


Emergency Plan of Action (EPoA) DRC: Plague outbreak in Ituri

 International Federation
of Red Cross and Red Crescent Societies

DREF n°	MDRCD035	Glide n°:	EP-2022-000202-COD
Issue date:	28 April 2022	Expected timeframe:	3 months
		Expected end date:	31 July 2022
Category attributed to the disaster or crisis: Yellow			
DREF allocated: CHF 187,123			
Total number of people affected:	91,738	Number of people to be assisted:	91,738
Affected Provinces:	Health zone of Rethy and Angumu	Targeted Provinces/Regions:	7 Ministry of Health priority health areas, including 3 epicentres and 4 neighbouring areas.
Presence of Host National Society(s) (150,000 volunteers, staff, branches): 26 branches, including the Djugu sub-branch, which has 1,025 volunteers, and support from the Ituri Provincial Committee and headquarters.			
Partners of the Red Cross and Red Crescent Movement actively involved in the operation: International Federation of the Red Cross and Red Crescent and ICRC			
Other organisations actively participating in the operation: Ministry of Health (Health Zone, Health Areas, DPS, National Institute for Biomedical Research INRB) WHO, UNICEF Bunia; MALTESER, MEDAIR, OCHA,			

A. Situation analysis

Description of the disaster

On 04 April 2022, the Provincial Health Division (DPS) of the province of Ituri declared a resurgence of the Bubonic Plague epidemic in the health zone of Rethy, in the territory of Djugu. According to the authorities, the history of this disease in the Rethy health zone goes back to more than 9 outbreaks, including this one. The eighth one dates back to January 2022 in the UKETHA health area. On 07/04/2022, the epidemiological situation covering 26 March to 4 April was as follows from DPS data: 31 notified cases of which only 15 have been tested, 2 deaths and nearly 2,000 contacts listed in the absence of local reactivity. The epicenter of the plague disease is in the Health Areas of Lokpa, Rassia, and Uketha, where the 3 confirmed cases are located. These three health areas are in the Rethy health zone, Djugu territory, in ITURI Province.

Between 4 and 16 April 2022, 27 suspected cases in addition to the above were notified by the Lokpa Health Centre but in the absence of testing, the confirmation of cases remains very low and the level of vulnerability is underestimated. The absence of partners in the Rethy Health Zone apart from the local branch of the DRC Red Cross, MEDAIR, and MALTESER, as well as the lack of materials, greatly limits the response and the establishment of effective disease control and containment system.

This health zone of Rethy is in a permanent state of insecurity, which is at the root of the lack of partners and is subject to the internal displacement of the population. Populations fled Rethy to Fataki in 2021 following clashes from November to December and then from Fataki to Rethy following attacks in Rethy between armed groups in February 2022. There is a likelihood that population flows are linked to cases and/or influence the spread of the disease. In the Ngri Mandefu Health areas, for example, 8,306 were displaced to the Mbr'bu, Bale, and Gudjo Health Areas, following clashes between the military and armed men in Dhera locality on 30 March. In total, the Rethy Health Zone has 60,875 IDPs from other health areas according to an OCHA report of 7 March 2022, and 59,921 people who had left Rethy and have now returned.

It should be noted that plague is endemic in Ituri province. Most patients recorded as suspected cases present symptomatology of fever, lymph nodes, and headache, and these lymph nodes are mostly inguinal, submaxillary, axillary, jugular, and cervical. These plague-like symptoms were recorded in the Rethy health zone.

The initial symptoms of all forms of plague are similar to those of influenza in the early stages of the disease. However, based on these symptoms, and considering that the recorded cases of death have been declared as Bubonic plague by the health zone, it is projected that the most widespread probable cases would be Bubonic plague.

It should be noted that plague is an infectious disease caused by the bacterium *Yersinia pestis*, which is found in rodents and their fleas. There are three types of plague: Bubonic, pneumonic and septicaemic.

Bubonic, which is the most common with inflammation of the lymph nodes in addition to the above symptoms and is caused by the bite of an infected flea feeding on an infected rodent, commonly rats.

In 2020 Ituri recorded 461 cases of bubonic plague with 31 deaths, compared to 138 cases with 14 deaths in 2021. The Rethy Health Zone is among the highest case-producing areas in the province, with a total of 13 deaths between January 2020 and 3 April 2022 (including the 9th outbreak - 2022 declaration described above).

During the 7th resurgence of the plague epidemic in the DRC in Ituri, the National Society was overwhelmed by the need to respond to the EBOLA epidemic, and its capacity was absorbed by the scale of the response. All teams were focused on Ebola, which the government had also prioritized. During this epidemic, there was a very significant spread of the disease (461 cases, 31 deaths). With this 9th resurgence of the disease, with 31 suspected cases from January to 6 April and almost 27 additional cases between 6 and 16 April, the risk remains very high. The absence of RDTs could lead to an unknown spread and the limit of the current response capacity of the health zone coupled with risk factors such as population movement, household living conditions, etc, increases the need for support expressed by the DPS.

Ituri is the only province in DRC to record plague cases and the border countries familiar with the disease in the context of population movement inside the country with other health areas and across the border still make this area very vulnerable to a resurgence of the epidemic.

Summary of the current response

Overview of Host National Society Response Action

The Red Cross of the Democratic Republic of Congo (DRC RC) is the only partner with access to the locality. Since 2020, it has been implementing a project to strengthen routine immunisation throughout the Rethy health zone with 226 volunteers in the 22 health areas. This reinforcement of vaccination concerns the routine vaccination of children and pregnant women according to the DRC's vaccination calendar and recently including COVID. These volunteers, who are not at their first epidemiological response, have the necessary response capacity in the field of public health actions to be implemented to fight this epidemic.

When the first case was notified in January 2022, the DRC RC mobilised 11 volunteers for awareness-raising, decontamination of houses with declared cases and sanitation around households and community-based surveillance.

On the ground, about 100 volunteers are currently mobilised for community health activities since the official declaration of the epidemic on 4 April. The local branch, through the teams deployed, has carried out the following activities:

- Dignified and safe burial: The DRC branch teams ensured the burial of two positive death cases in collaboration with the health zone, one in the Lokpa health area and the other in the Rassia health area.
- The local branch of the DRC Red Cross provided the hospital with PCI inputs to fill the gap presented by the DPS. These include 10 bonnets, 20 body bags, 2 bags of Omo powdered soap 10 kg, 1 chlorine bucket 10 kg, 50 overalls, 20 single-use protective gowns, 100 pieces of mask, 150 waste bags, 10 pairs of household gloves. These stocks come from the Ebola pre-positioning stocks that had been dispatched and were not used.
- Risk Communication and Community Engagement CREC: As part of the CREC activities, our teams are starting with door-to-door sensitisation on protective measures against the disease, an upcoming briefing on the EPIC strategy may reorient these field activities.
- Decontamination and sanitation: As part of the decontamination and sanitation activities, 15 houses were sprayed with de-insectising substances donated by the health zone to kill the larvae. Priority was given to the houses where confirmed cases and people who died of the disease lived. This activity is being carried out progressively in and around the houses of the sick.
- Psychosocial support PSS and PSEA (Prevention of Sexual Abuse and Exploitation). The PSS activities have already started with the first psychological support that our volunteers organise around the victims of the disease following the applicable individual protection measures

The teams on the ground are using the Ebola experience for all decontamination and awareness messages are mainly those on sanitation and awareness of vaccination as a means of prevention including COVID. Also, although not active in Rethy, the CREC experience of CP3 will be capitalised on in this response as well.

In terms of health disasters, the country has experienced 13 outbreaks of Ebola since 1976, Cholera is endemic in some provinces, as are measles, polio, and Marburg fever among others, 8 outbreaks of plague in the same area which this is the 9th.

Material and human resource capacity

The DRC has used the teams trained and mobilised during the last plague outbreak in January 2022 in the Rethy Health Zone, Uketha Health Area. This zone benefits from the above-mentioned immunisation support programme in collaboration with the IFRC, of which the Rethy health zone has 226 volunteers still active, spread across the 22 health areas.

In terms of materials, the Red Cross branch of ITURI still has a contingency stock of the Ebola emergency appeal, received from Goma, which can be used as part of this response to manage the needs of health areas in terms of materials.

Lessons learned from past epidemiological responses:

In terms of health disasters, the country has experienced 13 outbreaks of MVE since 1976, Cholera is endemic in 14 of the 26 provinces, as are measles, polio, and Marburg fever among others, 8 outbreaks of the plague in the same area of which this is the 9th. This succession of epidemics has enabled the CRRDC to provide the affected provinces with teams of volunteers trained in the areas of Community Engagement and Accountability (CEA), Safe and Dignified Burial (EDS), Psychosocial Support (PSS), Infection Prevention and Control (IPC), as well as the development of the Rapid Response Team and EPIC strategy. Active volunteers in Ituri have received training on vaccine-preventable diseases (EPI) but not in the areas mentioned above.

These experiences have helped the implementation of the Gender Protection and Inclusion (GPI) strategy in all interventions and the prevention of sexual abuse (harassment) and exploitation (PSEA/PSHEA).

- Close monitoring of the management, as well as the operational component of the DRCRC, must be set up within the framework of this operation to limit the administrative bottlenecks recorded in the signature of the funding agreement for certain DREF projects such as MDRCD028 Measles outbreak_2019. This follow-up will avoid delays in implementation and improve the quality of the emergency response.
- The establishment of a process for funding activities and a cash flow plan in the financial management strategy of the DREF allocation will serve to ensure that funds are accessed quickly.
- Similarly, the deployment of dedicated staff to this operation will ensure more regular monitoring and the necessary support to the NS which is already currently engaged in 2 emergency operations (DREF EVD) and other projects. The operational teams at headquarters will need this support as will the IFRC to ensure a quality response.
- It has been identified that appropriate and proactive advocacy with partners and communities on the Red Cross mission is a valued activity that has facilitated understanding of the Polio response in particular. The approach will be continued in this response (as in the DREF MDRCD025 Polio) and will help to popularize the Red Cross mission and response strategy among partners and leaders.
- The use of volunteers in their communities will be encouraged, as well as the capitalization of volunteers to improve ownership of the response, reduce reluctance and ensure the confidence of community members. This will improve the identification and tracing of contact cases at the community level.

Overview of Red Cross Red Crescent Movement Actions in-country

The IFRC has an office (cluster) in Kinshasa and an operational sub-office based in Goma that ensures close management of all crises in the east of the country in collaboration with the CRRDC. As soon as the resurgence of the plague epidemic was announced, the Federation Office in Kinshasa held a consultation meeting with the National Red Cross Headquarters in Kinshasa and the Provincial Red Cross Committee/ITURI branch, supported by the national-level team that is in the area to manage operations. After this meeting, another meeting was held with the IFRC regional team to agree on the response strategies with IFRC support. Logistically, the IFRC has vehicles in the area that can be mobilised for the response.

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

The ICRC is still mobilising alongside the DRCRC for support pending funding from other partners, and through its sub-delegation in Bunia, will facilitate DRCRC and IFRC operations in the area through, in addition, information sharing on security aspects.

Overview of non-RCRC actors' actions in country

All teams in the three target health areas have been operational since 7 January 2022. 8th outbreak with only 1 confirmed case. The Government, through the Ministry of Health, has organised coordination at the Provincial and Local levels (Central Office of the Health Zone). At the local level, the Central Office has set up a response coordination team with 4 executives from the province to organise the response, which meets regularly through technical commissions.

MEDAIR worked in the zone until December 2021 to assist the population by supporting the Health Zone with medicines. These are the drugs that are used by the Rethy health centre to date. But since then, apart from the CRRDC, which has activities related to vaccination, there is only one partner who is carrying out response actions: MALTESER. Indeed, given the difficulty of access in this health zone, no partner is involved in this epidemic. MALTESER and MEDAIR have donated medicines for the treatment of potential patients. The transport of these drugs was provided under funding from the DRC. The provincial health authorities, with the support of OCHA, are still advocating with other partners.

The WHO team in collaboration with the DPS Ituri health information office is leading the response in Bunia, but in Rethy there is no UN system staff. UNICEF and WHO are supporting the DPS in the planning of activities to respond to the epidemic via their office in Bunia but are not present and active in Rethy.

The Ituri DPS has offered, with the support of WHO, to receive and forward untested specimens to the DPS for transmission to the laboratory of the Institut de Recherche National de Recherche Biomédicale (INRB). WHO supports the DPS and the health zone in the compilation of epi-data.

It should also be noted that most of the activities carried out by the health areas and the health zone outside the health centres are carried out with the support of the DRC RC, the WHO which supports the DPS, and the partners present. Consequently, the Ministry of Health, through the health centres and in coordination with the partners, carried out the following activities

Activities	Responsible partners	Implemented to date by
Investigation of all plague case alerts as soon as there are	Ministry (investigation of alerts) and CRRDC (identification of cases in the community)	
The collection of samples from suspected cases;	Ministry of Health through Health Areas and Zones	
Screening tests	The Ministry of Health through health zones, hospitals, and the National Institute of Biomedical Research (INRB)	
Free distribution of drugs (doxycycline) for prophylaxis;	The Ministry of Health through the various health centres	
The organization of the dignified and secure burial in the villages where the case of death occurred with the support of the DRC RC;	The DRC RC	
Disinsectisation of households and deratting of the area with the CRRDC for the houses of those affected	The DRC RC with disinfection products provided by the Health Zone	
Raising public awareness of plague prevention measures in affected villages, including through local radio stations	All partners	The DRC RC and Department
Follow-up of contact cases with the DRC RC;	The DRC RC volunteers and departmental community relays	The DRC RC volunteers and departmental community relays
The coaching of nurses and the RECO community relay on case management and preventive measures of plague.	Ministry of Health through the DPS (Provincial Health Division)	
The visit to assess the condition of patients under observation at the Health Centres	Ministry of Health through Health Zones and Health Areas	Ministry of Health through Health Zones and Health Areas

Coordination

To ensure good coordination, three levels of coordination are set up:

- At the national level in Kinshasa, this will mainly involve setting up a system for exchanging information via regular meetings with national and international partners. These meetings will also enable advocacy for this response.
- Field coordination at the provincial level in Bunia and local level in Kpandroma. This will involve participating in weekly and monthly meetings organised either by the health centre or by the DSP, generally in Bunia. Response planning done by the Health Zone with the DSP is shared with partners, as well as strategic decisions and data on the evolution of cases, tests and data from the health areas. All data are usually discussed and shared as a priority in these meetings. The PHR leads the response and ensures non-duplication and prioritisation of the needs of the Ministry of Health.
- In terms of coordination with the DRC, the DRC RC has the lead on the ground and the other components of the Movement come in support.

The IFRC participates in close coordination with the DRC in the coordination meetings of international partners in Kinshasa and has made contact with the main agencies at their headquarters. Information is shared at the level of the Humanitarian Country Team and at the level of the Humanitarian Advocacy Group (HAG) which brings together humanitarians.

Needs analysis, targeting, scenario planning, and risk assessment

Needs analysis

a) Overview and geographical location of the epidemic

According to information confirmed as of 16 April, the current plague outbreak is taking place in the Lokpa Health Area, the Rassia and Uketha Health Areas in the Rethy Health Zone, Djugu Territory in ITURI province. Ituri province has 36 health zones, each with a referral hospital. The Rethy health zone has 22 health areas, three of which are currently experiencing an epidemic. The health area of Uketha reported a single case on 7 January 2022, which did not progress after the intervention of the Ministry of Health, supported by the DRC RC, which carried out sanitation, household decontamination, and awareness-raising activities. A new epidemic started in March in the health area of Lokpa and spread to Rassia.

The Territory of Djugu in ITURI has 13 health areas, including 6 general referral hospitals and 194 health centres for a population of 2,945,278. The main economic activity of the town of Djugu is agriculture and livestock farming with important commercial exchanges with the towns of Bunia and Uganda on the border. The Rethy health zone, which is one of the 13 health zones in Djugu territory, has an estimated population of 255,111 inhabitants spread over 22 health areas.

For the time being, the CRRDC appears to be the only partner with access in this health zone and has donated to support the gap in the health zone's emergency needs, but there are still significant needs in terms of equipment and capacity building for detection, referral, surveillance, and sanitation. The DPS and the staff of the health areas, although active, have limited resources and face the same difficulties of access to reach the communities. As an auxiliary to the authorities, the DRC has been asked by the DPS to support the response.

b) General epidemiological data and areas at risk

As of 16 April 2022, according to the Ministry of Health via the DPS, the epi-data is as follows:

Health zone	Health area	Samples received for tests	Tests carried out	Confirmed Cases	Probable/suspected Cases	Death cases	Contacts
Rethy	Uketha	N/C	N/C	01 (January)	N/C	00	2000
	Lokpa	29	14	01 (April)	29	01	
	Rassia	1	1	01 (April)	02	01	
	Not classified (data from 16 April)	00	00	00	27	00	
	Total	30	15	3	58	2	

c) At-risk areas

The Ministry of Health has declared 7 priority health areas in the fight against this epidemic to prevent an escalation of the epidemic as has often been the case. These are the 3 epicentres and 4 other neighbouring for approximately 91,738 priority persons at risk make up the population of the 7 priority health areas at risk divided as follows:

- Epicenters: Rassia, Lokpa, and Uketha in Rethy.

- Neighboring priority areas: Kpandroma, Aboro, and Terali in Rethy Health Zone and one health area named Gengeré in Angumu health zone.

Based on the DPS report and information collected by the DRC from the health areas in Rethy, the challenges and needs related to this plague epidemic in the Rethy Health Zone are as follows

i. Needs / Challenges related to community-based case surveillance

Priority areas established by the Ministry of Health: A total of 7 health areas have been declared a priority by the Ministry of Health in the fight against this epidemic to prevent an escalation of the epidemic as has often been the case. These are the 3 epicenters and 4 other neighbouring health areas at risk. The epicenter health areas have an estimated population of 11,751 inhabitants for Lokpa, 1,437 for Rassia and 12,807 for Uketha having reported in January 2022. The 4 priority health areas outside the current epicentres are in Rethy Health Zone: Kpandroma, Aboro, and Terali, and one health area in Angumu Health Zone: Gengeré. That is approximately 91,738 priority people at risk.

It is essential to strengthen prevention in the epicentres and risk communication in the areas at risk. Especially in terms of environmental hygiene for the control of the population of Rethy which represent the reservoir of the disease, then Community Hygiene in terms of strengthening measures to reduce the population of vectors and the risk of thumb biting.

ii. Needs / Challenges related to Prevention, Risk Communication, and Community Engagement

There are identified needs as follows:

- Need for communication and awareness: The health areas of Lokpa, Rassia, and Uketha are served by communication and mobile phone infrastructures with the presence of community and commercial radios including television as well as Airtel and Vodacom networks which are the sources of information and interaction between people. These three health areas are in constant contact with the commercial centre of Kpandroma, and the centre of Djugu. Swahili, Lindu, and some Lingala are the local languages most spoken by the people.
- Improve community hygiene: In some communities, hygiene management is a transmission factor. This is particularly true of livestock management, family bedding, and burial practices. The most common practices in risk localities are
 - Exposure to fleas at home and the management of livestock: during the night, it is a normal practice to keep livestock in the houses to avoid theft. Thus, the animals carry fleas and there are risks of developing flea nests near sleeping mats or areas.
 - Very few households have a bed - most people sleep on the floor (especially children). Community-based initiatives to construct beds from locally available materials need to be provided and strengthened.
 - Burial and burial practices: A factor in the local culture is burying the dead inside or very close to the houses.
 - Waste management is also a risk as it is done near houses, exposing the houses to the proximity of breeding areas for rats.

It is therefore essential to work on community response to support an alternative night-time solution to keep animals including rats away from sleeping areas; to promote community engagement messages on the health risks of burying the dead too close to houses and the management of waste and other household waste...

iii. Testing needs/challenges

As outlined in the table above, only 15 out of 51 suspected cases were tested due to lack of reagents/tests at the provincial level. 2 tested positive for Rapid Diagnostic Test (RDT). RDTs are rare at local level and in provincial hospitals but have been discontinued due to a lack of reagents. The distribution of RDTs is the responsibility of the INRB. However, in the event of a shortage, as is currently the case, samples are taken at regional level and sent to Kinshasa to INRB for testing. At the last meeting, the DPS recommended that this be done as the RDTs had still not been received.

The lack of rapid diagnostic tests in the health zone and at provincial level is delaying case detection and control. The specimens that have been collected are blood and lymph node puncture. The Health Zone has declared a stock out of RDTs.

It should be noted that the treatment of the disease, screening, collection and handling of the tests are the responsibility of the health zones. The health centres in the health areas can only do the sampling and the hospitals and/or INRB can do the testing when they have the reagents. The DPS has already recommended that samples be sent to INRB. However, until the availability of RDTs can be improved, there is very little willingness of the population to come forward for testing except when they are already showing advanced symptoms. Awareness raising and community involvement, as well as the setting up of a community surveillance system, is essential to bring the population to go spontaneously to the health centres and to submit themselves with less reluctance to the management process, depending on the case.

iv. Needs/challenges related to the treatment of confirmed cases and households with confirmed cases:

All cases have been treated with antibiotics such as Doxycycline and cotrimoxazole. Treatment is available free of charge for confirmed cases and is provided by DPS partners. The 2,000 contacts are known, and it is expected that, depending on the availability of drugs, they will also be subjected to preventive treatment. Therefore, the stock of drugs and protective equipment is one of the priority needs expressed by the DPS in its report on 7 April 2022. Concerning households with confirmed cases, sanitation problems and the current living conditions of the population are factors conducive to the development of rats as reservoirs of the disease. In the context of overcrowding in some health areas hosting IDPs and even in communities, the challenges of environmental sanitation and hygiene, hygiene-related problems, and hand washing are endemic in the territory. Consequently, there is a need for deratting, promotion, and ownership of barrier measures within the communities to stop the chains of transmission.

The disinsectisation and deratting of households of confirmed cases and surrounding areas has been a priority since the beginning of the notification of cases and is conducted by the CRRDC as part of this type of response with the collaboration of the Health Zone.

v. Needs and challenges with the dignified and safe burial of the dead.

It should be noted that the last plague epidemic in the country had more than 100 cases with a significant number of deaths. It is therefore essential to ensure the preparation of teams through appropriate training and the pre-positioning of a stock of EDS kits.

There have been significant population movements in Ituri, particularly in Rethy. Possible aggravating factors. In the health zone of Rethy and the neighbouring one we have many internally displaced people, following the atrocities of armed groups. There are 60,875 IDPs in Rethy from other health areas and 59,921 people who had left Rethy and have now returned. Data from OCHA, Population Movement Conditions Report, 7 March 2022. It should also be noted that the January plague case was not followed by another case until the resurgence of the epidemic in April, a few days after the displacement observed on 30 March, recorded following the clashes. As of 3 April, 2 cases were confirmed.

Thus, the focus must be on sensitisation of households by making them resilient in their context, decontamination and sanitation of households and surrounding areas, 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 very quickly to this epidemic, to contain the disease and limit its impact.

Targeting

The target area will be the health areas of Rethy having notified cases (Lokpa and Rassia), then a neighbouring health area (Uketha) having notified in January, and the 4 health areas at risk to contain the epidemic and limit its impact around Lokpa, Rassia and Uketha with the mobilization of the majority of resources and activities in these 3 health areas, but the registration of contacts will be done in 7 priority health areas of Rethy declared by the Ministry of Health. A total target of 91,738 people will be targeted in this operation.

This comprises 35,995 people in the epicentre's localities of Lokpa, Rassia, Uketha, and 55,743 people in the neighbouring localities in the health areas of Rethy (Kpandroma, Aboro, and Terali) and the health area of Angumu (Gengeré).

1,000 of the most vulnerable households between the 91,738 people will be targeted for material distribution as part of the measures to isolate people and reduce exposure to flea/animal outbreaks.

The DRC RC's action consists of creating the mechanism to contain the epidemic and limit its impact around Lokpa, Rassia, and Uketha with the mobilization of the majority of resources and activities in these 3 health areas.

This primary focus area may be revisited in the event of confirmed information indicating a wider spread and depending on security constraints (as described in the next section).

Scenario planning

The DRC with the support of movement partners has opted to respond to this epidemic in the following areas: community-based surveillance (contact tracing, case investigation with a health promotion strategy), health promotion (decontamination and sanitation) including risk communication, and community engagement, safe and dignified burial as well as psychosocial support, prevention of sexual abuse and exploitation, gender protection and inclusion, and security of field actions.

Scenario	Humanitarian consequences	Potential response
<p>Scenario 1: The epidemic is contained in the 3 Health Areas that have been notified and in the other 4.</p> <p>The disease has not spread to other nearby areas and health areas in the next three months.</p>	<ul style="list-style-type: none"> - No spread of the disease to other health areas. - The epidemic is controlled within 3 months. - The health system can manage the disease. 	<p>The response will be limited to the implementation of this DREF operation as described in this emergency action plan. Pre-activation of teams in the next areas, for the orange and red phase.</p>
<p>Scenario 2:</p> <p>The epidemic spreads throughout the Health Zone as well as other surrounding health zones</p> <p>The health system is overwhelmed as cases increase and is struggling to control the epidemic in the next three months.</p>	<ul style="list-style-type: none"> - Number of confirmed cases increases - Deaths are on the rise - The health system is struggling to control the epidemic - Poor collaboration of communities with staff engaged in response at the community level and health centers 	<p>The DRC RC and the IFRC will update the emergency action plan to increase the coverage area through a second DREF allocation or emergency call, and the commitment of branches in these areas</p> <p>The NS will continue to monitor the situation by standing ready to scale up the response with the support of IFRC staff (including surge staff).</p>
<p>Scenario 3: Insecurity is driving a significant increase in displacement, spreading the epidemic beyond ITURI province and even to countries bordering Uganda and/or South Sudan.</p> <p>Several other internal regions are beginning to report outbreaks. And localities in neighbouring countries as well.</p>	<p>The health system is overwhelmed in DRC and other countries' border regions. Other epidemics (EVD/ Measles/ cholera/ meningitis) overlap with the plague epidemic</p> <p>Insecurity problems are superimposed on the epidemic, making it more difficult to respond (with possible risk also for ETC sites)</p> <p>Attacks by community members against staff engaged in response at the community level and health centers</p>	<p>The CRRDC and IFRC will launch an Appeal to address increased humanitarian needs through the mobilization of domestic and international resources.</p> <p>All health zones in L'Ituri will be reactivated and trained.</p> <p>The NS will continue to monitor the situation by standing ready to scale up the response with the support of IFRC staff (including surge staff).</p>

Assessment of the risks associated with the Operation and means of mitigation:

The DRC will ensure the engagement of local staff and volunteers, and 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 provided to staff and volunteers to ensure continuous monitoring.

The following operational risks will be managed by the DRC as follows

- a. Health workers are in direct contact with infected patients and in close contact with plague patients. In case of exposure during activities or a case reported in teams' families, the following measures may be taken
 - Provision of PPE (personal protective equipment)
 - Briefing and reinforcement on barrier measures and application during activities.
- b. Close contact with DRC staff or volunteers with a plague case
 - Establishment of health care service corridors for CRRDC staff or volunteers
 - Provision of PPE (personal protective equipment)
 - Volunteers follow the preventive measures of keeping a distance of one metre from suspected cases and encouraging people to understand that confirmed cases should be isolated
- c. The deteriorating security situation in the area
 - The security situation in the Rethy Health Zone is relatively calm. However, the security situation in the 5 Health Zones surrounding Rethy is worrying with the presence of foreign and local armed groups. The DRC RC will ensure the implementation of security protocols and the visibility of its teams.
 - This situation cannot prevent the DRC from carrying out the activities of the response because it is accepted and going ahead with its activities mentioned above including the implementation of other projects in the same area and areas with a similar security context.

- d. Expansion of the affected area outside 3 health areas that have notified confirmed cases since 2022.
 - Mitigation: flying teams, preparation in neighbouring health areas, notification (pre-activation) of teams throughout the area.
- e. Superimposition of other high-risk epidemics (EVD/ cholera/ meningitis/ measles/ yellow fever) in the same health areas
 - Mitigation: Implementation of CBS (Community Based Surveillance) actions for endemic diseases to respond immediately to possible epidemics of other high-risk communicable diseases.
- f. Transmission of COVID-19

Since the beginning of the epidemic on 10 March 2020, the cumulative number of cases in ITURI as of 27 March 2022 has notified 1,702 confirmed cases, including 1 probable case, 1,616 cured, 87 deaths with 104,008 vaccinated, i.e. 33.5% of the target for the province, which is 310,820 people; according to our information, the Rethy health zone has not yet notified a case of covid-19, but the risk remains permanent, given the movement of the population in the zone. As auxiliaries to the government, National Red Cross and Red Crescent Societies have an important role to play in supporting national operations focused on pandemic preparedness, containment and mitigation. DRC is then in a favorable 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, and developing specific plans for emergency health services. As such, the SN's actions dedicated to COVID-19 and those carried out within the framework of this ongoing DREF will be mutually beneficial and will build on common synergies.

Mitigations: 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, considering the evolving COVID-19 situation and operational risks that may develop.

B. Operational strategy¹

Overall Operational objective: To ensure coordination with the actions of other partners and the Ministry of Health and based on current information, to contribute to the containment of the plague epidemic by Reducing the spread and limiting the morbidity and mortality resulting from the plague epidemic in Rethy

Based on current information, the Red Cross response strategy will be to

- Collaborate with health departments and external partners to reduce morbidity and mortality resulting from the Rethy plague outbreak in affected health areas and ensure preparedness in selected health areas in Ituri province through our integrated strategy, our volunteers will be active in this outbreak.
- For an integrated response strategy,
- 3 teams will be formed per priority 1 health area covering the 2022 epicentre (Lokpa, Rassia and Uketha). They will respectively oversee community engagement and accountability, decontamination and sanitation, active contact tracing in the community, promotion of hygiene measures and referral of contacts, and burial of positive death cases if necessary.
- Mobilise also 1 integrated team in each of the 4 neighbouring priority health areas to participate in contact tracing in these areas and ensure sensitisation and dissemination of key messages.
- Consideration of sensitisation on COVID19 where the level of exposure of communities remains high and acceptance of the vaccine low.
- Ensure follow-up psycho-social support for families affected by the disease and for volunteers affected by community stigmatization.
- Mobilise volunteers to prevent and support victims of gender-based violence and to prevent sexual abuse and exploitation.

Detailed operational strategy

This initial plan provides for 3 months of activities including an initial 4-week phase focusing particularly on life-saving interventions in the main epicentre area and on communicating the risk of plague in all target health areas and indirectly in neighbouring areas through mass media.

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

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

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

1. Team capacity building and protection:

The National Society will ensure the training of 132 volunteers on ECV-CP3/ EPIC level 1 on Plague signs and symptoms, outbreak management, surveillance, referral, contact tracing and community engagement (within available training capacity).

The training will also cover basic health activities at the community level. Five EPIC trainers from the Ituri provincial committee whose capacity has been strengthened in the fight against MVE will be used to provide training to Rethy volunteers.

They will also help to encourage people to attend health centres and overcome the reluctance to be screened in the community and the community health areas. Screening will be carried out by health workers and at the treatment centre level under the responsibility of health care staff.

However, to support sensitisation in the health areas, volunteers will be posted in the epicentre health areas to support sensitisation.

2. Health and Health Hygiene

The following activities will be carried out:

- Surveillance/contact tracing in the community by volunteers trained in the EPIC strategy active community case finding (early detection) and referral of suspected cases to care facilities; Mobilization of 132 volunteers to support early detection of new cases through community case finding dedicated to trained and deployed volunteers
- Prophylaxis and treatment of cases. This activity is reserved exclusively for the Ministry of Health. The CRRDC will only intervene on sensitisation against the stigmatisation of treated persons and their entourage.
- Insect control in households of confirmed cases. Based on the achievements of the EVM operation, volunteers will visit the households of confirmed and suspected cases for decontamination using insect repellent products that the health zone provides to kill vectors and other deratising products.
- Dignified and safe burial of the dead. DRC volunteers will be trained in DHS and will carry out DHS of confirmed and suspected deceased cases
- The DRC will also ensure sensitization of health care workers for their protection and support for PCI inputs given to the health centre in this response, if available.
- Psycho-social support (PSS) will be provided to the families of communities at risk and mainly those with reported or suspected cases. Similarly, the values of inclusion will be emphasized to avoid stigmatization.
- A feedback system will be set up to allow the registration of cases of abuse, Prevention of Sexual Abuse and Exploitation PAES and Protection, Gender and Inclusion PGI. Similarly, the volunteers involved will sign the code of conduct.

3. Risk communication and community engagement

For CREC activities, the CRRDC will take into account the UNICEF and DPS 2021 analysis of plague in Ituri Province. Community-based prevention activities will be implemented including sensitisation and focus group discussions will be used to find a solution with communities to limit their exposure to the agents of transmission.

- A multidisciplinary community-based surveillance (CBS) approach will be put in place to listen, give alerts, detect cases, and give support to the appropriate CREC (as the CRRDC did in the CP3 and EPIC programme with the 13th MVE).
- Ensure health promotion through a community-based approach in terms of communication and community support activities via risk communication and community engagement (CREC);
- Ensure strengthening of Environmental Hygiene for vector control and removal of pathogen reservoirs (such as rats): With the support of the community, volunteers will carry out the following activities
 - Sanitation campaigns to clean up the surroundings of households and other unsanitary areas,
 - Raising awareness on environmental hygiene including sensitization on community management of waste and livestock,
 - Accompany communities in digging waste pits that will be at a safe distance from the communities. Ensure the manufacture and distribution of waste bins and encourage communities to use them.
 - Set up community hygiene management and monitoring committees made up of community leaders, heads of households, and volunteers. Or a rotating system with groups by category (women, men, youth, mixed) so that the whole community integrates the concepts and good practices.
- Ensure communities are supported to limit their exposure to transmission sites/animals. This will include:

- Maintain community dialogues to determine the desired support for communities to limit their exposure to animal vectors/fleas. The choice of communities and approach will therefore be considered before the implementation of this activity. The report of these group discussions will serve as a basis for the development of the next item.
- Ensure the distribution of an isolation mechanism between people and animals either by purchasing and distributing beds to 1,000 households or by setting up partitions made to park livestock that cannot be kept outside because of the high risk of theft in the area.

This support to households will focus on the epicentre areas, targeting mainly the communities around confirmed cases and those of suspected cases, and those with high concentrations of risk factors. Flat-rate support of \$20 will be budgeted for the option chosen after the SDGs and the service will be done at the local level with local materials.

- Develop and disseminate community engagement messages on local solutions to prevent and limit exposure to rats and flea-biters. The messages to be developed and disseminated will be done through several channels and will focus on community solutions to limit exposure to the vector agents, environmental health awareness within the communities (on household waste management, use of safe storage space for food), and knowledge of the disease and what to do in case of a suspected case.
- Awareness-raising: Volunteers will conduct awareness sessions in the communities through a door-to-door community and mass communication to raise the alarm on potential cases, referral mechanisms, and informative messages on the knowledge of the disease.

In addition to the tools developed (posters, image box), the volunteers will raise awareness through door-to-door visits and mass awareness-raising (community radio, focus groups, advocacy, etc.). They will take advantage of the visits to collect community feedback and the messages will be regularly adapted according to the feedback received.

The awareness campaign will be based on the use of interpersonal communication channels (home visits, community discussions, interviews with key informants). It will be carried out by 132 volunteers including 20 supervisors and 112 field volunteers but also with communication and mobile phone infrastructures with a presence of community and commercial radios including television as well as Airtel and Vodacom networks which are the sources of information and interaction between people. These three health areas are in constant contact with the commercial centre of Kpandroma, and the centre of Djugu. Swahili, Lindu, and a little Lingala are the local languages most spoken by the population.

The awareness-raising media will therefore be diversified to reach as many people as possible. Interactive radio programmes on plague and other health topics of interest to the communities will be set up. 2 programmes per week during the 3 months of the operation. Visual aids on communication material (flyers, posters and banners) will be used for messages to the communities and sensitization within the health centres. The most widely spoken languages in the province will be taken into account: Swahili, Lendu, and some Lingala. The messages will be translated into these languages.

This will address the immediate need for plague awareness in affected communities and areas at risk, as well as the need for government support in psychosocial interventions, safe body management, and decontamination of suspected infected homes and areas. This will be based on local cultures and traditions.

Awareness-raising on other diseases at risk in the region. Apart from prevention messages on plague disease in general, cases of known epidemics in the area (yellow fever, COVID, measles), knowledge of plague disease, treatment, and care system.

- A multidisciplinary community-based surveillance (CBS) approach will be put in place to listen, alert, detect cases and provide support to the appropriate CREC (as the CRRDC did in the CP3 and EPIC programme with the 13th MVE). The same CREC set-up for plague will be used to monitor and alert on the risk of other possible epidemics.

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 stands ready to support the government in activities as priorities change. Volunteers will be mobilized to support the early detection of new cases through active case finding and contact tracing at the community level.

Support functions of the operation:

Human resources:

A total of 112 volunteers and 20 supervisors will be mobilised. Volunteers are selected using the zonal approach in the targeted communities according to their status in the community, their availability, their level of local languages in the community, and their willingness to participate in following the principles of the Red Cross Movement. These volunteers will work every day for the first two weeks of the operation and then 2-3 times a day depending on the

activities. For a good analysis of the feedback data in this operation, one volunteer feedback analyst will be mobilised and two data encoders.

A national and provincial focal point will also be deployed in this operation by the National Society. The table below details the number of volunteers by health area

N°	Health area	Number of Volunteers	Number of supervisors	Total
01	LOKPA	30	3	33
02	RASSIA	20	2	22
03	UKETHA	30	3	33
04	KPANDROMA	8	1	9
05	ABORO	5	1	6
06	TERALI	5	1	6
07	GENGERE (zs d'angumu)	5	1	6
	SUPPORT (security, drivers, logistics, finance, PSEA, PSS, feedback)	9	8	17
		112	20	132

At the beginning of the operation, the IFRC will 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, Data Analysts feedback & alerts.

Planning, Monitoring, Evaluation, and Reporting (PMER), the IFRC DRC country cluster office will support the DRC Red Cross PMER team. The DRC country office will assume overall responsibility for the implementation, reporting, compliance, and financial management of this project. In addition, given that the DRC is a French-speaking National Society, it is important to stress the need to translate this EPoA, any eventual operational updates, 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.

The IFRC and the DRC RC will set up a system to coordinate the means of transport available for accessibility to the affected area, including WFP communication equipment and UNHAS or MONUSCO flights. A lessons learned workshop will be held at the end of the operation. It will allow the NS to evaluate the operation and gather lessons for future operations.

Communication: The National Society has a dissemination and communication unit that will cover the project. All actions and information will be made available to the internal and external media for the visibility of the RC. The manager will maintain a close working relationship and share information with the communication officers on the project to conduct a massive communication campaign. The DRC will ensure that the media is involved in popularising the actions of the NS and will produce a documentary on the coverage of the immunisation campaign.

The National Society has **an active business continuity plan (BCP)** according to which staff continue to provide essential services optimally despite the disruptions. In collaboration with the IFRC Delegation in the DRC, the Regional Office will provide ongoing support to the National Society's business continuity.

The security environment in ITURI is affected by clashes between various Congolese militias, as well as between these groups and government and UN forces. The Allied Democratic Forces (ADF) militia, CODECO, and several local ethnic militias operate in rural areas. Their activities mainly affect local populations but may involve fighting with the Congolese army (FARDC) or other armed groups, armed robbery or highway banditry, abductions, sexual and gender-based violence, and general lawlessness poses significant risks.

To reduce the risk of staff falling victim to crime, violence, or health and road hazards, active risk mitigation measures should be adopted. This includes monitoring the situation and implementing minimum security standards. All Red Cross Red Crescent staff actively involved in operations must have completed the IFRC's online security training courses (personal security, security management, or volunteer security). The National Society's security framework will be applied throughout the operation to protect staff and volunteers. In cases where the IFRC deploys personnel under the responsibility of ICRC Security, including surge support, the existing ICRC security framework will be applied.

The IFRC regional security unit will actively support the team by conducting security analyses to enable the team to implement risk management measures in light of the evolving situation, monitoring the security environment, providing technical advice, and ensuring that any internal/external security incidents or emergencies are immediately and appropriately managed and reported to the security unit and the regional director

Administration and Finance: National Society procedures will be followed in the justification of expenditures, as well as DREF guidelines.

Logistics and supply chain: The National Society (NS) has its structure for the procurement of goods and services, with procedures, for the most part, is compatible with the IFRC and the movement system.

Security Situation Review

Risk Zones in East DRC

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, and wildlife poaching and abduction.

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 travel to the region is not recommended. 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.

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.

Attacks by rebel groups continue in rural areas of Ituri and North Kivu provinces despite an ongoing 'state of siege' implemented by the authorities in response to growing insecurity. At least 14 civilians were killed in attacks in [Irumu territory](#) (Ituri) on 7 and 8 April. On 3 April, 21 civilians were killed during an attack on Masambo village in Beni territory (North Kivu). These attacks, reportedly carried out by the Allied Democratic Forces rebel group, underline the persistent threat posed by rebel and militia activity and the need to avoid all travel to EXTREME travel risk areas.

Several rebel groups and community-based militias operate in Ituri and North Kivu, mainly targeting rural communities. Despite support from the UN peacekeeping mission, the army has struggled to effectively counter the violence. Its efforts have prompted further rebel attacks on civilians, aimed at overwhelming the security forces and dissuading locals from assisting the authorities. The continued violence, including the targeting of hospitals and aid workers, has restricted humanitarian organizations' ability to provide support.

The 'state of siege' was first declared in May 2021 in response to growing insecurity and has since been extended several times. Reports indicate that more than 700 civilians have been killed since it came into effect, fuelling discontent against the military and the police. The security forces are perceived as part of the problem and have been accused of perpetrating violence against civilians and collaborating with rebel and militia groups, including by supplying weapons.

A National Security officer is in charge of IFRC Kinshasa Cluster security matters.

The Regional Security Unit will support and work with the COs and CCSTs in monitoring the security situation and will provide safety and security-related inputs regarding the operation. There will also be close coordination between RCCE and security to ensure community feedback can also be used to inform security analysis.

All personnel under IFRC security responsibility will operate following the existing IFRC and Government security frameworks. The IFRC Country Security Plan includes security risk assessment, contingency plans, and security regulations.

The IFRC security plans will apply to all IFRC staff throughout. Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training. Minimum Security Requirements (MSR) are in place for DRC. The DRC RC will have a security and field focal point with local knowledge for security situation analysis in collaboration with the ICRC and IFRC permanently, and also a finance officer for the credibility of the operation.

For East, DRC IFRC has been finalizing the review of the L-3 Security Agreement with ICRC.

C. Detailed Operational Plan



Health

Targeted individuals: 91,738

Male: 55,043

Women: 36695

Needs (CHF) 107,330

Needs analysis: The main needs of this sector are the prevention and control of any further spread of the Plague disease. This will need to facilitate an initial assessment, while providing community surveillance, contact tracing and community engagement to prevent the spread of the disease.

Population to attend: The entire population of 7 Health Areas: **91,738 people.**

Implementation standards: Activities in this sector will follow WHO's strict rules and standards for the prevention and control of the spread of plague and the plans and priorities of the Minister of Health.

P&B Product Code	Health Outcome 1: Immediate health risks to affected populations are reduced																
	<i>Number of health areas affected by surveillance and contact tracing activities. (Target: 7)</i>																
P&B Product Code	Health Product 1.3: Target population benefits from community-based disease prevention and health promotion																
	<i>Active patient search, alert controls (2000) Number of volunteers who will be trained in ECV-CP3/ EPIC level 1 and 2 (Target: 132)</i>																
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Conduct a screening 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 132 volunteers on ECV-CP3/EPIC level 1 and 2 on the signs and symptoms of plague, epidemic management, surveillance, referral, community contact tracing and community engagement (to the extent of available training capacities).																
AP021	Conduct community-based surveillance in affected and surrounding health zones using the necessary and available tools for data collection.																

AP021	Work closely with CREC volunteers on raising awareness on different themes in selected health zones and areas.																
P&B Product Code	Health Product 1.4: epidemic prevention and control measures implemented	<p>Number of social mobilization sessions organized (Target: 100%) Percentage of target population reached by social mobilization activities (Target: 100%) Percentage of feedback responded (target: 70%)</p> <p>Number of contaminated houses/areas decontaminated and sanitation provided (Target: 100%) Number of suspicious death alerts for which a DHS was conducted (Target: 80%) 132 volunteers trained in ECV-CP3/ EPIC level 1 & 2 in infection prevention and control, as well as DHS (Target: 100%) Percentage of population affected by awareness messages (Target: 100%)</p> <p>Number of contaminated homes/areas decontaminated (Target: 100%) Number of suspicious death alerts for which an dignified and safe burial was conducted (Target: 100%)</p> <p>Percentage of population reached by awareness messages (Target: 80%)</p>															
		Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP021	Recycling of 132 volunteers on ECV-CP3 / EPIC level 1 & 2 some themes: signs and symptoms of the Plague, on the management of the epidemic; the means of prevention, the integrated approach of environmental health, awareness-raising techniques.																
AP084	Social mobilization, community engagement and accountability activities are carried out to limit the spread and impact of plague disease																
AP084	Adaptation and multiplication of information and dissemination media in the targeted localities																
AP021	Health promotion, Community engagement, door-to-door social mobilization with CREC & traditional practitioner volunteers																
AP084	Establish two-way communication systems through various channels to capture and respond to rumors, myths, reactions and complaints. A feedback analysis system will be implemented by the SN																
AP084	interactive radio programmes on plague disease and other health topics of interest to communities (2ndmissions/week* 12 weeks=24)																
AP021	Set up health teams trained in community engagement and social mobilizing in the affected health area and surrounding health areas.																

AP021	Retraining of 50 volunteers to conduct dignified and safe burials.																
AP021	Provision of disinfection/desinsectization and sanitation equipment and protective equipment to the team																
AP021	Decontamination of contaminated areas, including plague-affected outbreaks, environmental remediation, and case management facilities																
AP021	Setting up dignified and safe burials in partnership with communities																
AP021	Sensitization of the population in affected households on limitation measures and appropriate entry procedures.																
AP021	Active surveillance of cases in neighbouring areas																
AP021	Exchange of information and coordination meeting at the provincial level with the health zone and the corresponding CRRDC Local Branches																
P&B Product Code	Health Product 1.5: psychosocial support provided to target populations	<i>Percentage/Number of people reached by HSP services (Target: 95%) Number of volunteers trained in PSS (Target: 5) Number of beneficiaries who received HSP support (95%)</i>															
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP023	Retraining of 5 volunteers for psychosocial support																
AP023	Provide psychosocial support to families who have lost family members using culturally appropriate and accepted approaches.																
AP023	Support of staff and volunteers throughout the operation.																
AP023	Referencing																
P&B Product Code	Health 4.7: The spread of plague is limited by the decontamination activities (de-insection and deratization) and community environmental hygiene measures in affected health areas are improved to reduce the risk	<i>Number of contaminated homes/areas disinfected (Target: 100%) Number of volunteers recycled to household decontamination (Target: 50) Number of contaminated sites decontaminated: (no target) % of decontamination requests completed on time: (Target, 100%) #de focus group held (15) #d space set up for waste by health areas #de households that received partitions/beds (1000)</i>															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Recycling of 50 volunteers to disinfection and sanitation techniques																
AP021	Provision of decontamination equipment and protective equipment to the team.																
AP021	Carrying out decontamination activities in the contaminated environment and cleaning up areas likely to be rodent shelters,																

AP031	Carry out an assessment of the specific needs of the affected population on the basis of criteria selected from the minimum standard commitments on gender and diversity																
AP031	Support Inclusion Sector Teams in their planning of actions to address gender-specific vulnerabilities and diversity factors (including persons with disabilities)																
AP031	Organize a 1/2-day basic training with SN volunteers on Minimum Standard Commitments (or integrate a session on Minimum Standard Commitments into standard/sectoral training).																
AP031	Support sector teams to ensure the collection and analysis of data disaggregated by gender, age and disability (see guidance in revised Minimum Standard Commitments (forthcoming))																
P&B Product Code	Integration and Protection 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children	<i>#of staff and volunteers trained on addressing sexual and gender-based violence</i> <i># of NS staff and volunteers who of have signed and been briefed on the Code of Conduct.</i> <i># of Volunteers, staff, and providers who have signed and, are briefed, and receive information about the child protection policy/guidelines</i> <i>#identifies referral pathways</i>															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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	Organize a mandatory 1/2 day basic training for committed SN volunteers on PSEA and the treatment of sexual and gender-based violence (or include a session on the treatment of sexual and gender-based violence in standard/sectoral trainings)																
AP034	Establish a system to ensure that IFRC and SN staff and volunteers have signed the Code of Conduct and received a briefing in this regard																
AP034	Map local referral systems and make available information for any concerns about child protection																
AP034	Volunteers, staff and providers sign, are briefed and receive information on child protection policy/guidelines																

Strategies for Implementation

Requirements (CHF): 77,839

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	<i>#de volunteers mobilized: 132 #volontaires insured 132 #volontaires trained in the HSP (05) #de volunteers briefed on the PSEA and CEA (132)</i>															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face																
AP040	Provide psychosocial support to volunteers																
AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure volunteers' safety and wellbeing																
AP040	Ensure volunteers are properly trained. Activities on strengthening response team capacities in PGI, PSEA, CEA with briefing																
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																
P&B Output Code	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place	<i># DRC RC supervisory mission (6)</i>															
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	Deployment of the additional staff of the DRC RC at the national and provincial level (1 Director of Emergency Response, 1 Head of the Assistant in charge of Health Emergencies, the Logistics Assistant, 1 Head of Provincial Health Division).																
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	<i>Number of Surge personnel deployed for the operation (Target 1) Number of people in the NS coordination team (target:3) Production of visibility materials for distribution in communities Number of radio programs (Target: 32) Documentary films produced (Target: 1 Per pillar) Number of lessons-learned workshops organised Target: 1</i>															
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.																
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP046	Deployment surge health 2 months																		
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	<i>Please include an indicator from the Key Data Sheet with a target</i>																	
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP049	Ensure that the Principles and Rules, Emergency Response Framework and Emergency Appeal and DREF procedures are well understood and applied																		
AP049	Advocate for engagement with partner and operating NS on the promotion and use of the Principles and Rules																		
AP049	Ensure all staff in the IFRC and NS office go through the online training on Principles and Rules and security																		
AP049	IFRC mission in support																		
AP084	Community communication activities ensure people are kept informed of operational plans and progress and have they information they need about the response																		
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation																		
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.	<i>Number of radio programs (Target: 24) Documentary films produced (Target: 1 Per pillar)</i>																	
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues																		
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP053	Communications work: Media coverage of the activities of the RC during the campaign (documentaries, photos, video, advertorials etc.)																		
AP053	Radio communication support																		
AP053	Translation work (EPoA, Ops update and final report)																		
AP053	Organize the lessons learned workshop																		
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.																		
	Planned activities Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP066	Security MSR developed for volunteers for Ituri activities																		

Funding Requirements

The total budget for this operation is CHF 187,123. Details below:

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRCD035 - DEMOCRATIC REPUBLIC OF THE CONGO -

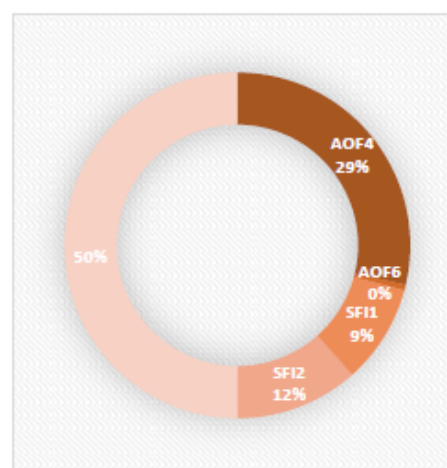
20/04/2022

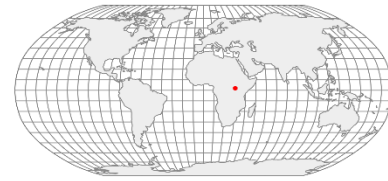
Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	993
Teaching Materials	2.760
Other Supplies & Services	19.856
Relief items, Construction, Supplies	23.609
Transport & Vehicles Costs	5.003
Logistics, Transport & Storage	5.003
International Staff	15.885
National Society Staff	57.008
Volunteers	5.915
Personnel	78.808
Professional Fees	1.191
Consultants & Professional Fees	1.191
Workshops & Training	28.073
Workshops & Training	28.073
Travel	9.928
Information & Public Relations	4.865
Office Costs	2.383
Communications	9.928
Financial Charges	2.978
Other General Expenses	8.935
General Expenditure	39.018
DIRECT COSTS	175.702
INDIRECT COSTS	11.421
TOTAL BUDGET	187.123

Budget by Area of Intervention

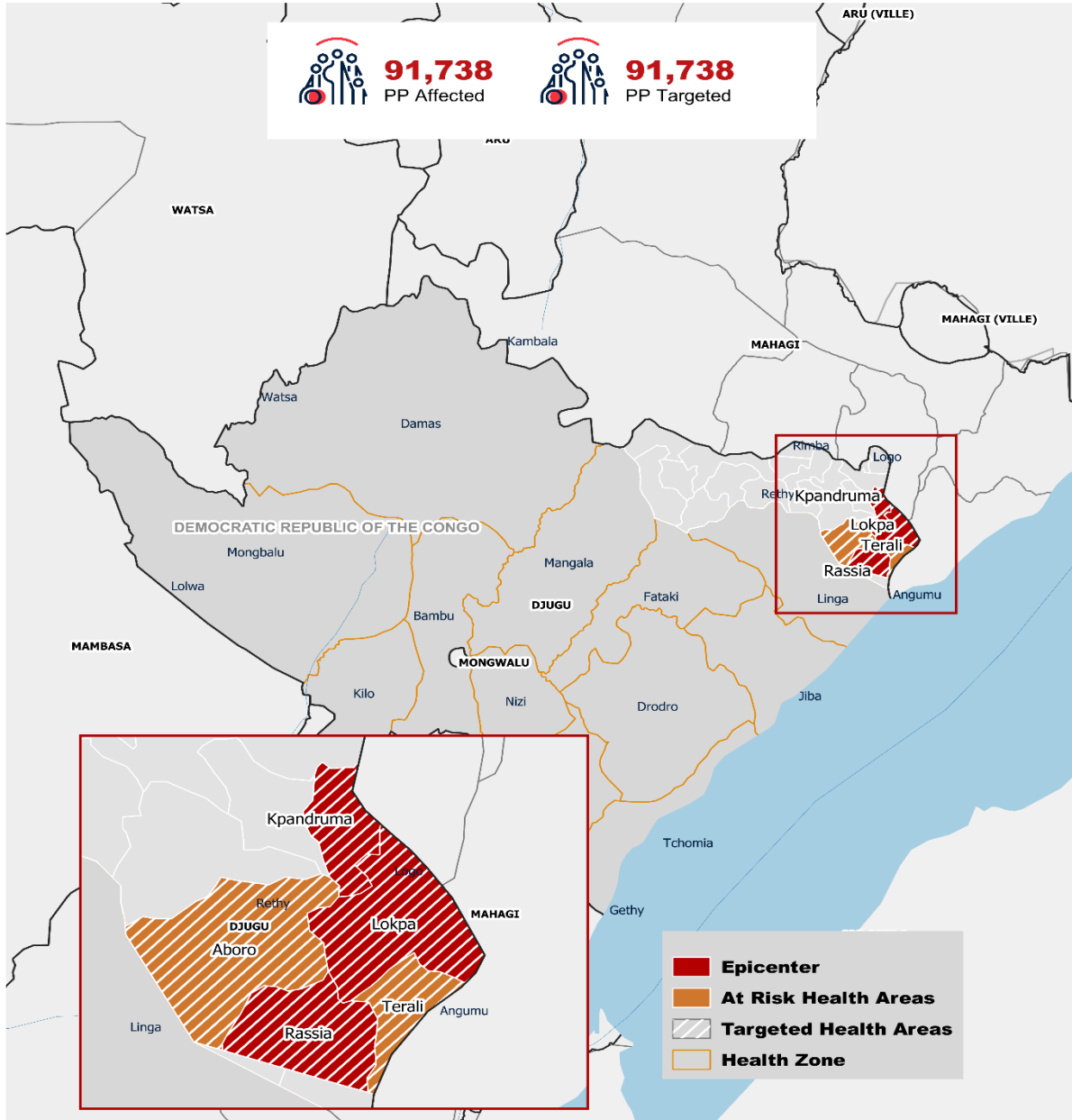
AOF4 Health	107.330
AOF5 Water, Sanitation and Hygiene	
AOF6 Protection, Gender and Inclusion	1.954
AOF7 Migration	
SF11 Strengthen National Societies	34.679
SF12 Effective International Disaster Manager	43.160
SF14 Ensure a strong IFRC	
TOTAL	187.123





DRC : Plague

19 April 2022 • EP-2022-000202-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 0.2 0.4 km



Reference documents

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Click here for:

- Previous Appeals and updates

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How we work

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

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



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



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



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