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

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n°	MDRCD036	Glide No.:	EP-2022-000205-COD
Issue Date:	28 April 2022	Expected timeframe:	4 months
		Expected end date:	30 August 2022
Category allocated to the disaster or crisis: Orange			
DREF allocated: CHF 487,605			
Total number of people affected and at risk:	408,265 people in the city of Mbandaka	Total number of people to be rescued:	408,265 people, or 68,044 households in the 3 health zones of the city of Mbandaka
Affected Provinces:	Wangata Health Zone (Equateur Province)	Provinces/Regions targeted:	Wangata, Mbandaka and Bolenge health zones
Host National Society(ies) presence (n° of volunteers, staff, branches): DRC RC, 26 Branches, including the Branch of Equateur, which has 5,882 volunteers			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF, MSF, OXFAM			

A. Situation analysis

Description of the Disaster

In a statement issued on 23 April 2022, the National Minister of Public Health, Hygiene and Prevention, [notified a positive case of Ebola virus disease](#), which indicates a resurgence of the Ebola virus disease (EVD) outbreak in the province of Equateur. This is the 14th outbreak in the Democratic Republic of Congo since 1976.

This new outbreak of the Ebola virus occurred in the health zone of Wangata, in the city of Mbandaka. According to the authorities, this case is a 31-year-old student, hospitalized on 19 April 2022 at the Wangata General Hospital. The patient died of haemorrhage on 21 April at the Ebola Treatment Centre (ETC) of Wangata General referral Hospital (HGR). A blood sample and a swab were taken on the same day by the team of HGR Wangata. Tested in Mbandaka and at the ETC Wangata, both samples came back positive. Sent to the National Institute of Biomedical Research (INRB) in Kinshasa for quality control, they again tested positive for the Ebola virus.

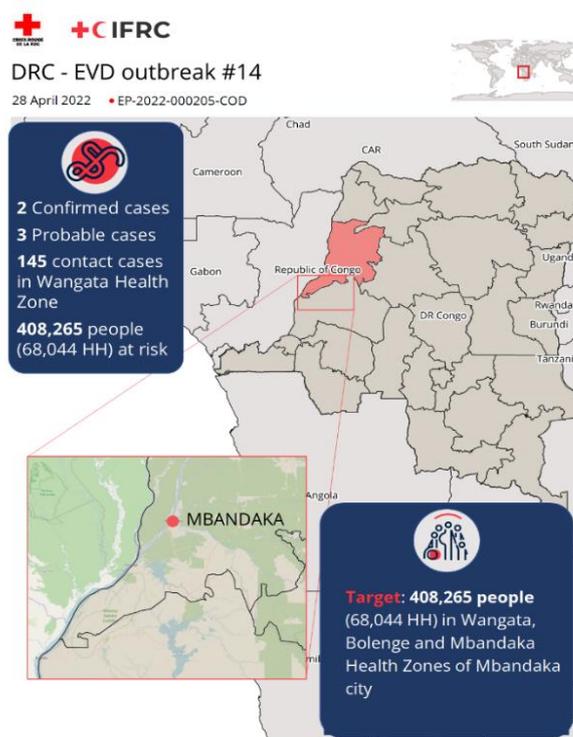


Figure 1: Map of DRC, summarizing the case load and target as of 28 April 2022. ©IFRC



Figure 2: Decontamination of the Bongisa Libota health centre where the first case was detected © DRC RC

According to the case description, the story goes back to 5 April 2022, when the student had a fever and headache. Assuming he had a simple malaria, he received a home treatment which was unsuccessful. On 16 April, following the persistent fever, he developed physical asthenia and vomiting and spent 3 days at the Bongisa Libota health centre before being transferred to HGR Wangata. According to the statements of the patient and his family, the hypothesis of contamination is not linked to the notion of any known contact with a deceased animal, or a patient.

A preliminary listing throughout the entire city of Mbandaka and the surrounding area of 145 contacts is conducted, including: caregivers, visitors, family members and other patients hospitalized in the same centre as the confirmed case during the same period.

The city of Mbandaka is the capital of Equateur province and is subdivided into 3 health zones (Mbandaka with 15 health areas, Wangata with 11 health areas and Bolenge with 11 health areas). The city of Mbandaka is located across the Congo River by its waterway, 400 km from Bolomba where there are 4 contacts, 280 km from Ingende where one more suspicious contact was found, 700 km from Kinshasa the capital of the country, 1,000 km from Kisangani, and across the river from the Republic of Congo/ Brazzaville.

The epicentre is in the Wangata Health Zone, and the positive case was found in the Bosomba health area.

According to the Ministry of Health during the provincial coordination meeting held on April 26, the epidemiological situation is as follows:

Health zone	Health area	Confirmed cases	Probable cases	Death Cases	Contacts
Wangata	Bosomba	2	3	2	145

The city of Mbandaka has many communication and mobile telephone infrastructure with a presence of community and commercial radios, television channels and mobile networks such as Airtel, Vodacom and Orange which are the sources of information and interaction between people. Most of the mass media, including community radio, have supported previous EVD response operations through interactive programs, promoting preventive measures and care, in addition to supporting people who have recovered to better reintegrate their communities. However, the city of Mbandaka has low access to electricity and the use of generators is a common practice even for traditional media. The radio remains one of the trusted sources of information for people in the DRC. The city of Mbandaka is also a centre of trade with several cities of the country located along the Congo River (Kinshasa, Kisangani, Lisala, Boende), as well as neighbouring countries such as the Republic of Congo and the Central African Republic.

Summary of current intervention

Overview of Operating National Society Response Action

In response to the current outbreak, the Red Cross of the Democratic Republic of Congo (DRC RC) has already mobilized nearly 183 volunteers. On-site, volunteers will be mobilized under the Risks Communication and Community Engagement (RCCE) pillars (93 volunteers), Safe and Dignified Burial - SDB (38 volunteers), Screening (15 volunteers), Psychosocial Support - PSS (20 volunteers), Support Services (Logistics, Finance, RedRose, Security, IM, Driver – 18 volunteers).

The 13th Ebola outbreak just ended in the Beni health zone of North Kivu, to which the DRC responded through DREF Operation [MDRCD034](#) which will close on 30 April 2022. This outbreak follows several Ebola virus disease outbreaks in the Democratic Republic of Congo (9th, 10th, 11th and 12th), whose response was made under [the MDRCD026 Emergency Appeal](#), which began in June 2018 and ended on 30 September 2021.

This succession of outbreaks allowed the DRC RC to equip the affected provinces with teams of volunteers trained in the Community Engagement and Accountability (CEA) approach, Safe and Dignified Burial (SDB), Psychosocial Support (PSS), Infection Prevention and Control (IPC), but also in the development of the Rapid Response Teams strategy. These experiences have helped to implement the Protection, Gender and Inclusion strategy (PGI) in all interventions and the prevention against sexual exploitation (harassment) and abuse (PSEA/PSHEA). These local

skills developed during the 2018 outbreak in the Equateur province, were requested to support the response to the outbreak in the eastern provinces of the country in the same year.

In terms of health disasters, the country has experienced 13 EVD outbreaks since 1976, so this is the 14th. Cholera is endemic in some provinces, as are measles, polio, bubonic plague, and Marburg fever, among others.

The DRC RC is a neutral humanitarian organization and an auxiliary to the public authorities. It is organized at the national headquarters level with 9 directorates. There is an operational management structure with technicians to respond to natural disasters. The DRC RC has branches in all 26 provinces, organized the same way as at National level. The National Society has a long experience in outbreak management.

Material and Human Resource Capacity

Regarding equipment, The DRC RC branch in Equateur has a stock of contingency equipment acquired during past outbreaks that can handle up to 50 alerts (samples and other SDB equipment).

It should be noted that all its teams have already been operational since 21 April 2022. The DRC RC used the teams trained and mobilized during the last EVD resurgence in the city of Mbandaka in 2018. The 9th EVD outbreak, which took place from 8 May to 24 July 2018, recorded 54 cases, including 33 deaths (61% fatality).

The Red Cross Branch of Equateur currently has 5,415 volunteers (1,553 women and 3,862 men), while the city of Mbandaka has a total of 1,905 volunteers (1,203 men and 702 women). The management of the 9th and 11th Ebola outbreaks empowered the volunteers in the city of Mbandaka: 166 volunteers trained in CEA approaches and tools including radio, community theatre, community feedback system including communication skills and support to community initiatives within minority and influence groups for the adoption of safe and healthy hygiene practices. In addition, 142 volunteers are trained in IPC, 72 in PSS, 72 in SDB, and 42 in operational support services, for a total of 494 trained volunteers. Through the partnership established in 2018 between the Equateur branch and the Muana Community Radio, one of the most popular radios in the city of Mbandaka, thirty health promotion programs on EVD have supported the communication actions to change social practices and habits, while relying on theatre and community advocacy to strengthen the involvement and participation of populations to the response.

The teams of volunteers currently mobilized by the local branch for community health activities have since the declaration of the outbreak by the authorities on 23 April, carried out the following activities:

- Safe and Dignified Burial (SDB)** The teams of the DRC RC branch ensured the safe burial of the first death of Ebola in collaboration with activities of the Provincial Health Division coordination of Equateur. The Government of the DRC required the safe burial of each remain. For the SDB, the DRC RC has already had 4 alerts, with 2 complete SDB including 1 confirmed, 2 safe burials, the decontamination of 7 households' and a health centre.
- Risks Communication and Community Engagement (RCCE):** As part of the RCCE activities, teams are in place in the health areas of Wangata and Mbandaka to engage communities on preventive measures and EVD management, through the door-to-door approach. A total of 643 households were visited and 4,351 people sensitized (793 men, 989 women, 1,273 boys and 1,296 girls). The National Society will continue to support RCCE activities, promoting safe and healthy practices in EVD prevention, the recognition of signs and symptoms for early medical care, as well as the acceptance of the disease within the community, as denial about Ebola remains one of the main barriers to adopting healthy behaviours. As such, the RCCE approaches will continue to rely on the two-way communication channels to listen to and take into account the perceptions and expectations of communities through communication supports and key messages that are developed. The DRC Red Cross will draw on its expertise in community feedback management to support the establishment of a common community feedback system within the RCCE coordination. The National Society will ensure to maintain her co-lead role in the community feedback working group as was the case during the 13th outbreak.
- Water Sanitation and Hygiene (WASH):** With regards to the decontamination of houses of suspicious cases according to the decontamination strategy defined by the response coordination, priority was on



Figure 3: Safe and dignified burial of the second confirmed case, which occurred on 25 April 2022 © DRC RC

the house where the confirmed case lived as well as the homes of neighbours. This activity is gradually conducted in and around the homes of the confirmed cases. To date, the decontamination of 7 houses and the central prison has been carried out. In addition, a preparatory meeting of 85 volunteers was held, where a volunteer schedule was set up. The National Society has also conducted identification of health facilities (FOSA) to facilitate referencing in the event a suspected case is detected. As part of the Community Health activities, the DRC RC made a briefing on the active search of suspected cases in the FOSA registers (logbooks), at the request of the Ministry of Health and as part of their support in case referrals. The follow-up is then done by the Ministry of Health.

- **Mass Awareness:** A total of 432 people were reached through awareness-raising, including 134 men, 188 women, 63 girls and 47 boys.
- **Psychosocial Support:** PSS activities have already started with psychological first aid activities which volunteers organize for those affected by the disease with respect to the applicable personal protection measures. A total of 13 households benefited from group psychosocial assistance sessions and 4 households received individual PSS sessions.
- **Prevention of Sexual Exploitation and Abuse (PSEA):** Regarding PSEA activities, a contact meeting was organized with the Ministry's focal point, as well as the Code of Conduct to be signed by the DRC RC volunteers and staff.



Figure 4: Awareness on how to prevent EVD at the port of Ikunde. Theme developed: EVD symptoms ©DRC RC

The field teams are using the experience gained in responding to previous Ebola outbreaks for everything related to decontamination and immunization awareness messages as a means of prevention, including against COVID 19.

Lessons learned from the previous epidemiological responses:

- Close monitoring of the managerial and operational components of the operation must be set up as part of this operation to limit administrative bottlenecks such as those recorded in the signing of the Project Framework Agreement (PFA) of some DREF operations such as [MDRCD028](#) - Measles outbreak operation of 2019. This monitoring will help avoid delays in implementation and will improve the quality of the emergency response.
- The establishment of a funding process for activities and a liquidity plan in the financial management strategy of the DREF allocation will be used to ensure timely access to funds.
- Similarly, the deployment by the DRC RC of personnel dedicated to this operation will ensure more regular monitoring and the needed support to the National Society, which is already engaged in three emergency operations ([MDRCD033](#) – Meningitis response, [MDRCD034](#) - response to 13th EVD outbreak and [MDRCD035](#) – plague response), as well as other projects. The operational teams at headquarters will need this support as well as that of the IFRC Country Cluster Delegation in Kinshasa to ensure a quality response.
- It has been identified that appropriate and early advocacy with partners and communities on the Red Cross mission is a valued activity which eased understanding of the Polio response. The approach will be maintained as part of this response (like with DREF operation [MDRCD025](#) in response to a Polio outbreak) and will help to popularize the Red Cross's missions and response strategy with partners and leaders.

One of the key achievements to be strengthened is the use of local expertise, including in the selection of volunteers which will be prioritized at community level. Similarly, community feedback systems, where the DRC RC has proven its worth in its past response strategies, will be replicated in this operation.

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

The IFRC has a Country Cluster Delegation in Kinshasa and an operational sub-office based in Goma, which provide technical support to the 13th EVD response underway in Beni.

Soon after the resurgence of the EVD outbreak was announced, the Kinshasa Delegation convened a meeting with the National Headquarters of the Red Cross in Kinshasa and the Provincial Committee of the Red Cross of Equateur, supported by the team at the national level which is responsible for the technical management of

operations. Following this meeting, another meeting was held with the IFRC regional team to develop response strategies with IFRC support.

In terms of logistics, the IFRC has committed to making vehicles available for the next 3 months in the field with a contingency stock that it keeps at the disposal of the DRC RC field teams.

The IFRC Cluster Delegation in DRC will support the National Society in coordinating all activities within this DREF operation, including planning, implementation, monitoring, and reporting, as well as participation in monitoring/evaluation missions in localities.

The International Committee of the Red Cross (ICRC) always rallies alongside the DRC RC for support pending funding from other partners, and through its delegation in Kinshasa, will facilitate the operations of the DRC RC and the IFRC in the Equateur through information exchange on security aspects.

A discussion is underway in Kinshasa with the French Red Cross for its support in infection prevention and control (IPC).

To ensure proper coordination, the DRC RC with its traditional partners has established two levels of coordination: at the headquarters level in Kinshasa, and at the provincial level in Mbandaka. These coordination cells are meeting to monitor the progress of activities on the field. In all these coordination of the ongoing operation, the management of the DRC RC will be supported by the IFRC, which has the mandate to supervise emergency outbreak responses. Other Movement partners will also provide support, depending on their capabilities and expertise.

Overview of other actor's actions in the country

The Government, through the Ministry of Health, has organized a coordination at the national and provincial level in Mbandaka with a response that is intended to be zonal and community based. Thus, at the local level, a coordination of the response meets every morning along with the technical commissions; the DRC RC intervenes in pillars related to the SDB, RCCE, Community Health, PSS and PSEA.

Five (5) partners are currently in Mbandaka: WHO, UNICEF, MSF, OXFAM and the DRC RC.

United Nations agencies such as WHO and UNICEF support the coordination through the Provincial Health Division (DPS). Provincial health authorities, with support from OCHA, are in the process of drafting a multisectoral response plan. Other organizations such as MSF and Oxfam are present in the area and participate in the coordination meetings where each partner presents their activities for the beginning of the response. For now, the DRC RC does not have details on the actions that these partners are undertaking. A meeting is planned to define the roles and actions of each partner in the coming days.

Needs analysis, beneficiary selection, scenario planning and risk assessment

Needs analysis

Based on the information confirmed to date, given the number of contact cases, the current Ebola outbreak affects two health zones (Wangata and Mbandaka) out of the three in the city of Mbandaka in the Equateur province. The city has 5 general hospitals and 55 health centres. Lingala is the language most spoken by the population.

According to reports from Mbandaka DPS and information collected by the DRC Red Cross in the community, the needs related to this Ebola resurgence in the city of Mbandaka are as follows:

- **Needs for community case surveillance and community health**

The DPS has established its priorities in the 3 health zones of Mbandaka and maintains a surveillance on some towns and cities near the city of Mbandaka. Thus, the Wangata health zone is the epicentre of the outbreak with 11 health areas and an estimated population of 170,010 inhabitants-- Mbandaka health zone has 15 health areas with 255,068 inhabitants, and the Bolenge health zone has 11 health areas and a population of 125,180 inhabitants. Some contacts are already recorded in Bolomba, 400km away from the Mbandaka River and in Ingende, which is 200km from Mbandaka. Thus, emphasis should be on contact tracing and active case finding at community level, to ease early detection in order to limit the spread of the disease, thus ensuring a rapid control of the outbreak. It is, therefore, extremely important and urgent to react quickly to this outbreak, to contain the disease and limit its impact.

- **Needs relating to risks communication and community engagement**

The city of Mbandaka with 3 health zones, has many communication and mobile telephone infrastructures with a presence of community and commercial radios including television along with networks such as Airtel, Vodacom and Orange which are the sources of information and interaction between people. Its 3 health zones are in permanent contact with other shopping centres: Ingende, Bolomba, Lisala, Boende, Kisangani, Kinshasa and even Bangui in

the Central African Republic and the city of Ifondo in Congo-Brazzaville. Lingala is one of the main languages of communication in Equateur province. The Twa, also called pygmies, are mainly located in four provinces of the DRC including Equateur. The population is marginalized, vulnerable and subject to discrimination. The RCCE approaches need to consider the specific needs of these minority groups by focusing on their trusted sources of communication. The composition of Red Cross teams will also need to reflect this ethnic diversity for better engagement with minorities who were most affected and hard to reach during the 2018 outbreak. Previous EVD control operations in Equateur have also relied on networks of traditional healers to strengthen people's knowledge of the outbreak to limit exposure to the virus among these at-risk groups and those seeking their services. The skills developed within the teams of the Equateur branch on the use of radio is an asset for the effective use of this medium to engage communities on topics related to the outbreak, while offering them a platform to express their expectations and needs for information and other topics of interest to them.

It is thus essential to strengthen prevention around the epicentre and risk communication in all three intervention areas.

- **Safe and Dignified Burial (SDB)**

Safe and Dignified Burials (SDB) are not provided by other organizations, except for the Red Cross, which has the lead in terms of SDB in the country, in support of the civil protection. As such, there is a need for support from the teams in the field, in terms of supplying equipment (SDB kits, protective equipment, hoes and shovels to dig the graves, sprayer, chlorine, etc.), especially since the government mandated the NS to handle the Safe and Dignified Burials.

Targeting

The response of the DRC RC will be focused in the three health zones of the city of Mbandaka, namely: Mbandaka, Wangata and Bolenge, with a total population of 408,265 (68,044 households). Indeed, according to OCHA, in 2021, the total population of the city of Mbandaka, with 37 health areas, was estimated at 408,265 as shown in the following table:

Province	Territory	Health zone	Pop_2021
Equateur	Mbandaka	Bolenge	91,975
Equateur	Mbandaka	Mbandaka	155,727
Equateur	Mbandaka	Wangata	160,563
Total			408,265

It should be noted that contact registration activities will be carried out throughout the city of Mbandaka, covering the three areas of Mbandaka, Wangata and Bolenge.

This main target area will be able to quickly expand in case of a confirmation of information indicating a wider spread of the outbreak, with the mixing and the commercial fluidity on the Congo River. In addition, the plan includes a secondary targeting in nearby health zones (Ingende, Bolomba, Kalamba, Bikoro, Itipo and Iboko) in the Equateur province and neighbouring countries for key information sharing and preparedness measures.

Scenario Planning

The DRC RC, with the support from Movement partners, has opted for the following strategies to respond to this outbreak: contact tracing, case investigation, with a health promotion strategy, health promotion including risk communication and community engagement, safe and dignified burial as well as psychosocial support, screening, awareness-raising and referencing of suspected cases, prevention of sexual abuse and exploitation, gender protection and inclusion, and security of field actions.

Scenario	Humanitarian consequences	Potential response
Scenario 1: The outbreak is contained in the health zones of Wangata, Bolenge and Mbandaka. The disease has not spread to other nearby health areas and zones in the next three months.	<ul style="list-style-type: none"> - No spread of the disease to other health zones. - The outbreak is controlled within 3 months. - The health system can manage the disease. 	The response will be limited to the implementation of this DREF operation as described in this emergency action plan. Pre-activation of SDB teams in nearby areas, for the orange and red phase.
scenario 2: The outbreak is spreading throughout the Health Zone as well	<ul style="list-style-type: none"> - Number of confirmed cases increases - Deaths are on the rise 	The DRC RC and the IFRC will update the emergency action plan to increase the coverage

<p>as the other surrounding health zones, Ingende, Bolomba, Kalamba, Bikoro, Itipo and Iboko.</p> <p>The health system is overwhelmed as cases increase and is struggling to control the outbreak within the next three months.</p>	<ul style="list-style-type: none"> - Fear sets in within the community - The health system is struggling to control the outbreak - Poor communities' collaboration with the staff engaged in the response at the community and health centres level 	<p>area through a second DREF allocation or emergency call, and the engagement 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 led to a significant increase in displacement, spreading the outbreak beyond the Equateur province to neighbouring countries (Congo Brazzaville and Central African Republic).</p> <p>Several regions are beginning to report outbreaks.</p>	<ul style="list-style-type: none"> - The health system is overwhelmed - Insecurity issues are superimposed on the outbreak, making it more difficult to respond (with a possible risk also for ETC sites) - Attack on the members of the communities against the hired staff engaged in the response at the community and health centres level 	<p>The DRC RC and IFRC will launch an Appeal to address increased humanitarian needs through the mobilization of domestic and international resources.</p> <p>All areas of Equateur will be reactivated and formed.</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>

Operational Risk Assessment and mitigation measures:

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

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

1- Infection of DRC RC employees or volunteers

- Facilitating the vaccination of volunteers
- Establishment of health care service corridors for DRC RC employees or volunteers
- Provision of PPEs (personal protective equipment)

2- Deterioration of the security situation in the area

- The security situation in the city of Mbandaka is relatively calm. However, the outlying districts of the city are troubling with the presence of groups of uncontrolled youths. The DRC RC will ensure the implementation of security protocols and the visibility of its teams. That said, this situation cannot prevent the DRC RC from carrying out the response activities because it is accepted and carrying out above-mentioned activities.

3- Expansion of the affected area outside the two health zones in the city of Mbandaka

- Mitigation: flying teams, preparation in the Bolenge health zone, notice (pre-activation) of EDS teams throughout the zone.

4- Transmission of COVID-19

Since the beginning of the pandemic on 10 March 2020, the cumulative number of cases in Equateur as of 23 April 2022 was reported to be 599 cases with a low vaccination rate; which represents a spread risk in addition to the current crisis. As Government auxiliaries, National Red Cross and Red Crescent Societies have an important role to play in supporting national operations focused on pandemic preparedness, containment, and mitigation. This places the DRC RC in favourable conditions to facilitate the continuity and maintenance of Covid-19 activities supported within the framework of the Movement. This can be summed up in the activities of ensuring the health, safety of staff and volunteers, developing specific plans for emergency health services. As such, the actions of the National Society dedicated to COVID-19 and those carried out as part of this DREF operation will be mutually beneficial and will be based on common synergies.

This DREF operation is aligned with and will contribute to the current global strategy and the regional Emergency Action Plan for Covid-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. The National Society will continue to monitor the situation closely with a focus on health risks, and will

revise as necessary, taking into account the development of the COVID-19 situation and the operational risks that may develop.

5- Transmission of cholera

In 2021, from epidemiological week 1 to 37 (ending September 19, 2021), 4,952 suspected cases of cholera including 97 deaths (case fatality rate 2.0%) were recorded in 76 health zones across 14 provinces of the Democratic Republic of Congo, including Equateur (to date in 2022, 2 positive cases with one death). The risk of an upsurge in cholera cases in other parts of the country is significant due to limited access to safe drinking water, poor hygiene and sanitation conditions and the beginning of the new rainy season.

B. Strategy of the Operation

Operational objective

Collaborate with external partners to prevent and reduce morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Mbandaka, in the affected area and prepare in the neighbouring health zones in Equateur province the response pillars that will be active in this resurgence. The three health zones of the city of Mbandaka and the surrounding areas will benefit from an EPIC training package (PSSBC/ECV/CEA/PFA) for all volunteers, level 1 training, to limit health risks within their communities, as well as on basic health activities at the community level.

As an auxiliary to the public authorities, the DRC RC is engaged in awareness-raising activities in three health zones (Wangata, Mbandaka and Bolenge) in the city of Mbandaka.

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

1. Based on our integrated community health intervention strategy, mobilize teams of 166 volunteers and 16 supervisors in the three target health zones for Risk Communication and Community Engagement related to the Ebola outbreak but also for COVID19, whose level of community exposure remains high while vaccination acceptance is low;
2. Mobilize 4 rapid intervention teams (42 volunteers and supervisors) to support families in securing bodies for burial, referencing suspect cases at the treatment centre and collecting samples for laboratory analysis.
3. Mobilize 33 volunteers and supervisors to raise awareness on good practices in the health care structures, to protect the health care staff of the affected area, secure the entry and exit routes of the affected area as well as the health care structures targeted by tracking known contacts, the suspected case who went to the healthcare facilities for alerts.
4. Monitor the psychosocial support of families who are victims of the disease and volunteers who are victims of community stigmatization.
5. Promote the practice of protection, gender and inclusion, referring to stigmatization of all kinds on victims of the disease and their families; Mobilize volunteers in the context of prevention and support for victims of gender-based violence and prevention against sexual abuse and exploitation.

In addition, the operation will be used to support the response interventions of the DRC RC in the affected area and the neighbouring health zones at risk and deploy resource staff from the National Society of other provinces to support the ongoing action in the North Kivu province in case of identified gaps.

Detailed operational strategy

This initial plan provides for activities for 3 months. The initial 4-week phase will focus particularly on life-saving interventions in the main area and risk communication and community engagement around Ebola in nearby health zones.

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

The plan envisages the deployment of three IFRC surge personnel to reinforce the DRC RC during implementation, especially an operations coordinator, a health coordinator, and a finance coordinator. The additional support will be facilitated by IFRC delegates who are on the ground and the DRC RC team will consist of a National, Provincial Chief of Operations, a provincial assistant of operations, team leaders and different technical sectors (logistics, finance etc.) depending on the scale of the response.

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

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

The DRC RC will engage in an immediate response with the objective of saving lives by using the human and material capacities available from the Ebola outbreak from 2018 to 2022 to engage in activities entrusted by the government through the Ministry of Health. The flagship activities to be implemented are:

- The tracing of contacts by volunteers trained in EPiC and also in active case finding (early detection) and referral of suspected cases to health care structures.
- Deployment of 24 SDB volunteers per day for the duration of the operation (16 weeks)
- Risks Communication and Community Engagement (RCCE) through:
 - the promotion of good sanitation and hygiene practices by relying on local and trusted mass communication channels among different target groups including Twa ethnic minorities and people with special needs,
 - the development and updating of key messages on EVD and COVID-19,
 - support to community-based initiatives and solutions to support the response,
 - support within the RCCE coordination and the community feedback working group for the establishment and management of a common community feedback system.

DRC RC will capitalize on the experiences and expertise gained from previous outbreaks. A team of 166 volunteers and 16 supervisors will be mobilized for the activities of the RCCE. These volunteers will be deployed daily during the first two weeks of the operation. The local approach will be prioritized in the selection of volunteers who must be members of target communities, also reflecting the ethnic diversity of the affected groups and at risks and having a good command of local languages and cultural specificities including those of vulnerable Twa layers who are more exposed to the virus, in order to ensure a good engagement and participation of all in the actions. These volunteer teams will be supported by two national and provincial focal points, including a team of two encoders and an information manager in support of the community feedback mechanism that will be set up within the RCCE inter-agency coordination.

- Training of traditional practitioners and community leaders to know the disease so as to support the community RCCE
- Psychosocial support, ERP and PSEA/PSHEA;
- The support of families through safe and dignified burials and the organization of the transportation of samples (swab); as co-lead, we will support two supervising volunteers to support the SDB sub-committee;

The intensification 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.

DRC RC will target people in the affected health zone with health promotion activities including risk communication and community engagement. Volunteers will be mobilized to support the early detection of new cases through active case finding and contact tracing. The DRC RC stands ready to support the government in safe and dignified burial (SDB) activities including swabs, home disinfection and direct psychosocial interventions with those affected.

This will address the immediate Ebola awareness needs of affected communities and at-risk areas, as well as the need for government support for psychosocial interventions, safe body management, and disinfection of homes and areas where suspected or confirmed cases have been present. All this will be based on the local traditions and cultures.

The table below details the number of volunteers by pillar.

N°	Pillar	Number of Volunteer	Number of supervisors	Overall total
01	EPiC/RCCE	166	16	182
02	SDB/EIR	38	4	42
03	Screening:	30	3	33
04	PSS	30	3	33
05	Safety practices	2	1	3
06	Support services (under the leadership of IM supervisors, Logistics, etc.)	10	8	18
Total		276	35	311

Community health volunteers in charge of contact tracing will also receive specialized retraining in coordination with WHO, the Ministry of Health and FOSA to revive alert activities for cases of suspicious diseases and/or deaths.

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

Support Services

In terms of **financial management**, the DRC RC will deploy a finance officer to support during the duration of the operation in coordination with the IFRC

With regards to **human resources**, the IFRC will deploy, at the beginning of operation, two surge staff with an operational coordination and finance profile to support the DRC RC in the evaluation, planning, coordination, implementation, and monitoring of the operation. Technical support in the RCCE will be provided by the RCCE technical advisor of the Cluster in coordination with the counterpart of the National Society. The DRC RC will mobilize its technical teams in the different pillars to support the response. Indeed, technical advisors at the provincial level (finance, logistics and RCCE) will be deployed during the duration of the operation, under the supervision of the health coordinator at national level. The costs of their deployments will be covered through this operation.

All the support services of the Cluster, Administration, Logistics, Finance, PMER will provide technical support to the NS through their counterparts. The DRC National Office will assume the overall responsibility for the implementation, reporting, compliance, and financial management of this project. In addition, given that the DRC is a Francophone National Society, it is important to emphasize the need to translate this **EPoA**, any possible updates of operations and final reports from French to English and from English to French, in order 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 for the coordination of available means of transportation for accessibility to the affected area, including WFP communication equipment including UNHAS flights. This will serve to strengthen the **logistics component** of the response.

The National Society has an **active Business Continuity Plan (BCP)** that states that staff continues to optimally deliver their essential services despite disruptions. In coordination with the DRC IFRC Delegation, the Regional Office will provide ongoing support for the continuity of the National Society's activities.

Safety practices: To reduce the risk of personnel falling victim to crime, violence, or health and road hazards, active risk mitigation measures must be adopted. This includes monitoring the situation and implementing minimum security standards. All Red Cross and Red Crescent staff actively involved in operations must have completed the IFRC's online safety training courses (personal safety, security management or volunteer security). The National Society's security framework will be applied throughout the operation to protect personnel and volunteers. The IFRC Regional Security Unit will provide active support by conducting security analyses to enable the team to implement risk management measures taking into account the latest developments, monitoring the security environment, providing technical advice and ensuring that any internal/external security-related incidents or emergencies are immediately and adequately managed and reported to the security and the Regional Director.

The security situation in Equator Province in general and in Mbandaka has remained relatively calm for a long period. No major incidents have been reported for over a year. However, the Ebola resurgence is likely to have a definite impact on the supposedly calm security situation in the area. It is therefore important to have an appropriate assessment of the context in which EVD teams including RC/RC will deploy in order to eradicate the new outbreak.

The threat actors that are likely to impact safety and security in the area exist. They include:

- former DRC rebels based in Congo Brazzaville,
- unresolved inter-community / inter-ethnic conflicts,
- unrest / tension, political / economic / social motivation,
- demobilized soldiers or ex-combatants,
- uncontrolled / ill-disciplined security forces,
- illegal traffic of firearms,
- unemployed people/involvement of youth in criminal activities in main towns,
- UXOs,
- road traffic accidents,
- aircrafts crash,
- capsizing of boats,
- other natural disasters such as flood, heavy rainstorms, and lightning.

According to police and public sources, crime is currently the cause of concern in the town of Mbandaka. There is the phenomenon called "Kuluna" which consists of assaults, violent/armed robberies in the streets or in the residences perpetrated by groups of bandits who operate day and night. Despite the multiple operations of the PNC, this situation remains.

Besides this, there is poverty and lack of infrastructure in the locality. In addition to the dilapidated state of most of the buildings in Mbandaka town due to lack of maintenance, the vast majority of the roads are in very poor conditions that make road movements very hard and may jeopardize the road safety of the personnel. The waterways remain an option, but the lack (poor) of logistics support will make it difficult to have secure boats for operations. The possibility of using motorcycles exists but will face security risks in a locality where crime is assessed as substantial.

To reduce the risk of personnel falling victim to crime, violence, or health and road hazards, active risk mitigation measures must be adopted. This includes monitoring the situation and implementing minimum security standards. All Red Cross and Red Crescent staff actively involved in operations must have completed the IFRC's online safety training courses (personal safety, security management or volunteer security).

The National Society's security framework will be applied throughout the operation to protect personnel and volunteers.

In preparation for the launch of the new global edition of Stay Safe 2.0, the Safety Unit encourages staff and volunteers to complete levels 1 to 3 of the following safety modules:

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

The IFRC Regional Security Unit (RSU) will provide active support by conducting security analyses to enable the team to implement risk management measures taking into account the latest developments, monitoring the security environment, providing technical advice and ensuring that any internal/external security-related incidents or emergencies are immediately and adequately managed and reported to the security and the Regional Director.

C. Detailed operational plan



Healthcare

People targeted: 408,265

Men 200,866

Women 207,399

Requirements (CHF): 283,743

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

Population to assist: The entire population of the 3 targeted health zones: 408,265

Implementation standards: Activities in this sector will follow WHO's strict rules and standards for preventing and controlling the spread of Ebola.

P&B Output Code	Health Outcome 1: The spread and impact of the outbreak are reduced through community outreach in affected health zones	% of contacts that were successfully followed up in the previous 24 hours (Target 100%)															
	Health Output 1.1: The government is assisted by volunteers from the DRC RC for surveillance and contact tracing.	<ul style="list-style-type: none"> # of volunteers trained in EPiC level 1 during this response (Target: 311 volunteers) % of people we have lost track of (target: 0%) 															
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	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 311 volunteers (all included in the response) on EPiC Level 1 on the signs and symptoms of Ebola, outbreak management, and community engagement and accountability (to the extent of available training capacity).		■	■													
AP021	Perform contact tracing in affected and surrounding health zones using the necessary and available tools for data collection.		■	■	■	■	■	■	■	■	■	■	■				
AP021	Work closely with RCCE volunteers on raising awareness on different themes in selected health zones and areas.			■	■	■	■	■	■	■							
			■	■	■	■	■										

P&B Output Code	Health Outcome 2: The psychosocial consequences of the outbreak are reduced by the direct support to the exposed and infected populations in the health zones of Wangata, Bolenge and Mbandaka	<ul style="list-style-type: none"> % of people confirmed or suspected of having been affected by EVD receiving PSS support (target:100%) 															
	Health Output 2.1: The population of the affected areas of the city of Mbandaka receives psychosocial support during and after the outbreak.	<ul style="list-style-type: none"> # of supervisors and volunteers trained in HSP (Target: 33) % of personnel and volunteers who feel supported (PSS) in their activities (Target: 100%) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Retraining of 30 volunteers and 3 supervisors in psychosocial support																
AP021	Provide psychosocial support to families who have lost family members using culturally appropriate and accepted approaches																
AP021	Support of staff and volunteers throughout the operation																
AP021	Referencing to health facilities (FOSA)																
P&B Output Code	Health Outcome 3: Social mobilization, risk communication and community engagement activities are carried out to limit the spread and impact of EVD	<ul style="list-style-type: none"> % of target community members reached by health messages (Target: 100%) 															
	Health Output 3.1: The preparatory work is carried out to ensure that about 30% of the population of the affected areas of the city of Mbandaka will be sensitized concerning the social mobilization campaign of the DRC Red Cross and of the EVD operation in the broad sense.	<ul style="list-style-type: none"> % of community suggestions and comments considered or responded to (80%) # of radio broadcasts (Target: 32) # of social mobilization sessions organized (Target: as necessary) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021																	
AP084	Adaptation and multiplication of information and broadcasting medium in the targeted localities																
AP021	Health education, Community engagement, social mobilization through proximity channels (door to door gathering places, schools, influencers key informants & traditional practitioner																
AP021	Consult/support community networks through better access to up-to-date EVD and COVID19 information in their trusted languages and channels																
AP021	Contract with Muana radio as part of interactive programs on EVD (two weekly programs over three months)																
AP021	Identify and organize a two-day briefing for radio volunteers. the pool of radio volunteers will consist of 10 people with radio experience																
AP021	Produce and broadcast in partnership with Muana radio weekly health education programs on EVD																
AP084	Adapt feedback tools to the operational context																

AP084	Organize a one-day briefing on the community feedback system for volunteers mobilized for the operation																		
AP084	Print and make available to the teams the forms for collecting community feedback																		
AP084	Identify and deploy the management team of the NS feedback system (one information manager and two encoders)																		
AP084	Identify and deploy an NS field officer at the branch level with skills in the approach and tools of the CEA. Deployment over the entire duration of the operation																		
AP021	Reproduce a dozen image boxes on EVD for the use of community mobilizers																		
AP084	Contribute to the establishment of a common feedback system to listen, document and respond to community feedback on EVD and COVID19																		
AP084	produce a weekly report on feedback in the framework of inter-agency coordination and discuss actions to be taken in response to the concerns of the communities																		
AP021	Participate in RCCE coordination meetings at all levels;																		
AP021	Develop / update and validate key messages on EVD as well as question sheets and answers for the use of volunteers involved in RCCE activities																		
P&B Output Code	Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carrying out SDB under optimal cultural and safe conditions in the Mbandaka city area.	<p><i>% Of deceased people for whom SDB were successfully carried out (Target: 100%)</i> <i>% of suspected cases who are deceased were buried within 24 hours of the initial alert</i></p>																	
	Health Output 4.1: The affected population is helped by safe and dignified burial and decontamination activities	<ul style="list-style-type: none"> <i># of volunteers trained/retrained on the SDB (Target 42)</i> <i>% of swabs successfully completed for deaths reported to the Red Cross (100%)</i> <i>% of EDS volunteers of the Red Cross who are fully vaccinated (100%)</i> <i>% of decontamination alerts that were carried out by CR teams on the same calendar day. (Target: 100%)</i> 																	
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Retraining of 38 volunteers and 4 supervisors to conduct dignified and safe burials.																		
AP021	Provision of disinfection equipment and protective equipment to the team																		
AP021	Disinfection of areas where there are confirmed or suspected cases, including outbreaks affected by Ebola																		
AP021	Setting up safe and dignified burials in partnership with communities																		
AP021	Sensitization of members of affected households																		



Protection, Gender and Inclusion

People targeted: 408,265

Men 200,866

Women 207,399

Requirements (CHF): 2,567

Needs analysis: The DRC aims to support the most vulnerable during the 14th EVD outbreak. During the needs assessment, data disaggregated by sex, age and disability (SADDD) will be collected and analysed to better inform the emergency response.

Population to be rescued: All people who need support in this area (men, women, boys & girls)

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

P&B Product Code	Outcome 1: Protection, Gender and Inclusion Communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, due to violence, discrimination and exclusion.	% of people affected by Protection, Gender and Inclusion activities (Target: 408 265)																
	Integration and Protection Product 1.1: NS programs improve equitable access to basic services by taking into account different needs based on gender and other diversity factors.	• # of need assessment including the PGI (target:1)																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP031	Continual training and retraining of volunteers on PSEA-PGI																	
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 NS 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)																	

P&B Output Code	Integration and Protection Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children	<ul style="list-style-type: none"> # of staff and volunteers trained on PSEA and addressing sexual and gender-based violence (target: 311) # of NS staff and volunteers who of have signed and been briefed on the Code of Conduct. (target: 311) 																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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 information available for any concerns about child protection																	
AP034	Volunteers, staff and providers signed, are briefed and receive information on child protection policy/guidelines																	

Strategies for Implementation

Requirements (CHF): 201,295

P&B Output Code	Outcome S2.1: An effective and coordinated international response to disasters is ensured Output S2.1.4: Deployment of rapid response personnel	# of Surge personnel deployed for the operation by the IFRC (Target 2)																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP046	preparation for the arrival of the IFRC support staff																	
AP046	Deployment of DRC RC support staff at the national and provincial level (1 Director of Emergency Response, 1 Assistant in charge of Health Emergencies, Logistics Assistant, 1 Head of Health Division).																	
AP046	Deployment Surge public health profile (1) and operations management (1) by IFRC																	
P&B Output Code	Outcome S3.1: The IFRC Secretariat, as well as National Societies, use their unique position to influence decisions at the local, national and international levels that affect the most vulnerable. Output S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.	<ul style="list-style-type: none"> # of documentary films produced (Target: 1 Per pillar) # Number of articles published on the operation (objective: 3 articles) 																

Activities planned		Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	Production of materials of communication, of visibility, documentary films and media coverage of the operation																	
AP049	Translation work (EPoA, Op's update and final report)																	
P&B Output Code	Output S3.1.2: The International Federation of Red Cross and Red Crescent Societies (IFRC) produces high-quality research and evaluation that feeds advocacy, resource mobilization and programming	# of workshops on lessons learned organized (Target: 1 workshop)																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP049	Organize workshop on lessons learned																	

Budget

The amount required for the implementation of this emergency action plan is CHF 487,605 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss Francs
(CHF)*

DREF OPERATION

MDRCD036 - DRC - 14th EBOLA VIRUS DISEASE OUTBREAK

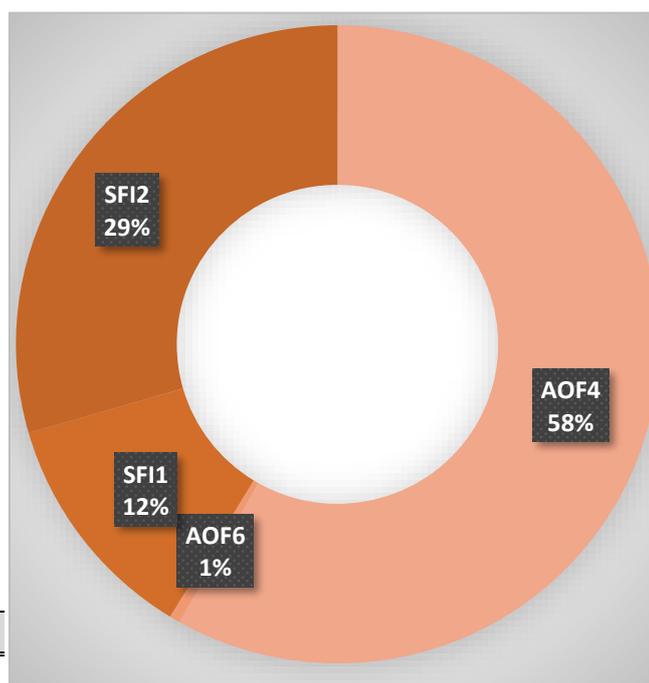
28/04/2022

Budget by Resource

Budget Group	Budget
Medical & First Aid	8,649
Teaching Materials	7,694
Relief items, Construction, Supplies	16,343
Transport & Vehicles Costs	23,639
Logistics, Transport & Storage	23,639
International Staff	74,161
National Society Staff	77,313
Volunteers	172,041
Personnel	323,514
Professional Fees	5,562
Consultants & Professional Fees	5,562
Workshops & Training	30,733
Workshops & Training	30,733
Travel	17,888
Information & Public Relations	5,225
Communications	10,058
Financial Charges	4,635
Other General Expenses	20,248
General Expenditure	58,054
DIRECT COSTS	457,845
INDIRECT COSTS	29,760
TOTAL BUDGET	487,605

Budget by Area of Intervention

AOF4	Health	283,743
AOF6	Protection, Gender and Inclusion	2,567
SFI1	Strengthen National Societies	57,602
SFI2	Effective International Disaster Management	143,693
TOTAL		487,605



Reference Documents

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Click here

- Previous Appeals and updates

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

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For In-Kind donations and Mobilization table support:

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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.