

# Operation Update 1

## DRC: Plague outbreak in Ituri

<b>DREF Operation n°</b> MDRCD035	<b>GLIDE n°</b> <a href="#">EP-2022-000202-COD</a>
<b>Operation update report n° 1.</b> <b>Date of issue:</b> 29 July 2022	<b>Timeframe covered by this update:</b> 22 April 2022 to 30 June 2022
<b>Operation start date:</b> 22 April 2022	<b>Operation timeframe:</b> 5 months <b>and new end date:</b> 30 September 2022
<b>Funding requirement: CHF 125,337</b> <b>For total operation budget: CHF 312,460</b>	<b>DREF amount initially allocated:</b> CHF 187,123
<b>N° of people being assisted:</b> 241,162 People (36,228 Households) <ul style="list-style-type: none"> <li>For the response: 88,087 people in Rethy health zone/health areas (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo)</li> <li>For preparedness: 153,075 people in Rethy health zone/area (Terali, Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo), Gengere in Angumu health zone and then the 7 neighbouring health zones of Rethy (ANGUMU, KAMBALA, MANGALA, FATAKI, LOGO, LINGA and RIMBA)</li> </ul>	
<b>Number of people reached as of 30 June 2022:</b> 65,829 people (9,889 HHs)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> IFRC (International Federation of the Red Cross and Red Crescent) and ICRC	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health: National Institute of Biomedical Research (INRB), OCHA, OMS, UNICEF, MEDAIR et MALTESER	

### Summary of major revisions made to emergency plan of action:

This operation update is to inform on the implementation progress in response to both the bubonic and pneumonic plague through a DREF launched on 22 April 2022 and extend the operation to respond to the two plague outbreaks for two additional months.

The main changes supported by this update are as follow:

- Notification of a case (01) of pneumonic plague declared by MoH on 27 May 2022 in Lokpa health area, tested positive by rapid diagnostic test (RDT). Pneumonic plague can be transmitted from person to person, while bubonic plague cannot.
- The epidemic has spread beyond the 3 initial Health areas including Gudjo, Rethy and Kpandroma from Health Zone of Rethy (HZ). 400 bubonic cases have been reported since April against 58 cases at the launch of this DREF response. Total at risk Health Zone are Rethy and neighboring HZ of Rethy: Angumu Kambala, Mangala, Fataki, Logo, Linga and Rimba.
- Continuous lack of diagnostic tests, with pneumonic plague requiring safe burials for all positive cases deaths given the transmission mechanism through human secretion.

In view of its role as an auxiliary to the public authorities, the DRC RC, is thus required, following the MoH and WHO indications, to update the operational plan for more impact with the following changes undertaken:

- Increase total target of the operation from 91,738 people to 241,162 people.
- Direct target changing from 35,995 people in 3 affected areas to 88,087 people for 6 affected areas (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo in Rethy Health Zone). Extension of the

initial response and inclusion of pulmonary response with adequate protection material, prevention, SDB and Vector control activities for direct target.

- Communities' prevention activities and National Society preparedness actions in 8 Health Zone neighbour of the affected health areas. This indirect target changing from 55,743 people to 153,075 people. 5% of the population.
  - Eight (08) health areas adjacent to the 6 epicenters (Terali, Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo in the Rethy HZ) and Gengere in the Angumu Health Zone,
  - Seven (07) neighbouring health zones of Rethy. Angumu, Kambala, Mangala, Fataki, Logo, Linga and Rimba)

This will involve strengthening of capacities in, CEA, Wash and PSS through the following main activities:

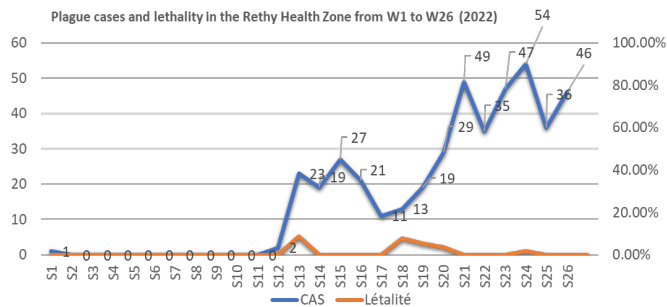
- Enhanced surveillance with 98 additional volunteers trained and deployed in the 6 affected health areas and 8 adjacent areas. Total activated volunteers will be 240 in 14 health areas.
- Increase capacity for contact follow-up in the 14 health areas and infection prevention.
- Capacity building of all the community health volunteers added, using the EPiC model, to increase the capacity to detect and refer cases in the community to health centres.
- Strengthening of the RCCE strategy through the increase of the capacities of the teams to focus on radio, the feedback system including the strengthening of skills in interpersonal communication, necessary for the effective continuation of health education actions on the fight against plague. Enhance the information mechanism to communities on the disease to increased community surveillance in the villages.
- Sensitise of the overall target populations in good to build granaries to separate community members (households) from agricultural and pastoral products that attract rodents (sources of contamination).
- Provision of adequate Protective material for the plague burials and sanitation with PPE needed for plague burials which should include a gown, goggles, N95 masks and gloves.
- Strengthen the capacity of the Wash/ interventions to control fleas and rodents with
  - The provision of additional material for sanitation in the villages: shovels, caoutchouc gloves, mask and wheelbarrows for clearing brush, digging rubbish pits to keep rats out of households e.t.c. The formation of hygiene committees in each village which will support the promotion of individual hygiene messages and the setting of all the sanitation activities.
  - Support health areas for desensitisation.
- Deployment of an DRC RC information management (IM) focal point in Bunia (Ituri)
- The deployment of the planned surge is cancelled following the security rules in place in Bunia, which not allowed to carry out activities in the health zones of Bunia and international staff presence. However, the IFRC team based in Kinshasa and Bunia continues to provide the necessary remote support to the DRC RC on this operation.
- Request an additional allocation of **CHF 125,337** for a total of **CHF 312,460 to cover the costs of the changes in the operational plan.**

## A. SITUATION ANALYSIS

### Description of the disaster

The 9<sup>th</sup> outbreak of plague was announced by the Provincial Health Division (DPS) of Ituri province on 4 April 2022 in the health zone of Rethy, Djugu territory in the Democratic Republic of Congo. Plague is endemic in this part of the country and cases of infection with enzootic variants of *Yersinia pestis* are frequently found in a large part of the wild rodent population.

According to the information available from the INRB, it is likely that all three clinical forms of plague (bubonic, septicemic, and pulmonary) are present.



HEALTH AREA	NUMBER OF CASES	CURE D	DEATH H	SUB-TREATMENT <sup>1</sup>
LOKPA	330	270	5	55
RASSIA	34	26	0	8
UKETHA	32	23	1	8
KPANDROMA	2	2	0	0
GUDJO	1	0	1	0
RETHY	1	1	0	0
<b>TOTAL</b>	<b>400</b>	<b>322</b>	<b>7</b>	<b>71</b>

Cases are primarily concentrated in three sanitation areas: Lokpa, Rassia and Uketha (as per the graph). Cases are up by more than 100% compared to the same period in 2021<sup>1</sup> when there was a total of 115 suspect cases and 13 deaths.

- As of 30 June 2022, the information communicated by MoH on the epidemiological situation show a suspected cumulative number of 400 cases with one (01) pneumonic case in Lokpa, compared to 58 when the Emergency Action Plan (EPoA) was issued on 22 April 2022.
- Pneumonic case was officially confirmed by MoH on 27 May 2022, thanks to rare diagnostic test available at the health Zone.

On the security front, there are reports of atrocities and violence attributed to militias/armed groups against the population of this territory (Djugu and its surroundings). This sometimes makes it impossible for other partners to intervene apart from the local Red Cross branch in Djugu. Similarly, the current lack of equipment greatly limits the response and the establishment of an effective system for fighting and limiting the disease. From DPS information, there is lack of laboratory tests for the diagnostic of plague as mentioned above but also medicines for the treatment of patients and a logistical problem for the transport of tests and materials. With the spread of the disease detailed above, the vulnerability of the population will remain high and there is an urging need to scale-up the response to include the current geographical expansion, changes in priority actions and set an appropriate response.

## Summary of current response

### Overview of Host National Society

In response to the current epidemic, the Red Cross Society of the Democratic Republic of Congo (DRC RC) has already mobilised 132 volunteers in the health zone of Rethy. These volunteers are mobilised according to the following sectors of the Red Cross response: community health including Risk Communication and Community Engagement (RCCE): Insect control with deltamethrin, to control fleas (by spraying), WASH and Psychosocial Support (PSS).

Within the framework of the community health/RCCE activities, the volunteers conduct information sessions on prevention, knowledge of the signs and symptoms of the disease and referral to the health centre for proper medical management of cases. The messages disseminated are developed within the RCCE sub commission, in collaboration with the health zone managers.





**9th Epidemic of Plague-Ituri**  
**Key results achieved**

<sup>1</sup> Please see detail reference here in the [link](#)

The actions target villages in general as well as specific groups according to their information needs and the need to encourage positive behaviour change among certain categories of the affected or at-risk populations. As outreach and mass communication are the usual and trusted sources of information among local populations, plague health education sessions are based on home visits, social mobilisation in public and busy places such as markets and churches, as well as schools, public transport groups, women's, men's, and youth groups including leaders and civil society actors.

In addition, the Red Cross is producing and broadcasting an average of 4 interactive radio programmes on a weekly basis on various plague-related topics, inspired by community feedback trends. These programmes, developed in partnership with two community radio stations broadcasting in the Rethy health zone and with a large audience in the surrounding areas, are a platform for responding to major community concerns about the epidemic, while ensuring that the rumours circulating around the resurgence are dispelled through up-to-date information relevant to the population and shared by experts from the Ministry of Health as well as influential people in the community.

In summary, the other activities carried out up to 30 June 2022 are summarised in the graph below with the key activities conducted listed alongside:

	<ul style="list-style-type: none"> <li>• <b>(47%)</b> of the <b>16</b> SDB alerts received were successfully responded to by DRC RC teams. Full SDB were conducted for <b>100%</b> of the bodies that tested positive.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>132</b> outreach volunteers (community health and RCCE) reached <b>61,829</b> people from the target population through home visits and <b>3,987</b> people through <b>15</b> mass sensitisation events</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>9,770</b> community feedback data points were collected by volunteers and analysed for informed decision-making in all areas of intervention.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2,515</b> households were disinfected, and 4 health facilities (FOSA) were decontaminated</li> <li>• The PSS teams reached staff and volunteers and then <b>1,625</b> people through <b>105</b> PSS activities.</li> </ul>

- 7 adapted Safe and Dignified Burials for plague-positive death cases<sup>2</sup> carried out in collaboration with the health zone, in the Lokpa (5 cases), Uketha (1 case), Rassia (1 case) health areas.
- 14 radio broadcasts carried out
- Spraying insecticides in 18 houses
- 101 follow-up visits to healed people carried out in 7 health areas for Psycho-social support.
- Contact tracing in the communities. 2,250 contacts monitored by volunteers based on the list of contact provided by the health zone to DRCRC,
- 9 patients transferred from the community to the health centre
- 50 SDB volunteers trained and mobilised among the 132 for secure burials.
- Participation in coordination meetings at the health zone and provincial levels.
- At the logistical level, there is also the contribution of the DRC RC for the transport of inputs from other actors in the response when necessary and within the framework of the coordination in place.

The teams on the ground use the skills acquired during training and experience in the management of epidemics (Ebola, COVID, and Plague) for disinfection, SDB and awareness-raising. Awareness-raising messages are mainly on sanitation and vaccination as a means of preventing epidemics, including against Covid-19.

### Material and human resources capacity

In terms of materials, the DRC Red Cross Ituri branch had a contingency stock of the 2020 Ebola emergency appeal, however, to date the stock has been used up after the allocation to teams for the plague response. The acquisition of burials equipment/ PPE, WASH for environmental sanitation is needed.

In terms of human resources, the Ituri branch of the Red Cross Society has mobilised 132 volunteers for the response. Given the scale of the current epidemic, it is important to mobilise other volunteers and train them in the EPiC (Epidemic Preparedness and Response in Communities) approach. All response teams will benefit from this training at different levels, in order to better integrate the new situation of EPiC 1 around a set of diseases with epidemic potential in the RETHY Health Zone.

<sup>2</sup> Laboratory test and suspected

## **Overview of Red Cross Red Crescent Movement in country**

IFRC has an office (Cluster) in Kinshasa and staff in Goma and Bunia who ensure the close management of all the crises in the east of the country in collaboration with the DRC RC. Since the beginning of the epidemic, technical, financial, and material support from IFRC has been put in place and continues to be provided for more effective interventions by the DRC RC.

Indeed, the IFRC office in DRC supports DRC RC in the coordination of all activities within this DREF operation, including planning, implementation, monitoring, and reporting, as well as participation in monitoring/evaluation.

As part of this humanitarian response, ICRC continues to work alongside the DRC RC through its sub-delegation in Bunia. It is helping to facilitate DRC RC and IFRC interventions in the area through operational coordination, monitoring the movements of staff and volunteers and regular information sharing on security aspects.

## **Overview of other actors in country**

- As part of the response to the epidemic, the Ministry of Health of DRC organises the coordination of activities at provincial (Bunia) and local (Central Office of the Health Zone) levels. The Ministry of Health through the health zones, hospitals, and the National Institute of Biomedical Research (INRB) carries out the screening tests
- WHO and UNICEF continue to support the Provincial Health Division (DPS) in Bunia in planning response activities and providing inputs/logistics. In July, WHO has trained the health Zone staff on Insect Control.
- The NGO Malteser has provided the health zone of Rethy with medications, including prophylaxis and deltamethrin for household disinfection. It also continues to support active case-finding.
- MEDAIR continues its interventions in the health zone of Rethy with the medical care of patients in the health area Lokpa.

More details on the interventions of other actors can be found in the [EPoA](#).

## Needs analysis and scenario planning

### Needs analysis

- **Overview and geographical location of the epidemic**

The epidemic started in Lokpa health area and spread to Rassia and Uketha health area. According to the line list of 15 June 2022, the plague epidemic had reached 3 new health areas (Rethy, Gudjo and Kpandroma). This makes 6 health areas in the Rethy health zone in epidemic. The sanitation area that has reported the majority of suspect cases remains Lokpa (330 cases/83%), however there is an increase in cases in Rassia (34 cases/9%) and Uketha (32 cases/8%). These 3 health areas have a total of 396 cases (99%). Djugu Territory in Ituri has 13 health zones, 7 of which border the Rethy health zone (Angumu,

Kambala, Mangala, Fataki, Logo, Linga and Rimba). These health zones are at risk of spread of the epidemic.

The main economic activity in the Rethy area is agriculture, livestock and small-scale trade. There is significant trade with the town of Bunia and Uganda on the border.

### Surveillance needs

Given the increase in cases, the spread of the epidemic into new health areas and the notification of cases of pneumonic plague, the priorities are strengthening surveillance in the 22 health areas that make up the Rethy zone: then in the 7 health areas neighbouring Rethy.

Training the preparedness teams in the 7 neighbouring health zones in the EPIC approach, as they border the Rethy

health zone.

Intensification of identification of cases, contact tracing and referral activities in the Rethy zone.

Reinforcement of measures to reduce the vector population and the risk of flea bites.

- **Community health and Risk Communication and Community Engagement (RCCE) need**

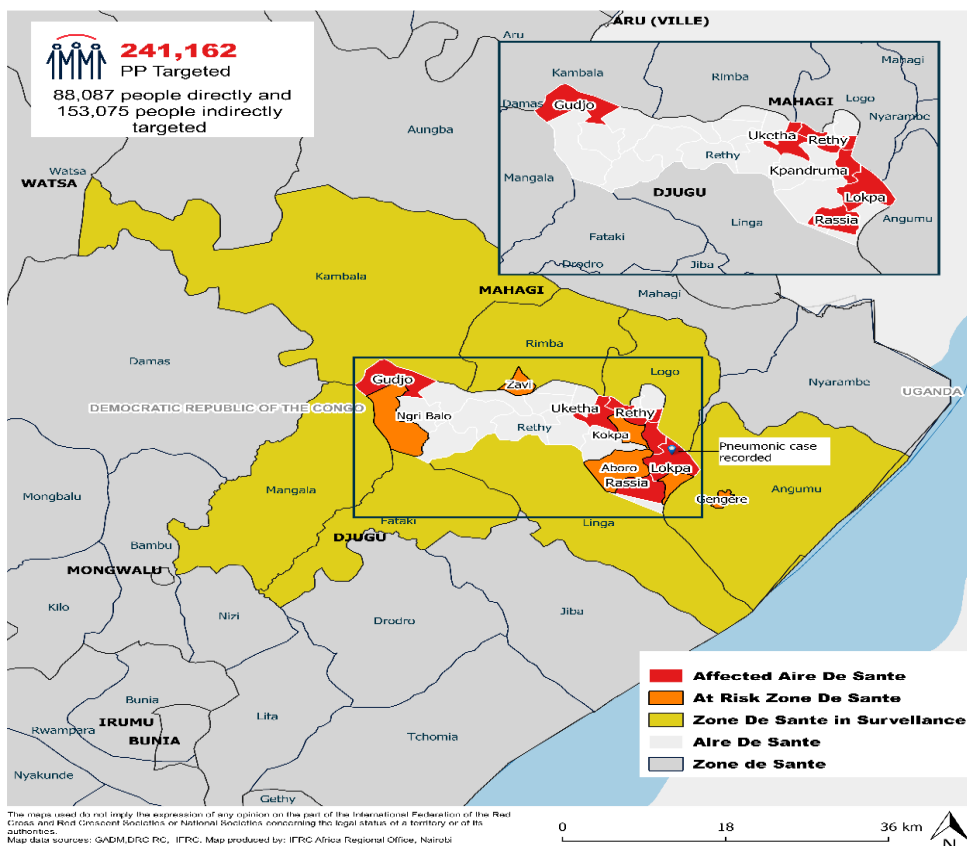
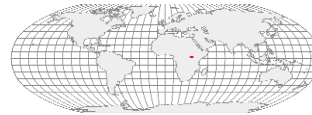
The analyses made during the monitoring and evaluation missions in the field enabled them to note weaknesses in terms of health education of the population. The majority of the population sleep on the ground on just a piece of cloth. This exposes them to the disease, as they are in direct contact with the transmission vectors which are fleas. The majority of households live in their houses with stocks of agricultural products. This attracts rodents which also transmit the disease. Several patients visited in hospital had large quantities of lice (up to 18 lice for some) on their clothes.

As communication is a key pillar in the response to an epidemic, the health zone now has the following needs:



DRC: Plague Outbreak

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Map data sources: GADM, DRC RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

- Intensification of awareness-raising activities in the 22 health areas and then in the 7 neighbouring health zones of Rethy on barrier measures for the prevention of lung and bubonic plague,
- Promotion of sanitation activities in the villages in the 22 health areas, then in the 7 health zones neighbouring Rethy
- Promotion of adapted Safe and Dignified Burials for plague activities in the 22 health areas, then in the 7 health zones surrounding Rethy

#### • **Adapted Safe and Dignified Burials (SDB) needs and protections for teams**

Safe and Dignified Burials being a mechanism that contributes to cut the chain of transmission and reduce the risks of the spread of the plague epidemic, the health zone is in a gap of:

- Training and deployment of additional volunteers in the 22 health areas; then in the 7 health areas neighbouring Rethy to reinforce identification of cases and information campaign in the areas around the affected health areas.
- There is a gap in the stock of PPE kits in the field to provide appropriate PPE to the teams engaged in the spraying activities, burials and environmental hygiene. As an example, during the trainings conducted by WHO for the Health Zone staff on 13 July 2022, during the simulation exercises, fleas come out of the walls and stick to the clothes.
- Prevention measures are needed for the communities as well as adequate protections for the teams following the [WHO](#) indications. The low knowledge of the disease and the lack of information in the villages is a chain for a rapid spread of the disease that need to be break. Especially with the confirmed case of pulmonary plague with emphasis the need of informing on the presence of zoonotic plague in the environment, advising them to take the necessary precautions against flea bites, animals and not to handle animal carcasses. People in general should be advised to avoid direct contact with infected body fluids and tissues given the pulmonary plague now declared and potentially spreading more over as there is no diagnostic test from now. Standard precautions should then be applied in the case of contact with potentially infected patients (all response teams) and when collecting samples (for health center).

The DRC RC should then ensure intensified team protection with appropriate PPE during the plague response in order to provide a barrier between the volunteer and the body fluids of the deceased person.

#### **WASH needs**

WASH activities are urgent needs to cut the chain of transmission. Current needs are as follows:

- Intensification of sanitation activities in affected villages is needed for insect control, environmental hygiene and households' hygiene improvement. the living condition detailed in the need analysis from Initial plan is still the same or getting worst in some areas affected by displacements.
- Formation of a hygiene and sanitation committee lead in affected villages,
- Increase the number of rubbish pits in the affected health areas to ensure proper management of household waste.
- Increase in the number of garbage pits in the affected health areas to ensure proper management of household waste.
- Sensitisation of the community to obtain granaries in each household in the affected health areas to separate the dwelling houses with the agricultural products that bring rodents into the households.
- Increase the number of beds to be built for the most vulnerable households, especially those who have notified a case of plague.
- Reinforcement of prevention measures against pneumonic plague with adequate messages to communities and protection of volunteers.
- Availability of deltamethrin for household disinfection to eliminate fleas, which are the main vectors of bubonic plague transmission.
- Organisation of rat removal campaigns and clean-up campaign in all affected health areas in priority and neighbouring health areas in second.
- Increasing the number of volunteers for all the much-needed awareness.

#### • **Psychosocial support (PSS) needs**

Any emergency or crisis affects the physical, and mental well-being of the individual or community, and this plague epidemic is affecting the psychosocial well-being of many individuals, families, and response

personnel (volunteers, medical staff and other actors). Given the magnitude of the epidemic, the current PSS needs are

- Intensification of care activities (educational talks, individual listening, community integration of those recovered, and follow-up of those recovered) in the affected health areas.
- Increase in the number of PSS volunteers in the 22 health areas of Rethy, and then in the 7 health areas neighbouring Rethy

#### • **Coordination of activities needs**

The Rethy health zone is coordinating the response to the plague epidemic, however it has the following operational difficulties

Lack of internet and unit for sufficient communication,

- Lack of fuel to ensure supervision of response activities,
- Lack of motivation of health staff due to the lack of material, financial and human resources in the health structures (health centre, plague treatment centre and the central office team).

This DREF operation will not support this need, but it is important to highlight their existence. National Society will contribute only to the global contact tracing which is limited due to the above.

#### • **Needs on the treatment of confirmed cases and households with confirmed cases:**

All cases have received antibiotic treatment with doxycycline and cotrimoxazole. Treatment is available free of charge for confirmed cases and is provided by DPS partners (MEDAIR and WHO remote). All contacts receive access to chemoprophylaxis. Therefore, the stock of drugs and protective equipment is one of the priority needs always expressed by the DPS and the health zone.

#### • **Needs on the humanitarian and security situation:**

Frequent population movements are observed in Ituri. This is a possible aggravating factor for the epidemic. According to OCHA, a total of 57 IDPs sites and 5 collective centres are under the coordination of the UNHCR and IOM agencies in Ituri. As of 31 May 2022, according to the same source, these sites and collective centres were hosting 65,163 displaced households made up of 268,838 people.

The living conditions are poor in most of the affected localities. Access to the health center is rarely a priority in the context of insecurity obliging many of the households to limit their movement or affecting the availability of health care, low income, poor hygiene condition etc.

In addition, on 28 June 2022, a fire was reported in the Expanded Programme on Immunisation (EPI) building in Bunia. This consumed the cold room and the stock of tetanus, diphtheria, yellow fever, whooping cough, measles, and Covid-19 vaccines. According to OCHA in its information note of 6 July, the loss of this stock exposes more than 292,910 infants and pregnant women in the territories of Djugu, Irumu and Mambasa to the risk of the emergence of diseases with epidemic potential. 23 of the 36 health zones in Ituri are affected by this incident. Indeed, as foreseen in the scenario analysis in the Emergency Action Plan (EPoA), the vulnerability of the population is going high with multiple risk of others epidemic declaration following this new incident. The health system is struggling to control the epidemic and there is little collaboration between communities and staff engaged in the response at the community level and health centers, a lack of testing capacity which is likely not to increase with the new priority around the destruction of all the vaccines.

### **Operation Risk Assessment**

The operational risks remain the same as mentioned in the Emergency Action Plan ([EPoA](#)) and the means of mitigation are explained there. The DRC RC teams will continue to analyse the risks in order to adopt adequate mitigation measures. The DRCRC 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 field.

The general security situation in Ituri province has remained volatile for the last 4 years. Ituri is one of the two provinces in Eastern DRC under the state of siege since May 2021. The special measure was put in place by the DRC president in an attempt to impose peace by force in the mineral resources' rich provinces.

However, efforts to pacify the province have fallen short, and the security situation have worsened instead. Armed groups regularly conduct indiscriminate attacks targeting the country security forces and civilians including in IDP camps. Besides the armed threat by armed groups, there is a high rate of crime by armed criminal gangs. Also, civil unrests are frequent in the area. Currently, there is an ongoing armed clash between 2 rival armed groups in Mangambo village, on Bambu-Lipri axis in Djugu territory.

Since March 2022, the conflict in the south of DRC has going worst with an intensification of the armed attack from April to now, leading to an important displacement of the Population from Ituri to safer areas in DRC and out to Uganda. Nearly 36,000 Congolese have been displaced within the DRC, most of whom are being accommodated by host families or temporary places as market or schools. Uganda Red Cross through DREF allocation is currently active to support the displaced population at Uganda side, with the presence also of UNHCR, the World Food Programme (WFP) and others actors in a joint task force organized around the government assistance. Internal displaced population are hard to track internally in DRC given the security situation and the lack of access but, it is forecasted that some of the affected population fled inside Rethy villages and others Health zone of Ituri.

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. But no international deployment is possible in Ituri for the moment.

## Targeting

The target of intervention health areas has increased from 7 health areas to 21 health areas of which 6 have notified cases and 15 in preparation. Due to the current blur on effective diagnostic test availability, the lack of RDT confirmation, geographical borders are the main criteria on which we can rely plus market and human flux which are also only possible in restrictive surrounding areas due to distance and security.

Thus, there is an increase in the overall target of the operation from 91,738 people to 241,162 people by taking into account the population of the affected health areas and 5% of the most at risk areas. Detail of direct and indirect target as follow:

- **Direct target for the response: 88,087 people** in the 6 affected areas in Rethy health zone (**Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo**).
- **Indirect target for preparedness: 153,075 people** in Rethy health zone (areas around the affected Health areas) and 7 surrounding Health zone (ANGUMU, KAMBALA, MANGALA, FATAKI, LOGO, LINGA and RIMBA). The priority for indirect target above will be the nearest health areas in the neighboring Health zone. Health Health areas include: **Terali, Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo** in Rethy; **Gengere** in Angumu and **seven of the nearest health areas in the neighbouring health zones** of KAMBALA, MANGALA, FATAKI, LOGO, LINGA and RIMBA.

In total, 1,000 of the most vulnerable households will be targeted for material support as part of the measures to protect people and reduce exposure to flea/animal bites. Support for the construction of rubbish pits where waste management and disposal will be effective in the 14 health areas, in collaboration with the hygiene committees of the various villages. A reinforcement will be made so that through sensitisation, households are persuaded to have a granary in the targeted health areas. The DRCRC's action consists of helping to put in place a mechanism to contain the epidemic and limit its impact in the 14 health areas with the mobilisation of the majority of resources and activities.

## B. OPERATIONAL STRATEGY

### Proposed strategy

**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.

As part of the response and prevention of the spread of the plague epidemic in the RETHY health zone, DRC RC has re-categorised its intervention into two zones:

- Zone A, the Emergency or Response Zone: The Rethy health zone in 6 health areas (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo).

- Zone B, preparedness zones in 15 localities: 8 health areas in Rethy health zone (Terali, Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo); one (01) in Angumu Health Zone (the Gengere), and seven (07) Health areas in Rethy the health neighbouring zone (ANGUMU, KAMBALA, MANGALA, FATAKI, LOGO, LINGA and RIMBA).

The strategy of the DRC Red Cross in the affected area will therefore be keep contributing to the containment of the plague epidemic through secure burials, vector control and WASH, Community health/RCCE, PSS and Contact tracing activities. In both zones (A and B) community health promotion education and community engagement activities will be operationalised by the DRC RC teams. The key priorities will be globally to strengthen activities in the 6 affected health areas of the Rethy health zone, and to strengthen preparedness (surveillance) in the 8 neighboring health areas of the Rethy health zone and 7 neighboring health areas of the 7 neighboring health zones of the Rethy health zone. This means for surveillance, NS will be focused on neighboring villages in the neighboring health zone, for an estimation of 5% of total population to reach. And this will engage appropriate media communication as well as volunteers and community engagement.

### **Detailed operational strategy**

This operational update foresees the extension of the current activities for another 2 months, i.e., from 3 months to 5 months if no new cases are notified in the neighbouring health zone of Rethy. This will consolidate the achievements for all neighbouring areas and maintain an optimal level of surveillance.

In the Rethy response zone, DRC RC is committed to continuing with ongoing activities on the ground, with the objective of saving lives by using the human and material capacities that are available to engage in activities called for by the government through the Ministry of Health. These activities are:

#### **In Zone A - Response in the health zone of Rethy**

All DRC volunteers mobilised for this operation work according to the integrated approach, which means that they are able to carry out all the tasks available in the field (multi-disciplinarity):

##### **1. Community health**

- Training of EPiC cascades for additional volunteers in the new health areas that have also notified (Godjo 15, Rethy 15 and Kpandroma 15) for community health and early action against epidemics.
- Mobilise volunteers for sensitisation on prevention measures for the bubonic and pneumonic plague epidemic,
- Supporting the Rethy Health Zone alert cell by raising community alerts via our volunteers in the field.
- Continuity of Health promotion including Risk Communication and Community Engagement (RCCE).
- Capacity building of operational teams through training on the general RCCE module and specific tools of the feedback system and radio.
- Adapted Safe and Dignified Burials (SDB). DRC RC volunteers are trained to carry out adapted burials of confirmed and suspected deceased cases. Due to the lack testing capacity, all the burials will be treated all are potential direct human contamination. Given that, adequate PPE will be purchased and distributed to the volunteers. Each kit contains: goggles, N95 masks and gloves, boots for adequate PPE for plague cases burials as well as vector control activities.
- Training of traditional healers and community leaders in knowledge of the disease and common way of preventing.
- Work in collaboration with the community committee to improve health practices.
- An effort will be made to promote the use of grain bin or isolated containers through our activities.

##### **2. Risk Communication and Community Engagement (RCCE)**

- Intensification of sensitisation activities in the 6 health areas on barrier measures for the prevention of pneumonic and bubonic plague,
- Promotion of sanitation activities in the villages in the 6 affected health areas and most at risk 8 health areas.
- Promotion of adapted Safe and Dignified Burials activities for plague death in the 6 health areas.

- Strengthening the capacities of Red Cross operational teams through technical support and training on specific modules, namely: the community feedback system, radio and the development of communication skills and PEAS.

### 3. Psychosocial support (PSS)

- Follow up on the psychosocial support of families suffering from illness and volunteers suffering from community stigmatisation.
- Carry out the community integration of those who have recovered.
- Organise individual listening sessions.
- Promoting gender protection and inclusion
- Prevent stigmatization of all kinds of people who contract the disease and their families.
- Mobilise volunteers in the prevention and support of victims of gender-based violence and the prevention of sexual abuse and exploitation.

### 4.WASH

- Ensure health promotion through a community-based approach in terms of communication and community support activities via risk communication and community engagement (RCCE);
- Ensure environmental hygiene for vector control and removal of pathogen reservoirs (such as rats): With the support of the community, community committees and volunteers. As such, volunteers will carry out the following activities:
  - Sanitation campaigns to clean up the surroundings of households and other unsanitary areas, clearing brush, waste management with separate waste container or digging rubbish pits; all sanitation activities and sensitisation to keep rats out of households.
  - 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.
  - 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.
  - Improve living spaces either by purchasing and distributing beds to 1,000 households or by setting up partitions to park livestock that cannot be kept outside because of the high risk of theft in the area or both solutions depending on the circumstance of households. Consultation with communities has not yet been completed to decide on the preferred options.

### 5. Contact tracing

This DREF includes contact tracing in the 6 affected health areas and most at risk health areas (. Health zone give loss contact list to NS for support and with volunteers we ensure a follow-up of those cases).

#### In Zone B - Preparedness in 15 health areas

Expand the scope of preparedness activities in 15 other priority neighbouring health areas as a first step, with minimum teams that are trained in the community health approach (EPiC) including risk communication and community engagement. The minimum team will consist of 5 volunteers per health area in the preparation zones.

The activities to be conducted by volunteers in terms of preparedness will be raising awareness about behaviour change in these neighbouring communities through door-to-door visits; focus group discussions and animation of community committees. The volunteers will also ensure tracking down of lost contacts.

#### Support services will be mobilised as follow:

- **Human resources:**

N°	Health areas	Number of Volunteers	Number of supervisors	Total
1	LOKPA	30	3	33

2	RASSIA	30	3	33
3	UKETHA	30	3	33
4	RETHY	15	2	17
5	KPANDROMA	15	2	17
6	GUDJO	15	2	17
7	TERALI	5	1	6
8	GENGERE	5	1	6
9	ABORO	5	1	6
10	ZALI	5	1	6
11	BUDZA	5	1	6
12	KOKPA	5	1	6
13	NGIRIMANDEFU	5	1	6
14	NGRIBALO	5	1	6
15	ANGUMU	5	1	6
16	KAMBALA	5	1	6
17	MANGALA	5	1	6
18	FATAKI	5	1	6
19	LOGO	5	1	6
20	LINGA	5	1	6
21	RIMBA	5	1	6
<b>TOTAL</b>		<b>210</b>	<b>30</b>	<b>240</b>
<b>Total EPoA</b>		<b>112</b>	<b>20</b>	<b>132</b>
<b>Total Additional volunteers</b>		<b>98</b>	<b>10</b>	<b>108</b>

In addition to the 132 volunteers already deployed in 7 health areas, DRC RC will deploy an additional 108 volunteers in the rest of the health areas until 30 September 2022, for a total of 240 volunteers for the entire DREF operation.

The table below details the number of additional volunteers deployed through this operation by health area:

#### **IM (Information/Data Manager)**

In terms of information and data management, given the evolving trend of the epidemic and some difficulties in reporting activities at the beginning of the response, DRC RC will deploy an IM support staff to ensure compilation, organizing and management of the database. The IM will also provide support in necessary sharing information internally and with partners.

#### **Logistics:**

In terms of logistics, the IFRC has provided DRC RC with two vehicles for the current

operation. According to IFRC Fleet standards, three drivers will be needed for the two vehicles, with 1.5 drivers per vehicle. The drivers will be selected among the volunteers of the Ituri branch and will work 5 days a week on a rotating basis. A logistics officer will be deployed by DRC RC to support the operation in coordination with the IFRC.

#### **Security**

The security phase for the province is red, except Bunia town where the phase is at orange. Consequently, IFRC operations/ presence and other partners.

To reduce the risk of RCRC personnel falling victim to crime, violence or road hazards active risk mitigation measures must be adopted. Security orientation and briefing for all teams prior to deployment will be undertaken to help ensure safety and security of response teams. Standard security protocols about general norms, cultural sensitivity and an overall code of conduct will be put in place. Personnel must comply with the state of siege security measures (to be provided during the security briefing) The minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations will successfully complete prior to deployment the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security and Level 3 Security for Managers). 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.

## C. DETAILED OPERATIONAL PLAN



### Health

People reached: 61,829

Male: 28,646

Female: 33,183

#### Health Outcome 1: Immediate health risks to affected populations are reduced

Indicators:	Target	Actual
# of health areas affected contact tracing activities ( <i>New target: 21 health areas</i> )	21	7

#### Health Output 1. 3: The target population benefits from disease prevention and health promotion at community level

Indicators:	Target	Actual
# of contact tracked ( <i>New target: 5000</i> )	5000	2250

#### Health Output 1. 4: Epidemic prevention and control measures implemented

Indicators:	Target	Actual
# of organized social mobilization sessions (mass awareness, community meetings/advocacy, discussion groups, home visit, etc.)	200	101
% of target population reached by social mobilization activities ( <i>Target revised to 241,162 people</i> )	100% (241,162)	9,863
% of feedback responded among the feedback collected	70%	50%
% of suspicious death alerts for which an adapted burial has been performed	100% (as necessary)	100% (8 alerts, 8 burials)
% of volunteers trained in ECV-CP3/ EPIC 1 infection prevention and control, as well as in SDB ( <i>new target 240</i> )	100%	55% (132)

#### Health Output 1. 5: Psychosocial support provided to target populations

Indicators:	Target	Actual
# of people reached by PSS services	as necessary	1625
# of volunteers trained in PSS ( <i>New target: 240</i> )	240	132

#### Health Output 4.7: Vector control and community environmental hygiene measures in affected health areas are improved to reduce the risk

Indicators:	Target	Actual
# of volunteers recycled to decontamination (disinsection/deratization) of households as part of sanitation activities ( <i>New target: 190</i> )	190	50
% of decontamination requests completed on time	100% (2,515)	100%
# of households that received partitions/beds	1000	0

#### Progress towards outcomes

##### ❖ Community Health:

- DRC RC trained 132 volunteers on EPIC level 1 on plague signs and symptoms, outbreak management, surveillance, referral, community contact tracing and community engagement (to the extent of available training capacity). These volunteers contributed to contact tracing in the affected health areas. As a result, 2250 contacts cases tracked,
- NS keep following-up healed people in 101 Houses to keep engaging them in the community sensitization on the existence of the disease. These people, as a testimony, they represent evidence to break rumours and reluctance among the most at risk communities as they are part of the villages

with current suspected cases or confirmed cases. Proper visits are then conducted to ensure also a psychological follow-up is done as long as needed.

#### ❖ Risk Communication and Community Engagement (RCCE)

- Risk communication and community engagement began early in the humanitarian response. Since the beginning of the response, DRC RC volunteers have carried out 9,848 home visits, reaching 6,829 people, of whom 20% were men, 23% women, 26% boys and 31% girls. In addition, they carried out 15 mass sensitisation sessions, reaching 3,987 people.
- During these awareness-raising activities, the volunteers collected 9,770 community feedbacks.
- Most frequent rumours and some feedback treated was related to the non-acceptance of existence of the disease. Some of the households believe it is the humanitarians who are bringing this. There are also some doubts on treatment, questions on the vaccine, if it is not source of the disease, confusions with COVID ongoing vaccine in campaign that some have heard about. The communication from volunteers and information still relevant in this case to clear all confusion. DRC RC is also using real healed people as the testimonies of cured to reassure and reduce the reluctance.

#### ❖ Psychosocial Support (PSS):

At this level, 132 volunteers were trained/retrained on psychosocial support. This allowed them to achieve 105 sessions reaching 1,625 people through the various activities including psychological first aid 7%, individual listening 9%, psychosocial support 47%, focus groups of briefing 35% and debriefing, psychoeducation 2% for Red Cross volunteers mobilized in the different pillars, as well as awareness sessions for the community, in support of the teams. These data are detailed in the table below:

ACTIVITIES	SESSION	H	F	CHILDREN		TOTAL	COMMENT
				H	F		
PSP	46	444	149	30	63	686	Follow-up and support of volunteers in the field
							Comfort and visit households that have reported the suspected case.
							Fortier 2 orphaned children threatened by his community
PFA	9	28	35	24	19	106	Comfort of a blind girl raped
							Console the family whose snake bit their son who later died
							Follow-up of volunteers in the various difficulties
FOCUS GROUP	13	284	124	49	46	503	The psychological damage caused by the epidemic
							Introducing the pillar to community leaders
ED PSYCHO	14	87	43	37	40	207	Psychological neglect of sanitation
							Consequences of stress
INDIVIDUAL LISTENING	23	72	19	10	22	123	Planning to avoid stress in the field
							Lack of means of communication
<b>TOTAL</b>	<b>105</b>	<b>915</b>	<b>370</b>	<b>150</b>	<b>190</b>	<b>1625</b>	

- DRC RC team also contributed to the monitoring of 101 people cured of the plague and to the community reintegration of 18 people.

#### ❖ WASH

- 50 volunteers were retrained in disinfection and sanitation techniques. This gave them the skills to carry out 93 environmental sanitation sessions and 54 houses.

- The volunteers were also active in disinfecting 2,515 houses in the various health areas. In Lokpa, nearly 73% of the targeted houses were disinfected (spraying with deltamethrin for insect control), 58% of the houses in Rassia were disinfected and 85% of the houses in Uketha were disinfected.
- Decontamination was carried out in 4 health facilities in Lokpa, Uketha, Aboro and Rethy (BCZ)
- In view of the current epidemiological trend, which shows an increase in the number of cases, it is important to extend these activities to the 22 health areas of RETHY by introducing activities (training of traditional practitioners). In addition, it is important to start the preparation in the 7 health areas neighbouring the RETHY health area with the EPIC approach. One of the current difficulties of the response team is the lack of equipment and materials. Thus, it would be important to organise a supply of SDB kits and materials to carry out hygiene activities, as this remains essential.



*Community sanitation activities*



*Mass awareness in a school*



*Psychological support to the patient*



**Protection, Gender Inclusion**

**People reached: 61,829**

Male: 28,646

Female: 33,183

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

Indicators:	Target	Actual
# of people affected by protection, gender and inclusion activities. (Disaggregation of data in SADDD) <i>(New target: 241,162)</i>	241162	61,829

**PGI Output 1.1: SN programs improve equitable access to basic services by taking into account different needs based on gender and other diversity factors.**

Indicators:	Target	Actual
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# of needs assessments including PGI	1	1
# of employees and volunteers who have strengthened their PGI minimum standards capabilities <i>(New target: 240)</i>	240	132
<b>PGI Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of employees and volunteers trained in the fight against sexual and gender-based violence. <i>(New target: 240)</i>	240	132
# of employees and volunteers of the NS who have signed the code of conduct and have received information about it. <i>(New target: 240)</i>	240	132
# of volunteers, staff and service providers who have signed up to the child protection policy and guidelines, who have been briefed on it and who receive information about it. <i>(New target: 240)</i>	240	132
Progress towards outcomes		
<ul style="list-style-type: none"> <li>Protection Gender and Inclusion (PGI) activities involved all 132 volunteers. They were trained on the Minimum Standard Commitments on PGI, including DAPS (Dignity, Access, Participation, Security). Then they were briefed on combating sexual and gender-based violence. Following this they all signed the IFRC code of conduct after being briefed on it.</li> <li>Overall, their activities covered the 61,829 people reached in the response. One highlight was a family assisted by the Red Cross team in the psychological care of 13-year-old female child who was raped by one of the family members.</li> </ul>		

<b>Strategies for Implementation</b>		
<b>Outcome 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</b>		
<b>Output S1.2.1: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# de volunteers mobilised <i>(New target: 240)</i>	240	132
# volunteers insured <i>(New target: 240)</i>	240	0
# of volunteers briefed on the PSEA and CEA <i>(New target: 240)</i>	240	132
<b>Output S1.1.6: National Societies have put in place the necessary infrastructure and systems for their operation.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# DRC RC Supervisory Mission	6	3
<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>		
<b>Output 2.1.1: Effective and respected surge capacity mechanism is maintained.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of Surge personnel deployed for the operation	1	0
# of people in the NS coordination team	3	3
# of lessons learned workshop organised	1	0
<b>Output 2.1.3: Improving the compliance of NS with the principles and rules of humanitarian aid</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
SOP on Procurement Procedures	1	0
SOP on inventory and inventory management	1	0
<b>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.</b>		
<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>		

Indicators:	Target	Actual
# of radio programs <i>(New target: 40)</i>	40	14
# of documentary films produced (Target: 1 Per pillar)	2	0
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
Indicators:	Target	Actual
# of MSR (Minimum Safety Rule) developed for volunteers of activities in Ituri	1	0
Progress towards outcomes		
<ul style="list-style-type: none"> <li>• The list of volunteers mobilised for the operation is available, however the process of securing them could not be completed. This will be finalised in the next month.</li> <li>• DRC RC has deployed three (3) national staff including an operations coordinator, a finance/accounting officer and a security officer. However, the recruitment of a health Surge by IFRC has not been completed due to the unsecure situation in the humanitarian response areas. Indeed, according to the security rules in place in Bunia, international staff are not yet allowed to carry out activities in the health zones of Bunia. The deployment of a surge was therefore deemed ineffective in this context and was cancelled. However, the IFRC team based in Kinshasa and Bunia continues to provide the necessary support to the DRC RC on this operation.</li> <li>• The security context has been marked by the presence of armed groups who are still in dialogue with the government. However, at one point the pace of activities was reduced following the attack on a volunteer by a man with a gun who wanted to steal her property. Currently the situation is very calm in the Rethy area and activities are continuing.</li> <li>• A need for additional means of transport and communication has been expressed by the teams in the field</li> <li>• The pressing need for an IM staff and computer equipment for data reporting was also noted</li> <li>• The DRC RC teams were present at the meetings of the sub-coordination and commissions of the Rethy health zone, but also in routine health activities. An evaluation of the activities was carried out by the various partners and recommendations were made:</li> <li>• To make a rapid daily report of plague cases and to make available (popularise) the number for alerts and transfer of cases</li> <li>• Update the number of staff and prepare the lists of volunteers in the health areas</li> </ul>		

## D. Financial Report

With this update of the operation, the DRC RC has been granted an additional allocation of CHF 125,337 to complement the CHF 187,123 initially allocated. The total budget for the implementation of this operation is CHF 312,460, as detailed in the budget below.

International Federation of Red Cross and Red Crescent Societies all amounts in Swiss Francs (CHF)

### DREF OPERATION

MDRCD035 - PLAGUE IN ITURI- DRC

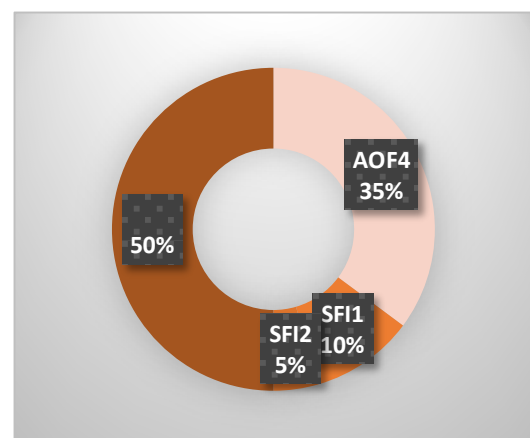
08/07/2022

#### Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	1,986
Medical & First Aid	7,148
Teaching Materials	4,746
Other Supplies & Services	20,849
<b>Relief items, Construction, Supplies</b>	<b>34,729</b>
Transport & Vehicles Costs	15,021
<b>Logistics, Transport &amp; Storage</b>	<b>15,021</b>
National Society Staff	141,397
Volunteers	357
<b>Personnel</b>	<b>141,755</b>
Professional Fees	1,191
<b>Consultants &amp; Professional Fees</b>	<b>1,191</b>
Workshops & Training	41,738
<b>Workshops &amp; Training</b>	<b>41,738</b>
Travel	9,928
Information & Public Relations	10,425
Office Costs	2,383
Communications	14,217
Financial Charges	2,978
Other General Expenses	19,024
<b>General Expenditure</b>	<b>58,956</b>
DIRECT COSTS	293,390
INDIRECT COSTS	19,070
<b>TOTAL BUDGET</b>	<b>312,460</b>

#### Budget by Area of Intervention

AOF4 Health	219,781
AOF5 Water, Sanitation and Hygiene	
AOF6 Protection, Gender and Inclusion	
AOF7 Migration	
SFI1 Strengthen National Societies	64,522
SFI2 Effective International Disaster Manage	28,157
SFI3 Influence others as leading strategic pa	
SFI4 Ensure a strong IFRC	
<b>TOTAL</b>	<b>312,460</b>



Click here for:

- Previous Appeals and updates

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**For In-Kind donations and Mobilization table support:**

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

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How we work

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

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



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



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



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