

<b>Emergency appeal №: MDRCD047</b> <b>Emergency appeal launched: 15/9/2025</b> <b>Operational Strategy published: 30/9/2025</b>	<b>Glide №: EP-2025-000157-COD</b>
<b>Operation update #3</b> <b>Date of issue: 17/12/2025</b>	<b>Timeframe covered by this update:</b> From 25/10/2025 to 30/11/2025
<b>Operation timeframe: 12 months</b> (15/9/2025 - 30/9/2026)	<b>Number of people being assisted: 965 000 persons</b> <b>People reached:</b>
<b>Funding requirements (CHF):</b> CHF 17 million through the IFRC Emergency Appeal CHF 20 million Federation-wide	<b>DREF amount initially allocated: CHF 1,750,000</b>

The Emergency Appeal targets a total of **CHF 17,000,000** and currently stands at **14% funding**, based on confirmed contribution and potential support under discussion. Although the current epidemics have been declared over, heightened surveillance, including focuses on early detection, rapid response to prevent re-emergence, continued capacity building, risk communication and community engagement activities remain at their peak. To ensure readiness for future outbreaks, the Operation Strategy and Emergency Appeal will be revised, to prioritize recovery, strengthen community resilience and National Society capacity for timely and effective response to future outbreaks.

Further funding support is urgently needed to sustain these essential activities and safeguard communities against future health emergencies.



*A volunteer from the DRC Red Cross conducts a door-to-door awareness-raising activity - Photo: Alex Lock / IFRC*

## 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) was declared on September 4, 2025 by the Minister of Public Health, Hygiene and Prevention, following its emergence in Kasai Province. Since then, the outbreak resulted in 64 total cases (53 confirmed, 11 probable) and 45 deaths<sup>1</sup>. The epicenters were concentrated in the Bulape and Dikolo health areas, which together account for approximately 78% of all reported cases.

On December 1, 2025, the Government officially declared the outbreak over, marking the completion of the 42-days countdown from the discharge of the last confirmed case from the Ebola Treatment Centre (ETC) on October 19, 2025.

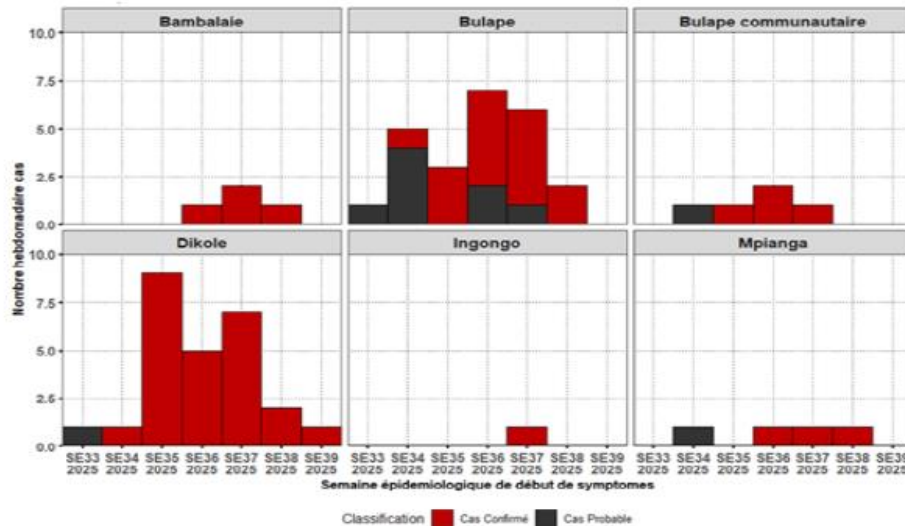
Coordination of health activities would be handed over to provincial health structures from the Government's public health emergency operations centre. A 90-day plan to strengthen post-epidemic surveillance in Kasai Province and Surrounding Areas is enforced for the period of heightened surveillance.

Vaccination efforts during the outbreak reached 47,577 individuals. Following the declaration of end of the epidemic, the vaccination campaign in the affected area has concluded and is no longer mandatory.

**Table 1:** Epidemic situation as of November 28, 2025<sup>1</sup>

53	11	34	0%	11,4%	19	47 580	47 577
Confirmed cases	Probable cases	Confirmed deaths	Bed occupation rate: 0% probable cases and 11.4% confirmed cases		Recovered	Vaccines deployed	People vaccinated

**Chart 1:** Epidemic curve as of November 25, 2025<sup>1</sup>



The EVD outbreak remained geographically confined to Kasai Province, primarily within the Bulape Health Zone. Six health areas are currently affected: Bulape, Bulape Communautaire, Igongo, Mpianga, Bambalaie, and Dikolo. However, due to significant population movement between Bulape and neighboring zones, the risk of virus spread had been considered high throughout the outbreak. As a result, continuous surveillance across a wider geographic area and sustained preparedness measures remains essential to mitigate risks.

Since the [start of the outbreak](#), staff and volunteers of the Democratic Republic of Congo Red Cross (DRC Red Cross) have worked tirelessly to save lives, supported by an [emergency appeal](#) launched by the international Federation of Red Cross and Red Crescent Societies (IFRC) on September 15, 2025, for a 12-month period.

During the immediate post-outbreak period, the DRC Red Cross remains a critical actor in sustaining community engagement, monitoring for potential flare-ups, supporting survivors, and maintaining preparedness structures. To ensure continuity, the National Society has developed an immediate plan aligned with the Government's priorities for the next 90-day heightened surveillance period per Ebola response protocol. In the coming month, the Operation

<sup>1</sup> Source: [WHO / DRC MOH Sitrep #83](#)

Strategy along with the emergency appeal will be revised to reflect this shift in the 90-day period and beyond, focusing on strengthening community-level readiness, reinforcing surveillance, improving water, sanitation and hygiene (WASH) and infection prevention and control (IPC) standards, ensuring trusted communication, and providing survivor support. Approaches will aim to ensure that the capacities built during the outbreak are consolidated and translated into long-term resilience.

The IFRC's Preparedness for Effective Response (PER) framework will ensure that actions also strengthen the National Society's ability to respond to future emergencies in a predictable and coordinated manner.

## Summary of response

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

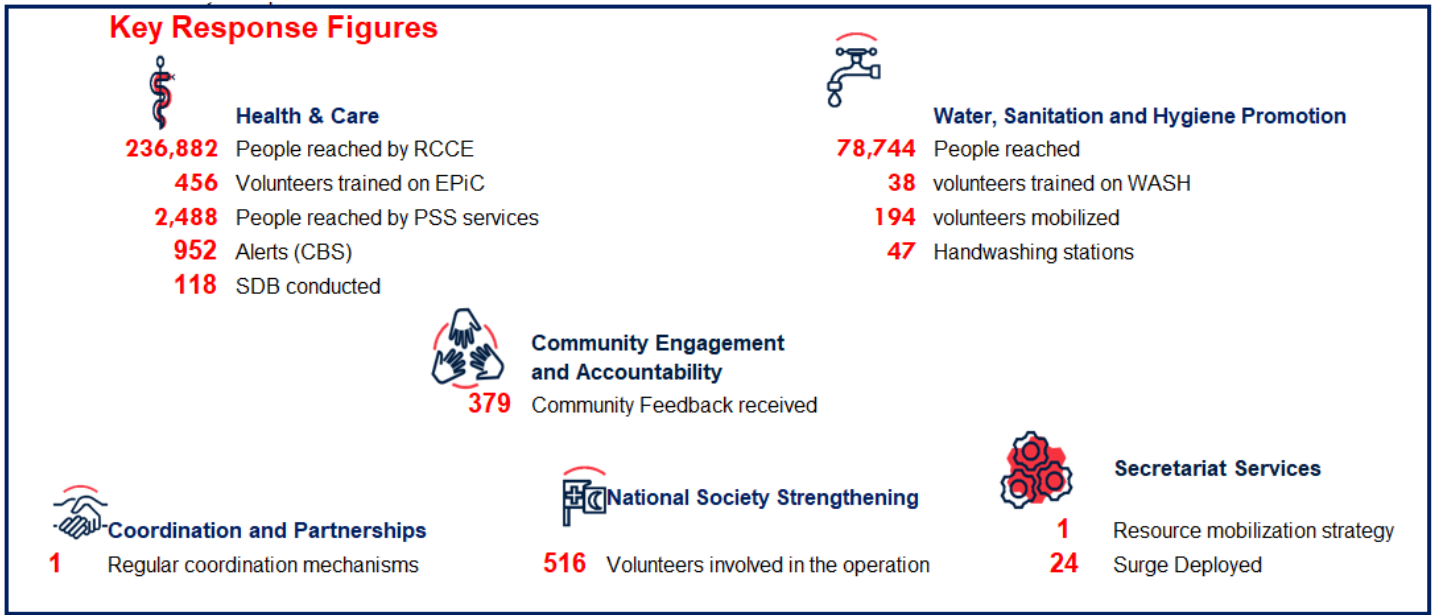
Although the outbreak has been declared over, maintaining daily community-based surveillance over the next 90 days is critical to ensure timely detection and containment of any new transmission chains. Strong preparedness measures including ongoing risk communication, community engagement, and water, sanitation, and hygiene promotion remain essential. Continued care and support for survivors, their families, and affected communities will also be required.

DRC Red Cross response base in Bulape Health Zone will continue to operate. As for the reporting date, at least 516 volunteers have been mobilized across key response pillars. Volunteers will continue to be recruited and trained, with a particular focus on expanding coverage in neighbouring and hard-to-reach operational areas. Epidemic control for volunteers (EPIc) training remains the key health training to the volunteers. 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). Refreshers and simulations on Safe & Dignified Burial (SDB) continued. Additional deep dive training on Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) training was conducted. Other capacity strengthening initiatives such as Infection and Prevention Control (IPC) are being planned and shall be included in upcoming reports.

Some highlights of results in figure (as of November 24, 2025):

- 236,882 people through health and care related activities.
- 78,744 people through water, sanitation & hygiene promotion interventions.
- 952 community alerts raised by the teams involved in the CBS (case findings) activities.
- 359 sessions of MHPSS and reaching 2,488 persons.
- 118 Safe & Dignified Burial performed.
- 379 community feedback collected, 72 live radio shows broadcasted, and 159 focus group discussions conducted.

**Chart 2:** Key response figures as of November 24, 2025



As reported in the last [Operation Update](#), multidisciplinary team from the DRC Red Cross headquarters and affected branch is still working on the ground. The team covers health, water, sanitation, hygiene promotion, community engagement and accountability, risk communication, protection, gender & inclusion, logistics, and security. Volunteers are actively engaged in a range of critical activities.

In addition to the decontamination efforts at Bulape General Hospital and in affected households which was reported in the last [Operation Update](#), 4 additional health facilities are selected for IPC activities, reinforcing its commitment to halting transmission and protecting public health.

The DRC Red Cross has also received support from the wider Red Cross and Red Crescent Movement, with technical and coordination mechanisms in place as reflected in the last report.

A Public Health Emergency Response Unit (ERU) equipped with Infection Prevention and Control (IPC) and Community based Surveillance (CBS) modules remain deployed in Bulape to support ongoing operations. The ERU team comprises four specialists with expertise in IPC clinical practices, IPC logistics, community-based surveillance and epidemiology.



*Key informant Interview by the ERU team in Bulape Health Zone as part of the needs assessment exercise. -Photo: IFRC*

During the reporting period, the ERU team conducted a needs assessment that identified six health areas in Bulape Health Zone and two in Mweka Health Zone for continued community-based surveillance activities. To support these efforts, 232 community stakeholders were mobilized, including Red Cross volunteers, community health workers, animal health workers, team leads, and supervisors. Their responsibilities go beyond surveillance and include raising community awareness on epidemic diseases through home visits and public sessions, promoting the use of oral rehydration solution (ORS), and conducting handwashing demonstrations. They also play a key role in early detection of suspected cases and reporting alerts, as well as liaising between communities and health facilities. Animal health workers contribute by assessing animal health status, monitoring vaccinations and diseases, raising awareness on zoonoses, and conducting visits to hunters and

farmers, as the virus can re-emerge from animal hosts which require continuous monitoring.

Training sessions for all selected stakeholders are scheduled throughout December 2025.

**Table 2:** Targeted health area for continued community-based surveillance, and team composition of community stakeholders for each area

Health zone	Health area	Villages	Red Cross volunteers	Community Health Worker	Animal Health Worker	Team lead	Supervisors
BULAPE	BUPOLE	8	21	6	3	1	1
	MALUKU	9	21	6	3	1	
	MWEMA SONGO	3	10	3	1	1	
	MISUMBA	8	38	10	6	1	
	BATANGA	5	10	3	1	1	
	POMBO	3	17	5	2	1	
MWEKA	MWEKA II	6	22	6	4	1	1
	PILOTE	5	18	5	3	1	
<b>TOTAL</b>	<b>8</b>	<b>47</b>	<b>157</b>	<b>44</b>	<b>23</b>	<b>8</b>	<b>2</b>

For the infection prevention and control component, 5 health facilities were selected in Bulape health zone for continued intervention: The General Referral Hospital of Bulape and 4 health centers (Bukweka, Pombo, reference health center Mbelo and the Red Cross health post in Bambalaie). While the provision of health, water and sanitation, and waste management items will be guided by assessment findings, training will be conducted to local healthcare practitioners such as the head or deputy head nurse of the health center, hygienists or head of hygiene committee, midwives or maternity staff.

## Needs analysis



*We provided psychosocial support to more than 2,500 people as part of the outbreak response - Photo: Alex Lock / IFRC*

### Needs analysis

The Red Cross team conducted a multisectoral needs assessment in October 2025, which informed decisions on priority geographic areas, sectoral interventions, and risk management. These priorities continue to guide the ongoing operation, with a focus on the extensive needs in community engagement particularly in feedback management, rumor tracking, and trust-building community-based surveillance, water and sanitation, and infection prevention and control measures.

Addressing the needs of hard-to-reach areas are of key concern during this 90-day period, to reducing the risk of delayed epidemic detection and response. Persistent gaps in access to essential health and hygiene items, basic water supply, and related services require continuous attention to prevent further vulnerabilities.

Government-led preparedness efforts are underway in Bulape Health Zone in Kasai Province and have been extended to neighboring provinces and border areas. These activities will continue even after the Ebola outbreak is declared over, as reinforcing surveillance remains critical due to the zone's high-risk status. During the 90-day period, the Government is prioritizing health zones across three provinces: Kasai, Kasai Central, and Sankuru.

Scenario planning<sup>2</sup> by Africa CDC done on the September 26, 2025, outlined potential outbreak trajectories under three scenarios:

<sup>2</sup> [Scenario assessment: Ebola Virus Disease Outbreak in the Democratic Republic of the Congo | CFA: Qualitative Assessments | CDC](#)

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 outcome. As of October 24, 2025, the assessment defined that the most likely scenario is an outbreak with fewer than 100 cases with moderate confidence. As of December 1, 2025, the current Ebola outbreak was declared over.

## Operational risk assessment

The risk of disease re-emergence persists both within the affected area and beyond, underscoring the need for continued vigilance. To address these risks, the Ministry of Health has developed 90-day plan outlining priorities across key response pillars. The DRC Red Cross and its partners are aligning their efforts with this plan to help minimize the risk of Ebola virus disease in the Democratic Republic of Congo.

Vigilance must remain high even beyond Bulape and Mweka Health Zones the epicenter of the recent outbreak. According to the Ministry of Health report dated November 28, 2025, suspected cases continued to be reported and monitored, including in health zones farther from Bulape. Although all tests have so far returned negative, robust surveillance measures and the protection of staff and volunteers remain critical as community activities expand.

Operational challenges persist due to poor infrastructure, particularly during the wet season. Movement of people and essential materials is heavily constrained by long, hazardous roads, which significantly impacts activities that rely on effective communication with communities and timely delivery of essential supplies. These constraints affect efforts to rebuild health structures and sustain operations, making logistical planning and resource allocation crucial for success.

As of reporting date, risk assessment for additional operational areas continues.



*Access conditions to affected communities remain a major challenge in the response to the outbreak - Photo: Alex Lock / IFRC*

## 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.

The strategy prioritizes Bulape and Mweka Health Zones, focusing on response and preparedness activities such as safe and dignified burials; water, sanitation, and hygiene support; infection prevention and control; community-based

surveillance; risk communication and community engagement; and psychosocial support for affected families. All interventions are guided by Protection, Gender, and Inclusion (PGI) principles.

For full details on the operational priorities outlined in the current strategy, please refer to [here](#)


The strategy will be updated in discussion with local partners, to reflect the 90-day heightened surveillance, resilience and capacity strengthening plan beyond the period.



*Traditional leaders plant a 'tree of hope' following the official end of the outbreak - Photo: Alex Lock / IFRC*

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

	<b>Health &amp; Care</b> <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
<b>Objective:</b>	<i>The spread and impact of the outbreak are reduced through community outreach in the affected health zones.</i>		
<b>Output 1.1 Safe &amp; Dignified burial (SDB)</b>	<b>Key indicators</b>	<b>Actual</b>	<b>Target</b>
	<i># of SDB alerts received</i>	118	As necessary
	<i>% of SDB alerts responded to through public health measures within 48 hours</i>	100%	100%
	<i>% of deceased for which SDB was successfully carried out when alert is received</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%
	<i># of volunteers/supervisors trained/re-trained in SDBs, disaggregated by gender, age and disability*</i>	180	360
	<i>% of Red Cross SDB volunteers vaccinated with EVD vaccine</i>	100%	100%
<b>Achievements:</b>	<p>To date, 180 volunteers (*117 male, 63 female) have been trained in SDB across the health zone, and a cumulative total of 118 safe and dignified burials (SDB) have been conducted since the start of the operation. Specimen swabs were collected and transferred to INRB for laboratory confirmation. Four fully operational SDB teams remain on standby, working strictly under Ministry of Health-validated SOPs, with clear procedures for personal protective measures, safe body handling, family communication, and coordination with surveillance structures.</p>		



Volunteers from the DRC Red Cross during a Safe and Dignified Burial (SDB) training exercise. Photo: IFRC / Alex Lock

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 services</i>	100%	100%
	<i># of people who receive mental health &amp; psychosocial services provided by National Society</i>	2,488	23,200
	<i># of supervisors and volunteers trained in psychosocial support</i>	14	100
	<i>% of staff and volunteers supported by MHPSS services or relevant activities</i>	100%	100%

**Achievements:**

Psychosocial support is fully integrated into the response in Bulape as a core component of holistic care, trust-building, and survivor reintegration. A dedicated team of 14 trained volunteers (6 male and 8 female) continues to operate across affected health areas, providing Psychological First Aid (PFA) and emotional support to families of Ebola patients, discharged survivors, bereaved households, and communities impacted by fear and stigma. All affected households have received structured PSS assistance.

Staff and volunteers working in this intense and challenging environment are also supported through regular peer-support sessions and safety briefings to promote well-being and resilience.

As of reporting period, 359 MHPSS related sessions have been conducted reaching **2,488 people**. (\*1,066 male and 1,422 female).

<b>Output 1.3: Risk Communication and Community Engagement (RCCE)</b>	<b>Key indicators</b>	<b>Actual</b>	<b>Target</b>
	<i># of people reached by epidemic-related health promotion activities</i>	236,882	965,000
	<i># of volunteers trained on EpiC with RCCE component, disaggregated by sex, age, and disability*</i>	516	1,100
	<i>% of people surveyed who say they trust the information provided by the National Society</i>	-	80%
	<i># of community (health area or city) EVD awareness raising sessions held</i>	21	21

#### **Achievements:**

All 516 volunteers (\*356 male, 160 female) trained on EpiC are mobilized in the community for disseminating key health messages on the EVD through public sessions and door-to-door household visits. As of November 30, 2025, **236,882 people** have been reached by the RCCE activities in 21 health areas of Bulape Health Zone.

The DRC Red Cross is also using radio for disseminating messages including key health messages. So far, 5 radio stations in Mweka, Tshikapa and Luebo have produced 72 broadcasts.

	<b>Key indicators</b>	<b>Actual</b>	<b>Target</b>
<b>Output 1.4 Community based surveillance: (CBS)</b>	<i># of CBS assessments conducted</i>	1	1
	<i># of CBS protocols/SOPs developed</i>	1	1
	<i># of volunteers trained in active case finding</i>	516	1,100
	<i>% of communities covered by active case finding (1 Volunteer: &lt;50HHs) in Red Cross responding geographical areas</i>	0	10%
	<i># of volunteers trained in CBS</i>	232	1,100
	<i>% of communities covered by CBS (1 Volunteer: &lt;50HHs) in Red Cross responding geographical areas</i>	0	10%
	<i>% of alerts subsequently confirmed as cases</i>	100%	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>	100%	90%
	<i># of CBS alerts reported to the Ministry of Health</i>	952	As necessary

#### **Achievements:**

The Red Cross ERU team identified 42 villages across eight health areas for Community-Based Surveillance (CBS) implementation (see Table 2 in this operational update). A total of **232 community stakeholders** including Red Cross volunteers, community health workers, animal health workers, team leads, and supervisors were trained

and mobilized. The 2-day training consisted of two main modules: the first, *Welcome to the Red Cross Movement*, introduced participants to the Red Cross Movement and its principles, as well as introduction to CEA and RCCE. The second module, focusing on *community-based surveillance*, covered essential topics (1) Introduction to CBS; (2) Priority diseases, identification; (3) How to report an alert (template and informal alert reporting channels); (4) CBS tools (NYSS too) and training for team leaders and IT staff; (5) Introduction to SGBV and MHPSS; (5) Explanation of the volunteer handbook; and (6) simulation exercises before deployment to the field.

In addition, **516 volunteers** trained by EPIC continue to support case finding. To date, **972 alerts** have been recorded and referred to MoH for investigation.

	Key Indicator	Actual	Target
<b>Output 1.5 Nutrition and Cash for Health</b>			
	<i># of people admitted to the ETC and their family members who received food/meal assistance from the Red Cross</i>	0	1,000

**Achievements:**

Activities have not yet commenced. The approach to nutrition and cash-for-health will be revised in line with the ongoing Operation Strategy review.

	Key Indicator	Actual	Target
<b>Output 1.6 Infection prevention and Control</b>	<i>% of supported health facilities with functional IPC &amp; WASH systems</i>	Ongoing	Ongoing
	<i># of health practitioners trained with infection prevention and control</i>	Ongoing	Ongoing

**Achievements:**

A joint needs assessment conducted by the Ministry of Health, the DRC Red Cross, and the Red Cross ERU team (IPC module) preliminarily identified five health facilities with critical gaps in infection prevention and control (IPC), posing a heightened risk of infection. Key issues include inadequate sterilization, poor waste management, limited water access and utilization, and lack of gender-sensitive sanitation facilities all flagged as priority elements in the Government's resilience plan.

The Red Cross team is finalizing a support plan to address these gaps as of the reporting date.

	<b>Water, Sanitation and Hygiene promotion</b>	Female > 18:	Female < 18:
		Male > 18:	Male < 18:

<b>Objective:</b>	<i>Improve hygiene practices within the entire affected population.</i>		
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	Indicator	Actual	Target
<b>Output 2.1 Water, sanitation</b>	<i># of hygiene kits distributed in the households of confirmed cases and contacts to avoid contamination</i>	47	4,000

<b>&amp; hygiene promotion</b>	<i># of people covered with hygiene promotion activities</i>	78,744	680,000
	<i># of homes, health facilities, or other locations where a confirmed or presumed case had spent time decontaminated by trained RC teams</i>	118	1,000

**Achievement:**

To date, 47 handwashing facilities are operational, and 53,095 liters of water have been used for handwashing by **78,744 people**, facilitated by 194 mobilized volunteers supporting WASH activities. All households where deaths were recorded and safe and dignified burials (SDB) were performed **118 in total** have undergone thorough decontamination by the DRC Red Cross.



*Handwashing facilitation at Bambalaie Health Area in Bulape - Photo: IFRC*



*Installation of bladers at the camp base of Bulape - Photo: IFRC*



**Protection, Gender and Inclusion**

Female > 18:  
1,387

Female < 18: 35

Male > 18: 1,038

Male < 18: 28

**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.*

**Key indicator**

**Actual**

**Target**

<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>	2,488	23,200
	<i># of (temporary) safe spaces established or operated by the National Society for the purpose of learning, psychosocial support, or recreation</i>	0	6
	<i># of assessments and analysis carried out incorporating protection, gender, and diversity and inclusion considerations as part of emergency operations</i>	1	1
<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%	100%
	<i># of National Society staff and volunteers who have signed and been briefed on the Code of Conduct</i>	109	1,100
	<i># of gender and disability reporting mechanisms supported</i>	1	1

### **Achievements:**

#### Coordination and dissemination

- A coordination meeting was held with the Government's PSEA focal point for Ebola response.
- A briefing about the Red Cross PGI approaches was conducted to humanitarian actors in the field.
- Two interactive programs were broadcast in French with translation into Tshiluba on the topic of PSEA. During the broadcast, key messages regarding the definition of PSEA, the expected behaviors of humanitarian actors and reporting mechanism were explained. Emphasis was placed on zero tolerance. In the absence of other reporting back mechanism, the interagency contact number and the Red Cross reporting method shared.
- Training service providers on holistic care and sensitizing the importance of referral system, also setting up 9 CBCMs (Community-Based Care Management Centers). For the Community-Based Care Management Centers (CBCMs) in Bulapé, the main remaining challenge is to strengthen their capacity to ensure sustained and effective operations.

## Ensuring PGI in Red Cross programming and ensuring compliance

- Key PSEA messages were prepared and shared for community dissemination and prominently displayed within designated areas of the DRC Red Cross camp.
- Discussion with representatives of people with disabilities in Bulapé and Mweka to improve their inclusion in programs.
- During the past two weeks, 59 volunteers (25 women and 34 men) from Mweka were trained for three days on the minimum PGI standards, gender-based violence (GBV), the DRC Red Cross code of conduct, PSEA, child protection, child safeguarding, the survivor-centered approach, referrals, and the CEA. The volunteers were also briefed on the various CEA and PGI tools to be used for community activities. Among the trained volunteers, five were members of the territory's secretariat and steering committee. At the end of the training, all 59 volunteers signed the National Society's code of conduct which included sessions of safeguarding and PSEA
- A total of 109 volunteers (46 women and 63 men) already trained in the PSEA and having signed the code of conduct.



*Radio show on PGI in Bulape-Photo:IFRC*

## Assessment and Analysis (gaps identified will be addressed in ongoing program and updated strategy)

A protection analysis was conducted in Bulapé. 6 focus group discussions were conducted with 49 participants (16 women, 16 men, 13 boys, and 13 girls). Findings indicate that awareness of PSEA and reporting mechanisms remains low across all target groups. The affected health areas face significant protection concerns, including sexual violence and child labor

- Data collection for the rapid PGI analysis: 8 (FGDs) were conducted in Mweka 1 and the pilot area: 13 girls, 13 boys, 16 women, 16 men, and 8 elderly individuals (4 women and 4 men), along with 12 key informants (3 women).
- A working session was held with the territorial secretary to analyze the safeguarding risks in the Mweka territory, Finding shows that the risk level for safeguarding the territory is very high.
- Evaluation of the Mweka territory's PGI capacities: this evaluation was conducted through individual interviews with volunteers. The results of this exercise will be shared after data processing and analysis



*Focus group discussion with female group in Mweka 1-Photo:IFRC*

## Mechanism

- A National Society reporting form for awareness-raising and referral activities was developed.



## Community Engagement and Accountability

Objective:	<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>		
	Key indicators	Actual	Target
<b>Output 4.1 Feedback mechanism</b>	<i># of staff, volunteers and leadership trained on community engagement and accountability</i>	516	1,100
	<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>	159	As required
	<i># of feedback received from community</i>	379	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

### Achievements:

The DRC Red Cross places community engagement and accountability at the heart of its response across all sectors. To demonstrate this commitment, ongoing volunteer training has been conducted, resulting in a strong network of **516 volunteers** operating in Bulape, Mweka, Mushenge, Luebo, Kanzala, Kalonda Ouest, and Tshikapa. These volunteers lead community dialogues, rumor tracking, and awareness activities through trusted local structures such as churches, markets, youth groups, and traditional leaders. Additionally, 5 radio stations in Mweka, Tshikapa, and Luebo have produced 72 broadcasts to amplify key messages (*see also RCCE session under Health*).

Community feedback mechanisms are operational and adapted to the local context, including suggestion boxes, hotlines, the DRC Red Cross hotline, and community meetings. To date, **379 feedback** have been collected, and **159 focus group discussions** conducted. These systems are integrated into the information management structure, enabling real-time analysis, early identification of rumors, and rapid adaptation of messages in alignment with the Government Resilience Plan.

Efforts were also made to ensure accessibility for marginalized groups, including persons with disabilities (*as mentioned in PGI session*), older adults, and minority communities, while strengthening the engagement of community leaders in awareness and mobilization activities.

## 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>	516	1,100
	<i>The National Society has improved its preparedness, contingency, and response plans following recommendations and evidence from the operation</i>	Ongoing	Yes
	<i># of assessment carried out (initial needs assessment/anthropological study/real time evaluation/final evaluation, etc.)</i>	1	4

#### Achievements:

All the mobilized volunteers are covered under the IFRC global accident insurance scheme.

A multi-sectoral needs assessment was completed in high-risk health zones. In the coming month, a dedicated PGI needs assessment will finalize its analysis to inform the revision of the operational strategy and longer-term National Society development priorities. Additionally, a community trust index assessment is planned for early 2026 to strengthen cross-cutting community engagement approaches.

During this period, a participatory workshop was held just days before the official declaration of the end of the epidemic.

The workshop aimed to identify immediate lessons learned and challenges faced in the first months of the operation. Recommendations will be one of the parts to inform future priorities for the ongoing operation as well as National Society preparedness to respond to future outbreaks. 30 participants (15 from the DRC Red Cross, 10 from IFRC, and 5 from Partner National Societies) attended the workshop.



*DRC Red Cross volunteers during a decontamination drill - Photo: Alex Lock / IFRC*



## Coordination and Partnerships

**Objective:** *Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.*

	Key indicator	Actual	Target
<b>Output 6.1 Strategic and operational coordination</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 coordinated with Movement partners</i>	1	2

### Achievements:

#### Internal coordination (Red Cross Movement Coordination):

The IFRC, the DRC Red Cross, and IFRC network members continue the close coordination. In-country coordination is led by the National Society and supported by the IFRC. A monthly Movement coordination meeting was hosted by the National Society.

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 aligned with the operational strategy under the leadership of the National Society since the beginning of the operation. The Swedish Red Cross and Belgian Red Cross staff in-country remain mobilized to support the response during the reporting period, and the Belgian Red Cross has increased its financial contribution bilaterally to the DRC Red Cross. The Public Health ERU deployment is jointly supported by the Norwegian Red Cross, the Canadian Red Cross and the French Red Cross.

As highlighted during the National Society Strengthening session, a workshop was held to capture immediate lessons learned and challenges encountered to date. The session brought together 30 participants (15 from the DRC Red Cross, 10 from IFRC, and 5 from Partner National Societies) to ensure alignment of perspectives and approaches.

#### Engagement with external partners:

At the national level, the DRC Red Cross and the IFRC participate in Public Health Emergency Center (Centre des opérations d'urgence de santé publique COUSP) coordination meetings before the official declaration of the end of Ebola. After the declaration, the operation will continue to close coordination with the Ministry of Health.



## Secretariat Services

Objective:	<i>Effective and coordinated disaster responses are confirmed.</i>		
<b>Agility and Accountability</b>	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:**

**Surge mobilization:** During the reporting period of time of immediate response, the IFRC surge system is still in place, while works will be gradually handed over to the IFRC cluster team and the DRC Red Cross in the coming months. Up till November 30, 2025 18 surges deployed of whom 7 have completed their mission including the following profiles:

- Regional Operations Coordinator (Canadian Red Cross)
- Operation Manager 1<sup>st</sup> rotation (IFRC), mission completed
- Operation Manager 2<sup>nd</sup> Rotation (IFRC)
- Field Coordinator 1<sup>st</sup> rotation (IFRC), mission completed
- Field Coordinator 2<sup>nd</sup> rotation (Canadian Red Cross)
- Staff Health Coordinator (IFRC): mission completed
- Epidemiologist Remote support (Canadian Red Cross), mission completed
- SIMS Remote support (American Red Cross), mission completed
- Public Health in Emergency 1<sup>st</sup> rotation (Canadian Red Cross), mission completed
- Public Health in Emergency 2<sup>nd</sup> rotation (Norwegian Red Cross)
- WASH Coordinator (IFRC)
- CEA Coordinator (IFRC)
- PMER Coordinator (IFRC)
- Security Coordinator (IFRC)
- Communication Coordinator 1<sup>st</sup> rotation (Norwegian RC), Mission completed
- Communication Coordinator 2<sup>nd</sup> rotation (French RC)
- Membership Coordinator (Belgium Red Cross)
- Assessment Coordinator (Swedish Red Cross)

In addition, an Emergency Response Unit -CBS/IPC module (Norwegian Red Cross, French Red Cross, Canadian Red Cross) continued to work in the field. The team includes ERU Team leader & CBS (1<sup>st</sup> rotation completed the mission and handed over to the 2<sup>nd</sup> rotation), ERU CBS Epidemiologist (1<sup>st</sup> rotation completed the mission and handed over to the 2<sup>nd</sup> rotation), ERU IPC Clinical, ERU IPC Log/admin

**PMER and IM:** The IFRC Country Cluster delegation team and the surge PMER continues to support the DRC Red Cross and the technical operation team in planning, monitoring and reporting. Especially to align and cross validate plans, data, and indicators to the National Society both in the headquarters level and in the field. Regular meeting between PMER and IM in a working group set up by the DRC Red Cross is one of the key platforms to align quality

and standards. So far, 6 situation updates, 4 snapshots, 2 operation updates have been posted. Along with some pledge-based reporting.

**Security:** Regular meetings between security colleagues in IFRC and DRC Red Cross are in place

#### **Logistics & ICT:**

The logistics team continues to coordinate with the National Society to procure goods and maintain stock levels for Ebola operations. Local purchases are managed by the Kinshasa team, and essential items such as SDB kits are being mobilized from Goma, Cameroon, and Dubai. Kits from Cameroon and Dubai have partially arrived and are being pre-positioned in Kinshasa and the field. Five motorcycles have been delivered to the National Society, and a pickup truck is supporting water transport. The Starlink internet installed at the Bulape base camp is functioning.

#### **Communication et visibility**

Below are links to published articles and social media

- [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](#)
- [Community surveillance training in Bulape](#)
- [Without communities' voices, there can be no effective response. Focus group with women, children, and people with disabilities](#)
- [Volunteers help communities restore dignity through PSS programmes during post-outbreak phase](#)
- [As Ebola in DRC declared over, IFRC calls for investment in community-based surveillance](#)

#### **Welcoming & administration:**

Support is in place for surge visa & in-country arrangement, movement to & from Kinshasa to Bulape was mainly via the UNHAS platform and restricted by their availability. Accommodation quarters in the field is also being reviewed.

#### **Staff Health (Vaccination, Medical Evacuation):**

Comprehensive health protocols have been activated for all IFRC and National Society personnel engaged in the Ebola response. 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. Staff Health advisories are continuously reviewed based on vaccine availability in-country and the latest developments following the declaration of the end of the outbreak

## D. FUNDING

As of November 30, 2025, the funding coverage of the Federation-Wide contribution to support the operation is CHF 2,432,766.

Funding Coverage	Funding Requirement (CHF)	Amount Raised* (CHF)	Funding Gap (CHF)	Coverage
IFRC Secretariat	17,000,000	2,375,423	14,624,577	14%
Bilateral (PNS)	3,000,000	57,343	2,942,657	2%
Federation-wide contribution (IFRC Secretariat & bilateral)	20,000,000	2,432,766	17,567,234	12%

*\* The amount raised reflects both soft and hard pledges, including in-kind contributions. ERU in-kind support will be recorded once the value is confirmed*

## 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: +243 856435031
- **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 Mobilization 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 Mobilization 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 : [MDRCD047ea.pdf](#)
- Operation strategy: [MDRCD047 OS.pdf](#)
- Operation update report 1: [MDRCD047eu1.pdf](#)
- Operation update report 2: [MDRCD047eu2.pdf](#)

## 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 always 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.