provide support.

Overview of other actors active in the country

The Government, through the Ministry of Health, organized coordination at the National, Provincial and Local levels (Central Office of the Health Zone). At the local level, the Central Office coordinates the response to the priority pillars and ensures leadership in various sub-committees: Coordination, Surveillance, Support, Vaccination, Laboratory, RCCE, IPC, PSS, PSEA, and Logistics.

The chart below provides details on the positioning of other actors in the response to the 13th EVD outbreak in Beni.

Position of other actors in the response to the 13th EVD response in Beni (source: OCHA)

N°	ACTOR	SUPPORT COMMISSION (s)	ACTIVITY	GEOGRAPHIC LOCATION
1	OCHA	Coordination	<ul style="list-style-type: none"> Support to the Ministry of Health for the coordination of the EVD response Technical support for information management 	
2	WHO	Surveillance, IPC at Health care centres, Laboratory, Vaccination, Medical care	<ul style="list-style-type: none"> Co-lead of the Surveillance, Laboratory, Vaccination and Medical Care Commissions Holistic operational support to the committees mentioned 	All health areas of Beni and Mabalako
3	UNICEF	Community IPC/WASH, RCCE, PSS	<ul style="list-style-type: none"> Co-Lead of RCCE, PSS, IPC/WASH committees Support to RCCE (printing of leaflets, production and dissemination of radio messages, revitalization and support for community animation units (CAC), support to service providers). Support for household decontamination of cases, water supply through implementing partners and distribution of the kits for the identified cases. Nutritional support for patient care. Support for the construction and set up of a nursery for the care of children in case of isolation or treatment. Ongoing identification of a paediatrician by the General Reference Hospital (HGR) of Beni 	All health areas of Beni and Mabalako
4	WFP	Logistics	<ul style="list-style-type: none"> Mobility support for staff and goods via UNHAS. No intention to intervene in food distribution in this 13th outbreak 	
5	IOM	Surveillance, IPC and RCCE at points of entry and exit (PoE)	<ul style="list-style-type: none"> Positioning in support of Surveillance, IPC and RCCE commissions in 4 points of entry and 10 points of exit Use of CERF funding from 10th EVD outbreak. Other funding is being mobilized. 	Positioning in Beni, Butembo, Oicha, Mutwanga, Kyondo, Mabalako, Musienene and Kamango health zones
6	ALIMA	Medical care	<ul style="list-style-type: none"> Positioning in the management of ETC at the HGR Mapping of 5 health areas and waiting for ToRs from the commission for alignment 	
7	IRC	IPC, RCCE, PSS	<ul style="list-style-type: none"> Provision of IPC packages to the healthcare centres in the 3 health areas concerned, including the provision of IPC inputs, support for service providers, the establishment of triage, improvement of waste areas, intrahospital surveillance Training of community leaders and some CACs of concerned health areas on risk communication related to EVD and Covid 19. Collecting community feedback in the health areas. Awareness-raising via radio messages 	Health areas of Kasanga, Kanzuli and Butsili (withdrawal of Butsili Health area on instruction from the Response Coordination)

			<ul style="list-style-type: none"> • Revamping the PSS focal points of the 10th EVD outbreak present in the health areas 	
8	Red Cross Movement	IPC/SDB, RCCE and PSS	<ul style="list-style-type: none"> • Co-lead in SDB activities, implemented through a community approach. • Centralization, Processing and Analysis of community feedbacks: More than 800 pieces of feedbacks have already been collected and processed in the 4th week of the 13th EVD outbreak. • Organization of Triage in 7 health care centres (5 priority and 2 traditional healers) of which 5 in Tamende, 1 in Butsili and 1 in Mabolio; • Start the provision of IPC kits in the health facilities. • Supporting the sub-committee with Red Cross volunteers PSS during the follow-up of various activities, stress management at the ETC at the announcement of lab test results, assisting bereaved families at the morgue, providing vaccination support. 	All health areas
9	Médair		<ul style="list-style-type: none"> • Return to Beni since 27 October 2021 • Conduct assessments in health areas with a strong IDP presence to support free health care. • Awaiting to position itself based on the ongoing assessment results but contact established with the IPC WASH, RCCE and Medical Care commissions 	Not yet defined
10	Save the Children	IPC WASH, RCCE	<ul style="list-style-type: none"> • Self-funded activities in the supervision (support according to the coordination scale). • Support to the CACs in the health areas of Kasanga, Butsili and Malepe; • Support for community dialogue and radio broadcast (planned and pending agreement) 	Kasanga, Butsili and Malepe Health Areas
11	IMA	Surveillance, IPC WASH, RCCE	<ul style="list-style-type: none"> • Support in producing tools. • Support to alert cells in the preparedness Health zones. • Training of ITs, CACs of the Butsili health area, members of the Commissions and partners on PSEA. • Provision of PPE to healthcare centre in NGONGOLIO, BOIKENE and HEKIMA health care centres 	Boikene and Ngongolio Health Areas

Needs Analysis and Scenario planning

Needs analysis

As of 25 November, confirmed information indicates the current Ebola outbreak has already affected 3 Health Areas (Butsili, Kanzulunuzuli and Bundji) in Beni Health Zone, Beni Territory, North Kivu province.

Being an auxiliary to the public authorities in the humanitarian field, the DRC RC has engaged in the response through the RCCE, SDB, IPC, PSS, PGI/PSEA pillars. With regards to preparedness, the NS is engaging in community-based surveillance (CBS) to expand its coverage beyond the Beni health zone to the neighbouring health zones and areas affected or at risk, in collaboration with other partners in the response. The updated operational needs are as follows:

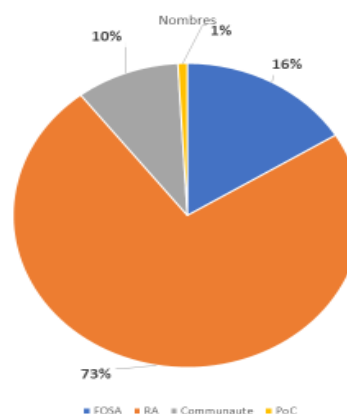
1- Community health

Today, 20% of high-risk contacts (or 209 people) out of a total number of 1,045 registered have not been traced and are moving across the region to neighbouring health zones. In addition, contact tracing as of 12 November 2021 revealed that, out of 398 total contacts, 87.3% are followed up, i.e., 350 contacts in 24 hours. Regarding the last positive case (10-month-old girl), her parents are displaced people from the Komanda health zone. Surveillance will continue until day 42 to ensure that no positive cases are found in the community. However, the risk remains high with these 20% high-risk contact cases that remain untraceable to this day.

It should be highlighted that community alerts are still lower than expected due to a weak community surveillance system. As such, it is important to strengthen existing alert structures and mechanisms at the community level to have better support on their part in the efforts made to end the outbreak. This also requires better technical preparedness of the current DRC RC teams, including those that will be activated in the additional health zones in North Kivu and those targeted in Ituri province.

Situation des alertes par source de notification, ZS Beni, 12.11.2021

Source	Catégorie d'Alertes		Total
	Vivant	Décès	
FOSA/Recherche Passive	32	8	40
Recherche Active	180		180
Communauté	20	2	22
Point d'entrée	2		2
Total	234	10	244



The graph above shows the decrease in community alerts, which means that cases could be hidden within the community.

Source : Bureau de Zone de Sante de Beni

Thus, the focus will be on community health activities including escalation of case alerts to the community level, contact tracing and early detection to limit the spread of the disease and ensure rapid control of the outbreak. It is therefore extremely important and urgent to continue making efforts to contain the disease and limit its impact. This will be done through an expansion of the operation to 19 health areas in the Beni Zone and 7 additional health zones for preparedness activities.

The expansion of actions also requires a scale-up in the coordination and operational teams in the field, including strengthening of technical capacities in the different sectors and intervention approaches. Additional volunteers will need to be deployed to neighbouring health zones in Beni, to carry out preparedness activities.

It is also envisaged that the National Society RCCE coordination team will be strengthened by a CEA resource from the North Kivu Branch in Goma, whose expertise was acquired during previous responses, including the recent Nyiragongo operation, will be of value to technical and coordination teams in Beni.

2- Safe and Dignified Burials (SDB)

In the first phase of this intervention, 4 SDB teams were set up (12 volunteers per team and 2 supervisors). In total, therefore, 48 volunteers and two supervisors are dedicated to SDB activities. The kits available now are sufficient to handle 250 alerts but as of 19 November, 265 alerts had already been issued. Also, the needs for this pillar can be summed up in the following points:

- SDB kits for 500 alerts, i.e., 25 kits
- Swab kits are needed as those available (95 kits at the Goma branch) are now expired
- Training and deployment of additional volunteers in the preparedness zones

All other needs identified in the EPoA remain relevant.

Targeting

This operation targets two areas:

- **The 19 health areas of the Beni Health Zone (North Kivu province)**, which includes the Bustili, Kanzulinzuli, and Bundji health areas (the epicentre of the outbreak)
- Seven (7) neighbouring health zones, including the health zones of **Butembo, Katwa, Mabalako, Oicha (North Kivu province) and Mandima, Mambasa, and Komanda (Ituri Province)**.

As the total population of the Beni health zone is around 488,463 people grouped into 19 health zones, the response action will target this zone as a whole. The main target area can quickly expand if there is confirmation of information indicating wider dissemination under security constraints (as described in the next section).

In terms of preparedness, the action of the DRC RC aims to create a belt around the Beni health zone by undertaking preparedness activities in the neighbouring health zones. This is the approach adopted by the Ministry of Public Health, Hygiene and Prevention, to extend the response and preparedness to all neighbouring health zones. Following the DRC RC analysis, its preparedness actions will be focused on remote health areas, where only branches of DRC RC are present, notably in Butembo, Katwa, Oicha, Mabalako, Mandima, Komande and Mambasa.

The total population of these seven (7) health zones is 1,827,508 people but to ensure operational/logistical feasibility, the National Society will target a minimum of 10% of the said population, i.e., 182,750 people.

Thus, **the total target for this operation is revised from 305,769 people in 13 health areas in Beni (initially targeted) to 671,213 people in 19 health areas in Beni Health Zone and seven (7) additional health zones of Butembo, Katwa, Oicha, Mabalako, Mandima, Komande and Mambasa.**

Scenario Planning

The outbreak is currently limited to the Beni health zone, although the number of cases has increased, and cases spread to 2 additional health areas. This development matches the best-case scenario described in the [EPoA](#). As such, the DRC RC with support from Movement partners has chosen to focus on the following areas:

- Community health activities with an informal system for reporting community alerts in response areas;
- Health promotion includes risk communication and community engagement, whose themes are dynamic and depend on the strategic orientations of the coordination but above all, on the information needs and various perceptions expressed through the feedback system.
- Safe and dignified burials as well as psychosocial support including prevention of sexual abuse and exploitation, protection, gender and inclusion, as well as safety of field activities.

Operation Risk Assessment

The operational risks remain the same as mentioned in the [EPoA](#), where their mitigation measures are explained. So far, the outbreak has not spread dramatically. However, the DRC RC teams will continue to analyse risks to adopt the appropriate mitigation measures.

The DRC RC will ensure the commitment of local staff and volunteers and will continue to monitor the security situation using the opportunities offered by the access it enjoys within the communities.

B. OPERATIONAL STRATEGY

Proposed strategies

The overall operational objective is still to ensure collaboration with external partners on prevention and reduction of morbidity and mortality resulting from the 13th EVD outbreak in the affected zone, as well as ensure preparedness in additional health zones in North-Kivu province and Ituri by implementing activities in the 4 pillars which will be active in this response. However, the scope of the intervention is being broadened through this operation update, mainly because a good proportion of contacts have not been traced and are believed to be in neighbouring health zones.

As part of the response and prevention of the spread of EVD, the DRC RC has categorized its action in two areas:

- Zone A, the emergency or response zone in Beni Health Zone.
- Zone B, the preparedness area where cases and direct contacts can move. A total of 7 Health Zones have thus been highlighted, including 4 in North Kivu (Butembo, Katwa, Mabalako, Oicha) and 3 in Ituri province (Mandima, Mambasa and Komanda).

Based on the above, the response strategy of the Red Cross, in the affected areas, will be to help contain the EVD outbreak through SDB, PSS, and community health. In the two response and prevention zones (A and B), the NS will conduct health education/community engagement activities, operational strengthening of teams, provision of rapid diagnostic tests (RDTs) and replenishment of contingency stocks in strategic areas.

The operation will also serve to provide support to the response actions of the DRC RC in the affected and at-risk health areas and to deploy National Society personnel from other provincial branches to support the ongoing actions in North Kivu and Ituri.

Detailed operational strategy

This operational update allows the extension of ongoing activities by an additional 3 months; thus the overall implementation timeframe is increased from 3 months to 6 months if no new case is recorded. This will strengthen the achievements for the benefit of all neighbouring areas and maintain an optimum surveillance level.

In the response area in Beni, the DRC RC will engage in an immediate intervention to save lives by using the human and material capacities available from the 2018 to 2021 EVD outbreaks to engage in activities entrusted by the government through the Ministry of Health. Activities to be implemented are as follows:

In Zone A- Response in the epicentre of the outbreak (Bustili, Kanzulinzuli, and Bundji) and the 16 other health areas of Beni

1. Safe and Dignified Burials (SDB)

- Mobilize 4 mobile SDB teams (48 volunteers and 2 supervisors) to:
 - Support families during SDBs
 - Secure bodies for burial,
 - Collect samples related to alerts and/or deaths for laboratory analysis.
 - Two SDB teams (24 volunteers and 2 supervisors) will be deployed each day for the duration of the response phase (12 weeks)
 - During the Monitoring phase, an SDB team (12 volunteers and 2 supervisors) will be deployed every day for 12 weeks
- Protection of volunteers through the supply of PPE (25 SDB kits are sufficient for 500 alerts) and 1,000 swab kits. This supply will be made internationally through the IFRC.
- Reactivate the rapid diagnostic tests (RDTs) and replenish contingency stocks in strategic areas. The tests are made available through WHO via the Response Coordination.
- Provide support for human resources (2 volunteer supervisors supported) as co-lead of the SDB sub-committee,
- Provide communication support to the SDB sub-committee to boost alerts
- Conduct monthly recycling of SDB teams on quality assurance and simulations to help them maintain good practices.
- Lessons from the Community-led Emergency Harm Reduction Burials (CERHB), hereinafter referred to as ECUMR¹, during the 10th outbreak highlighted the value of having team members working in their communities. To capitalize on these resources, the National Society will have locally nominated volunteers recruited into the Red Cross to provide a more rounded SDB team. To be clear, these volunteers will not be doing SDBs, but will

¹ Enterrements Communautaires a Moindre Risque

instead be part of a larger team that conducts key community engagement activities. The cost of these additional volunteers will be charged on this operation.

2. Community health

- Train 25 trainers on the EPIc package to enhance understanding of the basic elements of community health and early actions against epidemic outbreaks.
- Cascade EPIc training for 215 volunteers to understand basic elements for community health and early actions against epidemic outbreaks.
- Mobilize volunteers to raise awareness on good practices in healthcare facilities, protect healthcare personnel in the affected area, secure the entry and exit routes into the affected area and target healthcare facilities by systematically conducting temperature checks as well as encouraging handwashing.
- Set up an informal system for reporting community alerts to health facilities and tracing contacts.
- Implement health promotion including risk communication community engagement (RCCE).
- Support capacity strengthening of operational teams through training on the general RCCE module and specific tools for the feedback system and radio.
- Training of traditional healers and community leaders in the knowledge of the disease. This training will also take place in the preparedness areas.
- Training of 200 health personnel from 20 healthcare facilities in the areas targeted by the operation
- Implementation of 5 handwashing devices per target health facility (20)
- Provide 20 healthcare facilities with 2 Thermo flasks each
- Being a co-lead in SDB and the community feedback management, the DRC RC intends to organize its activities around Beni as the main health zone targeted and in 7 neighbouring health zones: North Kivu (Butembo, Katwa, Mabalako, and Oicha) and Ituri (Mandima, Mambasa, Komanda).

3. Psychosocial support (PSS)

- Ensure follow-up of psycho-social support for affected families and volunteers affected by stigmatization.
- Capacity building of the operational teams through technical support and training on specific modules including the community feedback system, radio broadcasts as well as developing communication and PSEA skills.
- Promote the practice of gender protection and inclusion, regarding stigmatization of all kinds on those affected by the disease and their families.
- Mobilize volunteers for prevention and support to victims of gender-based violence and prevention against sexual abuse and exploitation.

In Zone B - Preparedness in 7 neighbouring health zones Butembo, Katwa, Mabalako, Oicha (North Kivu) and Mandima, Mambasa, and Komanda (Ituri)

1. Safe and Dignified Burials (SDB)

- One team per health zone (multi-disciplinary team, also trained in EPIc and RCCE)
- Preposition stocks and swabs in each zone for SDB
- Organize simulations for teams in preparation, where there are no alerts.

2. Community health

- Broaden the scope of activities in the 7 neighbouring priority health zones initially, with minimum teams trained in community health (EPIc) including communication on community engagement risks.
- Cascade EPIc training to 154 volunteers in the preparedness areas. They will be deployed in rotation for 5 months (see volunteer deployment summary table below for details).
- Training of traditional healers and community leaders in the knowledge of the disease (Beni + 7 preparedness zones).

Human resources

- **Response phase:** In addition to the 215 volunteers already deployed in the Beni health zone for the response, the DRC RC will deploy additional 77 volunteers in the 7 health zones where preparedness activities will be implemented (11 volunteers per health zone) until 31 December 2021, i.e., the first three months of implementation.
- **Surveillance phase (90 days without positive case):** After 42 days without a positive case, the National Society will start the active post-epidemic surveillance phase of 90 days. Thus, from January 2021 (if no positive case), the NS will deploy 80 volunteers in total in the Beni zone and the same 77 volunteers in the 7 preparedness zones. All will have a minimum package of activities in the different pillars and will work in an integrated strategy.

The table below details how all 292 volunteers engaged in this operation will be deployed per pillar. They will be deployed in teams as follows:

Pillars	Volunteers in Beni Health Zone		Volunteers in the 7 preparedness Health Zones
	Response Phase	Active surveillance phase (90 days without any confirmed case)	
Community Health integrating RCCE	110 for 14 days at the beginning of an outbreak 110 volunteers, 3 times a week for 10 weeks, or 30 days	40 volunteers, 3 times a week for 12 weeks	A total number of 70 Volunteers and 7 supervisors will be deployed (10 volunteers and 1 supervisor) per Health Zone. They will be busy during the response phases and the monitoring phase in an integrated strategy, EPiC / CREC, EDS,
SDB	50 trained volunteers (divided into 4 teams of 12 volunteers and 2 supervisors). They shall be deployed in turns such that 2 teams (24 volunteers + 2 supervisors) are deployed per day every day of the week	One team per day (12 volunteers and 2 supervisors) deployed for 12 weeks	
PSS/PGI/PSEA	8 volunteers and 2 supervisors deployed 5 days a week for 12 weeks	8 volunteers and 2 supervisors deployed 3 days a week for 12 weeks (volunteers) and 4 days (supervisors)	
IM Volunteers	Three (3) volunteers will be deployed for 60 days each in the health zones where response and preparedness activities are carried out. They will support data collection, compilation, analysis and production of dashboards. They shall also support the coordination for the feedback analysis. These 3 volunteers will also be of great use for the payment of volunteers' incentives through the Red Rose platform.		

Logistics

- IFRC has already provided five (5) vehicles to support the operation but to support the current scale-up, five additional vehicles will be provided to the NS.
- Based on IFRC Fleet standards, 16 drivers are required to man the 10 vehicles at a ratio of 1.5 drivers per vehicle. The drivers will be selected among the volunteers of the Beni branch and will work 5 days a week in shifts.
- A logistics manager will be deployed by DRC RC to support the operation in coordination with the IFRC Logistics unit.


Financial management

- The DRC RC will deploy a finance manager to support throughout the operation in coordination with the IFRC

Security

- To ensure security management given the context in the eastern part of the country, the DRC RC will deploy staff to support the operation in coordination with the IFRC and ICRC.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 312,012 people Requirements (CHF): 370,166</p>		
Outcome 1 : The spread and impact of the epidemic are reduced through community health activities and community awareness in affected health areas		
Outcome 1.1: The government is assisted by DRC RC volunteers to ensure health education		
Indicators:	Target	Actual
# of volunteers trained- in EPiC level 1 during this response (215 in Beni and 154 in the preparedness zones) (new indicator)	369 volunteers	25 volunteer trainers
% of the target population reached through community health activities (including RCCE)	100 %	15%
# of social mobilization sessions organized (target: as necessary)	NA	116
# of persons reached with interpersonal communication, mass communication and radio shows (new indicator)	NA	312,012
# of people reached with health education through household visits (new indicator)	NA	14,953

# of people sensitized through mass mobilization at public places <i>(new indicator)</i>	NA	3,982
# of leaders, associations and groups of special needs persons supporting health education actions on Ebola and other monitored diseases <i>(new indicator)</i>	20	5
# of households affected by health education actions <i>(new indicator)</i>	671,213	2,746
# of radio shows produced and broadcast on EVD and other diseases with epidemic potential being monitored <i>(new indicator)</i>	80 (4 programs a week)	12
# of direct interactions during broadcasts - calls, text messages, WhatsApp <i>(new indicator)</i>	At least 10 per month	not yet reported
Health Output 1.2: The expectations and concerns of the community are integrated into the community health, PSS and SDB approach		
Indicators:	Target	Actual
# of community feedback collected <i>(new indicator)</i>	NA	6,528
% responses to comments from communities expressing information needs	100%	30%
# of feedback reports/dashboard and narrative reports produced <i>(new indicator)</i>	24 (4 per month for 6 months)	4
% of recommendations of the feedback working group implemented	At least 60%	10%
% of operational and strategic changes made based on community feedback <i>(new indicator)</i>	30%	0
Feedback collection and analysis system setup <i>(new indicator)</i>	1	1
# of training of trainers conducted on the community feedback system <i>(new indicator)</i>	1	0
Health Outcome 2: The psychosocial effect of the epidemic is reduced through direct support to exposed and infected populations in the Beni health zone		
Health output 2.1: The population of the affected areas of the Beni health zone receive psychosocial support during and after the epidemic		
Indicators:	Target	Actual
# of volunteers recycled in PSS <i>(new indicator)</i>	10	10
# of people requesting PSS support who receive it	NA	147 people
# of people have benefited from Psychosocial First Aid <i>(new indicator)</i>	NA	130
# people benefiting from psycho-educational sessions <i>(revised indicator)</i>	NA	412
# of sensitization sessions on PSS <i>(new indicator)</i>	NA	309
Health Outcome 4: The spread of Ebola in Beni Health Zone is limited by carrying out SDB in optimal cultural and safety conditions		
Health Output 4.1: SDB is conducted in optimal cultural and safety conditions in Beni Health Zone <i>(révisé)</i>		
Indicators	Target	Actual
% of contaminated houses/areas disinfected	100%	40% (either 2 cases out of 6)
# of recycled volunteers <i>(revised indicators)</i>	48 volunteers and 2 supervisors	48 volunteers and 2 supervisors
# of trained and active SDB teams	4 teams	4 teams
#/% of swabs performed	100%	99% or 256 cases
#/% suspicious death alerts for which SDB has been successfully carried out	At least 80%	30% or 77 cases
<i>Progress towards outcomes</i>		
<ul style="list-style-type: none"> From the start of the response to 20 November, community health / RCCE activities of this operation have reached approximately 18,935 people (14,953 people through the interpersonal communication (focus group discussions, educational talks, interviews with key informants and home visits) and about 3,982 people through mass communication (social mobilization in markets, churches and schools). Through the radio broadcasts, the National Society was able to reach 60% of the audience of the two radio stations, thus 293,077 people. A total of 6,528 feedbacks were recorded in 13 priority health areas through this operation. Out of a total of 1,045 registered contacts, 342 high-risk contacts are yet to be vaccinated for multiple reasons while 621 people had received the vaccine as of 20 November 2021. In terms of SDB, the protocol has changed to facilitate access to communities. Thus, a sample collected turns out to be negative, the case is handed over to the family for burial. Out of 256 cases sampled, only 77 (30%) were found to be serious enough for a complete SD to be performed. DRC RC volunteers disinfected the homes of two (2) cases declared positive out of 6, in Beni and Mangina, which represents 40%. As of 21 November, 94% (195 cases) out of 206 alerts from healthcare facilities were investigated within 24 hours. 		

- The EPIc training of trainers (including the ECV, CBHFA and RCCE modules) started on 22 November with 25 volunteer supervisors, who will oversee cascading of the learning to 267 additional volunteers in 8 sessions.

See the “**Overview of Operating National Society action**” section for more details on progress towards outcomes.

Remaining activities:

- Increasing number of volunteers deployed from 215 to 292, considering volunteers to be deployed in preparedness Zones. They will be all trained/recycled in EPIc which includes RCCE.
- Procurement of 25 SDB kits and 1,000 swab kits to replenish those used
- Deployment of volunteers as described under the human resources section
- Organise cascaded training for 267 volunteers on EPIc
- Training of trainers on the feedback system and awareness through the radio.

Challenges

- Difficulties related to the validation process of key messages
- Lack of clarity on the validity of vaccines, even as volunteers are requested to encourage vaccination.

Lessons learned

Note that the current EVD response is fully implemented by the DRC RC and its volunteers, which reveals a clear improvement in the capacities of the National Society in its 13th intervention against EVD.



Protection, Gender and Inclusion

People reached: 295 people

Requirements (CHF): 2,568

Protection, Gender and Inclusion Outcome 1: Communities identify and respond to the distinct needs of the most vulnerable segments of society, particularly the most vulnerable and marginalized groups, due to violence, discrimination and exclusion.

Output 1.1: The National Society's programs improve equitable access to basic services by taking into account different needs based on gender and other diversity factors.

Indicators:	Targets	Actual
# of sectors integrating PGI and adhering to the minimum standards for PGI in emergencies	6	6
# of needs assessments which include PGI	2	1
Sectors with a gender and diversity analysis	6	6
# of staff and volunteers strengthening their capacities based on minimum commitment (revised indicator)	292	215
Awareness, information and dissemination of the toll-free number	NA	295
Focus group discussions	NA	11
Sensitization on the radio	80	80

Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children

Indicators	Target	Actual
Orientation on PSEA and PGI cases	100%	100%, or 2 referred cases
Training/recycling on the PSEA and PGI	1	0

Progress towards outcomes

- Two cases of gender-based violence were recorded and referred within 48 hours.
- Three (3) volunteers integrated into the PSS teams received PGI/PSEA retraining. Minimum standards will be included in all training.

Strategies for Implementation		
Requirements (CHF): 316,815		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective and respected surge capacity mechanism is maintained		
Indicators	Target	Actual
# of the deployed health staff by IFRC	1	1
# of support staff deployed by DRC RC (Operational coordinator, Finance, logistics and security)	4	1
# of 4x4 vehicles availed for the National Society by the IFRC	10	5
# of IFRC staff supporting the response	2	2
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.		
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators	Target	Actual
# of documentary films produced	1 per Pilar	0
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators	Target	Actual
# of workshops on organized lessons learned	1 workshop	0
Progress towards outcomes		
<ul style="list-style-type: none"> Two IFRC staff are supporting the NS in this operation. The CEA Delegate of Kinshasa Country Cluster Delegation and the Field Coordinator of Goma sub-office, who is also the project manager of this operation. Five vehicles have already been allocated to this operation. However, to support the scale up of activities in the 7 preparedness health zones, 5 additional vehicles will be hired and deployed. The health coordinator arrived in Goma on 22 November. He will be supported for 3 months through this operation while 2 months will be covered by the ICRC. The DRC RC operations coordinator has been in the field since the declaration of emergency and is responsible for implementation for the NS. 		
Challenges		
Late arrival of the health/operations coordinator for IFRC.		

D. Financial Report

Through this operation update, the DRC RC has been granted an **additional allocation of CHF 379,544** to supplement the CHF 310,005 initially allocated. The **total budget for the implementation of this operation is CHF 689,549**, as detailed in the below budget.

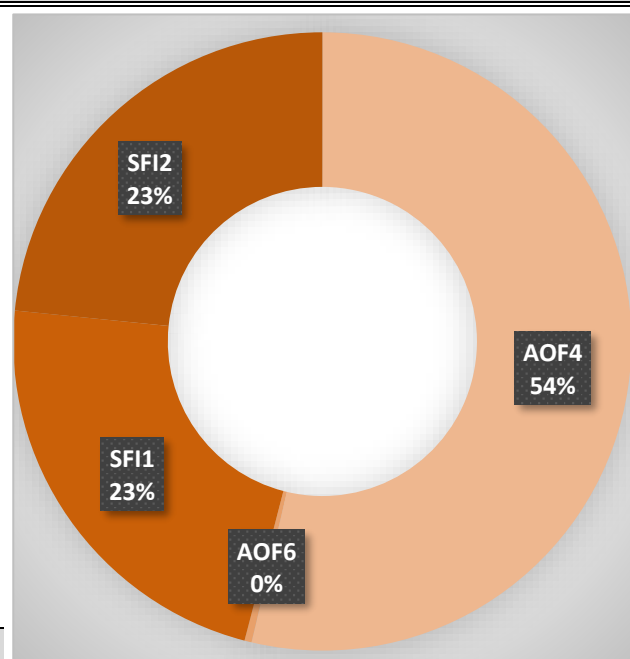
DREF OPERATION

MDRCD034 - DRC - 13th EBOLA VIRUS DISEASE OUTBREAK

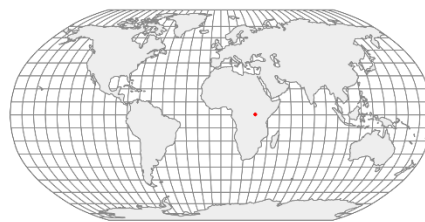
25/11/2021

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	2,225
Medical & First Aid	73,148
Teaching Materials	5,601
Relief items, Construction, Supplies	80,974
Storage	15,184
Transport & Vehicles Costs	60,975
Logistics, Transport & Storage	76,159
International Staff	22,254
National Society Staff	67,874
Volunteers	249,481
Personnel	339,609
Professional Fees	1,113
Consultants & Professional Fees	1,113
Workshops & Training	49,700
Workshops & Training	49,700
Travel	17,011
Information & Public Relations	21,408
Communications	24,757
Financial Charges	4,636
Other General Expenses	32,096
General Expenditure	99,909
DIRECT COSTS	647,464
INDIRECT COSTS	42,085
TOTAL BUDGET	689,549

**Budget by Area of Intervention**

AOF4	Health	370,166
AOF6	Protection, Gender and Inclusion	2,568
SF11	Strengthen National Societies	155,435
SF12	Effective International Disaster Management	161,380
TOTAL		689,549



DRC : EVD Outbreak

23 November 2021 • MDRCD034 • EP-2021-000157-COD



3
Probable Cases



8
Confirmed Cases



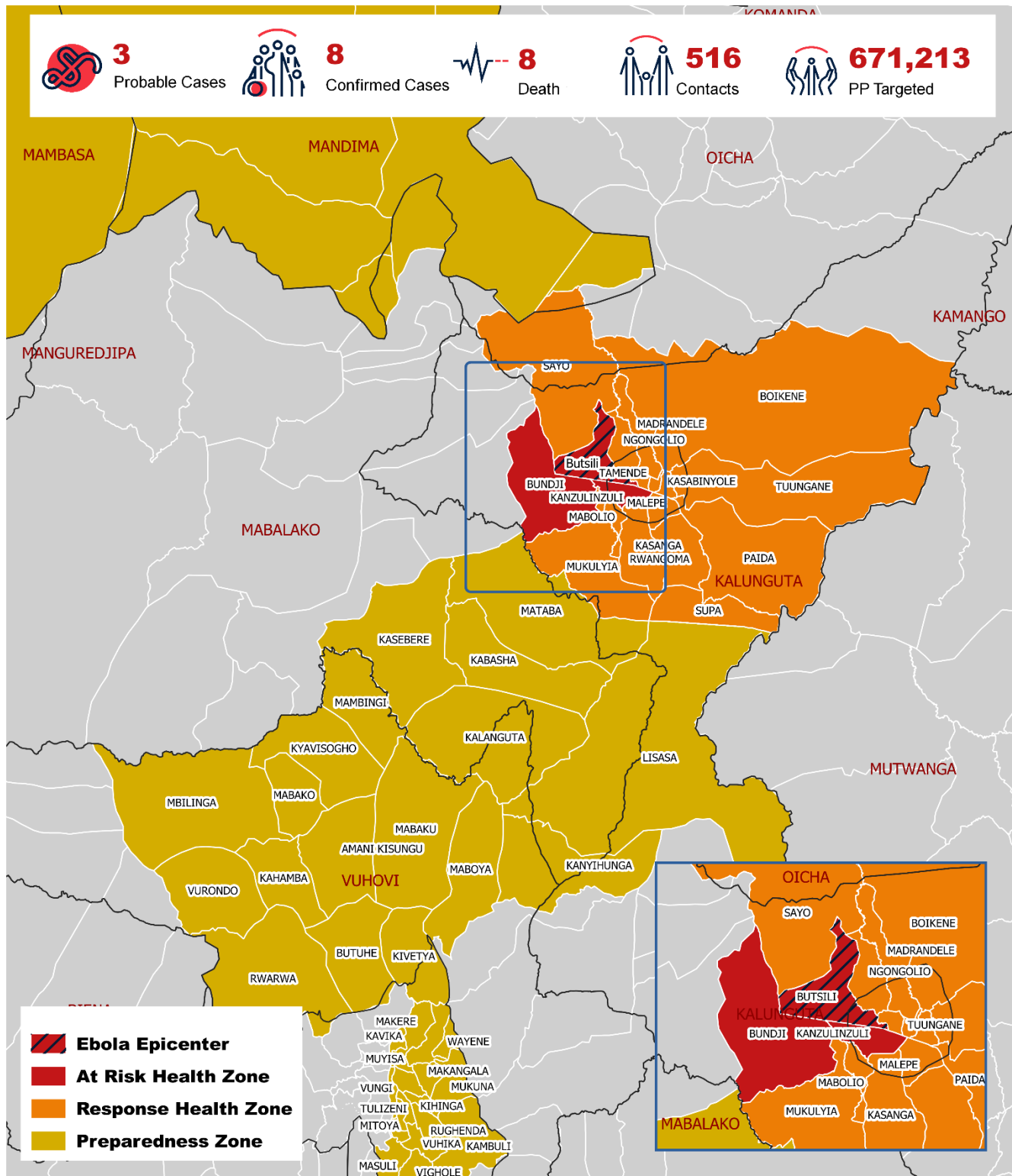
8
Death



516
Contacts



671,213
PP Targeted



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 10,000 20,000 m



Reference documents

Click here for:

- [Emergency Plan of Action](#)

For further information, specifically related to this operation please contact:**In the DRC RC**

- Dr Jacques KATSHITSHI N'SAL, Secretary-General DRC RC; Email: sgcrrdc@croixrouge-rdc.org; Phone: [+243 816513688](tel:+243816513688)
- Dr BALELIA WEMA Jean Faustin, DRC Red Cross-National Director for Health Action; email: j.balelia@croix-rouge-rdc.org; Phone: [+243 8989155544](tel:+2438989155544), [+243 822 951 182](tel:+243822951182)

IFRC Country Office, Kinshasa :

- David FISHER, Head of Kinshasa Cluster Delegation; Email: david.fisher@ifrc.org
- Yves Emmanuel SAINT JUSTE, Field Coordinator, Goma Sub-office, Kinshasa Cluster Delegation, Email: emmanuel.saintjuste@ifrc.org

IFRC Office for Africa Region:

- Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone [+254 731067489](tel:+254731067489); email: adesh.tripathee@ifrc.org
- Rui Alberto Oliveira, Regional Operations Manager, Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; email: Rui.OLIVEIRA@ifrc.org

In IFRC Geneva :

- Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: Nicolas.boyrie@ifrc.org
- Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Louise DAINTREY, Head of Partnership and Resource Development, Nairobi, email: Louise.DAINTREY@ifrc.org

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](tel:+254733888022)

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

- IFRC Africa Regional Office: Philip Komo Kahuho, PMER Coordinator, email: Philip.KAHUHO@ifrc.org;

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.