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Emergency Plan of Action (EPoA)
DRC: 15th EVD Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation n°	MDRCD038	**Glide No.:**	EP-2022-000302-COD
Issue Date:	19 September 2022	**Expected timeframe:**	4 months
Operation start date:	07 September 2022	**Expected end date:**	31 January 2023
Category allocated to the disaster or crisis: Orange			
DREF allocated: CHF 298,698			
Total number of people at risk:	1,487,608 people or 297,522 households at risk. 1 confirmed case, 1 death and 179 contacts.	**Total number of people to be rescued:**	• **For response: 488,463** people in the Beni Health Zone • **For surveillance**: **91,375** people in Butembo, Katwa, Oicha, Mabalako, Mandima, Komanda and Mambasa health Zones
Affected Provinces:	Beni Territory: Beni Health Zone, 12 neighbouring Health Zones	**Provinces/Regions targeted:**	19 health areas in the Beni Health Zone, 7 neighbouring Health Zones
Host National Society(ies) presence (n° of volunteers, staff, branches): DRC RC, 26 Branches, including the Beni Branch, which counts 675 volunteers, and the support of the North Kivu Provincial Committee and Headquarters			
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, WHO, UNICEF, Save the Children, IRC, MSF, IMC, ALIMA, IOM as well as a significant number of non-governmental organisations present in the Beni Health Zone.			

A. Situation Analysis

Description of the disaster

On 22 August 2022, the Democratic Republic of the Congo declared a new case of Ebola Virus Disease (EVD) in the city of Beni, Beni health zone located in the province of North Kivu. According to the authorities, the history of this case dates to 23 July 2022 with the hospitalization of a 46-year-old female and widowed patient at the Beni General Referral Hospital. The lady later died from a respiratory distress with an HIV-Tuberculosis immunosuppression pre-existing condition on 15 August 2022 in the Intensive Care Unit of the General Reference Hospital (HGR) in Beni, Beni Territory in North Kivu Province. A routine oropharyngeal (swab) sample was taken on 15 August 2022 by the HGR Beni team, which turned out to be positive for EVD at the Beni laboratory and then confirmed at the INRB laboratory in Goma. The sequencing carried out at the Rodolphe Mérieux Laboratory of the National Institute for Biomedical Research (INRB) in Goma confirmed the Zaire Ebola strain and also demonstrated that this case is linked to a strain of the tenth outbreak of November 2018 in Beni and not to a new introduction of the virus.

The epicentre of the disease is Butanuka Health Area, Beni Health Zone, North Kivu Province. The City of Beni is accessible by air and land. This city is 52 km from the city of Butembo, 372 km from Goma and about 80 km from the border city of Kasindi with Uganda. There is also an exit route which directly connects the city of Beni with the city of Bunia in Ituri province and the city of Kisangani in Tshopo province.

Currently, the epidemiological situation according to the Ministry of Health is 1 confirmed case, 1 death and 179 contacts as see in table 1 below:

Health zone	Health area	Confirmed cases	Probable cases	Death Cases	Contacts
Beni	Butanuka	1	0	1	179

Table 1 : Recap of cases in Beni, 15th EVD Outbreak

The city of Beni has communication and mobile telephony infrastructures with a presence in the community and commercial radios including television along with Airtel, Vodacom and Orange networks which are the sources of information and interaction between people. The city of Beni is also a centre of trade with Butembo, the line of the province of Ituri as well as the border town of Kasindi in Uganda. Swahili and Kinande are the two local languages most spoken by the people. In addition, Beni is a host city for populations displaced from surrounding villages such as Mangina for security reasons. Indeed, the security situation is very worrying in the territory because of the presence of armed groups in the areas surrounding the city of Beni.

The Ministry of Health has the lead on all Response Commissions and coordinates with the Beni Health Areas and all neighbouring health zones as well as all partners involved in the response. This is to share information on the movement of high-risk contacts with all stakeholders.

It should be noted that during previous epidemics, the MoH health staff who worked on the response experienced non-payment of their allowances, which means that there is a lack of commitment in the current epidemic. In addition, there is community reluctance in the region, which is why the Government is seeking the support of its partners such as the Red Cross, which has proven expertise on the ground in the management of community reluctance.

Summary of the current intervention

Overview of Operating National Society Response Action

In response to the current epidemic, the Red Cross of the Democratic Republic of Congo (DRC RC) has already put on alert the 215 volunteers mobilized for the 13th epidemic but remains modest by gradually using these volunteers according to field priorities. First, 118 who went back to the 19 health zones that make up the Beni health zone, for the management of the various alerts (death, contacts, or illness); 2 mobile teams of safe and dignified burials (SDB) for the management of deaths, and the remaining 92 volunteers take care of the community engagement to dispel community reluctance before a perfect reorganization, which is in progress.

On 31 May 2022, the 13th outbreak of EVD in DRC was declared over in the same area and response activities lasted about 7 months, implemented through operation MDRCD034 funded by the DREF, in addition to the CDC Atlanta support for post-mortem surveillance. Before this outbreak, the country had experienced one of the longest successions of Ebola virus disease epidemics in the East of the Democratic Republic of Congo (9th, 10th, 11th et 12th), whose response was implemented through Emergency Appeal MDRCD026. Currently, the response to another outbreak, the 14th, is being rounded up in Mbandaka, Equateur Province and is also supported by the DREF operation MDRCD036.

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

In addition to the 14 previous EVD outbreaks, Cholera is endemic in some provinces, as are measles, polio and Marburg fever, among others, to which the DRC RC provides support to MoH in the response as needed.

The DRC RC is a humanitarian organization, neutral, and auxiliary to the public authorities. It is organised at the national headquarters level with 10 directorates. There is an operational management structure with technicians to respond to natural disasters. The DRC RC has branches in all 26 provinces, organized in the same way as at the National level. The National Society has a long experience in outbreak management.

Material and Human Resources Capacity

Regarding equipment, the Red Cross branch of Beni Territory still has a contingency stock of past epidemics, which can manage up to 80 alerts (SDB equipment).

It should be noted that all its teams have already been operational since 24 August 2022. The DRC RC used the teams trained and mobilised during the last EVD resurgence in the city of Beni (13th resurgence).

The territory of Beni currently has 2,060 DRC RC volunteers, of which 391 women and 1,669 men, while the city of Beni has a total of 675 volunteers with 473 men and 202 women. The management of the 10th Ebola outbreak left a good volunteer capacity in Beni: 283 CEA volunteers, with skills in tools such as radio, and community feedback management, 66 IPC, 8 PSS, 169 SDB, 34 Support, for a total of 560 trained volunteers. There are also 5 Focal Points trained during the 10th epidemic on community-based surveillance in North Kivu, 2 being based in Beni.

At its disposal, the NS has the following stocks:

Beni Warehouse		
Item Description (EN)	**Bal stock**	**Unit:**
Medical thermo flash non-contact handheld thermometer	**17**	units
Complete handwashing kits/metal holder + 20 Ltr bucket + 10 Ltr bucket	**110**	Kits
Body Bag, White, 250 Micron, Clear Lined, Kid	**10**	units
Gel for hand disinfection without water, 100ml	**875**	Bottles:
Body Bag, PEVA, white, U-zip, 215x110cm, 200/250um, grips	**20**	units
Glove, Examination, Latex, Non-Sterile, Large (8-9)	**350**	Box
Glove, Examination, Latex, Non-Sterile, Medium (7-8)	**80**	Box
Chlorine HTH, 60 to 70%, 1 kg box, IATA, packed	**80**	Box
Body Bag, White, 250 Micron, Clear Lined, Kid	**220**	units
Non-Contact Infrared Thermometer	**1**	units
Garbage bag 25-30L, 70 microns	**600**	units
Single Use Protective Gown Length 144cm - XLarge	**350**	units
Face protective visor	**200**	units
SDB Replenishment Kit, 2020	**4**	Kits
SDB kit 6 ppl/team 20 burial	**1**	Kits

GOMA WAREHOUSE		
Item Description (EN)	**DRC RC STOCK**	**Unit**
Disposable surgical cap	515	units
Boots, assorted sizes, 40,41,42,43,44,45	39	Pairs
Household Glove, Black	1,070	Pairs
Obstetric Glove, Size 7.5, Arm Length, Sterile, Pair, 100	900	Pairs
Obstetric Glove, Size 8.5, Arm Length, Sterile, Pair, 100	420	Pairs
Gloves, utility, nitrile, size 10, length 39-41, green	4	Pairs
Gloves, utility, nitrile, size 8, length 39-41, green	28	Pairs
SDB Replenishment Kit, 2020 (10 boxes per Kit)	100	Kits
Yellow isolation gown, Polypropylene, Elastic Cuff, Large	260	units
Body Bag, White, 250 Micron, Clear Lined, Kid	4,220	units
Body Bag, White, 250 Micron, Clear Lined, Kid	100	units
Black 100L garbage bags, 70 microns	579,838	units
Black 25-30 L garbage bags, 70 microns	4,742	units
Hygiene apron, reusable	25	units

Overview Red Cross and Red Crescent Movement Actions in country

The IFRC has an Office (Cluster Delegation) in Kinshasa and an operational sub-office based in Goma which provides technical support to 13th EVD response underway in Beni. As soon as the resurgence of the EVD outbreak was announced, the Kinshasa Cluster Delegation, the Goma office, the National Headquarters of the DRC RC in Kinshasa and the Provincial Committee of the Red Cross of North Kivu, supported by the executive team at the national level organized regular coordination meetings. Following this meeting, another meeting was held with the IFRC Africa Region team to develop response strategies with IFRC support. Field teams in Beni are mobilized to coordinate with other partners and collect response data.

Logistically, contacts are more advanced with the IFRC to make available to the DRC RC five (5) vehicles during the operation in Beni territory and a contingency stock that it keeps at the disposal of the DRC RC field teams.

The IFRC Cluster country 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 participation in monitoring/evaluation missions in localities.

The ICRC rallied alongside the DRC RC for support pending funding from other partners, and through its sub-delegation in Goma and its office in Beni, will facilitate the operations of the DRC RC and the IFRC in the area through information exchange on security aspects.

To ensure proper coordination, the DRC RC with its traditional partners has established three levels of coordination: at the headquarters level in Kinshasa, at the provincial level in Goma and at the local level in Beni. These coordination bodies meet regularly to monitor the progress of activities on the field. To note, the DRC RC remains lead in the coordination of the current operation in the field, while other Movement components provide support.

Currently, the DRC RC has mobilized volunteers in the following pillars: SDB, RCCE, SBS, PSS and PSEA (Prevention and Response to Sexual Exploitation and Abuse).

- **Safe and Dignified Burial (SDB)**: The mobile teams in Beni covered 11 death alerts, including 10 hospital and 1 community. These alerts have all benefited from safety and sampling. The government of the DRC required the safe handling of each human remains.

- **Risk Communication and Community Engagement (RCCE)**: As part of RCCE activities, a small team of 40 volunteers works in the target health area of Butanuka and has organized 6 educational talks for 56 people, conducted door-to-door awareness raising that reached 72 households or 432 people. A meeting was held with the Beni Health Zone and other partners for the relaunch of this RCCE theme group and a community feedback system has already been set up via feedback sheets collected from the communities thanks to teams already deployed. The Red Cross is co-lead with MoH and UNICEF in the management of the feedback unit with other partners.

- **Psychosocial support (PSS): Five** (5) swabs with all negative results were announced to 26 members of affected families; 3 psychosocial support sessions were carried out for the volunteers; 3 psychological support sessions were carried out for 10 people all members of affected families. A debriefing session with 20 SDB volunteers including 5 women on general working conditions.

- **Prevention of Sexual Exploitation and Abuse (PSEA):** Regarding PSEA activities, a contact meeting was organized with the Ministry's focal point and different partners, for the preparation of a Code of Conduct to be signed by the volunteers and the DRC RC staff deployed.

Lessons learned from the previous epidemiological responses:

- Close monitoring of the managerial component of the operation as well as the operational component must be set up as part of this operation in order to limit administrative bottlenecks recorded in the signing of the financing agreement for certain DREF projects such as Measles outbreak_2019 MDRCD028. This monitoring will help avoid delays in implementation and improve the quality of the emergency response.
- The establishment of a funding process for activities and a liquidity plan in the financial management strategy of the DREF allocation will be used to ensure timely access to funds.
- Similarly, the deployment by the DRC RC of personnel dedicated to this operation will ensure more regular monitoring and the needed support to the NS which is already currently engaged in 3 emergency operations (MDRCD035 – plague response, MDRCD036 -- response to14th EVD outbreak and MDRCD037 – Food Insecurity response), as well as other projects. The operational teams at headquarters will need this support beside the support of the IFRC Cluster in Kinshasa to ensure a quality response.
- It has been identified that appropriate and early advocacy with partners and communities on the Red Cross mission is a valued activity that has facilitated understanding of the Polio response in particular. The approach will be maintained as part of this response (as for Operation DREF MDRCD025 in response to a Polio outbreak) and will help to popularize the Red Cross's missions and response strategy with partners and leaders.

Overview of other actors' actions in country

The Government, through the Ministry of Health, has organized a coordination at the national, provincial and local levels (Central Office of the Health Zone). Thus, at the local level, the Central Bureau has established a coordination of the response that meets every morning as well as the technical commissions. The DRC RC intervenes in pillars related to SDB, RCCE, Community Health, PSS and PSEA.

United Nations agencies such as WHO and UNICEF support the coordination. Approximately 1,000 doses of EVD vaccine will be provided and over 200 have already arrived and vaccination is beginning to be done for first responders of this 15th resurgence via RCCE and support/staffing on IPC - screening. Provincial health authorities, with the support of OCHA, are in the process of drafting a multisectoral response.

- WHO has deployed a team of epidemiologists, head of IPC, logistics and 03 stop-team to Beni since Saturday 19 August 2022 in support of the health zone.
- MSF-France sent a batch of equipment including PPE donations to the health zone.
- MSF-France sent a mission on 24 August 2022 to take stock of the situation.
- ALIMA plans to make a field trip to Beni, after the health cluster coordination meeting.
- UNICEF has deployed a team from the beginning to support the health zone in Beni.

The IFRC participates in close coordination with the DRC RC in coordination meetings of international partners in Goma and Kinshasa and has been in contact with the main agencies at their headquarters.

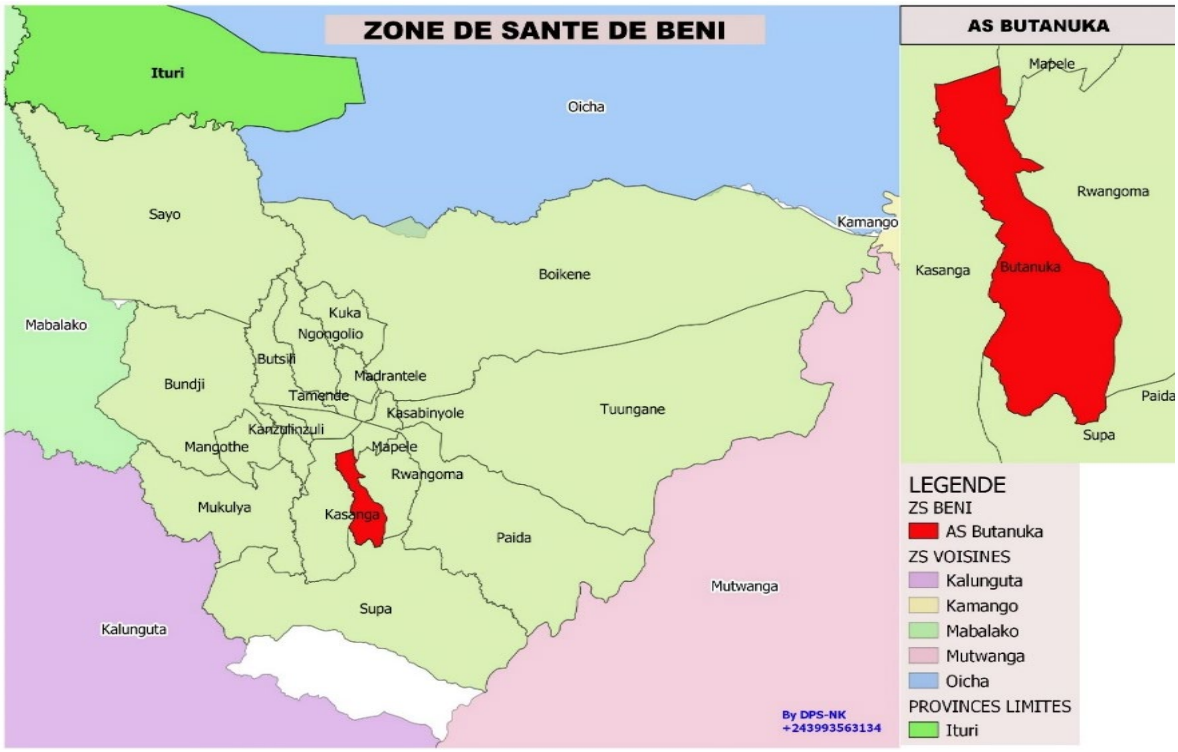
Needs analysis, beneficiary selection, scenario planning and risk assessment

Needs analysis:

Based on information confirmed as of 7 September 2022, the current Ebola outbreak is in the Butanuka Health Area in the Beni Health Zone, Beni Territory in North Kivu province.

Community Health and Contact Tracing: The government has categorized the areas of intervention in two according to the Ebola Virus Disease (EVD) spread data:

Intervention zone	Health zone at risk/impacted	Health areas	Contact case
Zone A: the Emergency Zone, where there is the confirmed case. Only 1 Health Zone according to the latest SItrep	**Beni Health Zone**	19 Health areas (DRCRC source). The confirmed case was in Butanuka	108 Contact cases traced during monitoring
Zone B: passive surveillance zones, where cases could occur, and contacts are already suspected of having taken refuge. With a total of 12 Health Zones, they surround the Beni Health Zone (see map below).	**8 Health zones in North Kivu province** (Butembo, Katwa, Kalunguta, Mabalako, Mutwanga, Oicha, vuhovi and Goma)	To be determined. Approximately 20 health areas per Health Zone	5 contact cases not traced
	4 health zones in Ituri Province including Mandima, Irumu, Mambasa, and Bunia Health Zone.		Unknown



Map of the Beni Health Zone, specifying the epicentre in Butanuka, the risk areas under surveillance and the preparation areas

The first and only case until 4 September remains the confirmed case of the Butanuka health area in the Beni health zone (city of Beni).

The health zone of Beni is surrounded by several health zones all part of the territory of Beni which has an estimated population of 1,487,608 inhabitants or 297,522 households (Civil Status Report, 3rd Quarter, updated on March 31, 2021). The main economic activity of the city of Beni is small business. It therefore maintains regular contacts and a flow of people with

- other cities in Beni territory (Kalunguta, Mabalako, Mutwanga in contact with Uganda, Oicha), Lubero territory (Butembo, Katwa, vuhovi) in North Kivu;
- The city of Goma, capital of North Kivu and crossroads of transactions although 372 km southeast of the city of Beni
- Different cities in Ituri province on the north side (Mandima, Irumu, Mambasa) and Bunia, capital of Ituri.

The city of Beni and the neighbouring cities share the same commercial port located in Tshopo, which serves several provinces of the country.

This mixture of population is a risk factor for the population of 7 health zones that surround the Beni Health Zone and Uganda. The main economic activity of the city of Beni is the small business in contact with these different provinces of Ituri and Tshopo, and the border country Uganda.

The risk of possible spread of this epidemic is high due to untraced contact cases. According to the latest SITREP, there were 179 contact cases of which 39% of high-risk contacts are not yet found with 5 of them listed in neighbouring health zones (4 in Oicha and 1 in Mutwanga, a city bordering Uganda). All contact cases found and remains buried by the DRC RC to date have been collected and tested with negative results so far. The DRC RC continues the 21-day monitoring period on these various contact cases.

Safe and dignified burial needs and human remains management: According to information received from the Ministry, the burial of the confirmed case was not safe. After the death, the family simply transported the body in the absence of a positive confirmation test that did not occur until well after the burial. The SDB teams must therefore be positioned to be quickly activated in the event of possible deaths of probable and/or confirmed cases. In addition, it is necessary to work in coordination with the health centres for management of the corpses.

Risk Communication and Community Engagement: The Health Zone also faced even a reluctance to decontaminate the household. Similarly, the branches of the DRC RC have faced the same reluctance. Feedback from previous operations suggests that communities are still in a state of non-acceptance of the disease and have preconceived ideas about the disease and the agents involved in Ebola. For example, the National Society regularly receives death alerts from health areas but very few from communities.

In this context, there is also a need to intensify engagement around the 4 behaviours essential to prevent and control the epidemic:

1) Early identification of possible Ebola cases, the identification and follow-up of all contacts through community understanding and cooperation to give the alert in case of suspected cases
2) The vaccination of high-risk people.
3) The transfer of people with possible Ebola symptoms to a specialized treatment centre; and
4) A safe and dignified burial and the support of the CEA/RCCE. At this early stage, the goal is to ensure that communities take preventive actions seriously, are aware of the signs and symptoms, and alert teams of suspicious deaths in the community.

Community Immunization Level and Vaccination Capacity Limit: Anyone who has had their last Ebola vaccine more than 6 months ago is advised to take the second booster dose to boost immunity. Unfortunately, it is noted that the level of vaccination remains low, and second doses are rarely taken.

The Ministry of Health has relaunched the vaccination campaign against the Ebola virus disease. Without having the exact figures now, the government is witnessing a vaccination rate that remains low. The DRC RC will contribute, alongside other partners, on the promotion of immunization, dissemination of information messages on the existence of vaccination and information useful for access through volunteers and radios, but will not take a more active part in the campaign.

Contribution to the operational action plan shared by the Government on this 15th resurgence: As an auxiliary to the Government, the DRCRC supports the Government's Operational Action Plan, which has defined 13 Health Zones to be covered. These are the cities surrounding Beni and Beni itself. The NS is engaged in outreach activities in 7 Health Zones in the surrounding cities and external partners will ensure coverage of other health areas in the territory.

The DRC RC, endorsing this government strategy, prefers to select 7 preparation zones (4 in North Kivu: Butembo/Katwa, Mabalako, Mutwanga and Oicha), and (3 in neighbouring Ituri: Madima, Irumu and Mambasa). This is because there are teams trained and ready to be used since the 13th epidemic.

Thus, an emphasis should be placed on contact tracing and active case tracing in those zones at the Community level for early detection to limit the spread of the disease and thus ensure a rapid control of the outbreak. It is therefore extremely important and urgent to react quickly to this outbreak, to contain the disease and to limit its impact.

Targeting

This operation targets two areas: Beni and 7 neighbouring health zones for a total of 579,838 people (96,640 households) in a two-pronged approach as detailed below:

- **Response:** The Beni Health Zone (North Kivu Province), 19 health areas will be targeted which includes the health area of Butanuka (epidemic epicentre).
- **Preparedness:** Seven (7) neighboring health zones in Beni. These include the health zones of Butembo, Katwa, Mabalako, Oicha (North Kivu Province) and Mandima, Mambasa, and Komanda (Ituri Province).

Since the total population of Beni health zone is approximately 488,463 people grouped in 19 health zones, the response action will target this zone in its entirety. The primary target area may quickly expand in the event of confirmation of information indicating wider dissemination within security constraints (as described in the next section).

In terms of preparedness, the DRC RC's action is to create a belt around the Beni Health Zone. The Ministry of Public Health, Hygiene and Prevention has decided to extend the response and preparedness on all neighbouring health zones in Beni but following the analysis of the DRC RC, its preparation actions will be focused only at this stage on remote health zones, where only the branches of the DRC RC are present. The total population of these 7 health zones is 1,827,508 people but for reasons of logistical capacity, the DRC RC will target a minimum of 5% of the said population, i.e., 91,375 people.

Thus, the total target of this operation is set at 579,838 people in 19 health areas of Beni and 7 health zones of Butembo, Katwa, Oicha, Mabalako, Mutwanga, Mandima, Komande and Mambasa.

Scenario Planning

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

Scenario	Humanitarian consequences	Potential response
Best-case scenario: The outbreak is confined to the Butanuka Health Area with the only confirmed case currently occurring. The security situation remains more or less calm allowing the intervention of the teams	- No spread of the disease to other health zones apart from the case in Beni. - The epidemic is controlled on a case-by-case basis within 42 days of the first and only current case. All contact cases are traced and negative. - The health system can manage the disease with the support of partners and the end of the epidemic is declared after 42 days.	The response will be limited to the implementation of this DREF operation as described in this emergency action plan. Pre-activation of the SDB teams in the Beni health zone, case tracing, community health and RCCE and the operation is closed after 4 months, including the 90 days of passive post-epidemic surveillance.
Most probable scenario: Other cases are reported. The outbreak is spreading throughout the health zone as well as the other surrounding health zones The health system is overwhelmed as cases increase, and is struggling to control the outbreak within the next three months. The security situation is deteriorating	- The number of confirmed cases increases with a significant number of untraced contacts - Deaths are on the rise - Fear sets in within the community - The health system needs to be strengthened - Poor communities' collaboration with the staff engaged in the response at the community and health centres level The United Nations system is unable to support the government and is evacuated. The Red Cross finds itself more	The DRCRC and the IFRC will update the emergency action plan to increase the coverage of its intervention through a second DREF allocation or emergency call, and the engagement of branches in these areas. This will include expanding the capacity of CBS, promotion, deployed SDB teams and enhancing the vigilance and protection of teams on the notions of individual protections. The NS will continue to monitor the situation by standing ready to scale up the response with the support of IFRC staff (including surge staff).

	in demand by the government to fulfil additional responsibilities	The NS in collaboration with its partners in the movement will proceed with the revision of this DREF to meet the need of the Community.
In the worst case scenario : Insecurity causes a significant increase in displacements, spreading the epidemic in the province of North Kivu and even in Uganda. Several regions/provinces are beginning to report the epidemic outbreaks.	- The health system is overwhelmed - Insecurity issues and other epidemics (with the rainy seasons in particular) are superimposed on the outbreak, making it more difficult to respond (with a possible risk also for ETC sites) - An increasing number of contacts who are not traced - Attack on the members of the communities against the hired staff engaged in the response at the community and health centres level	The DRCRC and IFRC will launch an Appeal to address increased humanitarian needs through the mobilization of domestic and international resources. All the zones of North Kivu will be reactivated and formed. The NS will continue to monitor the situation by standing ready to scale up the response with the support of IFRC staff (including surge staff).

Operation Risk Assessment

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

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

1- Infection of DRCRC employees or volunteers

To avoid risks of contamination of the teams involved in the response, the National Society will ensure:

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

2- Deterioration of the security situation in the area

- The security situation in the Beni Health Zone is relatively calm. On the other hand, that of 7 Health Zones surrounding Beni is worrying with the presence of armed and local groups. Especially in Ituri which is an area with a high level of insecurity.
- The DRC RC will ensure the implementation of security protocols and the visibility of its teams.
- This situation cannot prevent the DRC RC from carrying out the activities of the response because it is accepted and is going about its above-mentioned activities.

3- Expansion of the affected area outside Beni

- Mitigation: flying teams, preparation in Butembo, notice (pre-activation) of SDB teams throughout the zone.

4- Community reluctance and community beliefs and customs

They are a crucial element in the fight against this epidemic. This risk is already noted in Beni and could also be listed within the preparation zones. The National Society intends to increase its community awareness of the disease, work on community engagement and general acceptance of its intervention by engaging the relevant community leadership groups depending on the health zone.

5- Transmission of several other cases of diseases in the country or common in risk areas:

- **Transmission of COVID-19:** Since the beginning of the epidemic on March 10, 2020, the cumulative cases in North Kivu as of 26 August 2022 have reported 10,557 cases, with this number of cases, North Kivu occupies the second place of affected provinces in the DRC after Kinshasa, which represents a risk of spread in addition to the current crisis. As government auxiliaries, National Red Cross and Red Crescent Societies have an important role to play in supporting national operations focused on pandemic preparedness, containment, and mitigation. This places the DRCRC in favourable conditions to facilitate the continuity and maintenance of covid-19 activities supported within the framework of the Movement. This can be summed up in the activities

of ensuring the health, the safety of staff and volunteers, developing specific plans for emergency health services. As such, the actions of the national society dedicated to COVID-19 and those carried out as part of this DREF operation will be mutually beneficial and will be based on common synergies.

- **Transmission of diseases currently occurring in health zones contact:**

  - **Cholera:** In 2022, from epidemiological week 1 to 26 (ending July 03, 2022), 7,638 cases of cholera of which 114 deaths (fatality rate 1.5%) were recorded in 16 provinces of the Democratic Republic of the Congo, including North and South Kivu. 95% of cases and 79% of deaths are reported by the 4 endemic DPS: South Kivu, Upper Lomami, Tanganyika and North Kivu. The risk of an upsurge in cholera cases in other parts of the country is significant due to limited access to safe drinking water, poor hygiene and sanitation conditions and the beginning of the new rainy season.

  - **The Plague in Ituri:** The plague is raging in Ituri. There has been a decrease over the last 2 weeks, but active vigilance is still required throughout Ituri, with an average of 12 cases per week.

The Society will post EPiC-trained volunteers with themes covering the risks of common epidemics in the affected regions within communities and areas to improve community-based surveillance. A coordination is established with the Plague DREF Operation stakeholders and Community Epidemic and Pandemic Preparedness Programme (CP3) Teams for regular coordination of efforts and data sharing on the evolution of these epidemics.

This DREF operation is aligned and will contribute to the current global strategy and the regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. The NS will continue to monitor the situation closely with a focus on health risks, and will revise as necessary, considering the evolution of the COVID-19 situation and the operational risks that may develop.

B. Strategy of the Operation

Overall operational objective

The overall objective of this intervention is to collaborate with external partners in the prevention, reduction of the risk of spread of the Ebola haemorrhagic fever epidemic in Beni and in 7 priority health zones of North Kivu province (Butembo/Katwa, Mabalako, Oicha and Mutwanga) and Ituri (Mandima, Mambasa, and Komanda) via 4 pillars: Safe and Dignified Burials (SDB), Community engagement and accountability including risk communication (CEA/RCCE), contribution to community-based surveillance and provision of psychosocial support (PSS).

Operational strategy

The scope of the intervention is justified by the proportion of confirmed cases and untraceable contacts that are reported in the neighbouring health zones and the number of cured people not identified by the national cure follow-up programme distributed in these different health zones. All of which represent a high risk of increased cases. According to the health indications, the operation will be subdivided into alert time and post-epidemiological monitoring time according to scenario 1.

As part of the response and prevention of the spread of EVD, the DRC RC has categorized its intervention into two zones:

- **Zone A, the Emergency or Response Zone - Beni Health Zone.** This Red Cross response strategy (in the affected area) will help contain the EVD epidemic through SDB, PSS, and community health.

- **Zone B, the preparedness zones where cases and direct contacts can move**. See targeting of the 7 Health Zones. In addition, the operation will be used to support the response interventions of the DRC RC in the affected area and the neighbouring health zones at risk and deploy resource staff from the National Society of other provinces to support the ongoing action in the North Kivu province.

- In the two zones (response and preparedness) (A and B), health education/community engagement activities and repositioning of contingency stocks in preparedness zones.

The main activities to be implemented include:

In Zone A- Response in Epicentre of the outbreak (Butanuka) and other health areas of Beni

1. Safe and Dignified Burial (SDB)

- Mobilize 2 SDB mobile teams (for a total of 24 volunteers and 2 supervisors) to:

- Assist families in the SDB and raising awareness of the practice of SDB in communities
- Secure the corpses for the funeral,
- Collect of samples related to alerts and/or deaths for laboratory analysis.
- Two teams of 12 volunteers and 2 supervisors will take turns for the management of SDB in Beni. They will be deployed daily for the duration of the response phase estimated at 6 weeks and which could be revised as needed. 6 weeks to cover the 42 days since the first and last case.

- As a co-lead of the SDB subcommittee, provide support with human resources (2 volunteer supervisors supported)
- Communication support from the SDB subcommittee to boost SDB alerts
- Monthly refresher training of SDB teams on quality assurance and simulations to help them maintain good practices.

2. Needs for community case surveillance and community health

The National Society in this intervention is in support of the surveillance system and health promotion activities undertaken by the Ministry of Health.

a. Community-based surveillance (CBS)

- 120 volunteers and 11 supervisors will be mobilized for this response pillar due to 6 volunteers per health area over 12 weeks. Only Butanuka will have 12 volunteers in the health area who will be active by rotating teams of 6 volunteers covering every day for 16 weeks.
- Refresher training in the EPiC Level 1 approach of all volunteers involved in the operation for an understanding of the basic elements of community health and early action against epidemics. 3 days of training will be required. With the following themes included: CBHFA basic module, VCA, CEA during epidemics/RCCE, PFA epidemics and CBS basics.
- Set up a system for monitoring/tracing contact and alert cases at community level and in health areas. Volunteers deployed within the communities will be used as a mechanism to ensure the escalation of alerts coming from the communities in addition to the alert system already very active in the health structures. This activity will help locate the contacts you are looking for. All volunteers and supervisors will be deployed for this purpose over 16 weeks.
- Support for the health and death alert system using the NYSS messaging system currently used by CP3.
- 20 training supervisors will receive the 1-day training on NYSS and 3 days on CBS to ensure the cascade of this training in the different Health Zones to the 271 volunteers. They will be technically assisted by CBS and Health focal points at NS Headquarters and branches.
- At the end of the training, 120 volunteers will be deployed to ensure the reporting of alerts via messaging and the supervisors trained in the use of NYSS will ensure the compilation and data entry on the NYSS platform for the intervention teams. Beni does not have the platform installed, the HZ will work with Kinshasa to facilitate training and give access to the teams.
- Health promotion activities alongside CBS: Mobilise volunteers to raise awareness for good practices in health care centres (FOSA), promote health to protect healthcare workers in the affected area, secure entry and exit routes in the affected area and health structures targeted by routine temperature monitoring (screening) and encouragement to wash hands. The objective is for each volunteer to reach a minimum of 30 households per day over 16 weeks of mobilization.
- Through the volunteers and radios that will be active, the DRCRC will contribute to the vaccination campaign efforts launched by the government alongside partners by ensuring the popularization of information on immunization against EVD, dissemination of information messages on the existence of vaccination and information useful for access.
- All these messages will also be promoted to religious and community leaders to ensure better adherence.

b. Community engagement and accountability to support the SDB, CBS, EPIC response pillars via Risk Communication and Community Engagement (RCCE):

RCCE activities started since the declaration of the illness case and the National Society will continue to support RCCE by promoting safe and healthy practices in EVD prevention, the recognition of signs and symptoms for early medical care, also the acceptance of the disease within the community, as denial about Ebola remains one of the main barriers to adopting healthy behaviours. Also, the RCCE's approaches will continue to rely on the two-way communication channels to listen to and take into account the perceptions and expectations of communities through communication supports and key messages that are developed. The DRC Red Cross has several years of expertise in community feedback management that will be used to support the establishment of a common inter-agency community feedback management system. The activation of the RCCE coordination cell in Beni will be necessary and the DRCRC will ensure that it maintains its co-lead role within this working group on community feedback as during previous epidemics.

The proposed activities are:

- Capacity building of operational teams through training on the community engagement. This module is included in the EPiC training
- Contract with Muana community radio as part of interactive programs on EVD (two programs/weekly over three months)
- Support for the community engagement work of volunteers who will ensure the collection of feedback to collect feedback from the community.
- Training of traditional practitioners and community leaders to know the disease. This training will also take place in the preparation zones

As the co-lead of the feedback unit, provide support with human resources (2 supported volunteer supervisors) to support the coordination of the inter-agency platform. All CEA/RCCE activities will operate in an integrated approach to the overall intervention of the NS.

c. Psychosocial Support (PSS)

- Monitor the psychosocial support of families who are victims of the disease and volunteers who are victims of community stigmatization.
- Strengthening the capacities of the Red Cross operational teams through technical support and training on specific modules, namely: the community feedback system, radio as well as the development of communication skills and EAPS. The imaged materials will be used for people with special needs and to consider the educational context in certain target groups.
- Promote the practice of gender protection and inclusion, referring to stigmatization of all kinds on victims of the disease and their families.
- Mobilize 10 volunteers in the context of the prevention and support for victims of gender-based violence and prevention against sexual abuse and exploitation.

In Zone B – Passive Surveillance/Watch Zone in 7 neighbouring Health Zones Butembo/Katwa, Mabalako, Oicha and Mutwanga (North Kivu) and Mandima, Mambasa, and Komanda (Ituri)

The areas prioritized by the DRC RC in terms of preparedness will be covered mainly through risk communication while ensuring the training/retraining of emergency response teams. It will be one team per health zone that will be multidisciplinary, also trained in EPiC, SDB and RCCE).

Prepositional stocks in each zone will remain available for death security cases and samples. The DRC RC will also organize simulation exercises for teams in preparation, where there are no alerts.

Activities in the preparedness areas targeted by the National Society will take place in 35 most exposed/concomitant health areas in Beni as the main target. 5 per Health Area. The activities carried out in these 7 health zones will consist of:

- Train/retrain minimum teams in community health (EPiC) including communication on the risks of community engagement.
- A total of 70 volunteers and 7 supervisors. 10 per health zone for 3 days of descents per week during 6 weeks of alert pending the evolution of the situation.
- Expand the scope of community health and RCCE activities to ensure awareness of the disease, behaviour change. Mass communication media will be privileged to reach a larger target with radio messages, particularly, will also be able to cover the targeted North Kivu and Ituri HZs. The volunteers will be deployed in the field.
- Retraining of traditional medicine practitioners and community leaders to know the disease

Exit Strategy - Surveillance phase (90 days without cases): After 42 days without a positive case, the DRC RC will begin the active surveillance phase of 90 days following scenario 1 of this plan. Thus, the National Society will, during these 90 days, maintain only the surveillance teams in the health zone(s) with cases. All will further strengthen the activities of SDB, PSS and work in integrated strategy.

Human Resources:

The table below details the coverage of the 288 volunteers deployed through this operation by pillar. They will be deployed in teams as follows:

N°	*Pillar*	*Number of volunteers*	*Number of supervisors*	*Overall total*
Zone A				

01	EPiC/RCCE	120	11	131
02	SDB/EIR	24	2	28
04	PSS/PGI/PEAS	40	4	44
05	Support Services (4 IM supervisors, 2Logistics, 1 finance, 2 security, 8 chauffeurs, etc.)	17	5	22
Zone B				
01	(10 volunteers and 1 supervisor) per Health Zone. They will be deployed after training in an integrated strategy aimed primarily at ensuring awareness	70	7	77
Overall total		271	29	300

The IFRC will deploy technical support for this response including regular monitoring from Kinshasa office, which will conduct missions in addition to remote support; deployment of 2 surges and a technical health support mission from the region. The costs related to this support are as follows:

- A 3-month health surge with CBS profile that will support the entire response and contribute to a broader analysis of the CBS approach in the anticipatory management of epidemics that can be used on other planning.
- A financial surge for 3 months required to support the DRC RC's financial system and to compensate for the lack of reporting observed on previous operations in time and following procedures.
- A mission of the regional technical manager in support of CBS' overall response strategy and overall contribution to the analysis of operational learnings from the 2022 DREF responses for Ebola.
- 3 monitoring missions for finance, PMER and operations media that will harmonise information and reports for timely submission of the final report.

Logistics

- In terms of logistics, the IFRC provides the NS with 5 leasing vehicles for the operation.
- According to IFRC standards Fleet, 8 drivers will be required for the 5 vehicles due to 1.5 drivers per vehicle. The drivers will be selected from the volunteers of the branch in Beni and will work 5 days a week on a rotating basis and a fleet assisting the fleet reports. The NS, with technical support from the IFRC, will ensure that all drivers follow the procedures for operating and driving Red Cross vehicles, that they sign the code of conduct and safety modules.
- A logistics manager will be deployed by the DRC RC to support the operation in coordination with the IFRC.

Communications

Media coverage of the actions of the DRC RC and Documentary Production will be covered as part of this DREF operation.

Planning, monitoring, evaluation and reporting

In terms of monitoring and reporting, the DRC RC will ensure monitoring at several levels including field monitoring of the teams deployed, general monitoring of the intervention with the Government and other partners. It will be necessary to keep a regular update on the situation through the branches but also on the support provided and planned by the other stakeholders. These include the government, WHO and any other stakeholders. This will ensure that, if necessary, the proposed intervention is updated according to the gaps to be filled. The DRC RC will also ensure active participation in coordination meetings at all levels, including the revival of the RCCE Management Cell. These various actions will serve not only as elements of coordination but also as global monitoring of the situation.

On the ground, regular support will be provided to the teams by both technical and focal points support to ensure optimal implementation. Field visits will be carried out to ensure the quality of the interventions. The lessons learned workshop at the end of the operation will also be a learning tool to inform future responses and assess implementation.

Financial Management

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

Safety practices:

The security situation in the North Kivu region is sometimes punctuated by incidents but with a presence of armed forces that has been active in keeping the region calm for some time, mainly about Beni. The Armed Forces of the Republic. Despite this, incidents are recorded, calling for vigilance throughout the area of Beni, North Kivu and Ituri. Displacement of people in large waves is also an important factor in the security situation in these areas. Beni hosts many displaced persons coming from Ituri but also from the more insecure areas of North Kivu. Therefore, although the situation remains calm, vigilance remains necessary.

The DRC RC will deploy an official to provide support during the duration of the operation due to the security context in the east of the DRC in coordination with the IFRC and the ICRC. Considering that the IFRC will deploy support staff – surge as part of this intervention; it is necessary to coordinate the deployments with the regional security unit, the security officer of the DRC office based in Kinshasa and to coordinate with the ICRC.

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 the surveillance of 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 new global edition of Stay Safe 2.0 will be mandatory for staff engaged in the response. The Security Unit encourages staff and volunteers to complete levels 1 to 3 of the following security modules:

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

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

C. Detailed Operational Plan

Health

People targeted: 488,643
Male: 239,347
Female: 249,116
Requirements (CHF): 147,431

Needs analysis: The main needs of this sector are to facilitate an initial assessment, while ensuring contact tracing and community engagement to prevent the spread of the disease.
Population to assist: The entire population of 3 health zones: 579,838
Implementation standards: Activities in this sector will follow WHO's strict rules and standards for preventing and controlling the spread of Ebola.

P&B Output Code																	
	Health Outcome 1: The spread and impact of the outbreak is reduced through case finding and community outreach in affected health zones																***% of contacts that were successfully followed up in the previous 24 hours (Target 80%)***
	Health Output 1.1: The government is assisted by volunteers from the DRC RC for surveillance and contact tracing.																• ***# of supervisors provided with Training of Trainers training on EPiC package, NYSS, CBS (Target: 29)*** • ***# of volunteers trained in EPiC level 1 during this response (Target: 311 volunteers)*** • ***# of contract traced by NS AND swabbed*** • ***% of contacts lost to follow-up (Target: 0%)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Conduct a screening assessment to establish contact with key actors on the ground.																
AP021	Provide support to the sub-branch in the planning and implementation of activities.																
AP021	Training Supervisors on CBS and NYSS for 29 trainers' supervisors in Beni 3 days for CBS + 1-day NYSS and EPiC TRAINING																
AP021	Training of 311 volunteers (all included in the response) on EPiC Level 1 on the signs and symptoms of Ebola, outbreak management, community engagement and accountability and RCCE (to the extent of available training capacity). Including basic module PSSBC, VCA, CEA during epidemics/RCCE, PFA epidemics and CBS.																
AP021	Perform contact tracing in affected and surrounding health zones using the necessary and available tools for data collection.																
AP021	Work closely with RCCE volunteers on raising awareness on different themes in selected health zones and areas.																
P&B Output	**Health Outcome 2: The psychosocial consequences of the outbreak are reduced by the direct support to the exposed and infected in Beni**																***% of people confirmed or suspected of having been affected by EVD receiving PSS support (Target: 100%)***

Code	Health Output 2.1: The population of the affected areas of the city of Mbandaka receives psychosocial support during and after the outbreak.																	• # of supervisors and volunteers trained in PSS (Target: 33) • % of staff and volunteers who feel supported (PSS) in their target activities (Target: 100%)
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP023	Retraining of 8 volunteers and 2 supervisors in psychosocial support																	
AP023	Provide a psychosocial support to families who have lost family members using culturally appropriate and accepted approaches.																	
AP023	Support of staff and volunteers throughout the operation.																	
AP023	Referencing to health facilities (FOSA)																	
P&B Output Code	**Health Outcome 3: Social mobilization, risk communication and community engagement activities are carried out to limit the spread and impact of EVD**																	*% of targeted community members affected by health messages (Target :100%)*
	Health Output 3.1: The preparatory work is carried out to ensure that about 30% of the population of the affected areas of the city of Beni and the 7 neighbouring health zones will be sensitized about the social mobilization campaign of the DRC Red Cross and in the EVD operation in the broad sense.																	• *% of community suggestions and comments considered or responded to that were brought (Target: 80%)* • *Number of radio broadcasts (Target: 32)* • *Number of social mobilization sessions organized (Target: as necessary)*
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021																		
AP084	Adaptation and multiplication of information and broadcasting medium in the targeted localities																	
AP021	Health education, Community engagement, social mobilization through proximity channels (door to door, gathering places, schools, influencers key informants & traditional practitioner																	
AP021	Consult/support community networks through better access to up-to-date EVD and COVID19 information in their trusted languages and channels																	
AP021	Contract with usual radios as part of interactive programs on EVD (two weekly programs over three months)																	
AP021	Identify and organize a two-day briefing for radio volunteers. the pool of radio volunteers will consist of 10 people with radio experience																	
AP021	Produce and broadcast in partnership with radios weekly health education programs on EVD																	
AP021	IEC support reproduced and printed																	
AP084	Adapt feedback tools to the operational context																	
AP084	Organize a one-day briefing on the community feedback system for volunteers mobilized for the operation																	
AP084	Print and make available to the teams the forms for collecting community feedback																	
AP084	Identify and deploy a NS field officer at the branch level with skills in the approach and tools of the CEA. Deployment over the entire duration of the operation																	

AP084	Contribute to the establishment of a common feedback system to listen, document, and respond to community feedback on EVD and COVID19																
AP084	Produce a weekly report on feedback in the framework of inter-agency coordination and discuss actions to be taken in response to the concerns of the communities																
AP021	Participate in RCCE coordination meetings at all levels;																
AP021	Develop / update and validate key messages on EVD as well as question sheets and answers for the use of volunteers involved in RCCE activities																
P&B Output Code	**Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carrying out DHS under optimal cultural and safe conditions in the Beni city area.**	• *% of deceased persons for whom SDBs have been successfully completed* • *% of suspected and confirmed deceased cases that are buried within 24 hours of initial alert (Target: 100%*															
	Health Output 4.1: The affected population is helped by safe and dignified burial and decontamination activities	• *# of volunteers trained/retrained on the SDB (Target: 26)* • *% of Swabs successfully completed for deaths reported to the Red Cross (Target: 100%)* • *% Red Cross SDB volunteers of the Red Cross who are vaccinated (Target: 100%).* • *% of decontamination alerts that were carried out by CR teams on the same calendar day (Target: 100%)*															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Training of 24 volunteers and 2 supervisors to conduct dignified and safe burials.																
AP021	Provision of disinfection equipment and protective equipment to the team																
AP021	Disinfection of areas where there are confirmed or suspected cases, including outbreaks affected by Ebola																
AP021	Setting up safe and dignified burials in partnership with communities																
AP023	Support for sampling of suspect cases, remains and all alert cases in the 54 health areas																
AP021	Sensitization of members of affected households																

Protection, Gender and Inclusion

People targeted: 488,643
Male: 239,347
Female: 249,116
Requirements (CHF): 2,102

Needs analysis: The DRC aims to support the most vulnerable during the 15th EVD outbreak. During the needs assessment, data disaggregated by sex, age and disability (SADDD) will be collected and analysed to better inform the emergency response.
Population to be rescued: All people who need support in this area (men, women, boys & girls)

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

P&B Product Code																	
	Outcome 1: Protection, Gender and Inclusion Communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, due to violence, discrimination, and exclusion.																***# of people affected by protection activities, gender and inclusion (Target: 579,838)***
	Protection, Gender and Inclusion Output 1.1: NS programs improve equitable access to basic services by taking into account different needs based on gender and other diversity factors.																• ***# of needs assessments including ERP (Target: 1)*** • ***# of staff and volunteers who have strengthened their capacity on the Minimum Standard Engagements (PGI) (Target : 300)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP031	Continual training and retraining of volunteers on PSEA-PGI																
AP031	Carry out an assessment of the specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity																
AP031	Support Inclusion Sector Teams in their planning of actions to address gender-specific vulnerabilities and diversity factors (including persons with disabilities)																
AP031	Organize a 1/2-day basic training with SN volunteers on Minimum Standard Commitments (or integrate a session on Minimum Standard Commitments into standard/sectoral training).																
AP031	Support sector teams to ensure the collection and analysis of data disaggregated by gender, age, and disability (see guidance in revised Minimum Standard Commitments)																
P&B Product Code	**Protection, Gender and Inclusion Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children**																• ***# of staff and volunteers trained on PSEA and the treatment of sexual and gender-based violence (Target :300)*** • ***# of National Society staff and volunteers who have signed the code of conduct and received information about it (Target: 300)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP034	Use the Minimum Standard Commitments as a guide to support sector teams in including measures to mitigate the risk of sexual and gender-based violence																
AP034	Include messages on preventing and responding to sexual and gender-based violence in all community outreach activities																
AP034	Organize a mandatory 1/2-day basic training for committed NS volunteers on PSEA and the treatment of sexual and gender-based violence (or include a session on the treatment of sexual and gender-based violence in standard/sectoral trainings)																
AP034	Establish a system to ensure that IFRC and NS staff and volunteers have signed the Code of Conduct and received a briefing in this regard																

AP034	Map local referral systems and make information available for any concerns about child protection																	
AP034	Volunteers, staff and providers sign, are briefed and receive information on child protection policy/guidelines																	

Strategies for Implementation
Requirements (CHF): 138,152

P&B Output Code	**Outcome S2.1: An effective and coordinated international response to disasters is ensured** **Output S2.1.4: Deployment of rapid response personnel**																	***# of Surge personnel deployed for the operation by the IFRC (Target 2)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP046	preparation for the arrival of the IFRC support staff																	
AP046	Deployment of DRCRC support staff at the national and provincial level (1 Director of Emergency Response, 1 Assistant in charge of Health Emergencies, Logistics Assistant, 1 Head of Health Division).																	
AP046	Deployment of Surge - 1 public health profile and 1 Finance by IFRC																	
P&B Output Code	**Outcome S3.1: The IFRC Secretariat, as well as National Societies, use their unique position to influence decisions at the local, national and international levels that affect the most vulnerable.**																	***# of documentary films produced (Target: 1 Per pillar)***
	Output S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.																	***# of articles published on the operation (objective: 3 articles)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP042	Production materials of communication, of visibility, documentary films and media coverage of the operation																	
AP049	Translation work (EPoA, Ops update and final report)																	
P&B Output Code	**Output S3.1.2: The International Federation of Red Cross and Red Crescent Societies (IFRC) produces high-quality research and evaluation that feeds advocacy, resource mobilization and programming**																	***# of lessons learned workshops held (Target: 1 workshop)***
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP049	Organize workshop on lessons learned																	

Funding Requirements

The amount allocated for implementation of this emergency plan of action is CHF 298,698 as detailed budget below:

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRCD038 - DRC - 15th EBOLA VIRUS DISEASE OUTBRE

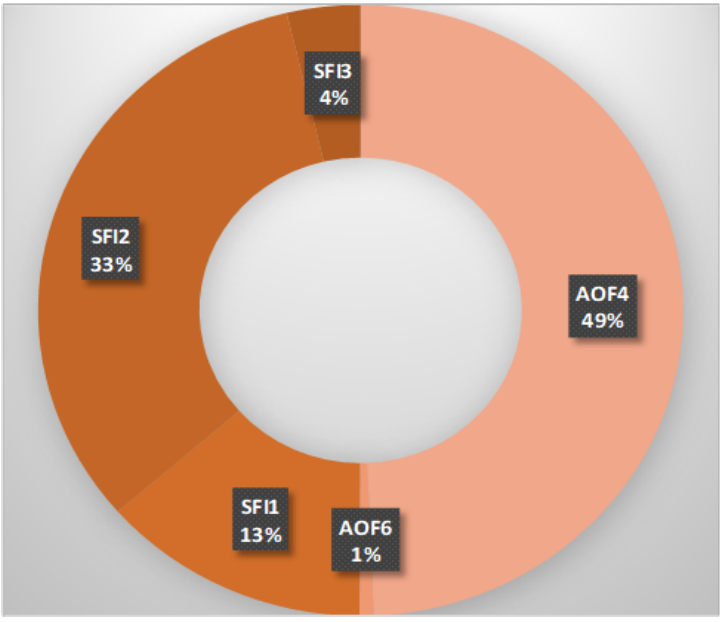
04/09/2022

Budget by Resource

Budget Group	Budget
Seeds & Plants	0
Water, Sanitation & Hygiene	8,122
Medical & First Aid	2,538
Teaching Materials	7,255
Relief items, Construction, Supplies	**17,915**
Transport & Vehicles Costs	25,380
Logistics, Transport & Storage	**25,380**
International Staff	45,120
National Society Staff	35,964
Volunteers	70,923
Personnel	**152,007**
Professional Fees	2,820
Consultants & Professional Fees	**2,820**
Workshops & Training	42,677
Workshops & Training	**42,677**
Travel	11,750
Information & Public Relations	5,864
Communications	7,379
Financial Charges	2,256
Other General Expenses	12,420
General Expenditure	**39,668**
DIRECT COSTS	280,467
INDIRECT COSTS	18,230
TOTAL BUDGET	**298,698**

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	#N/A
AOF2	Shelter	#N/A
AOF3	Livelihoods and Basic Needs	#N/A
AOF4	Health	147,431
AOF5	Water, Sanitation and Hygiene	#N/A
AOF6	Protection, Gender and Inclusion	2,102
AOF7	Migration	#N/A
SFI1	Strengthen National Societies	40,345
SFI2	Effective International Disaster Managemer	97,807
SFI3	Influence others as leading strategic partne	11,012
SFI4	Ensure a strong IFRC	#N/A
	TOTAL	**298,698**



Reference Documents
Click here

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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.