


www.ifrc.org
Saving lives,
changing minds.

Emergency appeal

Democratic Republic of the Congo (DRC) Ebola Virus Disease Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRCD026	716,850 people to be assisted	Appeal launched 21 May 2018
Glide n° EP-2018-000049-COD	216,168 Swiss francs DREF allocated	Appeal ends 21 November 2018 (6 months)
	1,630,297 Swiss francs current Appeal budget	

This Emergency Appeal seeks a total of 1,630,297 Swiss francs to enable the IFRC to support the Red Cross of the Democratic Republic of the Congo (DRC RC) to respond to the ongoing **Ebola Virus Disease (EVD)** and deliver humanitarian assistance to **716,850 people** in an emergency health intervention for **6 months**. The emergency operation focuses on epidemic control with emphasis on community-based surveillance and contact tracing, safe and dignified burials (SDB), risk communication and community engagement, disinfection of households and psychosocial support. The planned response reflects the current situation and information available at this time and will be revised based on further developments and more detailed assessments. Detailed Emergency Plan of Action will be released at a later stage.

The disaster and the Red Cross Red Crescent response to date

08 May 2018: A new outbreak of Ebola Virus Disease (EVD) was declared by the Government of Democratic Republic of the Congo (DRC) after two samples tested positive for EVD in Bikoro, Equateur Province.

08 May 2018: A first IFRC Joint Task Force (JTF) was established to inform Red Cross Red Crescent response strategies, and Field Assessment Coordination Team (FACT) and Regional Disaster Response Team (RDRTs) alerts were sent.

09 May 2018: DRC RC convened a meeting of Movement partners in country to brief them on the situation.

12 May 2018: A team of 4 members of the DRC RC and IFRC travelled to Equateur Province and met with DRC RC local branch and health authorities.

12 May 2018: The IFRC approved an allocation of 216,168 Swiss francs from the Disaster Relief and Emergency Fund (DREF) to assist 238,950 people with surveillance, contact tracing and case investigation, risk communication and community engagement, SDB preparedness and psychosocial support.

21 May 2018: The IFRC launches an Emergency Appeal for 1,630,297 Swiss francs to serve 716,850 people for 6 months.



Mbandaka, Equateur Province (DRC). A team of IFRC and DRC Red Cross deployed to respond to the Ebola outbreak with life-saving supplies and Ebola Personal Protective Equipment (PPE)

The operational strategy

Context

On the 3 May 2018, the Health Division of Equateur Province in DRC reported a cluster of 21 suspected VHF cases and 17 deaths. On 5 May, during a field investigation by the Ministry of Health (MoH) with the support of WHO and MSF, 5 samples were collected from hospitalized suspected cases of which 2 were confirmed positive of EVD serotype Zaire. On 8 May 2018, the DRC Government declared a new outbreak of EVD, which is the ninth in the country's history.

As of 16 May, additional information on the epidemiological situation shows that the total number of cases now stand at 45 cases (including 25 deaths), of which 14 are EVD confirmed, 10 are considered as suspected cases and 21 as probable cases. Three health care workers have fallen sick from which 1 has died. 393 contacts have been identified.

At this stage of the outbreak, WHO has classified the risk to public health as *high* at the national level, *moderate* at the regional level, and *low* at the global level. On 18 May the WHO Emergency Committee convened to discuss the declaration of a Public Health Emergency of International Concern (PHEIC). The decision to not declare the current EVD outbreak as a PHEIC was taken. However, there was a strong message that the outbreak was serious and should be treated accordingly.

The outbreak is currently affecting the Equateur province with a population of approximately 2.5 million. 3 Health Zones of Bikoro, Iboko and Wangata in Equateur province have reported suspected cases. Wangata Health Zone, Mbandaka city, is an urban area with population over 1 million, and a transport hub of the River Congo. The spread of the disease to an urban area, with limited safe treatment and isolation facilities, brings additional risks.

Most of the cases reported were in Bikoro Health Zone. Bikoro is situated on the shores of Lake Tumba in the north-western part of the country near the Republic of the Congo. Health facilities in Bikoro have very limited functionality and rely on international organizations to provide supplies that frequently stock out. The capacity of local facilities to early detect suspected EVD cases and safely provide medical care to patients is limited, including limited diagnostics capacity.

The affected area is very remote with limited mobile telephone networks and difficult road conditions. The estimated distance from the epicentre to the capital of the Equateur province, Mbandaka, is 280km by road and can also be accessed via an airstrip that is 8km away from Bikoro, and the distance between the airstrip and Ikoko Impenge is approximately 30 km. This area of DRC has not suffered previous documented EVD outbreaks before the current outbreak.

The primary economic activity in Bikoro is fishing from Lake Ntomba; the fish are transported to Brazzaville and Kinshasa via Mbandaka. The population from the neighbouring Health Zones of Iboko and Ingendie also engage in fishing activities at Lake Ntomba and pass through Bikoro to access the lake daily. This mixing and movement of population is a risk factor for the spread of the disease during an outbreak like EVD. An additional risk factor for possible spread of this outbreak is the fact that the exact source and trajectory of the possible first cases found on retrospective investigations are not yet fully known. The local traditional medical practices and burials with close contact to the deceased could lead to further spreading the disease. Thus, the spread could be wider than currently seen.

The major means of transportation to the epicentre of the outbreak from Mbandaka to Bikoro town is by 4 x 4 vehicles during the dry seasons; however, during rainy seasons as it is the case now, the roads become impassable and thus the only means of accessing the area is with the use of motorcycles and helicopters. The UN have re-routed their helicopter schedule to enable helicopter shuttles from Mbandaka to Bikoro until further notice. Water way transportation is also a very prominent means of movement -- the water way transport runs along the border with the Republic of Congo (RoC) and the Central African Republic (CAR) to major cities like Brazzaville in RoC, Bangui in CAR and Kinshasa in DRC. This movement too, could constitute a potential risk for spread considering the number of people who use this means of transport daily.

Vigilance against the outbreak spreading to other areas in the province, to neighbouring provinces and potentially into neighbouring countries is important due to potential population movement, limited detection and safe treatment capacity as well as existing cultural practices that may pose risks. An emphasis on contact tracing and

active case finding at community level, SDB and risk communication for early detection to limit spread of the disease and ensure rapid control of the outbreak is crucial. As such, it is an extremely important and urgent task to respond very quickly to this outbreak, to contain the disease and limit its impact.

International Rapid Response Teams continue conducting emergency needs assessments to better understand the severity and magnitude of the outbreak. At present the available demographic and epidemiological information remains limited and the situation fluid; making it difficult to estimate the true extent of the outbreak.

Needs assessment and beneficiary selection

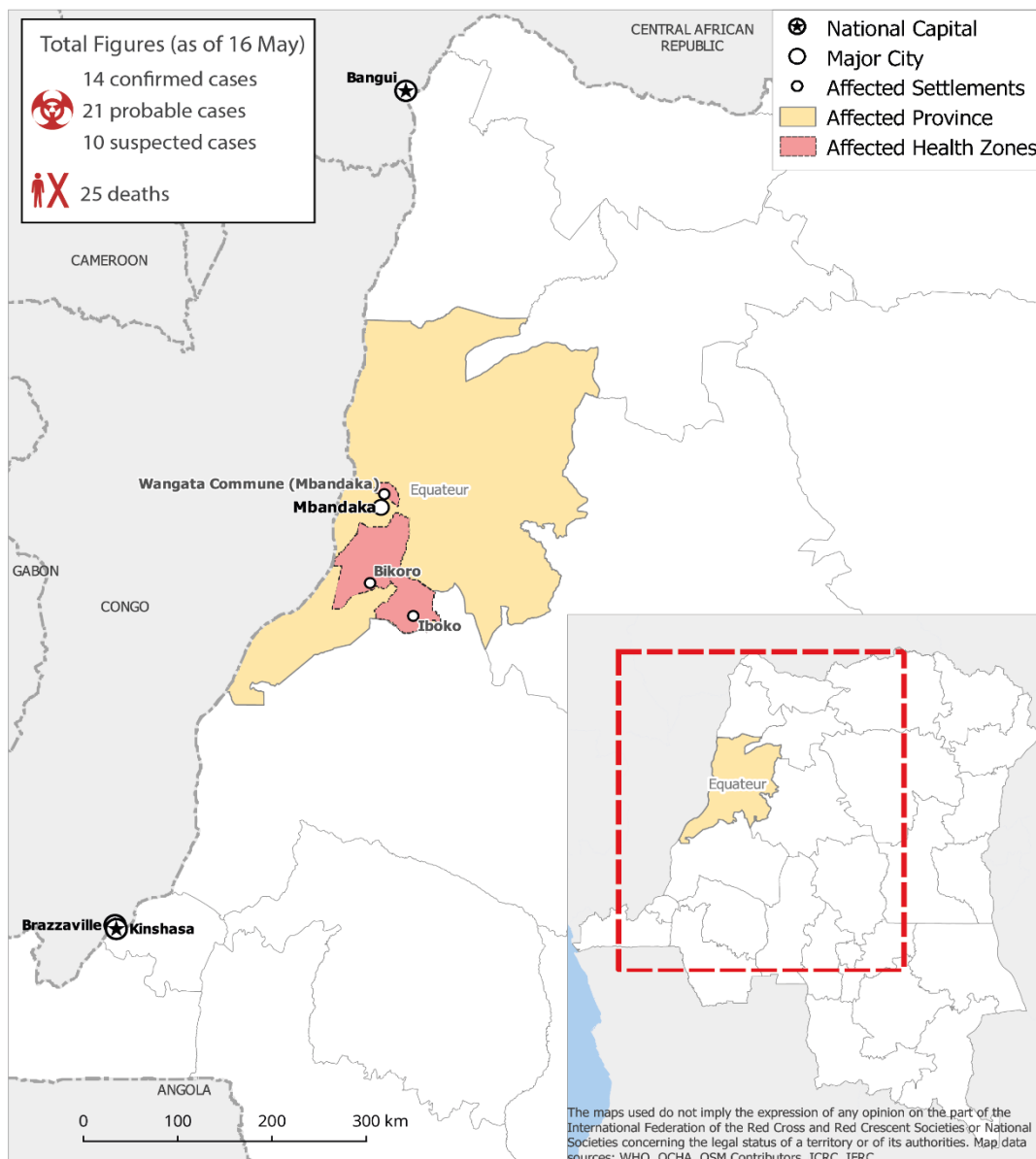
The current EVD outbreak is taking place in Bikoro Health Zone, Equateur Province. The area has a population of approximately 500,000 persons or 100,000 households. Bikoro town is located at about 280 km south from Mbandaka, the capital of Equateur. (See below map). In addition to Bikoro, 2 other Health Zones (Iboko and Wangata) are currently reporting active cases (as of 16 May).

The EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) being around 50%. The virus is transmitted to humans from wild animals and spreads through human-to-human transmission through direct contact with bodily fluids, blood secretions and organs of infected people or with surfaces or clothing contaminated with the fluids of an infected person or deceased body. There are no proven treatments yet available but experimental vaccines have been developed and successfully tested in previous outbreaks. The MoH, WHO and UNICEF have agreed, based on the Strategic Advisory Group of Experts on Immunization (SAGE) recommendation in 2017, that the candidate EVD vaccine, before it is licenced, is promptly deployed for the current outbreak. Ring vaccination is the recommended delivery strategy. This will include people at risk including but not limited to: (i) contacts and contacts of contacts; (ii) local and international health-care and front-line workers in the affected areas and (iii) health-care and front-line workers in areas at risk of expansion of the outbreak. A community engagement strategy before, during and after the ring vaccination will be key to secure community buy-in and acceptance both within and outside the ring, and ensure people understand why only some people are vaccinated.

Due to nature of the EVD disease combined with the risk factors present in the current outbreak context there is a need to respond effectively and quickly to contain the spread, prevent new cases and limit the impact.

The proven needed response strategies for effective EVD response includes:

- surveillance, active case finding and contact tracing including diagnostic capacity;
- case management including effective Infection Prevention and Control (IPC);
- risk communication, social mobilisation and community engagement;
- SDB preparedness and IPC at community level;
- Psychosocial support (PSS)
- Coordination



A DRC RC and IFRC joint team was deployed to Equateur province in north-western DRC on 12 May, bringing with them essential stocks of life-saving equipment and supplies to prevent the further spread of EVD. Contacts have been established with the DRC RC local branch in Bikoro and constant coordination is ensured with local health authorities and key humanitarian stakeholders. Over 100 local Red Cross volunteers have now been mobilized to support affected communities. In addition, a Field Assessment & Coordination Team (FACT) and Regional Disaster Response Team (RDRT) are being mobilized on the spots to reinforce DRC RC's efforts of ongoing activities.

This emergency appeal is focusing on life saving interventions including EVD risk communication in affected areas and mainly risk communication in the neighboring Health Zones with the objective of preventing and reducing morbidity and mortality resulting from the EVD hemorrhagic fever outbreak. Based on the initial needs assessment and taking into consideration the response plans of other key actors, the Red Cross intervention will focus on the following key community level activities:

- Risk communication (SBCC) and community engagement
- Surveillance/ contact tracing and active case finding (early detection)
- Orientation of DRC RC volunteers on IPC, SDB and public health in emergencies
- PSS
- SDB

The DRC RC, through its network of volunteers in the affected area, will engage in afore mentioned activities in line with the Government plan using available capacity and equipment from the 2017 EVD outbreak response. The eventual scale up of the above actions shall be underpinned if informed by further ongoing assessment and close coordination with other actors.

MOH and WHO have identified a need to deploy medical teams with experience in IPC as well as early management of clinical cases. The deployment of such medical teams is required to work in existing health facilities to strengthen IPC, to facilitate early detection of EVD cases and to provide initial care to patients with suspected EVD while awaiting transfer to a designated Ebola treatment center (ETC) and accompany patients during transfer. This response is therefore looking to including support from other Red Cross and Red Crescent partners through the deployment of medical surge teams to provide clinical care support and IPC to health facilities in the affected areas. Coordination with WHO and key health partners is taking place daily to ensure complementary of ongoing actions.

The DRC RC will target persons in the affected district by training and mobilizing volunteers for risk communication and community engagement activities, including rumor tracking and collection of community feedback. In addition, the community volunteers will support early detection of possible new cases through community-based surveillance, active case finding and supporting with contact tracing activities. The DRC RC ensures readiness to support the government in SDB activities by training, equipping and mobilizing SDB teams in affected areas as well as disinfection of houses. PSS will also be provided by trained Red Cross volunteers to those people affected.

Community engagement approaches will focus on establishing systems that allow communities to voice their needs and assist in reducing fear and rumors and raise awareness. Key stakeholder groups and opinion leaders will also be targeted as change agents in social mobilization activities. Where possible and relevant, cross border communication will be implemented as needed.

Social mobilization and community engagement will be conducted by volunteers selected in targeted communities based on their health status in the community, availability, literacy level, communication skills and willingness to participate according to the Red Cross Movement Principles. These volunteers will work three days a week during the operation, thus ensuring a 7 day per week coverage. All volunteers will be trained on how EVD is transmitted, prevention messages, rumor tracking as well as safety procedures and PFA (Psychological First Aid). Volunteers undertaking IPC or SDB work will be provided with additional specialized training and supervision. Volunteers supporting contact tracing will also be provided with specialized training in coordination with WHO and MoH.

The DCR RC volunteers in affected areas will also be mobilized and provided necessary training to enhance the National Society's capacity in community-based surveillance and social mobilization. These activities in these 4 key areas will play an important role to prevent the spread and control the outbreak.

A surge team composed of FACT and RDRT members is also being deployed to support the DRC RC to carry out more detailed and continuous needs assessments, to support the implementation of planned activities, inform the development of the Emergency Plan of Action and support in coordination among the key partners operational on the ground. A significant international response is also expected with multiple partners indicating they have resources within the region moving quickly to the affected area. Therefore, the response plan will be adjusted based on the evolving situation and in close coordination with key partners, including WHO, UNICEF and MSF focusing on areas where Red Cross volunteers can add significant value.

Coordination and partnerships

On 8 May, the MoH convened a coordination meeting of partners at the *Comité National de la coordination* (National Coordination Committee) during which the response strategy of the Government was presented to partners. A decision was made to activate the 7 coordination mechanisms or Commissions for the response namely;

1. Epidemiological surveillance and active case detection
2. Water Sanitation and Hygiene Promotion
3. Risk communication and social mobilization
4. Psychosocial support
5. Logistics
6. Research and laboratory
7. Case management.

The DRC RC is a member of the first 4 commissions with responsibility to carry out community interventions. The IFRC logistics delegate participates in the meetings of the logistics commission.

The WHO is preparing a Strategic Response Plan for DRC using the model of successful response to similar EVD outbreak in DRC in 2017 along the following 11 major interventions;

- Strengthening the multi-sectoral coordination
- Surveillance, active case finding, contact tracing and investigation of case
- Strengthening diagnostic capacity
- Case management
- IPC in health facilities and communities (including SDB)
- Risk communication, social mobilisation and community engagement
- PSS
- Research Response R&D including ring vaccination
- Operational and programme support
- Strengthening capacity of health staff to respond to EVD outbreaks
- Operational readiness in neighbouring countries

UNICEF is the lead agency for risk communication and social mobilization. The IFRC and DRC RC are working closely with UNICEF and other partners on coordinated risk communication and community engagement approaches. Other partners currently active on the ground are MSF, AFENET (Africa Field Epidemiological Network) and WHO carrying out initial assessments that will inform scaling up the response based on findings.

The DRC RC with support of IFRC is present at all the different coordination mechanisms at national and local levels. The IFRC has activated a global Joint Task Force (JTF) consisting of technical leads at country, regional and global levels to monitor and analyse the situation and undertake operational strategies.

Proposed Areas for intervention

Overall Operational objective:

Based on current information, the strategy of the operation is to contribute to preventing and containing the EVD outbreak and will focus on:

1. Supporting DRC RC's immediate preventive and lifesaving interventions in the affected area and at-risk neighbouring Health Zones;
2. Deploying relevant surge capacity to support the DRC RC to further assess, identify gaps and develop an appropriate response strategy;
3. Carrying out initial assessment in collaboration with partners such as WHO and MSF to identify clear role and areas of intervention for the DRC RC.

Areas of Focus



Health

People targeted: 716,850

Male: 351,255

Female: 365,538

Requirements (CHF): 509,740

Proposed intervention

Needs analysis: EVD is transmitted from person to person through close contact. Without accurate knowledge of transmission, early detection of cases and implementation of key prevention measures, the deadly infection can rapidly spread at community level. The key activities to prevent and contain the outbreak take place at community level. The key activities include community-based surveillance, early detection of cases and follow up on contacts of infected persons, supporting communities with SDB to prevent transmission during burial

practices as well as risk communication and community engagement. Based on ongoing assessments and close coordination with key humanitarian stakeholders this operation is looking into scaling up through the deployment of health care workers to provide clinical care support and IPC to health facilities in the affected areas.

Population to be assisted: DRC RC is targeting 716,850 (approx. 143,370 households) to be reached with general/awareness messaging.

Programme standards/benchmarks: The activities under this sector will follow strict WHO recommendations and standards for preventing and controlling the spread of EVD.

Health Outcome 1: The spread and impact of the epidemic is reduced through community-based surveillance, active case finding and contact tracing in Bikoro, Iboko and Wandaga (Mbandaka) Health Zones.

Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Activities planned:

- Support continuous assessment in communities in affected district and neighbouring Health Zones to undertake EVD prevention measures
- Training of 150 volunteers on the signs and symptoms of EVD, epidemic management, surveillance, referral, contact tracing and community engagement (as far as training capacity available)
- Participate in meetings or joint assessment of coordination mechanism

Health Output 1.2: The DRC RC volunteers carried out activities of surveillance, active case finding and contact tracing.

Activities planned:

- Conduct pre-assessment (National Society public health in emergency/WASH focal point, National Society logistics officer, IFRC operations manager) to establish contact with key players such as WHO and MSF on the ground
- Provide support to the provincial and district branch in the planning and implementation of EVD prevention activities
- Carry out community-based surveillance and contact tracing in affected and surrounding health areas using mobile phone for data collection
- Establish community-based surveillance/active case-finding teams in affected and surrounding villages
- Procurement of personal protective equipment (PPE) kits for replenishment of stock/for use in the operation

Health Outcome 2: The psychosocial effect of the epidemic is reduced through direct support to exposed and contaminated populations in Bikoro, Iboko and Wandaga (Mbandaka) Health Zones.

Health Output 2.1: The population in affected areas of the Bikoro, Iboko and Wandaga Health Zones receive PSS during and after the epidemic

Activities planned:

- Training of 150 volunteers to provide PSS
- Provide PSS to the families who lost their family members or property using culturally appropriate and accepted approaches
- Support of staff and volunteers throughout the operation

Health Outcome 3: Risk communication, social mobilization, community engagement and accountability (CEA) activities are conducted to limit the spread and impact of EVD and monitor community perceptions and rumours.

Health Output 3.1: up to 716,850 people in Bikoro, Iboko and Wandaga (Mbandaka) Health Zones have engaged with DRC RC risk communication social mobilization and community engagement approaches to promote healthy and protective behaviours.

Activities planned:

- Training of 150 volunteers on the signs and symptoms of EVD, on the management of the epidemic awareness-raising techniques
- Adaptation and multiplication of information and distribution media in targeted localities
- House-to-house community engagement and social mobilization
- Establish two-way communication systems to capture community insights, including rumours, myths, feedback and complaints and shape the response accordingly
- Establish community engagement teams in affected and surrounding villages (including within SDB teams)
- Explore the use of interactive radio to engage with affected communities

Health Outcome 4: The spread of EVD is limited by undertaking SDB preparedness work under optimal cultural and security conditions in Bikoro, Iboko and Wandaga Health Zones**Health Output 4.1: The affected populations are assisted through SDB activities****Activities planned:**

- Training of 150 volunteers in conducting SDB
- Provision of disinfection equipment and protective equipment to the team
- Implementation of SDB in partnership with communities
- Sensitization of the population in affected households

**Water, sanitation and hygiene promotion****People targeted:** 238,950

Male: 117,085

Female: 121,846

Requirements (CHF): 231,280**Proposed intervention**

Needs analysis: The major needs for this sector include preventing and controlling any further spread of the EVD.

Population to be assisted: DRC RC is targeting 238,950 people (approx. 47,790 households).

Programme standards/benchmarks: Activities under this sector will follow strict WHO regulations and standards for preventing and controlling EVD.

WASH Outcome1: The spread of EVD is limited by disinfection of affected houses in Bikoro, Wandaga and Iboko Health Zones**WASH Output 1.1: Affected populations benefit from assistance in household disinfection****Activities planned:**

- Training of 75 volunteers in the prevention and control of infections
- Provision of disinfection materials and protective equipment to the teams
- Conducting disinfection activities in contaminated environment, including EVD-affected households and case management facilities (mattresses, blankets, clothing and other contaminated objects replaced and destroyed)
- Sensitization of the population in affected households

Strategies for Implementation

Requirements (CHF): 632,075

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place: **human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.**

All surge deployments in DRC will work with their National Society counterparts both at provincial and Headquarter levels at ensuring complementary work and transfer of competences. A transition plan will be developed to ensure effective handover and continuity between the deployed surge and National Society personnel.

The DRC RC volunteers in affected areas are being mobilised and received the necessary training to enhance the National Society's capacity in community-based surveillance and social mobilization.

Surge capacity support (RDRT and FACT) is being deployed to complement National Society ongoing response and provide support to DRC RC during the assessment and planning phase, as well as ensuring coordination and collaboration with other key stakeholders. IFRC Regional Health Coordinator is currently in Kinshasa providing guidance on operational strategies and supporting DRC RC in coordination with Government and WHO.

Additional technical support is available from the IFRC Regional Office for Africa and IFRC headquarters health and care, PMER, communications, finance, logistics and administration departments. The head of IFRC DRC Country Office will assume overall responsibility for the implementation, reporting, compliance and finance management of this project.

As concerns **logistics and supply chain**, PPE and other items will be procured by the Regional Office. These purchases will be completed in the country and if necessary, taken from the warehouse of the Central Africa Country Cluster Support Team in Yaoundé and replenished through this Emergency Appeal budget.

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Activities planned:

- Ensure that volunteers are insured
- Provide complete briefings on volunteers' roles and the risks they face
- Provide PSS to volunteers
- Ensure volunteers are aware of their rights and responsibilities
- Ensure volunteers' safety and wellbeing
- Ensure volunteers are properly trained
- Ensure volunteers' engagement in decision-making processes of respective projects they implement

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.4: Deployment of surge capacity

Activities planned:

- Preparation for arrival of surge capacity
- Deployment of Surge capacity (FACT and RDRT) with the following profiles: Team Leader, public health in emergencies, CEA, IPC, SDB, finance, logistics, communication and security.
- Establishment of a dedicated EVD response team for the duration of the operation consisting of operations manager, public health coordinator, WASH, IPC, logistics, CEA.
- IFRC monitoring visits will be conducted by the surge deployed staff to the Equateur province in support to the National Society

Outcome S3.1: The IFRC secretariat, together the National Society, use their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Output S3.1.1: IFRC and the National Society are visible, trusted and effective advocates on humanitarian issues

The IFRC, in close collaboration with DRC RC communications team, will actively communicate with external audiences around the EVD crisis and the response – generating visibility around the ongoing humanitarian needs on the ground and the ongoing impact of the Red Cross response.

Commonly agreed key messages and talking points will be produced together with cross-media materials. A proactive approach will be maintained regarding engagement with the international media so that the Red Cross response is well profiled and resource mobilization efforts are supported.

Communications material will be actively promoted via IFRC communications platforms namely:

- Ensure that information about the outbreak and the work of the National Society is well documented and shared with media channels to profile the RCRC appropriately
- Support the Appeal and other major milestones throughout the operation using people-centred, community level visual and written stories
- Maintain a social media presence throughout the operation utilizing IFRC platforms such as Facebook and Twitter

Activities planned:

- Develop and update key messages
- Regular press releases
- Pitch stories related to the situation and Red Cross Red Crescent response to the media
- Deployment of a Surge Communications Delegate
- NS head of communications to travel to Equateur to write compelling stories, take photos and videos, and support any high-level event meant to position the Movement

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

- Organize a lessons-learned workshop

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates

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

- MITANTA MAKUSU Emmanuelle, Secretary General DRC RC; Email: sgcrrdc@croixrouge-rdc.org
- Dr BALELIA WEMA Jean Faustin, DRC Red Cross National Director for Health and Social Action; email: j.balelia@croix-rouge-rdc.org; Phone: +243 8989155544, +243 822 951 182

IFRC Country Office, Kinshasa:

- Momodou Lamin FYE, Head of DRC Country Office; Email: momodoulamin.fye@ifrc.org

IFRC Office for Africa Region:

- Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.org,
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org

In IFRC Geneva :

- Ruben Romero, Response and recovery lead; phone: +41 22 730 4229; email: ruben.romero@ifrc.org
- Antoine Belair, Operations Coordinator (Americas and Africa Regions), Tel. +41 22 730 4281, Mob. +41 79 708 3149; Email antoine.belair@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Kentaro NAGAZUMI, Head of Partnership and Resource Development, Nairobi, email: Kentaro.nagazumi@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- IFRC Africa Regional Office: Fiona GATERE, PMER Coordinator; email: Fiona.gatere@ifrc.org; phone: +254 780 771 139

How we work

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

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



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



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



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

Emergency Appeal				17 May 2018	
DRC: Ebola Outbreak					
Budget Group		Nilateral response	Shelter Cluster Coordination	Multilateral response	Total
500	Shelter - Relief			0	0
501	Shelter - Transitional			0	0
502	Construction - Housing			0	0
503	Construction - Facilities			0	0
505	Construction - Materials			0	0
510	Clothing & Textiles			0	0
520	Food			0	0
523	Seeds & Plants			0	0
530	Water, Sanitation & Hygiene			15,030	15,030
540	Medical & First Aid			82,950	82,950
550	Teaching Materials			18,520	18,520
560	Ustensils & Tools			750	750
570	Other Supplies & Services			0	0
571	Emergency Response Units			0	0
578	Cash Disbursements			0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		0	0	117,250	117,250
580	Land & Buildings			0	0
581	Vehicles			0	0
582	Computer & Telecom Equipment			59,400	59,400
584	Office/Household Furniture & Equipment			32,000	32,000
587	Medical Equipment			0	0
589	Other Machinery & Equipment			0	0
Total LAND, VEHICLES AND EQUIPMENT		0	0	91,400	91,400
590	Storage, Warehousing			6,500	6,500
592	Distribution & Monitoring			0	0
593	Transport & Vehicle Costs			81,800	81,800
594	Logistics Services			20,000	20,000
Total LOGISTICS, TRANSPORT AND STORAGE		0	0	108,300	108,300
600	International staff (RDRTs or delegates)			426,000	426,000
640	International Staff (RDRTs)			160,000	160,000
661	National Staff			12,000	12,000
662	National Society Staff			105,700	105,700
667	Volunteers			282,895	282,895
669	Other Staff Benefits			0	0
Total PERSONNEL		0	0	986,595	986,595
670	Consultants			0	0
750	Professional Fees			0	0
Total CONSULTANTS & PROFESSIONAL FEES		0	0	0	0
680	Workshops & Training			58,000	58,000
Total WORKSHOP & TRAINING		0	0	58,000	58,000
700	Travel			91,500	91,500
710	Information & Public Relations			5,000	5,000
730	Office Costs			26,600	26,600
740	Communications			29,650	29,650
760	Financial Charges			4,500	4,500
790	Other General Expenses			0	0
799	Shared Office and Services Costs			12,000	12,000
Total GENERAL EXPENDITURES		0	0	169,250	169,250
830	Partner National Societies			0	0
831	Other Partners (NGOs, UN, other)			0	0
Total TRANSFER TO PARTNERS		0	0	0	0
599	Programme and Services Support Recovery			99,502	99,502
Total INDIRECT COSTS				99,502	99,502
TOTAL BUDGET				1,630,297	1,630,297