

<b>Emergency appeal №:</b> MDRCD047 <b>Emergency appeal launched:</b> 15/9/2025 <b>Operational Strategy published:</b> 30/9/2025	<b>Glide №:</b> EP-2025-000157-COD
<b>Operation update #2</b> <b>Date of issue:</b> 01/11/2025	<b>Timeframe covered by this update:</b> From 8/10/2025 to 25/10/2025
<b>Operation timeframe:</b> 12 months (15/9/2025 - 30/9/2026)	<b>Number of people being assisted:</b> 965 000 persons
<b>Funding requirements (CHF):</b> CHF 17 million through the IFRC Emergency Appeal CHF 20 million Federation-wide	<b>DREF amount initially allocated:</b> CHF 1,750,000

The Emergency Appeal targets a total of **CHF 17,000,000** and currently stands at **13% funding**, reflecting updated contributions and with potential support under discussion. Further financial contributions are urgently needed to support the communities. With the National Society leading the operation and the coordination of the IFRC, these funds will enable continued emergency response operations, facilitate early recovery efforts, and strengthen preparedness activities to deliver essential humanitarian assistance and protection.



*Since the onset of the 16th Ebola outbreak early September 2025, the DRC Red Cross volunteers have been responding in their communities. They work tirelessly to keep their communities safe by providing lifesaving information on how to recognize symptoms of Ebola and what to do if someone shows symptoms. They go door-to-door, organize meetings within their communities, set up hand washing stations, as well as providing psychosocial support to people affected by Ebola*

## A. SITUATION ANALYSIS

### Description of the crisis

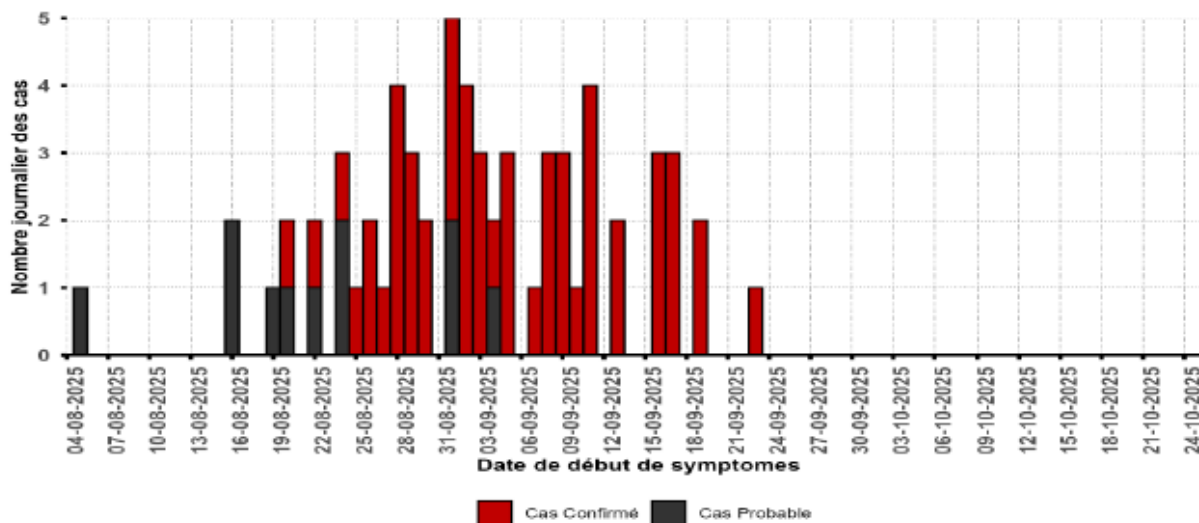
The 16<sup>th</sup> outbreak of Ebola virus Disease (EVD) in the Democratic Republic of Congo (DRC) has occurred in the province of Kasai. It was declared on September 4, 2025 by the Minister of Public Health, Hygiene and Prevention. Since then, the virus has caused 64 total cases (53 confirmed, 11 probable). The epicenters of the outbreak are concentrated in the Bulape and Dikolo health areas, which together account for approximately 78% of all reported cases

As of October 20, 2025, the Ebola Virus Disease (EVD) outbreak in the Bulape health zone shows signs of being brought under control. The last confirmed case was discharged from the Ebola Treatment Centre (ETC) on October 19, 2025. The mandatory 42-day countdown to declare the end of the outbreak, therefore, began on October 19, 2025. If no new cases are detected, the outbreak could be officially declared over by end of November 2025. Strong efforts and surveillance, as well as preparedness are crucial.

Vaccination efforts continue to advance. So far, 36,975 individuals have been vaccinated. Despite encouraging development, gaps remain in Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene promotion (WASH). Challenges include limited access to affected areas, inadequate water supply, poor waste management. Addressing these vulnerabilities is essential to prevent resurgence. More training for frontline workers related to community based surveillance are also needed.

#### Epidemic situation on 20<sup>th</sup> October 2025

Health Zone (HZ)	Confirmed and probable cases total	Confirmed case	Probable case	People cured	Total Deaths	Case Fatality Rates (CFR)	Case Fatality Rates (CFR) within confirmed cases	People vaccinated
Bulape	64	53	11	19	45	70.31%	64.15%	36,975



Source: [WHO](#) / [DRC MOH Sitrep](#)

The EVD outbreak remains geographically confined to Kasai Province, specifically within the Bulape Health Zone. Six health areas are currently affected: Bulape, Bulape Communautaire, Igongo, Mpianga, Bambalaie, and Dikolo. However, reports of population movement from these areas have raised earlier concerns about the potential spread

of the virus beyond Bulape Health Zone – within Kasai Province, to neighbouring provinces, and possibly across the border in Angola<sup>1</sup> .

Under the leadership of the Ministry of Health, and in close collaboration with humanitarian partners, response efforts are ongoing. Noting that the outbreak emerged in a remote and hard-to-reach locality, presenting significant logistical challenges due to poor road conditions, long distances, and limited infrastructure.

The Democratic Republic of Congo Red Cross (DRC Red Cross) is actively contributing to the [humanitarian response](#) through an [emergency appeal](#) launched by the international Federation of Red Cross and Red Crescent Societies (IFRC) on September 15, 2025, covering a 12-month period.

## Summary of response

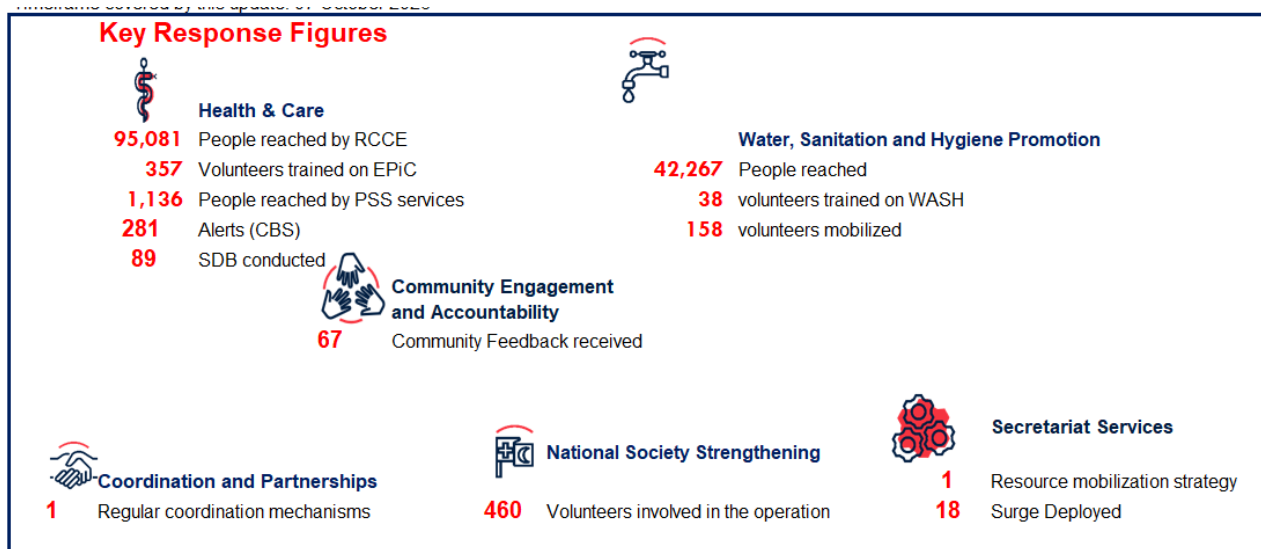
### Overview of the host National Society and ongoing response

While the chain of transmission is currently considered under control as of reporting time, sustained vigilance remains essential. The daily monitoring of 572 contacts is a top operational priority, also strong preparedness, including continuous efforts on community-based surveillance, infection preparedness and control, risk communication, community engagement, water, sanitation and hygiene promotion are required,

DRC Red Cross has established a response base in Bulape Health Zone. Approximately 460 volunteers have been mobilized across key response pillars, with plans to recruit an additional 510 volunteers. The volunteer mobilization plan is subject to change as the operation and situation proceed. All volunteers and staff involved in the operation have received Ebola vaccinations and are undergoing Epidemic control for volunteers (EpiC) training. The training includes topics on Community Based Health and First Aid (CBHFA), Behavior Change Communication (BCC), Risk Communication and community engagement (RCCE), Community Engagement and Accountability (CEA), Epidemic control for volunteers (ECV) and Psychosocial First aid (PFA).

To date, the DRC red Cross has reached:

- 95,081 people through health and care related activities
- 42,267 people through water, sanitation & hygiene promotion interventions



<sup>1</sup> (International Medical Corps, Situation Report #4, October 2, 2025, Ebola Outbreak, Kasai province, DRC)

The operation is supported by dedicated team from the DRC Red Cross, including 21 staff from headquarters, 20 staff from the affected branch and the approximately 460 mobilized volunteers previously mentioned. The multidisciplinary team covers health, water, sanitation, hygiene promotion, community engagement and accountability, risk communication, logistics, and security to lead the response.

Volunteers are actively engaged in a range of critical activities, including safe and dignified burials, community-based surveillance, risk communication and community engagement, household and community disinfection, WASH interventions, and psychosocial support. These efforts ensure that essential community-level services are sustained despite ongoing operational challenges.

In addition, the DRC Red Cross led the decontamination efforts at Bulape General Hospital and in affected households, reinforcing its commitment to halting transmission and protecting public health.

The DRC Red Cross is formally recognized as a key partner in the national outbreak response. Its headquarters participates in coordination meetings led by the Operation Center for Health Emergencies, in Bulape Health Zone, its actions are fully integrated into multisectoral response commissions.

The DRC Red Cross also received support from the Red Cross and Red Crescent Movement, in resources mobilization, logistics, and technical assistance. Functions such as operations management, field coordination, public health in emergencies and epidemiology, supply chain management, community engagement, planning, reporting and monitoring, assessment and membership coordination are on the ground. The IFRC Country Cluster Delegation is also being reinforced to ensure its capacity reached the Minimum in-country team requirements under IFRC's Emergency Response Framework guidance.

A Public Health Emergency Response Unit with Infection Prevention and Control (IPC) and Community based Surveillance (CBS) modules is also deployed to support the operations in Bulape.

## Needs analysis

The Red Cross team is currently conducting a multisectoral needs assessment, with key findings expected to be shared within November. Preliminary observations reported from the [Operation Update 1](#) have already identified critical gaps in community engagement, surveillance, risk communication, rumour tracking and trust-building. These areas are being actively addressed through ongoing operations.

Despite progress, gaps remain – particularly in infection prevention and control. Access to safe water also continues to be a main challenge. Some health facilities lack basic infrastructure, including water supply, waste management systems, functional triage areas, and adequately trained staff. Ensuring a reliable essential supplies flow, such as personal protective equipment (PPE), soap and other sanitizing materials, in the current challenging logistical context, is also critical.

Government-led preparedness efforts are underway in Bulape Health Zone in Kasai Province and have been expanded to neighbouring provinces and bordering areas. The five additional provinces (and their respective Health Zone in focus) include Sankuru (Health Zones of Kole and Bena Dibebe), Mai Ndombe (Health Zones of Oshwe and Mimia), Kwango, Kwilu, Kinshasa (Communes of Nsele and Ndjili).

Scenario planning<sup>[1]</sup> by Africa CDC done on the September 26, 2025 outlines potential outbreak trajectories under three scenarios:



*Volunteers putting hygiene messages as one of the methods to reinforce hygiene practices in community.*

1. **Optimistic scenario:** <100 total cases, no ongoing transmission in 3 months. Transmission remains localized to Bulape Health Zone, with minimal cross-border spread.
2. **Moderate spread scenario:** 100-500 total cases, may be ongoing transmission in 3 months. Outbreak extends to additional health zones within Kasai Province and sporadic cases cross into neighbouring provinces.
3. **Escalation scenario:** > 500 cases, evidence of exponential growth in 3 months. Wider geographic spread including cross-border transmission to Angola, requiring full-scale multi-sectoral mobilization and international support.

Initially, Africa CDC assessed Scenario 2 as the most likely. However, with the 42-day countdown to declare the end of the outbreak having started on October 19, 2025, Scenario 1 is now considered increasingly probable.

[11](#) Africa CDC, [Scenario assessment: Ebola Virus Disease Outbreak in the Democratic Republic of the Congo | CFA: Qualitative Assessments | CDC](#)

## Operational risk assessment

The response to the current outbreak continues to face a range of operational risks and challenges, many of which are outlined in the published [Operational Strategy](#). If not adequately addressed or mitigated, these issues could significantly impact the effectiveness of the operation.

One of the consistent challenges is infrastructure. Poor road conditions have delayed the delivery of supplies and the movement of response teams. At this point, additional vehicles to support field movement are being planned, alternative routes and bases are also being considered. Any additional measures would undergo security assessment. In the earlier stages, connectivity issues hindered reporting and prompt requests of support. An internet kit is now installed in the operation hub. This recent installation has improved connectivity, although challenges remain including recurring power outages, threatening the functionality of communication systems.

Security also remains a challenge. The volatile environment in the DRC, including localized violence, restricts humanitarian access and increases protection risks. Historical intercommunal tensions and militia activity further exacerbate these risks. Socioeconomic vulnerabilities—marked by extreme poverty, food insecurity, and high levels of child malnutrition—intensify community fragility and elevate health risks.

Although borders now closed between Kasai Province and Sankuru Province, the risk of instability and potential cross-border spread yet remains a pressing concern while some people still travelled between Kasai Province and outskirts of Sankuru Province. Local authorities have imposed movement restrictions in Bulape Health Zone, straining relations and echoing lessons from previous outbreaks where insecurity and resistance disrupted core activities such as treatment, vaccination, and contact tracing.

While community pushback has been less than initially anticipated, pockets of mistrust remain. Strong efforts of community engagement efforts need to continue throughout.

## B. OPERATIONAL STRATEGY

### Update on the strategy

The [Operational Strategy](#) published in September 2025 outlines urgent needs and aims to deliver life-saving interventions while strengthening institutional capacity. This includes reinforcing DRC Red Cross branches, training volunteers and staff, and enhancing readiness in both outbreak and preparedness zones. Lessons learned from previous outbreaks are being integrated to ensure culturally sensitive and locally aligned responses.

As the situation evolves, the strategy shall be reviewed on a timely basis to ensure responsiveness and effectiveness.

## Geographic Focus

The current operation is concentrated in Bulape and Mweka Health Zones in Kasai Province, with preparedness efforts extend to neighboring health zones in Kasai Central Province, Sankuru Province, and Mai-Ndombe Province as required.

## Volunteer Mobilization

Volunteer mobilization remains a key of success. A total of approximately 460 vaccinated volunteers is actively deployed in the response zone.

## Core interventions

- **Safe and Dignified Burials (SDBs): as a cornerstone to prevent transmission while preserving cultural practices and dignity. SDBs conducted with respect for local customs while minimizing transmission risks.**
  - Currently 111 volunteers trained and available for SDB in Bulape Health Zone.
  - 4 teams of volunteers are on standby.
  - 89 SDB cases have been conducted to date.
  - All the SDB cases completed with the deceased patients swabbed for testing. All samples collected are sent to the designated government laboratory run by National Institute of biomedical research (INRB) for further epidemiological investigation.
- **Water, Sanitation & Hygiene Promotion (WASH): Including provision of safe water, PPE, disinfectants, hygiene kits. Decontamination of homes and public spaces. Installing handwashing stations and perform screening at entry points as required.**
  - Provision of chlorinated water, PPE, disinfectants, hygiene kits continue. Chlorinated water and soaps are also installed at roadside and some checkpoints. Volunteers are mobilized to assist in screening and hygiene promotion.
  - Decontamination of homes and public spaces continues.
  - Currently 38 handwashing stations have been installed.
  - Support to health facilities with screening areas, water access, waste management, and training (including traditional healers).
  - 156 volunteers are mobilized for WASH activities.
- **Risk Communication and Community Engagement (RCCE): to ensure timely, accurate, and accessible information via trusted, two-way channels that builds confidence, addresses fears and misinformation, and promote protective behavior. Different channels (radio, posters, social media, interpersonal dialogue), and engagement of trusted local leaders.**
- **Community Engagement and Accountability (CEA): to encourage two-way communication channels, especially in feedback mechanisms to inform response.**
  - Community feedback mechanisms setup to track rumors and inform response.
  - So far 67 feedback received.
- **Community based surveillance (CBS) to support case detection and alerts**
  - A DRC Red Cross CBS system was being setup with the support of the Public Health ERU, and in coordination with MOH.




*Operational base camp in Bulape*

- At the same time key messages for RCCE are delivered, volunteers also trained to identify suspected cases and alert health specialists for investigation.
- **Contact tracing**
  - Currently, daily monitoring on 572 contact is a top priority in the operational strategy. Wider contact tracing, if required, will be in coordination with local authorities and other actors.
- **Mental Health and Psychosocial Support (MHPSS) to support patients, families, children, survivors, and responders.**
  - Psychosocial First Aid (PFA) are included as the training package to volunteers. All family members of the deceased are reached out by volunteers to provide support.
  - Psychosocial support also extended to volunteers and staff being mobilized for the operation.
- **Protection, Gender, and Inclusion (PGI) are mainstreamed across all activities.**
  - Activities include: child safeguarding, provision of dignity kits, ensuring safe spaces.
  - Partnerships with women's and disability rights organizations are being explored.
- **National Society Capacity Strengthening especially on providing training & refresher trainings to staff and volunteers. Ensuring essential safety materials (e.g. PPE) are in stock and being mobilized. Ensuring contingency planning in place.**
- **Regional preparedness is in place to enable prompt action if a broader respond is required.**
  - Support from the Disaster Response Emergency Fund (DREF) are made available for Angola Red Cross to monitor and leveraging Red Cross volunteer networks for cross-border surveillance, risk communication, training, and coordination, and ensure swiftly action to any suspected importation of cases.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

	<b>Health &amp; Care</b> <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>		
<b>Objective:</b>	<i>The spread and impact of the outbreak are reduced through community outreach in the affected health zones.</i>		
	<b>Key indicators</b>	<b>Actual</b>	<b>Target</b>
<b>Output 1.1 Safe &amp; Dignified burial (SDB)</b>	<i>% of deceased persons for whom SDBs were performed</i>	100%	100%
	<i>% of SDB alerts responded to through public health measures within 48 hours</i>	100%	100%
	<i># of volunteers/supervisors trained/re-trained in SDBs, disaggregated by gender, age and disability</i>	111	360
	<i># of SDB alerts received</i>	89	As necessary
	<i>% of Red Cross SDB volunteers vaccinated</i>	100%	100%
	<i>% of samples collected using swabs for deaths reported to the Red Cross</i>	100%	100%
	<i>% of decontamination alerts completed by Red Cross teams within the same calendar day of SDB</i>	100%	80%

#### Achievements:

(General)

The Red Cross operational base in Bulape are now functioning. On October 4, 2025, a second joint NS/IFRC mission left Kinshasa for Bulape, with team members specializing in Information Management, Information Technology, Public Health in Emergency, Logistics/Fleet, Supply Chain, to support the ongoing response and continue to enhance the functioning of the operational hub. Arrangements are also being made with COUSP to ensure that the team is vaccinated in Kinshasa before departure.

On October 1, 2025, a total of 1,828 contacts had been identified, compared to the expected 2,650 to 5,300 contacts which was calculated based on 50–100 contacts per confirmed cases. 98% of contacts being successfully monitored. At the moment of reporting, **572 contacts** remain needed on daily monitor. Regarding vaccination, **36,975 people** have been vaccinated.

(SDB)

A total of **111 volunteers** were trained for conducting Safe and Dignified Burials (SDBs), and **89 SDBs** have been carried out so far. The first shipment of SDB kits and essential response items has been received in Bulape Health Zone. A rapid response team has been deployed from national headquarters to support training of SDB volunteers, ensuring that the volunteers are ready to respond with the available materials. All SDB volunteers have been vaccinated.

Output 1.2 Mental Health & Psychosocial Support (MHPSS)	Key indicators	Actual	Target
	<i>% of people confirmed or suspected to have been affected by EVD receiving MHPSS support</i>	100%	100%
	<i># of people who have benefited from mental health and psychosocial support (MHPSS) services provided by the National Society</i>	1,136	23,200
	<i># of supervisors and volunteers trained in psychosocial support</i>	14	100
	<i>% of staff and volunteers reached through MHPSS support or activities</i>	45%	100%

**Achievements:**

Psychosocial support is integrated across all pillars of the response. Volunteers have been trained to provide Psychological First Aid (PFA) as part of the Epidemic Control for Volunteers (EpiC) training curriculum. As mentioned previously, the training includes topics on Community Based Health and First Aid (CBHFA), Behavior Change Communication (BCC), Risk Communication and community engagement (RCCE), Community Engagement and Accountability (CEA), Epidemic control for volunteers (ECV) and Psychosocial First aid (PFA).

A designated team of 14 (6 men and 8 women) trained PSS volunteers have been deployed to assist individuals experiencing severe distress. This team:

- Visits families of patients admitted to Ebola Treatment Centre (ETC),
- Provides follow-up support after patient discharge,
- Offers care to families of deceased individuals,
- Accompanies families before and after burials in coordination with ETC staff.

To date, all households that lost loved ones to Ebola have received psychosocial support from the DRC Red Cross volunteer team. Families have expressed appreciation for the frequent presence of PSS volunteers, which has helped build trust and emotional resilience.



Volunteer training on MHPSS in Bulape

The 45% of volunteers/staff reached through MHPSS support/activities includes regular debriefing and recreational activities aimed at alleviating operational stress.

Output 1.3: Risk Communication and Community Engagement (RCCE)	Key indicators	Actual	Target
	# of people reached by epidemic-related health promotion activities	95,081	965,000
	# of volunteers trained on EpiC with RCCE component, disaggregated by sex, age, and disability	357	1,100
	% of people surveyed who say they trust the information provided by the National Society	-	80%
	# of community (aire de sante or city) EVD awareness raising sessions held	13	21

**Achievement:**

With the Epidemic Control for Volunteers (EpiC) Training of Trainers (ToT) session conducted, in which RCCE is part of the curriculum, the 21 trained trainers (2 women and 19 men) cascaded the training to 334 community volunteers. These volunteers have been deployed to their respective communities to deliver tailored health messages and promote protective behaviors aligned with Ebola prevention protocols.

These efforts are part of a broader Risk Communication and Community Engagement (RCCE) strategy, which ensures communities receive timely, accurate, and culturally appropriate information. Volunteers use trusted two-way communication channels and local languages to build trust and encourage protective behaviors.

**Impact to Date:**

- A cumulative total of **95,081 people** has been reached through RCCE activities.



*Briefing of the volunteers mobilized for RCCE*

<b>Output 1.4 Community based surveillance: CBS</b>	<b>Key indicators</b>	<b>Actual</b>	<b>Target</b>
	<i># of CBS assessments conducted</i>	1	1
	<i># of CBS protocols/SOPs developed</i>	Ongoing	1
	<i># of volunteers trained in active case finding</i>	357	1100
	<i>% of communities covered by active case finding (1 Volunteer: &lt;50HHs) in Red Cross responding geographical areas</i>	100%	10%
	<i># of volunteers trained in CBS</i>	Ongoing	Ongoing
	<i>% of communities covered by CBS (1 Volunteer: &lt;50HHs) in Red Cross responding geographical areas</i>	Ongoing	Ongoing
	<i>% of alerts subsequently confirmed as cases</i>	37.7%	80%
	<i>% of alerts from community-based surveillance (CBS) for which public health measures were taken within 48 hours</i>	100%	100%
	<i>% of active CBS volunteers (monthly average)</i>	-	90%
	<i># of CBS alerts reported to the Ministry of Health</i>	281	As necessary

**Achievement:**

The DRC Red Cross is implementing active case finding across six Health Zones: Bulape, Mweka, Mushenge, Kakenge, Luebo, and Tshikapa.

To strengthen CBS activities, a Public Health Emergency Response Unit (ERU) team with CBS module has been deployed to Bulape. Their initial focus is on analyzing field assessments and improving CBS tools and processes, while also building the capacity of volunteers and supervisors.

When volunteers identify individuals who meet the community case definition, they:

- Provide initial support to the affected person and their family,
- Refer the case to the nearest health facility,
- Immediately raise an alert with the Ministry of Health (MoH).

<b>Output 1.5 Nutrition and Cash for Health</b>	<b>Key Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of people admitted to the ETC and their family members who received food/meal assistance from the Red Cross</i>	0	1000

**Achievements:**

Activities for nutrition and cash for health will be reported in the next update.



## Water, Sanitation and Hygiene promotion

### Objective:

*Improve hygiene practices within the entire affected population.*

### Output 2.1 Water, sanitation & hygiene promotion

#### Indicator

**Actual**

**Target**

*# of hygiene kits distributed in the households of confirmed cases and contacts to avoid contamination*

38

4000

*# of people covered with hygiene promotion activities*

42,267

680,000

*# of homes, health facilities, or other locations where a confirmed or presumed case had spent time decontaminated by trained RC teams*

89

1000

### Achievement:

The volunteers have installed 38 handwashing facilities in public places such as markets, health facilities and checkpoints, etc. During the reporting period, a cumulative total of 29,399 liters of water was used by **42,267 people** for hand washing in public places.

Volunteers also have decontaminated all household where death were recorded and SDB was conducted.



*Hand washing station*



## Protection, Gender and Inclusion

**Objective:** *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, and other forms of non-respect for human rights and respond to their specific needs according to the DAPS principles.*

	<b>Key indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Output 3.1 Safe Access to Services</b>	<i># of people (disaggregated by sex, age, and disability) reached by protection, gender, and inclusion programming</i>	-	23,200
	<i># of (temporary) safe spaces established or operated by the National Society for the purpose of learning, psychosocial support, or recreation</i>	-	6
	<i># of assessments and analysis carried out incorporating protection, gender, and diversity and inclusion considerations as part of emergency operations</i>	Ongoing	1

### **Achievement:**

During the current phase of the operation, efforts are ongoing to ensure the effective mainstreaming of Protection, Gender and Inclusion (PGI). Measures are being strengthened to integrate disability considerations into data collection and analysis. Enhanced data systems now enable disaggregation by gender, age, and disability, allowing all sectors to incorporate PGI principles into their activities.

In coordination with the PMER/IM teams, PGI considerations have been integrated into the multi-sectoral assessment tools. The ongoing needs assessment includes a rapid PGI analysis and a community-based assessment of Sexual Exploitation and Abuse (SEA) risks. These analyses will help identify PGI-related issues associated with the Ebola Virus Disease (EVD) and ensure that the needs of vulnerable and potentially excluded groups are adequately addressed. Furthermore, the Community SEA risk analysis will support the implementation of community measures to mitigate the risk of SEA.

To enhance monitoring and technical support for the Ebola operation, the PGI Commission has extended its coordination to the response, with meetings now held more frequently to address the evolving needs of the epidemic. Through this PGI Commission, coordination is maintained remotely with UNFPA to ensure GBV and EAS alignment. It is important to note, however, that there remains a shortage of post-rape kits in Bulape.

A number of protection and awareness-raising sessions have been conducted in affected areas. Nonetheless, key cross-cutting protection needs persist and require continued attention.

	Indicator	Actual	Target
<b>Output 3.2 Protection from sexual exploitation and abuse</b>	<i>% of volunteers and staff trained on PSEA and basic SGBV awareness and survivor-centred response, including receiving and managing sensitive SGBV (including safeguarding)-related disclosures</i>	100%	100%
	<i>% of survivors of SGBV/SEA reporting to the National Society who are referred to appropriate medical, psychological, or other support services within 72 hours</i>	-	100%
	<i># of National Society staff and volunteers who have signed and been briefed on the Code of Conduct</i>	21	1,100
	<i># of gender and disability reporting mechanisms supported</i>	Ongoing	1

**Achievement:**

The DRC Red Cross has designated a PGI Focal Point, who has been actively involved in briefing volunteers remotely. So far, only **21 volunteers** participating in the multisectoral assessment have received briefings on Protection, Gender, and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA).

To ensure accountability and ethical conduct:

- All staff mobilized from the National Society headquarters have signed the Code of Conduct prior to deployment.
- Field staff and volunteers are scheduled to sign the Code of Conduct shortly, reinforcing the commitment to safeguarding and ethical standards.

With support from the Swedish Red Cross, a three-day training session was organized for staff from the Tshikapa branch, focusing on the DRC Red Cross normative texts. This initiative strengthens institutional understanding of PGI principles and operational standards at the branch level.



**Community Engagement and Accountability**

<b>Objective:</b>	<i>People and vulnerable communities affected by the epidemic are empowered to influence the decisions that affect them and trust the IFRC network to service their best interests.</i>		
<b>Output 4.1 Feedback mechanism</b>	<b>Key indicators</b>	<b>Actual</b>	<b>Target</b>
	<i># of staff, volunteers and leadership trained on community engagement and accountability</i>	378	1100
	<i># of opportunities for community participation in managing and guiding the operation (e.g. number of community committee meetings, focus group discussions, town halls)</i>	-	As necessary
	<i># of feedback received from community</i>	67	As required

	<i>% of operational feedback received and addressed by the National Society</i>	100%	80%
	<i>The National Society has established a functional feedback mechanism for the entire organization.</i>	1	1
	<i>The National Society has established a functional feedback mechanism for the entire organization.</i>	1	1

**Achievement:**

DRC Red Cross emphasize community engagement and accountability as a cornerstone of the operation across all sectoral responses. Demonstrating the commitment, ongoing trainings for volunteers have been conducted. To-date, 67 pieces of community feedback were received and respond by the National Society. Through community meetings, door-to-door visits, and other outreach activities, staff and volunteers continue to foster trust and transparency, reinforcing the principle that communities are at the heart of the response.

## Enabling approaches



### National Society Strengthening

<b>Objective:</b>	<i>The National Society is prepared to effectively respond to epidemics/emerging crises, and its auxiliary role in providing humanitarian assistance is well-defined and recognised.</i>		
<b>Output 5.1 Volunteering And Capacity Building</b>	<b>Key indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of mobilized volunteers covered by sickness, accident, and death benefits</i>	Process ongoing	1100
	<i>The National Society has improved its preparedness, contingency, and response plans following recommendations and evidence from the operation</i>	Ongoing	YES
	<i>Assessment carried out (initial needs assessment/anthropological study/real time evaluation/final evaluation, etc.)</i>	1	4
	<i>The National Society has improved its preparedness, contingency, and response plans following recommendations and evidence from the operation</i>	Ongoing	YES

**Achievement:**

National Society strengthening initiatives continue throughout the operation. Efforts will continue with close collaboration with DRC Red Cross. Aside from operational related areas, volunteer management, preparedness and contingency planning, workshops are being planned



## Coordination and Partnerships

<b>Objective:</b>	<i>Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.</i>		
<b>Output 6.1 Strategic and operational coordination</b>	<b>Key indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of regular coordination mechanisms with all Movement partners</i>	1	1
	<i># of monthly coordination meetings</i>	6	16
	<i># of joint monitoring missions carried out (DRC Red Cross-IFRC, PNS, ICRC)</i>	0	1
	<i># of lessons learned workshops/mid-term reviews</i>	0	2

### **Achievements:**

#### **Red Cross Movement Coordination:**

The IFRC, the DRC Red Cross, and IFRC network members continue the close coordination established during the initial response, while sharing information, aligning inputs, and supporting joint analysis to ensure a common approach to the Ebola outbreak. In-country coordination is led by the National Society and supported by the IFRC. The Membership Coordination in Emergencies toolkit is currently being used. A mapping of in-country partners and key areas of support has been completed, allowing for regular updates on the bilateral, technical, and thematic contributions within the IFRC network.

In parallel, the mobilization of Red Cross membership in-country continues. The Partner National Societies (French Red Cross, Belgian Red Cross, Spanish Red Cross, and Swedish Red Cross) are all aligned with the operational strategy under the leadership of the National Society. The French Red Cross has confirmed its support for a multilateral response by contributing to the ICP and CBS pillars through the deployment of ERU delegates. The Spanish Red Cross is in discussions to potentially increase its financial contribution to the response, in addition to the ENA support already provided. The Swedish Red Cross and Belgian Red Cross staff in-country remain mobilized to support the response, and the Belgian Red Cross is also in discussions to potentially increase its financial contribution.

Weekly coordination meetings of the Red Cross Movement continue to be held with the participation of the PNS, IFRC, and ICRC.

#### **Engagement with external partners:**

At the national level, the DRC Red Cross and the IFRC participate in Centre des opérations d'urgence de santé publique (COUSP) coordination meetings.

The operation continues to close coordination with national authorities at all levels national, provincial, and local as well as with the United Nations, INGOs, and other response actors. It ensures strong representation with donors, external partners, and the diplomatic community in the DRC to secure ongoing support throughout the response. The membership coordination team will continue to facilitate information sharing and joint operational and financial planning to complement effort.



## Secretariat Services

Objective:	<i>Effective and coordinated disaster response is confirmed.</i>		
Agility and Accountability	Key indicator	Actual	Target
	<i>The resource mobilization strategy has been completed and implemented</i>	Ongoing	1
	<i>The National Society has a risk management framework in place</i>	Ongoing	1
	<i># of financial audits carried out</i>	0	1

### **Achievements:**

The IFRC is providing logistics, staffing, and coordination support to the DRC Red Cross. Given the remoteness of the affected areas, supply chains and transport are critical.

**The PMER and IM** from IFRC Delegation in Kinshasa continues to support the DRC RC in aligning indicators, use of data collection tools, and monitoring and evaluation framework. This support is provided through the PMER and Information Management working group set up by the DRC Red Cross. Regular meetings between security colleagues in IFRC and DRC Red Cross is in place.

Regarding **communication et visibility**, below are links to published articles:

- [Ebola in DRC: A race against time to save lives](#)
- [Powerful testimony from Bulape](#)
- [Strengthening community care in Bulape](#)
- [From Yaoude to Bulape, solidarity in motion](#)
- [Open arms to the vaccine](#)

### **Surge mobilization**

Concerning human resources, to support the response to Ebola epidemic in Kasai province, the IFRC quickly mobilized, through its Surge Mechanism, a qualified and diverse team based on the main needs identified. Mobilization of Operational Leadership, Technical leads and Emergency Response Unit (and their respective supporting / deploying entity) are as below:

- Regional Operations Coordinator (Canadian Red Cross)
- Operation Manager 1<sup>st</sup> rotation (IFRC)
- Field Coordinator 1<sup>st</sup> rotation (IFRC)
- Field Coordinator 2<sup>nd</sup> rotation (Canadian Red Cross)
- Staff Health (IFRC)
- Public Health in Emergency Surge 1<sup>st</sup> rotation (Canadian Red Cross)
- WASH Surge (IFRC)
- CEA Surge (IFRC)
- PMER Surge (IFRC)
- SIMS Remote support (American Red Cross)
- Membership Coordination (Belgium Red Cross)
- Assessment Coordination (Swedish Red Cross)
- Emergency Response Unit -CBS/IPC module (Norwegian Red Cross, French Red Cross, Canadian Red Cross)

### Logistics & Human Resources:

A pickup truck is undergoing rehabilitation to transport water from the borehole to the base camp using a tank while other vehicles are being mobilized to support the programme activities on the ground. Other non-food items essential for the operation are being mobilized in-country, neighboring countries, or from the logistic hub in Dubai. Support including surge welcome and administrative system are in place. In-country arrangement of movement to & from Kinshasa to Bulape was mainly via the UNHAS platform and restricted by their availability.

### Staff Health:

Comprehensive health protocols have been activated for all IFRC and National Society personnel engaged in the Ebola response.

**Vaccination:** In alignment with the *IFRC Staff Health Advice – VHF Vaccination Recommendation (2025)*, all staff and volunteers deployed to Kasai are required to receive one dose of the rVSV-ZEBOV-GP (Ervebo®) vaccine prior to field deployment. Vaccination is coordinated through the Ministry of Health in Kinshasa or, when necessary, through the IFRC OHSW Unit at the Geneva University Hospital (HUG). The vaccine provides protection within 10–14 days. For low-risk staff, travel to outbreak-affected zones is recommended only after 48 hours post-vaccination, once possible side effects have subsided. For high-risk roles (clinical care, contact tracing, laboratory, safe burials), a minimum of 10 days should elapse before starting field activities. For personnel whose previous vaccination dates back more than one year, revaccination is advised.

**Medical Evacuation:** The *Ebola-Specific MEDEVAC Procedures* remain in effect. Medical evacuation is coordinated by International SOS in consultation with IFRC Staff Health Geneva. Evacuation of suspected or confirmed EVD cases depends on clinical stability and government authorizations; initial stabilization takes place in-country (MSF/WHO-supported facilities in Kananga or Kinshasa). For non-EVD emergencies, pre-identified hospitals in Kinshasa and Kananga are available 24/7.

All staff are required to complete the “Préparation Mission – Santé du personnel RDC” form prior to deployment to ensure registration in the Staff Health tracker for monitoring, medical follow-up, and evacuation readiness.

## D. FUNDING

As of October 30, 2025, the funding coverage of the Federation-Wide contribution to support the operation is CHF 2,135,016. Bilateral support information is being consolidated.

Funding Coverage	Funding Requirement (CHF)	Amount Raised*(CHF)	Funding Gap (CHF)	Coverage
IFRC Secretariat	17,000,000	2,135,016	14,864,974	13%
Bilateral (PNS)	3,000,000	0 (In process of data consolidation)	3,000,000	0%
Federation-wide contribution (Secretariat & bilateral)	20,000,000	2,135,016	17,864,984	11%

\*Amount raised shows soft & hard pledges, including in-kind support)

## Contact information

For further information, specifically related to this operation please contact:

### At the DRC Red Cross

- **Secretary General:** Gloria Lombo, email: [sgcrrdc@croixrouge-rdc.org](mailto:sgcrrdc@croixrouge-rdc.org), phone: +243856435031
- **Operational coordination:** Dr Benjamin KALAMBAYI, Health Emergency Assistant, [kalambayi.us@croixrouge-rdc.org](mailto:kalambayi.us@croixrouge-rdc.org), phone: +243 992191313 /+243 821393427

### At the IFRC

- **IFRC Regional Office for Africa DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, email: [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org), phone: +254 780 422276
- **IFRC Country Cluster Delegation:** Ariel KESTENS, Head of Country Cluster Delegation-Kinshasa, email: [Ariel.KESTENS@ifrc.org](mailto:Ariel.KESTENS@ifrc.org), phone: +243 853449555
- **IFRC Geneva:** Santiago Luengo, Senior Officer, Operations Coordination, email: [santiago.luengo@ifrc.org](mailto:santiago.luengo@ifrc.org), phone: +41 (0) 79 124 4052

### For IFRC Resource Mobilisation and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Partnerships and Resource Management; email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org), phone: +254 110 843 978

### For In-Kind Donations and Mobilisation table support:

- **Logistics Coordinator,** Allan Kilaka Masavah, Manager, Global Humanitarian Services & Supply Chain Management, email: [allan.masavah@ifrc.org](mailto:allan.masavah@ifrc.org)

### For PMER (Planning, Monitoring, Evaluation, and Reporting) support:

- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER, and Quality Assurance; phone: +254 721 486 953, email: [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org)

### Reference documents



Click here for:

- Previous Appeals and updates and EPoA:
- [Emergency Appeal](#)
- [Operations Strategy](#)
- [Operations Update #1](#)

## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.