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DREF Operation update 1

Equateur/DRC: Ebola Virus Disease Outbreak



DREF operation no. MDRCD036	GLIDE n° EP-2022-000205-COD
DREF Operation update no 1 Date of issue: July 31, 2022	Period covered by the update: From April 28 to July 08, 2022
Operation start date: April 28, 2022	Estimated duration of the operation: 05 months New date of completion of the operation: 30 September 2022
Funding requirements:	487,605 CHF
Number of target beneficiaries: 489,542 persons	
For the Response: 408,265 people in the 3 health zones (Mbandaka, Wangata and Bolenge), especially in the following 11 health zones: Bogondé, Bolenge, Secli, Libiki, Motema-Mapembé, Mama Elitia, Basoko, Mama Balako, Bosomba, wangata, and Artisanale	
For preparedness: 81,277 people in the 4 health zones (Bikoro, Ingende, Lolanga-Mampoko, Ntondo), namely in the following 09 health areas: Ntondo, Mabali, Ingendé, Bokatola, Bikoro, Nkalamba, Ikoko-Impenge, Lolanga and Mampoko.	
No. of persons affected on June 30, 2022: 408,265 people	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organisations actively involved in the operation: Ministry of Health, OCHA, WHO, UNICEF, MSF, ALIMA, IMC, IOM, Africa CDC, and OXFAM	

Summary of the Changes to the Emergency Action Plan:

To contribute to the humanitarian response to the 14th Ebola Virus Disease (EVD) outbreak in Equateur province in DRC, a DREF allocation was initially granted to the DRC RC for 4 months with an end date of August 31, 2022. This update of the operation aims to inform stakeholders of the progress made in the implementation of this DREF, in addition, to inform about the extension at no additional cost for the activities of the DRC RC to fully cover the 90 days of surveillance (July-August-September) after the declaration of the end of the outbreak on 4 July 2022. This means one more month needed. Activities will include community health / outreach and capacity-building of volunteer teams in priority health areas.

Indeed, this extension will allow the National Society to continue the activities of tracing contact cases in these areas, while ensuring the promotion of health and hygiene practices related to Ebola but also to the current Covid-19 pandemic, as well as the monitoring of events within affected and at-risk populations.

The following changes will be implemented:

- The extension of the DRC RC interventions to target 20 health areas including 11 in the 3 response health areas (Mbandaka, Wangata and Bolenge) and 9 in the 4 health areas in preparation (Bikoro, Ingende, Lolanga-Mampoko, Ntondo).
- Strengthen the active surveillance system in the 11 health zones that have reported contact cases along with the 9 health areas of the preparation zones on passive surveillance, and the establishment of an EPIC team in the health zones of: Bikoro, Ingende, Ntondo and Lolanga Mampoko.

- Monitor affected and infected families who require psychosocial support for their reintegration into working life.
- Ensure an adequate response regarding activities related to SDB, WASH/PCI, and the SWAB that became mandatory for any death following the governor's decree in effect by the SDB/EIR.
- Train 20 volunteers in each of the 4 health zones in preparation on EPIC, PSEA/ERP and on the feedback system and good practices during interventions
- Extend the timeframe for implementation of the operation to an additional one (1) month, to include 90-day post-pandemic surveillance activities, provided that no new positive cases are recorded. It should be noted that no new confirmed cases have been recorded up to the date of July 08, 2022 (notification of the last case was on May 19, 2022). This is an extension at no additional cost (NCE).
- Increase the direct target of the operation from **408,265** people to **489,542** people taking into account the population of the 20 target health areas.
- Improve the analysis and use of feedback data/ help translate feedback data into actions through an integrated RCCE community service approach in collaboration with Anthrologica.

Based on the changes mentioned above, the new end date of this operation is **on September 30, 2022, for an overall implementation time of 5 months.**

A. SITUATION ANALYSIS

Description of the disaster

The declaration of the [14th epidemic](#) of the Ebola Virus Disease (EVD) in the DRC was made on April 23, 2022 by the Minister of Public Health, Hygiene and Prevention. The response to this new EVD epidemic was implemented under the leadership of the Ministry of Health in collaboration with humanitarian stakeholders and helped curb the spread of the disease. Thus, on July 4, 2022, after a little more than 2 months of response activities, the Democratic Republic of Congo declared the [end of the epidemic](#). In total, there have been 5 EVD cases that have been recorded including 4 confirmed cases and 1 suspected case, all of which have died (5).

These cases were recorded in 2 Health Zones (HCZs) in Equateur Province, namely Mbandaka (3 cases) and Wangata (2 cases). A pre-listing of contacts of confirmed and probable cases was made at the beginning of the outbreak throughout the city of Mbandaka and the surrounding area. These contact cases include caregivers, visitors, family members and other patients hospitalized in the same health and treatment centers. The epicentre was in the Wangata and Mbandaka health zones and the positive and probable cases identified were in the health areas of: (libiki (2), Motema pembe (1) and Mama Balako (2).

As of July 08, 2022, the epidemiological situation is as follows:

Health zone	Health area	Confirmed cases	Probable cases	Death Cases	Contacts traced
Wangata	Bosomba (Mama Balako)	2	0	2	1076
Mbandaka	Motema pembe	0	1	1	
	Libiki	2	0	2	
Overall total		4	1	5	1076

During the last EVD outbreak in Equateur Province from June to November 2020, there were 130 confirmed cases and 55 deaths. The DRC Red Cross (RC) is contributing to the humanitarian response through its emergency action plan ([EPoA](#)) that has been launched since April 28, 2022, with a new end date scheduled for September 30, 2022.

Summary of current intervention

Overview of Host National Society Response Action

14th EVD epidemic - Equateur



206 (84%) of 246 SDB alerts have been successfully completed by Safe and Dignified Burial (SDB) teams. Complete SDBs were performed for **100%** of the bodies tested positive.



182 Volunteers and supervisors conducting RCCE interventions reached **86,073** people from the target population with door-to-door outreach activities.

6,208 community feedback data points were collected, analyzed to help inform decision-making on all pillars



22 (95.65%) of decontamination alerts that were carried out by RC teams on the same calendar day.



PSS teams reached staff and volunteers and **3242** people from the communities as part of the **713** PSS activities.

The DRC Red Cross has already mobilized nearly 403 volunteers/supervisors in the response to the epidemic. These were split, according to the sectors of Risk Communication and Community Engagement -RCCE (182 volunteers), Safe and Dignified Burials (SDB) (60 volunteers), Psychosocial Support - PSS (62 volunteers), Community Based Surveillance (78 volunteers) Support such as logistics, finance, Security, IM, Drivers (21 volunteers).

The achievements of these teams of the DRC RC since the declaration of the epidemic by the authorities on April 23 until July 8, 2022, are summarized below:

✚ Safe and Dignified Burial (SDB)

- 50 Red Cross SDB volunteers are vaccinated against EVD. The objective was to have 43 SDB volunteers at the beginning, however according to the needs of the operation there was the constitution of 5 teams of 12 volunteers / teams, for a total of 60 volunteers and 6 supervisors who were mobilized. They cover the 3 health zones (Mbandaka, Wangata and Bolenge) and are operational seven days a week in the form of a rotation of 3 to 4 days by teams and weeks as needed.
- 135 swabs were successfully completed for deaths reported to the Red Cross (100%).

✚ Risks Communication and Community Engagement (RCCE)

As part of the RCCE activities, 166 volunteers and 16 supervisors including 4 feedback translators were mobilized to cover the health zones of Wangata, Mbandaka and Bolenge to engage communities on transmission modes and preventive measures against EVD through interpersonal communication (home visits, directed group discussions, interviews with key informants / representatives of community networks and civil society actors as well as educational discussions).

Table 2 on the number of people volunteers and supervisors mobilised per health zone

Health zone	Number of Health Areas	Number of volunteers deployed	Number of Supervisors
Mbandaka	12	60 volunteers and 02 team leaders	06 supervisors
Wangata	10	50 volunteers and 02 team leaders	06 supervisors
Bolenge	8	50 volunteers and 02 team leaders	04 supervisors

The door-to-door awareness conducted by volunteers has reached 13,505 households, 86,973 people.

Disaggregated data of reached population is as follows in table 3.

Table 3 on the number of people affected in the 3 Health Zones through door-to-door awareness activities

Health zone	Households	People reached:	Men	Women	girls	boys
Wangata	7948	47149	8896	11016	15514	11723
Mbandaka	4269	30206	5995	7388	9397	7426
Bolenge	1288	8718	1556	1692	2725	2745
GRAND TOTAL	13505	86073	16447	20096	27636	21894

Table 4 below summarizes the others awareness activities that have been conducted to reach more people.

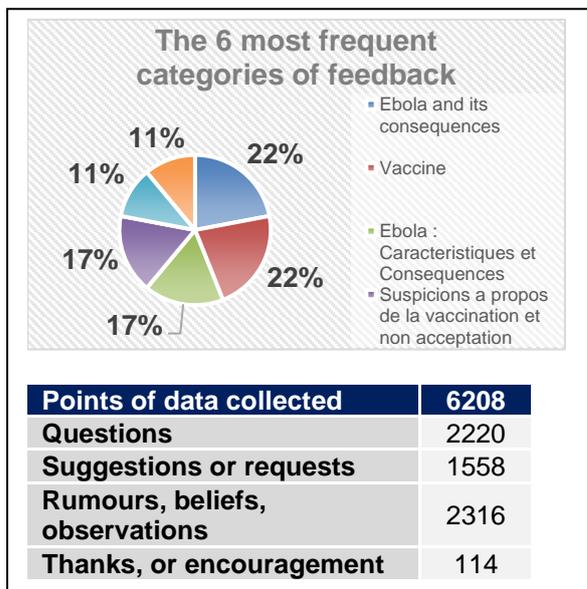


Work	Sessions	SMS received	Calls received
Educational Talk	6	0	0
Community dialogue	5	0	0
Radio	32	660	913
Sensitization with speaker/megaphone	3	0	0
TOTAL	46	660	913

The RCCE teams collaborate with three community radios (Soleil Levant, Zoe, and Mwana Community Radio). These radios are among the most listened to in the city of Mbandaka and contribute to the response through the promotion of healthy practices related to EVD, including vaccination promotion and community advocacy. The programs are daily and interactive broadcast in the different partner radios and covering different time slots to strengthen the participation of listeners. These programs each record a hundred direct interactions (phone calls, SMS and WhatsApp messages). They benefit from the support of experts from the DPS as well as community expertise, the testimonies of individuals and families affected in the fight against denial and stigmatization.



sensibilization publics areas (markets and schools)



The DRC Red Cross is drawing from its expertise in community feedback management to support the establishment of a common community feedback system within the RCCE coordination. DRC Red Cross will ensure to maintain its co-lead role in the community feedback.

In the context of the current response, the National Society has requested the expertise of Anthological (an organization specializing in Social Science research) to receive technical assistance to improve the use of community feedback data in the current EVD outbreak in Equateur Province. This technical support action will give the DRC RC as well as the other stakeholders in the response, in particular the DPS, an inter-agency coordination, more advanced skills in the exploitation of qualitative feedback data.

✚ PSS:

274 (or 67.9%) staff and volunteers feel supported in PSS in their activities

✚ PGI

156 Red Cross volunteers and staff were trained on the Minimum Standard of Engagement for PGI (Protection Gender and Inclusion) and the PSEA. Overall, they carry out the activities of the response following the DAPS standards (Dignity, Access, Participation, Security).

Material and Human Resources Capacity:

In terms of human resources, the local branch of the Equateur Red Cross has a total of 5,425 volunteers, including 1,553 women and 3,862 men. In the city of Mbandaka, there is a total of 1,905 volunteers including 1,203 men and 702 women. 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.

The DRC RC teams started and have been operational since April 21, 2022. The DRC RC used the teams trained and mobilised during the last EVD resurgence in the city of Mbandaka in 2018 and 2020.

The operations conducted during these previous EVD epidemics have enabled the DRC RC to provide the affected provinces with teams of volunteers trained on the Community Engagement and Accountability "CEA" approach as well as several of its tools including radio, community feedback, communication on the risks related to epidemics and pandemics, The Safe and Dignified Burials "SDB", the Psychosocial Support "PSS", the Infection and Prevention Control "IPC", but also the development of the strategy for the Rapid Intervention Teams.

These experiences have helped to implement the Protection Gender and Inclusion strategy "PGI" in all interventions and prevention against sexual abuse (harassment) and exploitation "PSEA/PSHEA". These local skills developed during the 2018 outbreak in the Equateur province, were requested to support the response for the current outbreak.

In addition, the introduction of the integrated training module EPIC (Epidemic Preparedness in Community) was made during the response phase in order to benefit the three epicentre Health Zones as well as the areas in preparation according to the priorities and capacities of the Local Branch of the National Society. The achievements will make it possible to better integrate the new situation of Community-based surveillance around a set of diseases with epidemic potential.

In terms of material capacity, the Red Cross branch of Equateur has a contingency stock acquired during past epidemics that was used until the arrival of the equipment from the Goma stockpile in a quantity of 2000 kg.

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

The IFRC has deployed 3 surge staff in Mbandaka to provide technical support to the 14th EVD response as follow:

- An operations Manager to coordinate the response.
- A Surge in Health to provide technical guidance and support on public health related activities through the operation's pillars.
- and a Surge in Finance to guide on finance procedures within the operation and support any needed capacity building from the NS finance focal point.

No further deployment is expected at this stage of the operation unless the epidemiological situation changes. However, an extension of additional one month for two of the Surge staff is envisaged for continuity in the technical support provided in the field. This is within the current allocation as no additional funds are requested from National society. Remote support continues to be provided from the Cluster delegation. The NS in through CEA, Finance, PMER technical advisors.

In terms of logistics, the IFRC provided five (05) vehicles during the three months of operation as well as a contingency stock of 2000 kg for the DRC RC field teams.

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

The National Headquarters of the Red Cross in Kinshasa has deployed a multidisciplinary team (management, finance, logistics, ECA and IM) to the Provincial Committee of the Red Cross of Equateur for the technical management of operations.

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 meetings are to monitor the progress of the activities on the field. This is done in collaboration with the IFRC, which is mandated to oversee emergency responses to epidemics.

Overview of external Red Cross/Red Crescent actors 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 3 times a week, including Mondays, Wednesdays and Fridays under the coordination of the IM (Information Manager) and the Head of Provincial Health Division (DPS) under the watchful eye of the provincial Minister of Health as well as the technical commissions. The DRC RC is involved in the pillars related to SDB, RCCE, community health, PSS and PSEA. Nine (09) other partners are currently in Mbandaka including: OCHA, WHO, UNICEF, ALIMIA, IOM, CDC Africa, IMC, OXFAM, and MSF.

Partner	Response
OCHA	Ensure inter-agency coordination of response partners
WHO	Lead in surveillance, contact tracing/active case finding, IPC, vaccination and laboratory
UNICEF	Co-lead with the DRC RC the RCCE activities and support to the CACs
Alima, IMC & MSF	Involved in the management of patients in transit centres and treatment centres
IOM	Contributes to the surveillance of points of entry and health control
CDC Africa	Support for epidemiological investigations and coordination

Needs Analysis and Scenario Development

Needs analysis:

On July 4, 2022, the Democratic Republic of Congo declared the [end of the epidemic](#). In total, there have been 5 EVD cases including 4 confirmed cases and 1 suspected case. Overall, for the response, the activities are carried out in the three health zones (Wangata, Bolenge and Mbandaka) of the city of Mbandaka and for the preparation the activities are carried out in seven (07) other health zones of the province of Equateur, namely: Bikoro, Iboko, Ntondo, Lolanga-Mampoko, Ingende, Lilanga Bobangi, Bolomba, taking into account the movement of contact cases and the risk of spreading the epidemic.

The current needs related to this Ebola resurgence are as follows in the city of Mbandaka:

1- Needs for community-based surveillance and community health

The DPS has established its priorities in 10 health zones in the Equateur Province, namely the 3 Response Zones and the 7 Zones in preparedness in order to maintain surveillance in some health areas of the health zones adjacent to the city of Mbandaka. Thus, an emphasis should be placed on contact tracing and active case finding at the Community level for early detection so as to limit the spread of the disease and thus ensure a rapid control of the outbreak.

It is important for the current operation to set up an effective community-based surveillance system to allow early detection and limit the risks of exposure and spread of EVD, including other diseases with epidemic potential.

2- Needs related to Risk Communication and Community Engagement

The city of Mbandaka with 3 health zones has many communication and mobile telephony infrastructures with a presence in the community and commercial radios including television along with Airtel, Vodacom and Orange telecommunication networks which are the sources of information and interaction among people. These 10 health zones are in permanent contact with other shopping centers: Ingende, Bolomba, Lisala, Boende, Kisangani, Kinshasa, see Bangui in the Central African Republic and the city of Ifondo in Congo-Brazaville.

However, the city of Mbandaka has a low access to electricity and the use of generators is a common practice even for traditional media. Radio remains one of the trusted sources of information for people in the DRC. The use of radio is further strengthened in rural areas, and this is reflected in the large number of community and private radio stations established there. Community radio stations have good relations with the local population and some of them are in good standing, including the community radio station Mwana (specialising in the protection of children's rights and youth support). The Red Cross has developed a partnership with Mwana Community Radio which dates to the 9th EVD epidemic.

The RCCE's approaches will need to consider the specific needs of these groups in their diversity by focusing on their trusted sources of communication. The current transfer of skills in the use of feedback tools will have to strengthen the ability of the Branch of the RCCE coordination team to manage more effectively the community expectations and the adaptation of RCCE strategies influenced by the needs for information of the groups.

Further actions will include greater involvement of community networks in health education and information activities on EVD, COVID19 and other diseases with epidemic potential. It will therefore be necessary to strengthen, based on interpersonal and mass communication, the prevention of epidemic prone diseases monitored by the country in the seven (7) target health zones.

3- Safe and Dignified Burial (SDB)

A decree of the authorities (Governor) calls for a systematic swab on all deaths and for securing the bodies in case of suspicion. The DRC Red Cross, in its role as an auxiliary to the public authorities, is therefore called upon to help maintain the SDB/EIR pillar, which it spearheads in the province. Also, 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 pits, sprayer, chlorine, etc.). It should be remembered that the NS is mandated by the government to carry out safe and dignified burials.

One of the difficulties reported in relation to this SDB pillar is the incessant demand by the population for caskets which are unfortunately not included in the DREF budget.

Targeting

Of the 10 health zones targeted by the DPS, the DRC RC's response intends to focus on the (07) seven health zones, namely: Mbandaka, Wangata and Bolenge as the response zone and the four (04) health zones in preparedness Bikoro, Ingende, Lolanga-Mampoko and Ntondo having a total population of **1,246,592** people (178,084 households).

Indeed, according to OCHA, in 2022, the total population of the city of Mbandaka along with the 4 health zones in preparation come up to 103 health areas and is estimated at 1,246,592 inhabitants as shown in the following table:

For further humanitarian response, twenty (20) health areas are targeted by the Red Cross, including 11 in the 3 health areas of the response and 9 in the 4 health areas in preparation.

The direct target of the operation, which was of 408, 265 people was increased to 489,542 people taking into account the population of the 20 targeted health areas in this phase of post epidemic surveillance. Thus, the target is as follows:

For the response: 408,265 people in the 3 health zones (Mbandaka, Wangata and Bolenge), especially in the following 11 health zones which have 197,057 people: Bogondé, Bolenge, Secli, Libiki, Motema-Mapembé, Mama Elitia, Basoko, Mama Balako, Bosomba, wangata, and Artisanale 197,057

Province	Territory	Health zone	Pop_2022
Equateur	Mbandaka	Bolenge	132.803
		Mbandaka	270.602
		Wangata	243.864
		Bikoro	188.836
		Ingende	183.955
		Lolanga-Mampoko	136.568
		Ntondo	89.964
Overall total			1,246,592

For the preparedness: 81,277 people in the 4 health zones (Bikoro, Ingende, Lolanga-Mampoko, Ntondo), including the following 09 health areas: Ntondo, Mabali, Ingendé, Bokatola, Bikoro, Nkalamba, Ikoko-Impenge, Lolanga and Mampoko.

This main targeting area will be able to quickly expand in case of a confirmation of information indicating a wider dissemination, 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 DRC countries for key information sharing and preparedness measures.

Up to July 8, 2022, the epidemic was limited to the health zones of Mbandaka, Wangata and Bolenge.

The disease has not spread to other nearby health areas and zones. This corresponds to scenario 1 described in [EPoA](#).

If no positive case is reported within the period of enhanced surveillance of 90 days (3 months), in the response health zones and other neighbouring health zones, the post Ebola response of the Red Cross will be limited to the implementation of this DREF operation as described in this operation update following the 90-day enhanced surveillance actions.

Operation Risk Assessment

The operational risks remain the same as those mentioned in the [EPoA](#) and the mitigation measures are explained. DRC RC teams will continue to analyze the risks in order to adopt appropriate mitigation measures.

The DRC RC will ensure the engagement of the local staff and volunteers, she will continue monitoring the security situation using the opportunities offered by its acceptability on the ground.

B. OPERATIONAL STRATEGY

Proposed strategy

Operational objective

Collaborate with external partners to prevent and reduce morbidity and mortality resulting from the Ebola outbreak in Mbandaka, in the areas affected and in preparation. As well as in the neighbouring health zones of the province of Equateur which are our active pillars 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, a level 1 training, to limit health risks within their communities, as well as basic health activities at the community level.

As an aide to the public authorities, the DRC RC will continue to engage in health education activities on EVD, COVID-19 and other epidemic prone disease in the three emergency health zones (Wangata, Mbandaka and Bolenge) of the city of Mbandaka and the level 1 EPIC training will be carried out in the 4 preparation zones with 20 volunteers per zone.

Detailed operational strategy

The DRC RC, with the support of its partners in the movement, has opted for the following new strategy to contribute to the post-Ebola humanitarian response:

- Strengthen the active surveillance system in the 11 health zones that have reported contact cases and in the 9 health areas of the preparation zones on passive surveillance as well as the establishment of an EPIC team in the health zones of: Bikoro, Ingende, Ntondo and Lolanga Mampoko.
- Monitor affected and infected families who require psychosocial support for their reintegration into working life.
- Ensure an adequate response regarding activities related to SDB, WASH/PCI, and the SWAB that became mandatory for any death following the governor's order in effect by the SDB/EIR.
- Train 20 EPIC volunteers in each of the 4 health zones in preparation.
- Train 20 PSEA/PGI volunteers in each of the 4 health zones in preparation.
- Train 20 volunteers on the feedback system for the response and on good practices during interventions in each of the 4 health zones in preparation.

Clearly, the following interventions will be carried out:

1. Mobilise teams (RCCE and SBC pairs) of 126 volunteers, 3 supervisors and 1 pillar leader in the 11 health areas that have reported contact cases and in the 9 health areas of health zones in preparation to ensure surveillance activities: listening community, raising of alerts, and health promotion based on RCCE approaches for the Ebola epidemic but also COVID-19 whose level of exposure of the communities remains high. Regarding COVID19, the country has developed a Vaccination Acceleration Plan. Key messages will need to promote COVID-19 prevention measures with a focus on vaccination and its inclusive roll out.
2. For further transfer of skills in the use of Community feedback, the data management support teams will be maintained namely: 2 input operators 2 translators and 1 information manager.)
3. Mobilize 3 rapid response teams (RRT/SDB) (36 volunteers and 03 supervisors and 1 pillar leader) divided into teams of 12 people/per day, working in rotation to ensure an adequate response regarding activities related to SDB, WASH/IPC, and the SWAB which became mandatory for any death following the governor's decree in effect by the SDB/RRT.
4. Mobilize 18 volunteers and 3 PSS supervisors to ensure the follow-up of psychosocial support for families affected by cases of illness and volunteers affected by community stigmatization.

- 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 of the DRC RC in the affected area and the neighbouring health zones at risk and deploy resource personnel from the National Society of other provinces to support the ongoing action in the North Kivu province in case of identified gaps.

The table below details the number of volunteers per pillar for the 90-day post Ebola phase.

Sector	Number of Volunteer	Number of supervisors	Overall total
SACO/ODS (SDB+RCCE)	126	4	130
SDB/EIR	12	1	13
PSS	18	2	20
security	2	1	3
SUPPORT (Ass. Logs, Guardian, SurfaceTechn)	13	1	14
FINANCE	0	3	3
IM	2	1	3
PSEA/PGI	0	3	3
Coord/PROG DRIVERS	5	1	6
Overall total	178	17	195

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

Support Services

The support service structure planned in the EPoA has been followed. The human resources planned are all deployed in the field: both National society branches staff and volunteers and the 3 surges personal for technical support, monitoring and reporting.

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.

C. DETAILED OPERATION PLAN

 <p>Healthcare</p> <p>Beneficiaries 408,265 Men: 181,861 Women: 226,404</p>		
Health Outcome 1: The spread and impact of the outbreak is reduced through case finding and community outreach in affected health zones		
Indicators:	Targets	Actual
% of contacts that were successfully monitored in the previous 24 hours (Target 80%)	100%	100% (1076)
Health Output 1.1: The government is assisted by volunteers from the DRC RC for surveillance and contact finding.		

Indicators:	Targets	Actual
# of volunteers trained in EPiC level 1 during this response	311	156
% of lost contacts	0%	0,8% (9)
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		
Indicators:	Targets	Actual
% of people confirmed or suspected of having been affected by EVD receiving PSS support (Target 100%)	100%	79,3% (104)
Health Output 2.1: The population of the affected areas of the city of Mbandaka receives psychosocial support during and after the outbreak.		
Indicators:	Targets	Actual
Number of supervisors and volunteers trained in PSS	33	33
% of staff and volunteers who feel supported (PSS) in their activities	100%	67,8% (274)
Health Outcome 3 : : Social mobilization, risk communication and community engagement activities are carried out to limit the spread and impact of EVD		
Indicators:	Targets	Actual
% of targeted community members affected by health messages	100%	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 about the social mobilization campaign of the DRC Red Cross and in the EVD operation in the broad sense.		
Indicators:	Targets	Actual
Percentage of community suggestions and comments considered or responded to	80%	70% (872/1246)
# of radio broadcasts	32	32
# of social mobilization sessions organized	N/A	46
Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carrying out DHS under optimal cultural and safe conditions in the Mbandaka city area.		
Indicators:	Targets	Actual
% of deceased persons for whom DHS have been successfully completed	100%	84% (206)
% of suspected and confirmed deceased cases that are buried within 24 hours of initial alert	100%	100% (5)
Health Output 4.1: The affected population is helped by safe and dignified burial and decontamination activities		
Indicators:	Targets	Actual
# of volunteers trained/re-trained on the SDB	42	60
% of Swabs successfully completed for deaths reported to the Red Cross (100%)	100%	55%
% Red Cross SDB volunteers who are vaccinated against EVD.	100%	83,33 % (50)
% of decontamination alerts that were carried out by CR teams on the same calendar day.	100%	95,65% (22)
Progress in the achievement of results		
<p>Active Case Finding During the response to this 14th EVD epidemic in the DRC, Red Cross teams contributed to contact tracing activities. To date, all contacts have been removed from the follow-up. This reflects the fact that there was a fairly rapid success in the follow up of contacts, especially since all the contacts listed were followed during the indicated period and only 9 contacts were lost, and 4 contacts have never been seen.</p> <p>RCCE</p> <ul style="list-style-type: none"> To date, cascading training has made it possible to strengthen the capacity of 156 volunteers in EPiC. The target is 311 volunteers to be trained in 6 sessions. This cascading training process is scheduled to be completed on July 25, 2022, according to the schedule initially established by the DRC RC team. 		

- The RCCE pillar counts 16 supervisors and 166 volunteers distributed in the three health zones of the EVD response who transmit the maximum health messages to the community for behaviour change. These include mass awareness activities, door-to-door events, educational discussions with target groups, community dialogue meetings and interactive radio broadcasts. Overall, volunteers reached approximately 86,073 people (38,341 men and 47,732 women) in the target population with door-to-door outreach activities.
- The teams made 32 interactive radio broadcasts during which they responded to 660 SMS messages and 913 telephone calls received. Overall, 6,215 community feedback data points were collected, analyzed to help inform decision-making on all pillars. It has been estimated that approximately 728,900 people have been affected by radio broadcasts.
- During social mobilization activities, mass, and radio broadcasts or through SMS, the volunteers of the RCCE pillar collect and document the comments of the community which are then cleared, encoded, analyzed and processed allowing the revision of the RCCE strategies and the updating of key messages in order to best adapt the actions to the expectations and concerns of the communities but also to combat rumours and misinformation around EVD. In addition, the Red Cross teams have trained representatives of traditional community influencers and healers' groups in the knowledge of EVD along with the RCCE approaches to support community solutions within their networks.
- The RCCE Pillar through the mass mobilization approach carried out 46 mass awareness sessions in the three 3 health zones with several target groups. Overall, it is estimated that 100% of members of targeted communities have been reached by health messages.



(2nd session) © CRRDC

PSS

In the team in charge of the PSS sector, there are 3 supervisors who have received the training and, in their turn, have briefed 30 other volunteers on the PSS themes. This allowed the Red Cross to play an important role in this response through the PSS activities of the families infected and affected during this EVD. There was a total of 4 confirmed cases and 1 probable case with a fatality rate of 100% during the epidemic. During the response, all families of confirmed and suspected cases received PSS support from Red Cross volunteers. These volunteers are also organized in such a way as to be able to support all volunteers and staff in PSS by organizing individual interviews, psychosocial support in groups in order to reach everyone. Support groups and individual interviews were organized within the base and the provincial committee for the SDB, ODS, RCCE volunteers as well as the support services in order to promote the balance and cohesion of the response teams. To this day, 274 (or 67.9%) staff and volunteers feel supported by PSS in their activities. PSS support activities will continue to provide necessary support to all staff and volunteers.



PSS Group with DHS @DRC RC

Summary table of PSS Pillar activities carried out

Week/Activities	Number of meetings	Men	Women	boys	girls	Overall total
Psychological First Aid	13	67	65	10	12	154
Psychosocial support session	668	1115	1352	215	227	2909
Psychosocial support sessions	8	14	23	1	2	40
Other	22	50	66	12	9	137
Case referencing	2	2	0	0	0	2
GRAND TOTAL	713	1248	1506	238	250	3242

❖SDB

- Until July 8, DRC RC teams received 246 death alerts, for which 206 (84%) SDBs were successfully completed. For the 5 cases, i.e., 4 confirmed cases and 1 probable case, SDBs were carried out within 24 hours of the alert, i.e., a total of 100%.
- There was a total of 60 volunteers/supervisors who received a refresher training for the SDB activities and who undertake both the SDB, SWAB and decontamination activities. They work in rotation in order to respect the volunteering principles.
- Up to July 8, out of a total of 246 death alerts received, the Red Cross teams successfully carried out 135 swabs linked to death, which is 54%. The other swabs were carried out in the FOSA. The teams were also confronted with cases of refusal, community resistance or opposition due to the fact that caskets were not granted.
- Out of a total of 60 volunteers constituting the SDB teams, there were a total of 52 volunteers who were vaccinated with the ERVEBO vaccine (83.33%).
- The SDB teams currently have a shortage of some equipment (nose cover, latex gloves, protective bezel, hard apron).



SDB teams active in M'Bandaka © DRC RC

❖Decontamination (wash)

- The hygienists of the SDB team showed their expertise in the decontamination activities of SDB teams during their operations, the decontamination of the houses of suspicious and confirmed cases, and of the infected healthcare facilities and schools according to the decontamination strategy defined by the coordination of the response.
- Priority was placed on the house where the confirmed case lived as well as the homes of neighbours. This activity is carried out progressively in the homes of patients and around health structures at risk according to the measures of PCI
- For a target of 53 expected decontamination alerts, the RC teams received 23 and were able to carry out 22 decontamination operations, or 95.65%, to the satisfaction of the beneficiaries on the same day.



Protection, Gender and Inclusion

Beneficiaries 408,265

Men: 181,861

Women: 226,404

PGI Outcome 1: 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.

Indicators:	Targets	Actual
# of people affected by protection activities, gender and inclusion	408 265	408 265

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

Indicators:	Targets	Actual
# of needs assessments including PGI	1	1
# of staff and volunteers who have strengthened their capacity on the Minimum Standard Engagements (PGI)	311	156

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

Indicators:	Targets	Actual
# of staff and volunteers trained on PSEA and the treatment of sexual and gender-based violence	311	156
# of National Society staff and volunteers who have signed the code of conduct and received information about it	311	311

Progress in the achievement of results

- Compared to the theme on the PSEA, there were 156 volunteers who were strengthened during the cascade trainings of the 311 volunteers who started on June 20, 2022 and will continue until July 25. In practice at the end of each cascade training session the last day is devoted to the training of volunteers and staff on the PSEA Module by the IFRC Health Coordinator with the Provincial Red Cross focal points. At the beginning of the response activities, all the volunteers who were identified were briefed on the code of conduct before their deployment. Overall, they were trained based on the DAPS standards (Dignity, Access, Participation, Security) and carry out their response activities accordingly.
- It should be noted that the experience gained during the previous management of Ebola outbreaks has contributed greatly to the implementation of the activities of the different pillars, including against COVID-19.



Training of volunteers in PSEA (2nd session) © CRRDC

Implementation Strategies

Outcome S2.1: An effective and coordinated international response to disasters is ensured

Output S2.1.4: Deployment of rapid response personnel

Indicators:	Targets	Actual
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Number of Surge personnel deployed for the operation by the IFRC	3	3
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.		
Indicators:	Targets	Actual
# of documentary films produced	3	0
Output S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.		
Indicators:	Targets	Actual
# of articles disseminated on the operation	3	0
Output S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.		
Indicators:	Targets	Actual
Number of workshops on lessons learned conducted	1	0
Progress in the achievement of results		
<ul style="list-style-type: none"> • IFRC staff are supporting the DRC RC in this operation. These are mainly the CEA, PMER, finance delegates and the staff of the support services of the Kinshasa Cluster then of the surges (Operations Coordinator, Health Coordinator and Finance Coordinator). The team, together with the staff of the National Society (SN) of the Red Cross DRC deployed in the field, have put in place a roadmap to closely monitor the managerial and operational aspects of the operation in order to limit bottlenecks and avoid delays in implementation and improve the quality of the emergency response. • The presence of the surge finance and the finance focal point of the NS allowed the team to set up an operational system in the financial management of the DREF to anticipate the delay in justification and procedures as well as the transmission of supporting documents for expenses at the central level to ensure access and efficient use of funds in a timely manner. • The deployment of a NS IM enabled the team to set up a data management system and the production of collection tools, as well as capacity building for RCCE teams and managers of other pillars, the provincial IM and representatives of the RCCE subcommittee of the DPS and partners involved in the operation. • The deployment of a CEA and logistics focal point of the NS made it possible to support their counterparts in the province during this response. • Five vehicles have already been allocated for this operation, however for expansion needs in the 7 health zones (readiness), an additional 5 vehicles will be deployed. • With regard to the production of a documentary film on the EVD response, this is currently being carried out and mainly concerns risk communication activities and community engagement. The same applies to articles. The director of the communication department of the NS who is working remotely with the heads of the pillars to produce articles on the Success Story of each pillar. • It should be noted that the current EVD response is fully implemented by the DRC RC and its volunteers, which reveals a significant improvement in the capacities of the NS for its 14th intervention against EVD. 		

D. Financial report

The total budget and allocation for this DREF operation remains at 487,605 **CHF** for implementation of 5 months (from April 28 to September 30, 2022).

As of June 30, the total expenditure reported in this operation was CHF **339,944 CHF** with a closing balance of CHF **147,661 CHF**, i.e., a budget implementation rate of **69.71 %**.

The major changes in the budget are:

- Re-allocation of some remainders to the fuel line, communication of volunteers and supervisors as well as the 2-day support for the 20 participants of the training on the use of community feedback data and the training on logistical and financial procedures for the Equateur Provincial Branch.
- The fuel line of the operation was greatly underestimated because it did not consider the number (07) of vehicles assigned to the operation that intervene in 3 health zones, as well as the transport of vehicles from Kinshasa-Mbandaka-Kinshasa which is 1,750 L x 2 for the 5 IFRC vehicles. This leads us to exceeding by more than 100% the amount allocated to the fuel lines.

Reference documents



Click here to view:

- Previous calls and updates
- Emergency Plan of Action (EPoA)

For further information on this particular operation, please contact:

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How we work

The International Federation strives to implement the **Code of Conduct** for the International Red Cross and Red Crescent Movement and for Non-Governmental Organizations (NGOs) in disaster relief operations and is committed to complying with the **Humanitarian Charter and the Minimum Standards for Disaster Response (Sphere Project)** as part of its assistance to the most vulnerable. The general purpose of the International Federation is to inspire, **to encourage, facilitate and advance at all times and in all its forms the humanitarian action** of the National Societies, with a view to **preventing and alleviating human suffering** and thus making its contribution 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.**