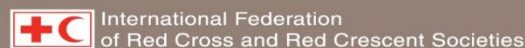




## Operation Update 2

### DRC: Plague Outbreak in Ituri



<b>DREF operation no. MDRCD035</b>	<b>GLIDE n°</b> <a href="#">EP-2022-000202-COD</a>
<b>Operation update n° 2:</b> 28 September 2022	<b>Period covered by this update:</b> from 22 April 2022 to 30 August 2022
<b>Operation start date:</b> 22 April 2022	<b>Operating timeframe:</b> 6 months <b>New end date:</b> 31 October 2022
<b>DREF amount initially allocated: CHF 312,460</b>	
<b>Number of people assisted:</b> 241,162 Persons (36,228 Households) <ul style="list-style-type: none"> <li><b>Response phase:</b> 88,087 people in Rethy Health Zone/Health Zones (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo)</li> <li><b>Preparedness phase:</b> 153,075 people in the health zone/Rethy zone (Terali, Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo), Gengere in the health zone of Angumu then the 7 neighboring health zones of Rethy (Angumu, Kambala, Mangala, Fataki, Logo, Linga and Rimba)</li> </ul>	
<b>Number of persons affected by the operation on 31 August:</b> 210,953 persons (34,835 households)	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC) and ICRC	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health: National Institute for Biomedical Research (INRB) OCHA, WHO, UNICEF, MEDAIR and MALTESER	

#### Summary of the main revisions made to the Emergency Action Plan:

This operational update is to inform on the progress of the implementation in response to the plague outbreak in the health zone of Rethy in Ituri. Initially updated on 29 July 2022 to inform on the case of pneumonic plague officially declared by the Ministry of Health and extending the strategy to respond to the 2 plague epidemics during the additional 2 months. This operation update 2 aims at consolidating DRC RC's exit strategy through an additional month extension (new end date: 31 October 2022), for overall operational timeframe of 6 months, although the disease is not yet completely defeated.

The main changes supported by this update are as follows:

- Consolidation of DRC RC exit strategy based on the establishment of hygiene committees in all villages constituting health areas affected by the plague epidemic. Requiring close monitoring for a time before they become accountable.
- Long-term capitalization of the disinfection and community sanitation activity, which allowed the National Society to reverse the trend of the epidemiological curve.
- Finalize the installation of 2,000 beds according to the list developed by community leaders based on their criteria.

Given its role as an auxiliary to the public authorities, the DRC RC is therefore required, in accordance with the indications of the Ministry of Health and WHO, to update the operational plan for greater impact with the following changes undertaken:

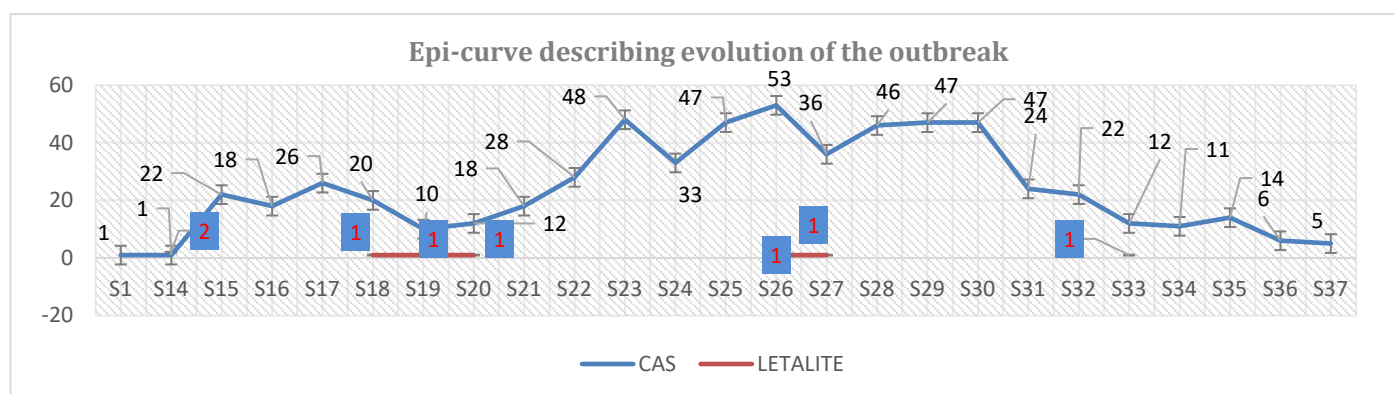
- Maintain the total objective of the operation to reach 241,162 people.
- The direct target will be maintained at 88,087 people in 7 affected health areas (Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo and Terali in the Rethy Health Zone).
- Community prevention activities, the National Society maintains actions in 14 health areas near the affected health areas.
- It will involve capacity building in, CEA, WASH and PSS through the following main activities:
- Increase contact tracing capacity in the above 14 health areas and infection prevention.

- Strengthening the RCCE strategy by increasing the teams' capacities to focus on radio, feedback system including the strengthening of interpersonal communication skills, necessary for the effective continuation of health education actions on the fight against the plague. Improve the mechanism for informing communities about the disease to increase community-based surveillance in villages.
- Sensitize all target populations in a positive way to build granaries to separate community members (households) from agricultural and pastoral products that attract rodents (sources of contamination).
- Strengthen flea control capacity/ interventions to control fleas and rodents with
  - Support hygiene committees in each village that will support the promotion of individual hygiene messages and the implementation of all sanitation activities around households.
  - Support health areas in the disinfection of households.
- Deployment of a DRC RC Information Management (IM) Focal Point in Bunia (Ituri)
- The planned deployment of Surge is cancelled due to security regulations in place in Bunia, which do not authorize them to operate in the health zones of Bunia as well as the international presence of staff. However, the IFRC team based in Kinshasa and Bunia continues to provide the necessary remote support to the DRC RC as part of this operation.

## A. SITUATION ANALYSIS

### Description of the disaster

The 9th outbreak of plague was announced by the Provincial Health Division (DPS) of Ituri Province on 4 April 2022 in the Rethy health zone of Djugu Territory, in the Democratic Republic of Congo. The plague is endemic in this part of the



country. Current epidemiological data appearing (highlighted below) are diagnosed positive cases based on clinical signs, since the DPS still faces the issue of obtaining laboratory tests for diagnostic purposes.

Although the absence of diagnostic tests is still a handicap for the confirmation of cases, there has been a clear communication from the health zones on the trend of the evolution of cases as follows:

Between weeks 1 and 37, 607 cases of presumed pneumonic plague were reported, with 8 deaths (fatality rate CFR 1.3%). All cases were reported in the Rethy Health Zone (Ituri). The cases are mainly concentrated in three health areas: Lokpa, Rassia and Uketha (as per graph). Cases are more than 100% higher than the same period in 2021 when there was a total of 115 suspect cases and 13 deaths.<sup>1</sup>

Health Area	Number of cases	Cured	Deaths	Under treatment <sup>1</sup>
Lokpa	473	463	5	5
Rassia	41	40	0	1
Uketha	75	74	1	0
Kpandroma	13	12	1	0
Gudjo	1	0	1	0
Rethy	1	1	0	0
Libi	2	2	0	0
Terali	1	1	0	0
<b>Overall total</b>	<b>607</b>	<b>593</b>	<b>8</b>	<b>6</b>

As of 09 September 2022, the information provided by the Ministry of Health on the epidemiological situation shows a suspected cumulative number of 607 cases with one (04) case of pneumonic Plague (including 1 in Lokpa, 2 in Kpandroma and 1 in Libi) compared to 58 cases at the time of the publication of the Emergency Action Plan (EPoA) on 22 April 2022.

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

On the security front, atrocities and violence are reported to be attributed to militias/armed groups against the population of the territory (Djugu and its surroundings). This sometimes makes it impossible for other partners to intervene, except for part of the local branch of the Red Cross in Djugu. Similarly, the current lack of equipment severely limits severely the response and implementation of an effective disease control and containment system. According to information from the DPS, there is a lack of laboratory tests for the diagnosis of plague as mentioned above, as well as medicines for the treatment of patients and a logistical problem for the transportation of tests and equipment. With the spread of the disease described above, the vulnerability of the population will remain high, and it is urgent to maintain the course of the current response with palpable community actions, until the total eradication of the plague disease in this area and its surroundings.

## Summary of current response

### Overview of the Operating National Society

In response to the current outbreak, the Red Cross of the Democratic Republic of Congo (DRC RC) has already mobilized nearly 240 volunteers in the Rethy health zone. These volunteers are mobilized according to the following sectors of the Red Cross response: community health, including risk communication and community engagement (RCCE): flea control with Ant killer (by spraying), WASH (community sanitation actions and psychosocial support (PSS).

As part of the community health/RCCE activities, volunteers organize information sessions on prevention, knowledge of the signs and symptoms of the disease and referral to the health centre for the appropriate medical management of cases. The messages disseminated are developed within the RCCE sub-commission, in collaboration with the managers of the health zones.

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

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

In summary, activities carried out until 30 August 2022 are summarized in the chart below, with the main activities conducted listed:

- 8 funerals adapted for cases of plague-positive deaths carried out in collaboration with the health zone, in the health zones of Lokpa (5 cases), Uketha (1 case), Kpandroma (1 case), Gudjo (1 case);<sup>2</sup>
- 32 radio programmes produced
- Spraying of insecticide in 18,919 homes
- 388 follow-up visits to 3,639 contact persons in 7 health zones for psychosocial support.





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



Picture 1: Monitoring of disinfection and household sanitation



Picture 2: Disinfection activities in households

9th Plague Outbreak - Ituri	
Highlights of results obtained	
	<ul style="list-style-type: none"> <li>• <b>(45%)</b> of <b>20</b> burial alerts received were successfully processed by RC teams in the DRC. Sustained burials were carried out for <b>100%</b> of the corpses tested positive.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>240</b> awareness volunteers (community health and RCCE) reached <b>175,631</b> people in the target population through home visits 162200 people and <b>13431</b> people through <b>210</b> mass awareness events</li> <li>• <b>49,871</b> community feedback data points were collected by volunteers and analysed for informed decision making in all areas of intervention.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>18,919</b> households were disinfected, and 5 health facilities (FOSA) were decontaminated</li> </ul>
	<ul style="list-style-type: none"> <li>• The PSS teams joined the staff and volunteers, and then <b>3,639</b> people were reached as part of <b>388</b> PSS activities.</li> </ul>

- Search for contacts in the communities. 4045 contacts followed by volunteers on the basis of the list of contacts provided by the Health zone in the DRC
- 46 patients transferred from the community to the health centre
- 190 volunteers were trained and mobilized for burials among the 240.
- Participation in coordination meetings at the health zone level (3 meetings per week) and at the provincial level (2 meetings per week).
- At the logistical level, there is also the contribution of the DRC to the transport of inputs from other actors in the response if necessary, and within the framework of the coordination in place.

Field teams use skills gained from training and experience in epidemic management (Ebola, COVID and Plague) for disinfection, dead body management and awareness raising. Awareness messages are mainly those on sanitation and awareness of vaccination as a mean of preventing epidemics, including against Covid-19.

### Physical and human capacity

In terms of equipment, the Ituri branch of the Red Cross of the DRC had an emergency stock of 2020 from Ebola, but to date, the stock has been depleted after the allocation to teams for the response to the plague. As part of this operation and WASH activities, a good number of environmental sanitation equipment is made available to the entire community in this area and the vicinity.

In terms of human resources, the Italian branch of the Red Cross mobilized 240 volunteers for the response. Have benefited from training at different levels, to better integrate the new situation of EPiC 1 around a set of diseases with epidemic potential in the RETHY health zone and surrounding areas.

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

Please refer to [EPoA](#) and [Operation Update 1](#) as the information remained unchanged.

### Overview of other actors in the country

- As part of the response to the epidemic, the Ministry of Health of the DRC organizes the coordination of activities at the provincial (Bunia) and local (Central Office of the Health Zone) levels. The Ministry of Health through health zones, hospitals and the National Institute of Biomedical Research (INRB) carries out screening tests.
- WHO and UNICEF continue to support the Provincial Health Division (DPS) in Bunia in the planning of response activities and the provision of inputs/logistics. In July, WHO came in early August 2022 together with the Provincial Health Division (DPS) trained nurses from all health areas of the Rethy Health Zone on the management of plague and gave some medicines for the management of plague patients.
- The NGO Malteser provided medicines, including prophylaxis and deltamethrin, to the Rethy Health Zone for household disinfection.
- MEDAIR continues its interventions in the Rethy health zone with the medical care for patients in the health zones of Lokpa, Kpandroma and Rethy.

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

## Needs Analysis and Scenario Planning

### Needs analysis

The epidemic began in the Lokpa Health Zone and spread to Rassia and the Uketha Health Zone. According to the linear list of cases of September 09, 2022, the plague epidemic reported positive cases in 5 health areas (Rethy, Gudjo, Kpandroma, Libi and Terali). This makes 8 health areas in the Rethy Health Zone an epidemic. The epicenter is located in the Lokpa health area which reported the majority of suspect cases (473 cases/78%), but there is an increase in cases in Rassia (41 cases/7%) and Uketha (73 cases/12%). These 3 health zones have a total of cases (97%). Please refer to [EPoA](#) and [Operation Update 1](#) for more details on the needs.

### Operational Risk Assessment

The operational risks remain the same as those mentioned in the emergency action plan ([EPoA](#)) and the mitigation measures are explained. DRC RC teams will continue to analyse the risks to adopt appropriate mitigation measures. The DRC RC will ensure the engagement of the local staff and volunteers, it will continue monitoring the security situation using the opportunities offered by its acceptability on the ground.



## B. OPERATIONAL STRATEGY

### Proposed strategy

The main objective of this operation is to ensure coordination with the actions of other partners and the Ministry of Health and based on current information, to contribute to the containment of the plague epidemic by Reducing the spread and limiting the morbidity and mortality resulting from the plague epidemic in Rethy.

As part of its exit strategy for this last phase of the operation, the DRC RC shall ensure the below:

- Consolidation of DRC RC exit strategy based on the establishment of hygiene committees in all villages constituting health areas affected by the plague epidemic. Requiring close monitoring for a time before they become accountable.
- Long-term capitalization of the disinfection and community sanitation activity, which allowed the National Society to reverse the trend of the epidemiological curve.
- Finalize the installation of 2,000 beds according to the list developed by community leaders based on their criteria.

Above will be done in collaboration with the Ministry of Health and based on current information, contribute to the maintenance of both community and medical activities, having proved effective during this plague response in Rethy.

As part of the response and prevention of the spread of the plague epidemic in the RETHY health zone, DRC RC conducted its intervention in 21 health zones, divided into zone A (of the response, since having reported positive cases: Lokpa, Rassia, Uketha, Rethy, Kpandroma, Gudjo and Terali), and zone B (of preparation, since being close to health zones having reported positive cases: Aboro, Zali, Budza, Kokpa, Ngirimandefu, Ngribalo, Gengere, and others).

The DRC Red Cross strategy in the affected area will help to leave viable community structures that can help the population to take ownership, thus contributing to the containment of a resurgence of plague knowing the endemic nature of the disease in this area. This is done through safe management of dead bodies, vector control and WASH, Community Health/RCCE, PSS and contact tracing activities. In both areas (A and B), community health promotion education and community engagement activities will be operationalized by RC teams in the DRC.

This strategy will revolve around a hygiene committee, which does not yet require our supervision, coaching and close monitoring to support future actions during resurgences.

### Detailed operational strategy

This operational update provides for the extension of ongoing activities by an additional month, i.e. from 5 months to 6 months to maintain the downward trend in the reporting of new positive cases, until the eradication of the epidemic in the Rethy health zone. This will consolidate achievements for all areas A and B and maintain an optimal level of monitoring.

In the area of intervention in Rethy, the DRC RC will continue the ongoing activities on the ground, with the aim of saving lives by using the human and material capacities available to engage in activities requested by the government through the Ministry of Health. The proposed activities include:

#### In Area A - Continue response in Rethy Health Zone

All DRC volunteers mobilised for this operation work according to the integrated approach, which means that they can perform all the tasks available in the field (multidisciplinary):

##### 1. Community health

- Mobilize volunteers to raise awareness of measures to prevent the epidemic of bubonic and pneumonic plague,
- Support the Rethy Health Zone Alert Cell by issuing community alerts through our field volunteers;
- Continuity of health promotion, including risk communication and community engagement (CCA);
- Work with community hygiene committees in different villages to improve health practices.
- An effort will be made to promote the use of grain bins or isolated containers through our activities.

##### 2. Risks Communication and Community Engagement (RCCE)

- Intensification of awareness-raising activities in the 21 health areas on barrier measures for the prevention of pneumonic and bubonic plague,

- Promotion of sanitation activities in villages in health areas that have reported cases or have been affected by an epizootic disease.
- Promotion of appropriate activities for safe burials for death from the plague in the health zones.
- Maintain focus on: Community Feedback System, Radio and Communication Skills Development, and AMAP activities.

### 3. Psychosocial Support (PSS)

- Monitor the psychosocial support of families who are victims of the disease and volunteers who are victims of community stigmatization.
- Achieve community integration of those who have recovered.
- Conducting individual listening sessions.
- Promoting gender protection and inclusion
- Prevent the stigmatization of all kinds for people who contract the disease along with 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.

### 4. Water, Sanitation and Hygiene (WASH)


- Ensure health promotion through a community approach in terms of communication and community support activities through risk communication and community engagement (CCA);
- Ensure environmental health for vector control and disposal of pathogenic reservoirs (such as rats): With the support of the community, community hygiene committees and volunteers. As such, the volunteers will carry out the following activities:
  - Sanitation campaigns to clean up around households and other unhealthy areas, clear brush, manage waste with a separate waste container or dig garbage pits; all sanitation and awareness-raising activities to keep rats out of households.
  - Raise awareness of environmental health, including awareness of community waste and livestock management,
  - Support communities in digging waste pits that will be a safe distance from communities.
  - Establish community hygiene management and monitoring committees composed of community leaders, heads of households and volunteers. Or a rotation system with groups by category (women, men, youth, mixed) so that the whole community integrates concepts and good practices.
  - Improve living spaces either by purchasing and distributing beds to 1,000 households or by installing partitions to keep livestock that cannot be kept outdoors due to the high risk of theft in the area or both depending on household circumstances. Consultation with communities is not yet complete to decide on preferred options.

### In zone B – Continued preparedness in 15 health areas

Maintain the activities of minimum teams trained on community health (EPiC) approach, including communication on the risks of community engagement. The minimum team will consist of 5 volunteers per health area in the preparation areas.

Volunteer preparation activities will include raising public awareness of behaviour change in these neighbouring communities through door-to-door visits, group discussions and facilitation of community committees. Volunteers will also search for lost contacts.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Healthcare</b>  <b>People reached:</b> 241,162          Men:118,169          Women: 122,993</p>		
<b>Health Outcome 1 : Immediate health risks to affected populations are reduced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of health zones affected by contact tracing activities	21	21

<b>Health Products 1. 3 : The target population benefits from disease prevention and health promotion at the community level</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of contacts traced	5000	4045
<b>Health Products 1. 4 : Implementation of measures to prevent and control epidemics</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of social mobilization sessions held (mass awareness, community meetings/advocacy, focus groups, home visit, etc.)	200	164
Percentage of target population reached by social mobilization activities	100 % (241,162)	87% (210,952)
Percentage of comments answered among the comments collected	70%	72%
Percentage of suspicious death alerts for which an adapted funeral was performed	100% (as required)	100% (9 alerts, 9 funerals)
Percentage of volunteers trained in the prevention and control of ECV-CP3/ EPIC 1 infections, as well as in dead body management	100%	100% (240)
<b>Health Products 1. 5 : Psychosocial support provided to target populations</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of people reached by PSS services	as needed	3,639
Number of volunteers trained in PSS	240	240
<b>Health Product 4.7 : Vector control and community environmental health measures in affected health areas are improved to reduce risk</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers retrained to decontaminate ( <i>disinfection/deratting</i> ) households as part of sanitation activities	190	190
% of decontamination requests completed on time	100 % (18,919)	100%
Number of households receiving partitions/beds	1,000	769
<b>Progress towards outcomes</b>		
<p>❖ <b>Community health</b></p> <ul style="list-style-type: none"> <li>• DRC RC trained 240 volunteers in the EPIC 1 approach on plague signs and symptoms, outbreak management, surveillance, referral, community contact tracing and community engagement (to the extent of available training capacity). These volunteers contributed to contact tracing in the affected health areas. As a result, 4045 contact cases were monitored.</li> <li>• The National Society continues to follow healed people in 163 Houses to continue engaging them in community awareness on the existence of the disease. These people, as witnesses, represent evidence to break down rumours and reluctance among the communities most at risk as they are part of the villages with suspected or confirmed cases. Appropriate visits are then made to ensure that psychological follow-up is carried out for as long as necessary.</li> </ul> <p>❖ <b>Risks Communication and Community Engagement (RCCE)</b></p> <ul style="list-style-type: none"> <li>• Risk communication and community engagement began early in the humanitarian response. Since the beginning of the response, DRC RC volunteers have made 34,835 home visits, reaching 162,200 people, including 22% men, 20% women, 29% boys and 29% girls. In addition, they conducted 210 mass awareness sessions, reaching people,</li> <li>• During these outreach activities, volunteers gathered 49,871 community comments.</li> <li>• The most frequent rumours and some comments processed, were related to the demand for care. Some households think that it is the aid workers who bring this. There are also doubts about the treatment, questions about the vaccine, if it is not the source of the disease, confusion with the COVID vaccine underway in the campaign that some have heard about. The communication of volunteers and information are always relevant in this case to dispel any confusion. The DRC RC also uses real cured people as testimonies of healings that can reassure their community and reduce reluctance.</li> </ul> <p>❖ <b>Psychosocial Support (PSS)</b></p>		

At this level, 240 volunteers have been trained/retrained on psychosocial support and 5 volunteers are empowered and dedicated to these activities. This allowed them to carry out 388 sessions involving 3,639 people through the various activities including awareness 1%, psychological first aid 16%, individual listening 14%, psychosocial support 21%, briefing 21% and debriefing discussion groups, psychoeducation 5% for Red Cross volunteers mobilized in the different pillars, as well as awareness sessions for the community, in support of the teams. Detailed data is shown in the following table:

N°	ACTIVITIES	SESSION	MALE	FEMALE	CHILDREN		TOTAL	COMMENT
					M	F		
1	INTERVIEWS	1	3	2	0	0	5	<ul style="list-style-type: none"> <li>Interviews with people living with physical disabilities against stigma or discrimination.</li> <li>The other interviews were with the various chiefs of the localities.</li> </ul>
2	LISTENING	115	227	140	82	79	528	<ul style="list-style-type: none"> <li>Listening to people affected by the plague.</li> <li>listeners focused on volunteers with difficult situations.</li> </ul>
3	FOCUS GROUP	43	406	125	146	79	756	<ul style="list-style-type: none"> <li>on stigma or discrimination, but also stress management for the volunteers and the community</li> </ul>
4	PSP	89	137	177	121	133	568	<ul style="list-style-type: none"> <li>monitored by suspected or confirmed cases in different Rethy health areas.</li> </ul>
5	INDIVIDUAL PSS	69	265	201	135	187	788	<ul style="list-style-type: none"> <li>belief about the plague epidemic.</li> <li>assisted several victims in community integration,</li> </ul>
6	PSYCHO EDUCATION	24	69	40	24	52	185	Existence of the plague epidemic in the area.
7	PSS	46	477	194	38	77	786	Relieved the various communities that have experienced the problems of gender-based violence
8	SENSITIZATION	1	13	10	0	0	23	On the plague with various messages.
<b>TOTAL</b>		<b>388</b>	<b>1,597</b>	<b>889</b>	<b>546</b>	<b>607</b>	<b>3,639</b>	

The RC team in the DRC also contributed to the monitoring of 164 people who recovered from the plague and the community reintegration of 36 people.

#### ❖ WASH

- 190 volunteers were retrained in disinfection and sanitation techniques. This boosted sanitation activities in a total of 205 sessions, which made it possible to clean up around 3,058 houses.
- Volunteers were also actively involved in the disinfestation of 18,919 houses in the various health areas. In Lokpa, almost 90% of the targeted houses have been disinfested (spraying with Ant killer for insect control), 73% of the houses in Rassia have been disinfested and 92% of the houses in Uketha have been disinfested. It should be noted that this disinfestation activity has contributed significantly to the significant reduction of the mass of fleas in this area, and has contributed effectively to the reduction in contamination, which is the basis for the decrease in the epidemiological curve.
- Decontamination was realized in 5 health facilities in Lokpa, Uketha, Aboro and Rethy (BCZ)
- Given the current epidemiological trend, which shows a decrease in the number of cases, it is important to maintain these activities in the 21 health areas under control, and initiate the community so that it is in the package of the exit strategy.
- A great effort is already made on the ground at the initiative of the community dialogue on the choice of our assistance, the community leaders have made the choice of beds, for which they themselves contribute to the manufacture, then the RC of the DRC buys the materials to put above. This allows us to increase our assistance from 1,000 to 2,000 households. On the ground 769 beds are made.



Picture 3: Mass Awareness/Motorized Caravan



### Protection, Gender and Inclusion (PGI)

People reached: 16,808

Men: 7,227

Female: 9,581



<b>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.</b>		
Indicators:	Target	Actual
Number of people affected by protection activities, gender and inclusion (Disaggregation of data in SADDD)	as needed	16,808
<b>ERP Output 1.1: 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.</b>		
Indicators:	Target	Actual
Number of needs assessments, including ERP	1	1
Number of employees and volunteers who have strengthened their PGI minimum standards capacity	240	240
<b>ERP Output 1.2: Emergency response operations prevent sexual and gender-based violence and all forms of violence against children</b>		
Indicators:	Target	Actual
Number of employees and volunteers trained in the fight against sexual and gender-based violence.	240	240
Number of employees and volunteers of the National Society who signed the code of conduct and received information about it.	240	240
Number of volunteers, staff and service providers who have adhered to and been informed about the child protection policy and guidelines and who are provided with information on the child protection policy and guidelines.	240	240
<b>Progress towards outcomes</b>		
<ul style="list-style-type: none"> <li>Protection, Gender and Inclusion (PGI) activities involved 240 volunteers. They were trained on minimum PGI commitments, including DAPS (Dignity, Access, Participation, Security). Subsequently, they were briefed on the fight against sexual and gender-based violence. Subsequently, they all signed the IFRC Code of Conduct after being informed of it.</li> <li>Overall, their activities covered the 16,808 people affected in the response. One of the highlights was a family assisted by the Red Cross team in the psychological care of a 13-year-old girl who was raped by one of the family members.</li> </ul>		

<b>Strategies for Implementation</b>		
<b>Outcome S1.1: Capacity building and organizational development objectives of the National society are facilitated to ensure that National Societies have the legal, ethical, and financial foundations, systems and structures, skills and capacities necessary to plan and implement projects.</b>		
<b>Outcome S1.2.1: The National Society has effective and motivated volunteers who are protected</b>		
Indicators:	Target	Actual
Number of volunteers mobilised	240	240
Number of volunteers trained ensured	240	240
Number of volunteers informed about AMAP and CEA	240	240
<b>Outcome S1.1.6: The National Societies have put in place the infrastructure and systems necessary for their operation.</b>		
Indicators:	Target	Actual
# Supervision mission of the DRC RC	6	7
<b>Outcome S2.1: An effective and coordinated international intervention in case of a catastrophe is ensured</b>		
<b>Output 2.1.1: Effective and respected surge capacity mechanism is maintained.</b>		
Indicators:	Target	Actual
Number of high-tech personnel deployed for the operation	1	0

Number of people in the coordination team of the National Society	3	3
Number of workshops on lessons learned organized	1	0
<b>Output 2.1.3: Improving NS compliance with humanitarian aid principles and rules</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
SOP on procurement procedures	1	1
Inventory and Inventory Management SOP	1	1
<b>Outcome S3.1: The IFRC Secretariat, as well as National Societies, use their unique position to influence decisions at the local, national and international levels that affect the most vulnerable.</b>		
<b>Outcome S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of radio broadcasts	40	32
Number of documentary films produced (Target: 1 Per pillar)	2	1
<b>Outcome S3.1.2: The IFRC produces high quality research and evaluations that inform advocacy, resource mobilization and programming.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
No. of MSR (Minimum Safety Rule) developed for volunteers for activities in Ituri	1	1
<b>Progress towards outcomes</b>		
<ul style="list-style-type: none"> <li>• DRC RC deployed three (3) national staff including an Operations Coordinator, a Finance and Accounts Officer and a Security Officer. However, the recruitment of medical reinforcements by the IFRC has not been completed due to the precarious situation in the humanitarian intervention areas. According to the security regulations in place in Bunia, international staff are not yet authorized to carry out activities in the health zones beyond the city of Bunia. The deployment of a Surge was therefore deemed ineffective in this context and was cancelled. However, the IFRC team based in Kinshasa and Bunia continues to provide the necessary remote support to the RC of the DRC as part of this operation.</li> <li>• The security environment has been marked by the presence of armed groups that are still in dialogue with the Government. Currently, the situation in the Rethy area is very calm and activities are continuing.</li> <li>• The urgent need for IM staff is met and their work is appreciated by all.</li> <li>• The RC DRC teams are present at sub-coordinate and committee meetings in the Rethy health zone, but also at routine health activities. An evaluation of the activities was carried out by the various partners and recommendations were made:</li> <li>• Make a quick daily report of plague cases and make available (popularize) the number of alerts and case transfers</li> </ul>		

## D. Financial report

The total budget for the implementation of this operation is CHF 312,460, as detailed in financial report section of [Operation Update 1](#).

## Reference document

Click [here](#) to:

- [Operation Update 1](#)
- [Emergency Plan of Action](#)

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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.

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