IFRC

OPERATION UPDATE

AFRICA REGION | EBOLA (BVD) EPIDEMIC

<table>
<tr><td>Emergency appeal №: MDRS1007
Emergency appeal launched: 20/05/2026
Operational Strategy published: 05/06/2026</td><td colspan="2">Glide №:
EP-2026-000071-COD</td></tr>
<tr><td>Operation update #1
Date of issue: 18/06/2026</td><td colspan="2">Timeframe covered by this update:
From 20/05/2026 to 15/06/2026</td></tr>
<tr><td>Operation timeframe: 12 months
(20/05/2026 - 31/05/2027)</td><td colspan="2">Number of people being assisted:
3 million</td></tr>
<tr><td rowspan="2">Funding requirements (CHF):
CHF 27.5 million IFRC Secretariat Funding ask
CHF 29.5m million Federation-wide Ask</td><td colspan="2">DREF amount initially allocated:</td></tr>
<tr><td>DRC: CHF 2,000,000 (Loan)
Uganda: CHF 750,000
South Sudan: CHF 48,810</td><td>Burundi: CHF 132,219
Rwanda: CHF 50,000
Kenya: CHF 105,121</td></tr>
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A DRC Red Cross Safe and Dignified Burial (SDB) specialist briefs response teams in Mongbwalu, DRC. (Photo credit: IFRC)

To date, this Emergency Appeal, which seeks CHF 29.5 million is 63 per cent funded. As the outbreak and operational needs continue to evolve, the regional Emergency Appeal is planned to be revised to reflect updated operational needs and funding requirements. Donors are encouraged to continue their support, as further funding is urgently needed to enable the Red Cross of the Democratic Republic of the Congo Uganda Red Cross Society, and the National Societies of neighbouring high-risk countries (Tier 1), to sustain preparedness and response efforts and support communities affected by, and at risk of, the Ebola epidemic.

A. SITUATION ANALYSIS

Description of the crisis

Nearly a month since the Bundibugyo Virus Disease (BVD) outbreak was declared in Democratic Republic of Congo (DRC) and Uganda, cases have sharply surged in both countries. According to World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention (Africa CDC), as of 14 June, the cumulative confirmed cases stand at 827 (DRC 808; Uganda 19) and 194 total fatalities (DRC 192; Uganda 2) signalling ongoing intense transmission at community levels. Widespread cases have been confirmed in Ituri province, North Kivu and South Kivu in DRC, while in Uganda, Kampala and Wakiso districts have reported cases. According to the Centre des opérations d'urgences de sante publique (DRC COUSP), concentration of cases in Ituri persists, particularly in Bunia, Mongbwalu and Rwampara health zones, accounting for 808 (97.7%) confirmed cases and 192 (99%) deaths with a case fatality rate (CFR) of 23.8%. North Kivu has reported 67 cases, 38 deaths and a CFR of 56.7%, while South Kivu has reported 3 cases and 1 death with 33.33% CFR in the same reporting period. Information regarding North Kivu's high CFR remains limited but may be attributed to gross under-reporting driven by recurrent displacement trends and insecurity, which continue to undermine contact tracing[1].

Notably, the crisis is unfolding in a complex context marked by insecurity, high population mobility, porous borders, limited access to affected communities, and constrained contact tracing, particularly in eastern DRC. These factors continue to increase the risk of undetected transmission and further geographic spread. However, opportunities remain, to reduce transmission, through timely prevention, strengthened surveillance, community engagement, risk communication, infection prevention and control, and cross-border coordination. With rapid and coordinated action, neighbouring countries can strengthen preparedness, support early detection, and help prevent wider regional spread.

The Bundibugyo species of Ebola has an incubation period of between 2 and 21 days. More cases will likely materialize in the next 2 weeks given the upward trend of confirmed cases in the past 7 days coinciding with strengthened public health efforts on account of enhanced screening, contact tracing and risk communication.

In eastern DRC, humanitarian access constraints driven by insecurity have complicated Ebola response in the current outbreak. This is in part due to activities by armed groups, and ongoing community resistance. Community aggression on local responses driven by mistrust and misinformation undermines ongoing humanitarian and public health operations. On 21 May, residents of Rwampara set ablaze hospital facility used for isolation of suspected patients due to misunderstandings around safe and dignified burial protocols. These repeated attacks on healthcare facilities and workers point to broad mistrust by the community, posing significant barriers to containment measures and consequently amplifying transmission risks, while deepening operational interference.

Overall, countries neighbouring DRC and Uganda continue to be at high-risk of cross-border transmissions driven by sustained population mobility, the risk is mostly concentrated in those border areas closer to the outbreak zones. At the regional level, governments of countries at risk of continue to strengthen infection prevention and control efforts, cross-border surveillance at border entry points for early detection. The Africa Centres for Disease Control and Prevention (Africa CDC) and World Health Organization (WHO) in coordination with respective health authorities at the country level continue high level health advocacy and diplomacy, resource mobilisation including expertise to strengthen the Ebola response. In the spirit of shared responsibility and collective effort, the Red Cross has mobilised its footprint of national staff, volunteers and experts to directly support the response. Resource mobilisation for various public health activities in emergency is ongoing while supporting and reinforcing Red Cross Red Crescent movement capacity.

[1] https://drc.ngo/media/mpxfkqvq/external-ahead-snapshot-12-april-2026.pdf

Summary of the response

DRC Red Cross volunteers disseminate Ebola prevention messages to communities in Bunia. (Photo credit: IFRC)

63%	170,467	4 readiness DREF
Emergency Appeal funding ask coverage (including soft pledges)	People reached with heath information	for Neighbouring countries
103,538	267	206 (69%)
People screened	SDB alerts recorded	SDB responses
49	5	17
Ambulance evacuations	Handwashing stations	Screening points supported

Summary table of response covering DR Congo and Uganda Red Cross activities. The 4 readiness DREF have been allocated to Burundi, South Suda, Rwanda and Kenya. Additional readiness DREFs are in the pipeline.

Overview of ongoing response

DRC

The Ministry of Health (MOH) of the Democratic Republic of the Congo continues to report an evolving Ebola Virus Disease outbreak, with a cumulative total of 808 confirmed cases and 192 deaths among confirmed cases as of 14 June 2026 (CFR 23.8%), alongside 48 recoveries. The outbreak has spread across 31 health zones, across the three provinces of Ituri, North and South Kivu. An overall contact tracing rate of 63.1% indicates ongoing transmission with moderate surveillance coverage.

In support of the response, the DRC Red Cross continues to play a central role in frontline community-based interventions, including Safe and Dignified Burial (SDB), Risk Communication and Community Engagement (RCCE), Infection Prevention and Control, handwashing promotion, and psychosocial support services. Between 16 May and 9 June 2026, 199 SDB alerts were recorded, with 139 successfully responded to (69.3%), although response operations

were temporarily affected by insecurity incidents that led to the suspension of activities and delayed response to pending alerts due to volunteer safety concerns. Despite these challenges RCCE activities continued across three health zones in Ituri Province, reaching households and communities to strengthen awareness and promote preventive practices. In addition, psychosocial support services were provided to affected households, while Infection Prevention and Control and handwashing activities were implemented to reinforce hygiene practices and reduce transmission risks

Uganda

The Uganda Red Cross Society (URCS), as the auxiliary to the Government of Uganda in humanitarian response, works closely with the Ministry of Health and District Task Forces (DTFs) to support coordinated preparedness and response for the Bundibugyo Ebola Virus Disease outbreak. As of 6 June 2026, a cumulative 19 confirmed cases had been reported, with 13 currently admitted, 4 recoveries, and 2 deaths, indicating ongoing but contained transmission. The situation remained unchanged as of 14 June 2026, with no additional cases, admissions, recoveries, or deaths reported. In support of the national response, URCS is implementing key response pillars including surveillance at Points of Entry and high-risk locations through deployed volunteers conducting screening and referral of suspected cases, Safe and Dignified Burials for alerts received, emergency medical evacuations of suspected cases and contacts, and Risk Communication and Community Engagement activities to strengthen community awareness and early detection. URCS also continues to engage in district and national coordination structures, supporting implementation of surveillance, CEA, and IPC interventions to enhance early detection, community engagement, and outbreak containment in high-risk border areas

Neighbouring countries

South Sudan

The South Sudan Red Cross Society (SSRC) is mandated to support preparedness, response, and recovery for public health emergencies and disasters in the country. SSRC works in close coordination with the Ministry of Health, the Public Health Emergency Operations Centre (PHEOC), and national and state-level epidemic task forces, contributing to key pillars including community-based surveillance, risk communication and community engagement, infection prevention and control, safe and dignified burials, and WASH. The National Society is fully embedded in national coordination structures and participates in health cluster and cross-border coordination platforms with WHO, Africa CDC, and other partners. Following the approval of the Bundibugyo Virus Disease outbreak readiness DREF which target to reach 50,000 people, SSRC has commenced implementation of preparedness activities in eight high-risk border locations, including Nimule, Juba, Yei, Kaya, Morobo (Bazi), Maridi, Yambio, and Kajokeji. Current response activities include activation and deployment of trained volunteers, orientation on risk communication and community-based surveillance, strengthening of early detection and referral pathways, mapping of high-risk border crossings and health facilities, and implementation of CEA to address misinformation and improve timely reporting and health-seeking behaviour.

The operation is being implemented in response to elevated regional transmission risks, including confirmed outbreaks in DRC and Uganda, high cross-border population movement, porous borders, trade and displacement corridors, and persistent gaps in IPC, surveillance, and community-level awareness. These factors continue to drive high importation risk, and the ongoing SSRC response is aimed at strengthening early detection and preparedness capacity to prevent and contain potential spread within South Sudan.

Burundi

Burundi Red Cross Society (BRCS) maintains well-established technical collaboration with key government structures, particularly the Ministry of Public Health and the Public Health Emergency Operations Centre and is an active member of the national disaster risk management and epidemic preparedness coordination platform, which it also helps to operationalize at field level. The National Society contributed directly to the development and implementation of national preparedness and response frameworks, including the recently validated National Bundibugyo Virus Disease Preparedness and Response Plan. The National Society is integrated into government-led coordination mechanisms

for public health emergencies and participates in cross-border and regional Movement coordination structures with IFRC, WHO, and other partners to ensure harmonized preparedness and response across affected countries.

Burundi is classified as high risk for importation due to active Bundibugyo strain Ebola outbreaks in neighbouring Democratic Republic of Congo (Ituri, North Kivu, South Kivu) and Uganda, coupled with intense cross-border population movement through key corridors such as Bujumbura-Bukavu–Goma and Bujumbura–Entebbe. With the readiness DREF, BRCS is targeting to reach 285,380 people. BRCS is reinforcing its operational readiness in priority health districts and high-risk points of entry, ensuring that both community systems and National Society response capacities are prepared for rapid detection and containment should an imported case occur. Current activities include rapid reactivation and training of Community-Based Surveillance (CBS) volunteers, refresher training of SDB teams, strengthening of risk communication and community engagement systems, testing of community feedback mechanisms (including hotline 109), and pre-positioning of essential preparedness and IPC supplies.

Rwanda

Rwanda Red Cross Society (RRCS) plays a key role in supporting national disaster preparedness and response systems. It works in close coordination with the Ministry of Health, the Rwanda Biomedical Centre, and local government structures, particularly in epidemic preparedness, surveillance, and community-based response. Within the national disaster management framework, RRCS is an active member of coordination platforms for public health emergencies and contributes to early warning, risk communication, community engagement, and operational readiness at national and district levels. Its auxiliary role is particularly strong in cross-border health security, where it supports government-led efforts to prevent and respond to epidemic threats.

Rwanda Red Cross Society current actions include participation in national and district-level coordination meetings led by MoH and Rwanda Biomedical Centre, joint preparedness planning, and alignment with the national Ebola preparedness and response plan. With the allocation of readiness DREF, the operation aim to reach 2 million people mainly through different challenges of communication. During this reporting period, RRCS has conducted readiness assessments of volunteers, surveillance systems, and branch capacities in high-risk districts, and reviewed previously trained Safe and Dignified Burial teams and available response equipment to identify gaps.

Kenya

The Kenya Red Cross Society (KRCS) is the humanitarian auxiliary to the Government of Kenya in disaster management, mandated to support preparedness, response, and recovery for health emergencies. KRCS works closely with the Ministry of Health, the Kenya National Public Health Institute (KNPHI), and the national Incident Management System, contributing to key pillars including surveillance, CEA, IPC, SDB, and community-based surveillance (CBS).

For the current Bundibugyo Virus Disease readiness operation, KRCS is implementing preparedness activities in high-risk counties, including border, transit, refugee, and urban settings. Interventions include strengthening CBS, prepositioning and refreshing SDB teams, scaling up IPC and WASH at health facilities and points of entry, and enhancing RCCE to address misinformation and improve early health-seeking behaviour, in line with national preparedness efforts following the PHEIC and PHECS declarations.

The readiness DREF operation targets 148,021 people across high-risk counties and focuses on enhancing community-based surveillance, infection prevention and control, risk communication and community engagement, and Safe and Dignified Burial preparedness. KRCS will work closely with government and partners to strengthen early detection, improve community awareness, and ensure a coordinated and timely response to minimize the risk of outbreak escalation.

Cross-border and Inter-Agency Coordination

The ongoing outbreak has rapidly spread, with confirmed and suspected cases identified in several districts within DRC and confirmed cross-border transmission to Uganda. High population mobility in the region increases the risk of further transmission within and across borders. Although the risk of spread outside Africa is considered low, some countries have imposed travel restrictions for travellers from affected areas.

WHO and Africa CDC have recommended that countries strengthen cross-border health standards by implementing uniform travel health regulations and enhanced screening and surveillance at formal and informal border crossings. To guide this, Africa CDC issued Interim guidelines for enhanced surveillance on 9 June 2026. The National Societies are active participants in the points of entry surveillance sub-pillar on the Continental Incident Management Support Team co-led by Africa CDC and WHO and chaired by International Office Migration. This sub-pillar supports coordination among implementing partners actively engaged in screening, surveillance and the development of SOPs for both response and preparedness.

The IFRC provided an update during IMST meeting on 15 June. Despite current coverage of Points of Entry sites in Uganda, significant gaps remain and called for increased volunteer coverage to ensure adequate contact tracing and improve alert identification.

A revised working collaboration framework agreement was drafted during this updating period, to support the URCS and the DRC RC in formalising cross-border cooperation on epidemic and pandemic preparedness and response, including for the current outbreak. The agreement includes provisions on support to border communities, resource and experience sharing, data and information sharing, and joint advocacy with public authorities.

Needs analysis

The Ebola outbreak continues to generate urgent humanitarian and operational needs in the DRC, Uganda and neighbouring countries. The outbreak is unfolding in a complex cross-border context, where communities depend on regular movement for trade, farming, schooling, health care, family links and access to services. These movements are essential for daily life, but they also increase the risk of exposure and onward transmission if early detection, screening, contact follow-up and community-based surveillance are not sustained.

The DRC RC and URCS remain central to the response, working in their auxiliary role to public authorities. However, growing caseloads, recurring security incidents and persistent community mistrust are placing increasing pressure on existing capacity, underscoring the need for additional resources across the response.

The most urgent need is to strengthen trusted, community-level prevention and early detection. Communities require timely, accurate and practical information on how Ebola spreads, how to recognise signs and symptoms, where to report alerts, and how to safely access health services. This is particularly important in areas affected by fear, misinformation and rumours, where delayed reporting or avoidance of health facilities can allow transmission to continue. Community engagement must therefore remain central to the response not only to disseminate messages, but also to listen to concerns, address questions, build trust and support safe behaviours.

Safe and Dignified Burial capacity remains a critical lifesaving priority, as deaths in communities and health facilities carry a high risk of transmission when bodies are handled without appropriate precautions. Of the 199 SDB alerts recorded in DRC between 16 May and 9 June, only 69.3 per cent were successfully responded to, with insecurity forcing temporary suspensions of activity and delaying response to pending alerts. This demonstrates a continued need for trained teams, protective equipment, transport, burial supplies, community acceptance and stronger volunteer protection measures, without which SDB activities cannot be sustained.

Infection prevention and control, WASH and protection of frontline workers remain essential across households, communities, health facilities, points of entry and public gathering areas. With no licensed vaccine or specific therapeutics for Bundibugyo virus disease, early detection, isolation, supportive care, IPC, safe burials and trusted

community action remain the most important tools for reducing transmission and saving lives. Communities, volunteers and frontline workers need reliable access to personal protective equipment, handwashing materials, hygiene promotion, safe referral pathways, psychosocial support and clear guidance on reducing exposure risk.

Cross-border readiness is an equally pressing priority. Neighbouring countries remain at risk due to porous borders, population movement and proximity to affected areas in eastern DRC and Uganda. National Societies in these high-risk countries require support to strengthen early warning, community-based surveillance, alert reporting, referral systems, SDB readiness, volunteer training, pre-positioning of essential supplies and coordination with public authorities; measures necessary to reduce delays and support rapid response if cases are detected.

Overall, the response requires sustained investment in community trust, rapid detection, safe response capacity, volunteer protection, and preparedness and cross-border readiness in at-risk countries. With the Appeal currently 63 per cent funded, additional resources are required to maintain and scale up community-based surveillance, RCCE, SDB, IPC, WASH, psychosocial support, ambulance support, logistics, and preparedness and readiness actions in high-risk border areas. Preparedness and readiness in high-risk neighbouring countries needs to continue. Without these measures including timely investment in preparedness in neighbouring countries delays in reporting, gaps in IPC, limited SDB capacity, misinformation and continued cross-border movement could increase the risk of further transmission and deepen the humanitarian impact on already vulnerable communities, while leaving neighbouring countries inadequately prepared to respond should the outbreak spread.

Operational risk assessment

The operational risks identified in the Operational Strategy remain valid and continue to shape the risk environment for this operation. These include risks linked to cross-border mobility, unsafe burial practices, community mistrust and misinformation, logistics constraints, health system capacity gaps, resource constraints, and the absence of a specific treatment for the Bundibugyo strain. No new risks have emerged during this reporting period that would require an update to the risk assessment set out in the Operational Strategy. In line with the Operational Strategy's risk register, three specific risks continue to be closely monitored. The risk of **infection among employees and volunteers** (rated medium likelihood, high impact) is being mitigated through the provision of personal protective equipment and training proportionate to activity risk level, the supply of standard SDB kits to burial teams to avoid improvisation, ongoing psychosocial support for response teams, and activation of the Red Family Funds in the event of staff or volunteer deaths. **Safeguarding risks** are being addressed through staff and volunteer training and sensitisation, Code of Conduct sign-off, functioning safeguarding reporting channels at National Society level, and reinforced anonymous reporting mechanisms. The risk of **fraud and misappropriation of funds** (rated medium likelihood, high impact) is being managed through an ongoing amid strengthened control environment in sectoral risk areas, capacity-building on anti-fraud, PSEA and child safeguarding policies, and regular spot-checks for compliance and quality verification.

Consistent with the Strategy's risk appetite, the operation maintains tolerance for elevated operational risks — such as those linked to access constraints, security volatility and rapid surge deployment — given the lifesaving imperative of the response, while maintaining a low tolerance for fiduciary, compliance, safeguarding and reputational risks. The National Societies continue to monitor the operational risk register on an ongoing basis, with mitigation measures adapted as the epidemiological and operational context evolves.

B. OPERATIONAL STRATEGY

The operation, as guided by the regional Operational Strategy, combines response actions in the Democratic Republic of the Congo and Uganda with preparedness and readiness support in high-risk neighbouring countries, recognising the continued risk of cross-border transmission linked to population movement, porous borders and close social and

economic ties between affected and at-risk areas. As the outbreak and operational needs continue to evolve, the regional Emergency Appeal is planned to be revised to reflect updated operational needs and funding requirements.

During this reporting period, there has been no major change requiring a revision of the operation's overall strategic direction. However, three areas continue to require close monitoring and adaptive planning:

- **Safe and Dignified Burial and Risk Communication capacity.** SDB and RCCE remains a key operational priority given the transmission risks associated with unsafe handling of the deceased. Continued support is required to maintain trained teams, adequate supplies, transport capacity, community acceptance and volunteer protection.
- **Logistics and supply chain continuity.** The operation depends on timely procurement, transport, customs clearance, warehousing and last-mile delivery of essential supplies including SDB materials, IPC/WASH items, personal protective equipment, vehicles and community engagement materials. Delays in the supply chain could affect timely service delivery in both affected and high-risk areas.
- **Neighbouring country readiness.** Neighbouring countries remain at risk due to porous borders, population movement and proximity to affected areas in DRC and Uganda. Readiness actions supported through DREF allocations in Kenya, South Sudan, Rwanda and Burundi remain important to strengthen early detection, community awareness, referral pathways, WASH/IPC, SDB readiness, volunteer capacity and pre-positioning of essential supplies.

The immediate priority is to support National Societies, in their auxiliary role to public authorities, to interrupt transmission chains and reduce morbidity and mortality through community-based surveillance, risk communication and community engagement, infection prevention and control, WASH, safe and dignified burials, psychosocial support, patient transport and cross-border coordination. At the same time, the operation continues to strengthen preparedness in neighbouring countries through DREF-supported readiness actions, including volunteer mobilisation, community awareness, early warning and alert systems, referral pathways, pre-positioning of supplies, and coordination with public authorities and partners in high-risk border areas. As implementation progresses, subsequent Operations Updates will further consolidate indicator-level achievements against the Operational Strategy. This will include more detailed reporting on people reached, disaggregated by sex, age and disability where available, as well as emerging outcome-level evidence on trust in health information, use of community feedback, satisfaction with support received, and whether services are meeting priority needs.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION[2]

HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH) (Mental Health And Psychosocial Support/Community Health)

	Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services*)	Female > 18: 46,879	Female < 18: 38,355
		Male > 18: 46,878	Male < 18: 38,355
Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
	Indicator	***Actual***	***Target[3]***

[2] Existing indicators and targets are being reviewed and reconfirmed based on operational planning and will be formalized in the next update.
[3] Final and redefined targets will be provided in the next Operations Update.

Key indicators:	Indicator	Actual	Target
	Percentage of suspected cases identified through RCRC active case finding support	*0*	*TBC*
	Number of screening points supported by National Society interventions	*17*	*TBC*
	Percentage of SDB alerts responded to through public health measures within 48 hours	*69%[4]*	*TBC*
	Number of health facilities supported with infection prevention and control interventions	*0*	*TBC*
Key indicators:	*Number of people reached with epidemic-related health promotion*	*170,467*	*TBC*
	Percentage of people surveyed who say they trust the health information	*0%*	*TBC*
	Percentage of staff and volunteers supporting the response who receive psychosocial support	*0*	*TBC*
	Number of affected people who receive psychosocial support through RCRC support	*223*	*TBC*

Health and Care interventions across Uganda and the DRC have contributed to reducing transmission risk, strengthening surveillance, and improving community resilience through integrated approaches combining risk communication, infection prevention and control (IPC), surveillance, safe and dignified burials (SDB), and psychosocial support.

Risk communication and community engagement:

DRC RC

A total of 106 volunteers are active in Bunia and Rwampara Health Zones to conduct door-to-door Ebola sensitization activities. Through these RCCE interventions 10,091 individuals across three health zones in Ituri Province were reached contributing to sustained community awareness on Ebola prevention and response measures. Key prevention messages were delivered focused on reinforcing regular handwashing with soap, avoiding contact with suspected Ebola cases or corpses, and ensuring prompt referral of suspected cases to the nearest health facilities.

URCS

URCS has deployed 350 community volunteers and health workers across six districts to enhance community awareness, support early detection of cases, and address rumours and misinformation. Key interventions include household visits, community outreach activities, and community dialogue sessions, with a particular focus on border and other high-risk populations. To date, the deployed volunteers have actively conducted house-to-house sensitization campaigns aimed at strengthening public awareness and preparedness. The cumulative number of people reached through RCCE interventions across the seven districts now stands at 116,003 people.

Surveillance:

DRC RC

[4] DRC 206/267 alerts responded to; Uganda SDB response data being consolidated.

Community surveillance efforts in DRC continued despite access constraints and population movement in some affected health zones, which the DRC RC is actively working to address to strengthen contact tracing and the completeness of reporting. The deployment of the Public Health ERU's community surveillance module is expected to reinforce these efforts, with detailed surveillance data anticipated in upcoming Operations Updates.

Uganda RC

URCS continues to strengthen surveillance efforts through extensive screening activities at multiple Points of Entry across the high-risk districts of Hoima, Kasese, Kisoro, Bundibugyo, Ntoroko, and Kikuube. A total of 17 screening points have been established across these six districts and are supported by 82 trained screeners deployed at official border crossings, transport hubs, and community entry points. To date, a total of 57,462. individuals have been screened, contributing to the early detection of suspected cases and supporting efforts to prevent cross-border transmission. Of those screened, 162 individuals were temporarily isolated after recording a body temperature of 37.5°C or above. Following re-screening and assessment, five male individuals met the referral criteria and were subsequently referred to a health facility for further evaluation and management.

Safe and Dignified Burials:

DRC RC

A total of 267 alerts were received across Bunia, Mongbwalu, and Rwampara Health Zones of which 206 were successfully responded to, representing a 69.3% response rate.,. This reflects continued community reporting of community deaths requiring safe burial management. In response, Red Cross teams conducted 55 SDBs, alongside 12 body securitizations and 1 decontamination activity, ensuring adherence to infection prevention protocols and reducing potential transmission risks. Operational delivery has, however, continued to face challenges, including logistical constraints, limited personnel capacity during peak demand periods, and security threats targeting SDB teams. Temporary suspension of SDB activities was also required during the June period following serious security incidents affecting volunteer safety. In response, a rotation system for SDB teams has been introduced to strengthen operational effectiveness, enhance staff safety, and ensure compliance with burial protocols. Additional support has been provided through the deployment of the PH ERU SDB Module to strengthen the National Society's capacity for the response.

Community resistance and insecurity in certain health zones have further impacted timely response to alerts and the safe execution of burial operations, requiring ongoing adaptation of approaches and reinforced coordination at field level.

Uganda RC

URCS has mobilized 102 trained Safe and Dignified Burial (SDB) volunteers across seven high-risk locations: Bundibugyo, Ntoroko, Kasese, Kisoro, Kabale, Kampala Metropolitan Area, and Arua to support the safe management of burials and reduce the risk of disease transmission. To strengthen preparedness, three SDB teams completed pre-deployment drills to enhance operational readiness. During the reporting period, seven SDB alerts were received, resulting in five response operations conducted in Kampala (two at ETUs and two within communities) and Kasese (one at a health facility). Of these alerts, two met the criteria for Safe and Dignified Burial and were managed accordingly. In the remaining three responses, suspected bodies were collected from the community, transported to mortuaries for testing, and subsequently released to their families after laboratory results confirmed they were negative for EVD.

Infection Prevention and Control:

IPC activities in health facilities are being scaled up in line with the Operational Strategy, including support for water and sanitation services and facilities to strengthen infection control at facility level. Detailed reporting on IPC

interventions will be included in forthcoming operations updates as facility-level activities and data become available.

Mental Health and Psychosocial Support:

DRC RC
DRC Red Cross continued to provide psychosocial support services to individuals and households affected by the Ebola outbreak. A total of 78 households (223 people) received psychosocial support, helping to address emotional distress and strengthen coping mechanisms among affected communities.

Continuity of Essential Health Services:

DRC RC
The Red Cross office in Ituri province continued to maintain and strengthen essential response services throughout the reporting period while operating in a complex environment characterized by community resistance in some health zones, insecurity affecting frontline activities, and limited operational infrastructure. With support from WHO, Civil Protection authorities, the Provincial Health Division, IFRC, and Movement partners, efforts were undertaken to sustain response activities and ensure operational continuity across affected areas. Operational capacity was strengthened through the establishment of a temporary operational base at the Evangelical Medical Centre of Nyankunde in Bunia, while plans are underway to establish additional operational bases in Mongbwalu to improve field coordination and response coverage. IFRC and Movement partners have also continued to support surge deployments, operational coordination, and cross-border preparedness efforts, contributing to the continuity and effectiveness of the Ebola response in Ituri Province

Patient Transport:
Uganda RC
URCS is strengthening referral systems and emergency response capacity through the deployment of eight ambulances across the Kampala Metropolitan Area (three), Fort Portal, Kasese, Kisoro, Arua, and Nebbi. The response teams participated in simulation exercises and preparedness drills to maintain operational readiness and ensure timely emergency response. A total of 49 Ebola-related evacuations were conducted in the reporting period using ambulances across Kampala, Kasese, Kisoro, Nebbi, Arua, and Kabarole districts. Of these, 17 suspected cases were transported to isolation facilities for further assessment and management, while 32 contacts were transferred to designated quarantine facilities for monitoring and follow-up.

Update on Tier 1 countries

South Sudan RC
South Sudan continues to strengthen its readiness for potential Bundibugyo Virus Disease (BVD) importation, given its proximity to the outbreak in eastern DRC and high cross-border population movement with Uganda and DRC. No confirmed cases have been reported to date.

Between 8 and 12 June, the South Sudan Red Cross Society conducted volunteer training in Yambio, Nimule and Maridi, covering RCCE, community-based surveillance (CBS), psychological first aid, volunteer safety and wellbeing, SDB and IPC. The Yambio session was directly facilitated by IFRC, with additional sessions delivered in the other two locations. Trained volunteers in Yambio have begun RCCE and CBS activities immediately following training, with follow-up underway at the remaining sites.

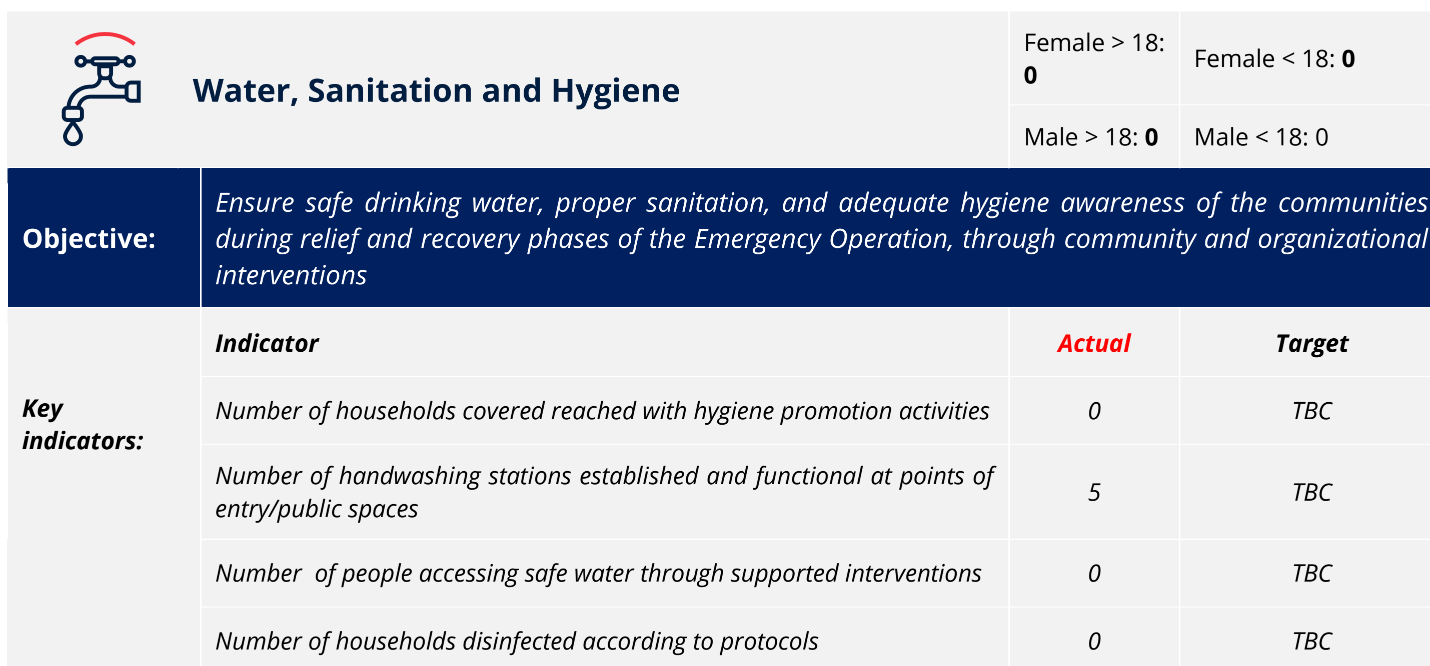
The National Society has prioritised 8 of the 15 government-identified high-risk locations for phased readiness implementation, including border counties and key points of entry. Preparedness in these areas is being reinforced

through scaled-up CBS, intensified RCCE to improve public awareness and reduce misinformation and stigma and strengthened early warning systems in high-traffic cross-border areas to support timely detection and reporting.

Kenya RC

Kenya Red Cross Society (KRCS) has enhanced preparedness measures for Bundibugyo Virus Disease through strengthened community-based surveillance, risk communication and community engagement, support to border health preparedness especially in the informal points of entry, leadership role of the SDB component readiness, volunteer readiness, and coordination with the Ministry of Health and partners.

Preparedness efforts are focused on early detection, enhanced risk perception through community awareness, and rapid response in very high-risk and high-risk counties and points of entry.



	Water, Sanitation and Hygiene	Female > 18: **0**	Female < 18: **0**
		Male > 18: **0**	Male < 18: 0
Objective:	*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*		
Key indicators:	***Indicator***	***Actual***	***Target***
	Number of households covered reached with hygiene promotion activities	*0*	*TBC*
	Number of handwashing stations established and functional at points of entry/public spaces	*5*	*TBC*
	Number of people accessing safe water through supported interventions	*0*	*TBC*
	Number of households disinfected according to protocols	*0*	*TBC*

At the regional level, WASH teams are supporting the development of guidance for disinfection in the context of outbreak, complementing IPC activities and supporting harmonized practice across countries.

A total of five handwashing stations installed at points of entry in Kasese. These facilities support infection prevention in high-risk transit locations where cross-border movement, trade and public interaction may increase exposure risks. The handwashing stations contribute to practical risk reduction by reinforcing hand hygiene among travellers, communities and frontline teams operating at entry points.

During the reporting period, the DRC RC carried out hygiene promotion and handwashing activities in Ituri Province, strengthening community-level measures to prevent and limit the spread of BVD. Screening was also conducted at the Red Cross Ituri office, where 623 individuals including (277 men,346 women) were screened, with all recording normal temperatures. These interventions have supported the promotion of hygiene practices, early identification of potential health risks, and strengthened protection measures at points of entry.

More detailed WASH updates are expected in the next Operations Update as planned interventions are implemented in affected and high-risk areas. Reporting will include the functionality and use of the five handwashing stations already installed, any additional handwashing facilities established, households reached

with hygiene promotion activities, people accessing safe water through supported interventions, and households disinfected according to agreed protocols.

PROTECTING LIVELIHOODS AND SOCIAL COHESION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

Multi-purpose Cash		Female > 18: **0**	Female < 18: **0**
		Male > 18: **0**	Male < 18: 0
Objective:	*Households are provided with unconditional/multipurpose cash grants to address their basic needs*		
Key indicators:	***Indicator***	***Actual***	***Target***
	Percentage of Ebola affected households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket)	*0*	*TBC*
	Number of cash assessments carried out	*0*	*TBC*
	Number of people (and households) who received cash assistance according to the selection criteria	*0*	*TBC*

The Operational Strategy retains cash assistance as a possible intervention for Ebola-affected households, survivors, families under isolation for confirmed or suspected cases, and households whose livelihoods are disrupted by movement restrictions, market closures, illness, stigma or caregiving responsibilities. Cash can help households meet basic needs with dignity, but in an Ebola context it must be designed carefully so that assistance does not increase stigma, encourage unsafe movement or expose recipients and volunteers to additional risks.

Once cash activities are initiated, future Operations Updates will provide additional updates on the activities held.

Protection, Gender and Inclusion		Female > 18: **119**	Female < 18: **0**
		Male > 18: **143**	Male < 18: 0
Objective:	*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*		
Key indicators:	***Indicator***	***Actual***	***Target***
	Percentage of operational sectors in this appeal with an integrated PGI approach, enabling communities to become more peaceful, safe,	*0*	*TBC*

	and inclusive by addressing the needs and rights of the most vulnerable		
	Number of rapid PGI assessments or analyses conducted including PSEA and safeguarding	*1*	*TBC*
	Number of at-risk individuals reached through inclusive services		*TBC*
	Number of staff and volunteers trained on PGI, safeguarding, PSEA, child protection, and SGBV, and reporting mechanisms	*262*	*TBC*
	Percentage of staff and volunteers signing and adhering to the Code of Conduct		*TBC*
	Number of safeguarding focal points trained and deployed	*0*	*TBC*
	Number of reports that are sex, age, and disability disaggregated (SADDD), whether periodical, assessments, studies, or evaluations	*0*	*TBC*
	Number of confidential reporting mechanisms established and functional	*1*	*TBC*
	Number of operational sites displaying safeguarding, reporting, and information	*0*	*TBC*
	Number of functional SGBV referral pathways established or strengthened	*0*	*TBC*
	Number of referred SGBV cases receiving services	*0*	*TBC*

The PGI team continues to provide technical support to ensure PGI considerations are systematically mainstreamed across all interventions, strengthening safe, equitable and dignified access to services for affected populations.

Regional updates:

- Led the revision and strengthening of PGI integration in the DRC and Uganda operational plans, including alignment with the Japan pledge for Uganda RC.
- Participated actively in RTF meetings to support coordination and strategic alignment.
- Contributed to the integration and refinement of PGI key messages.
- Supported the dissemination of the Rapid Gender Analysis for in DRC and working in the integration of gender-responsive actions into implementation plans in both DRC and Uganda.
- Coordinated PGI and safeguarding efforts with key partners, including WHO and Africa CDC. Participating in the PSEA IMST calls
- Initiated the request for a regional PGI surge to scale up the response. A suitable candidate was identified and selected based on the urgent need for regional support. However, deployment has been delayed due to challenges related to approvals and funding. Funding discussions are currently ongoing, and a resolution is expected soon.

DRC

The DRC PGI/safeguarding plan was developed based on gaps identified and integrated in the emergency appeal. PGI capacity has been strengthened, with a dedicated PGI officer is in Bunia and progress made in recent days. 262 staff and volunteers (119 women and 143 men) were briefed on SEA and signed the code of conduct. PSEA mechanism is gradually being strengthened with the identification of 10 PSEA supervisor volunteers in two health zones. A guidance note on reporting and managing safeguarding allegations has been developed, and key

messages on SEA have been broadcast through six radio programs as part of the MVB response. The child safeguarding risk analysis has been completed, as well as the SEA risk analysis. At the Movement level, weekly PGI meetings including the ICRC, IFRC, Swedish Red Cross, French Red Cross, and the DRC Red Cross are taking place.

Uganda

In Uganda a PGI plan was developed and utilized in development of the country response plans. PGI was integrated in the RCCE activities at the border points. Collaborations with WHO and UNICEF country offices are ongoing with possible partnerships on the PSEA risk assessment with WHO and child protection trainings with UNICEF.

Community Engagement and Accountability

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	***Indicator***	***Actual***	***Target***
	Number of awareness sessions conducted	*0*	*TBC*
	Number of accessible IEC materials developed and distributed	*0*	*TBC*
	Percentage of IEC materials adapted for disability inclusion and literacy	*0*	*TBC*
	Number of community leaders, religious leaders, traditional healers engaged in RCCE-focused activities	*0*	*TBC*
	Number of partnerships established with women's group, OPDs, and youth groups and influencers	*0*	*TBC*
	Number of communication channels and approaches used	*02*	*TBC*
	Percentage of respondents who feel that the National Society's support and services meet their most important needs and provide useful support	*0*	*TBC*
	Percentage of community members who feel their opinions are taken into account in operational planning and decision-making	*0*	*TBC*
	Number of employees, volunteers, and leaders trained in community engagement and accountability	*0*	*TBC*
	Number of opportunities provided to the community to participate in the management and direction of activities (e.g. number of communities committee meetings, focus group discussions, public meetings)	*0*	*TBC*

In the Region:

The Collective Service (IFRC in collaboration with WHO and UNICEF) developed key messages, including for displaced population and people on the move, and shared with DRC, Uganda and neighbouring countries. These messages are embedded in the feedback and insight shared by volunteers. The messages will be updated

regularly. Volunteer perception survey tools developed and has been rolled out in DRC and neighbouring countries, including Burundi. Uganda is still pending approval from upper management. Findings helped developed guidance documents.

Community feedback data analysis guide has been developed and shared with both DRC and Uganda. It was developed based on observed gaps and expressed needs from the NS and will be used to help staff and volunteers set up and manage feedback in the affected areas.

DRC
Community feedback mechanisms are active in Red Cross branch in Ituri and Nord Kivu, with early analysis already informing a preliminary report and paving the way for a more systematic 2–3 week reporting cycle. At the same time, concerning misinformation and harmful narratives around improperly discarded PPE, SDB, the existence of the disease or even the role of the volunteers, are undermining community trust and posing risks to both public health and volunteer safety. Proximity awareness activities are being conducted through household visits, reaching more than 13,236 households. In addition, six radio programs have been produced to help inform communities and address some of the recurring concerns identified through feedback.

At interagency level, coordination efforts are intensifying to align RCCE data collection and indicators with the COUSP, with a focus on improving data use and visualization to better inform timely and evidence-based decision-making.

Uganda
The community feedback system has been activated for the response. Ebola related questions have been developed and put on KOBO, efforts are being made to ensure that Ebola feedback data on the existing ESPO CRM feedback dashboard.

ENABLING APPROACHES

National Society Strengthening

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	***Indicator***	***Actual***	***Target***
	Percentage of operational feedback received and addressed by the National Society	*0*	*TBC*
	The National Society has established functional feedback mechanism for the entire organization	*YES*	*TBC*
	The National Society is part of government-led emergency coordination platforms	*YES*	*TBC*
	The National Society is part of the official emergency response coordination platforms of the DRC Red Cross, the interagency community, and the international community	*YES*	*TBC*

	Number of volunteers mobilized covered by insurance covering illness, accident, and death	*558*	*TBC*
	Number of assessments carried out (initial needs assessment, anthropological study, real-time assessment, final assessment, etc.)	*0*	*TBC*

Membership Services will continue to align with the operational strategy through the various levels of complementing national society strengthening actions. Crucial to this will be support towards Identification and understanding of critical processes by the national societies to enhance their capacity to manage influx of large-scale operational activities while enhancing and protecting their longer-term and ongoing development actions. This approach is considered crucial and will require a coordinated effort for better alignment and integration of key national society strengthening activities across all sectors in the current operational priorities and processes aimed at supporting these national Societies.

In augmenting the ongoing operational coordination, membership services support continues with the support to national societies in undertaking assessment of their existing resources, expertise, and support systems that are in country and aimed at broadening the engagement of National Society Development in Emergencies assistance. In the region, membership services are cognizant of the desire by the national societies to put more focus on the following key membership offer:

1. Promote and engage NS Leadership on key decisions: assess and identify areas of alignment with existing dedicated management structure of the National Society to augment and adapt to the emerging operational demands as the change is bound to impact coping capacities of the National Societies to manage the surge in resources and on the additional workload as a result.
   Promotion of local support system in providing volunteers and staff as counterparts, logistics facilities and enhancing finance, HR and PMER systems are crucial in managing the ongoing operations jointly will be crucial to the performance of the respective national societies post operations.
2. Business Continuity: operational strategy to put effort on ensuring that national societies' core service activities can continue in tandem with the ongoing operational activities. This will be done by assessing the readiness and functionality of the key NSD/IFRC pre-designed actions including DL pre-disaster agreements with MoH and prequalified vendor/supplier communities, auxiliary role, HD, etc for quick decision-making which would contribute to the speed of the operation and strengthening the NS capacity to lead. Activities deemed crucial will be prioritized after the assessment to avoid total disruption of national societies development goals and mitigate further risks to the respective national societies.
3. Volunteering in Emergency: key aspects relating to volunteering will include prioritization of ensuring that the national societies have procedures in place to quickly scale up and scale down volunteer engagement – systems for recruiting new and accepting spontaneous volunteers. That Duty of Care include insurance cover, remunerations systems, safety & security, psycho-social and mental health needs, "contracting" issues and inclusion in decision-making processes.

Duty of Care and Volunteer Protection

During the reporting period, the following measures were implemented to support the safety and well-being of staff and volunteers:

- Personal protective equipment (PPE) was provided to volunteers and staff engaged in high-risk activities, including safe and dignified burials.
- Training and refresher sessions were conducted on infection prevention and control and safe burial procedures.
- Security measures were reinforced in areas affected by insecurity, with temporary suspension or adaptation of activities where risks to volunteers were identified.
- Psychosocial support (MHPSS) services were provided to frontline responders.

- **558 volunteers** were mobilized and covered under insurance for illness, accident, and death.
- Safety briefings and supervision were conducted to support adherence to operational protocols.

Branch Capacity Enhancement
To be updated in the next Operation Update.

Strengthen National Society preparedness, readiness, and response capacity
To be updated in the next Operation Update.

Coordination and Partnerships

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	***Indicator***	***Actual***	***Target***
	Number of regular coordination mechanisms with all Movement partners	*5*	*4*
	Number of monthly coordination meetings	*2*	*TBC*
	Number joint monitoring missions carried out (National Society, IFRC, PNSs, ICRC)	*0*	*TBC*
	Number of lessons learned workshops and mid-term reviews coordinated with Movement partners	*0*	*TBC*

Special Operational Modality for Cross-Border Collaboration

IFRC through the Pandemic Fund -PREPARE program has supported cross-border surveillance in 7 East Africa countries, which include Uganda and high-risk countries i.e. South Sudan, Kenya and Ethiopia. The program has provided cross-border surveillance capacity that has allowed the affected NS to quickly mount increased surveillance at the high risk informal and formal border areas. This shows the value of investments in preparedness and how different funding streams can be complimentary in increased health security.

Membership Coordination

The IFRC has established a regional level Membership Coordination in Emergencies (MCIE) cell at the regional level to support the wider response operation. The cell provides coordination support to IFRC for country and regional teams, regional Participating National Society (PNS) representatives, and other network members. The goal is to establish a regionally coordinated approach to harmonizing -specific needs. This includes mapping stakeholder needs, interests, resources, capacities, and gaps across the region; while identifying opportunities to leverage network members' strengths and comparative advantages.

To date, two Regional Membership Coordination meetings have been hosted with regionally based stakeholders, to further socialize and operationalize membership coordination approaches. In addition, support has been extended to network members at country-level in DRC, Uganda; as well as prioritized and targeted members within the ten high-risk countries.

The MCiE function serves as a platform to convene partners, coordinate and collaborate on mutual interests that support the scaling-up of support on behalf of impacted Operating National Societies (ONSs). This is facilitated through harnessing the strengths and comparative advantages of network members and Movement partners who are contributing a range of human, material, and/or financial support towards the wider response efforts.

Movement Cooperation
The IFRC is working closely with all Movement Components; liaising closely and in coordination with national society, ICRC at local & regional level, as well as with Partner National Society (PNS) representatives at local, regional, and global levels.

In DRC, in close coordination with the leadership stakeholders of the DRC RC, ICRC, and IFRC - a Movement Mini-Summit was convened on 19 May 2026 to work collaboratively to outline respective roles and responsibilities for engagement in responding in a volatile context in some regions which include conflict; in addition to the growing public health in emergency risks, hazards, and vulnerabilities. As a result, an outcome of the Mini-Summit includes a Movement Decision Table outlining each components' comparative advantage based on pre-established roles and responsibilities.

Engagement with external partners
IFRC stakeholders at local and regional levels are closely coordinating with external partners including Ministry of Health at country level, in coordination with the HNS; CDC-Africa & WHO; as well as stakeholders within the external donor community i.e. diplomatic corps and multilateral /development agencies. At continental level, IFRC is providing key updates on budget contribution to the continental response plan, updates on field operation for the countries in response and countries in enhanced readiness, contributing to development specific SOP's and materials.

Secretariat Services

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	***Indicator***	***Actual***	***Target***
	The resource mobilization strategy has been completed and implemented	*1*	*1*
	The supported National Societies have established a risk management framework	*2*	*2*
	Number of financial audits carried out	*0*	*1*

Surge
As of 11 June, below is the current status of surge request for DRC and regional support.

Surge Profile	Location of Deployment	NS	Status
Operations Manager	DRC	Swiss RC	Deployed
Field Coordinator	DRC	IFRC	Deployed

PMER Coordinator	DRC	IFRC	Pending
Project Management Officer	DRC	IFRC	Deployed
Communications Coordinator	DRC	French RC	Deployed
Finance Coordinator	DRC	IFRC	Deployed
SDB Coordinator	DRC	IFRC	Pending
CEA Coordinator	DRC	IFRC	Deployed
CEA Officer	DRC	IFRC	Deployed
PHiE Officer	DRC	German RC	Deployed
HR in Emergencies Coordinator	DRC	IFRC	Pending
PHiE Coordinator	DRC	Norwegian RC	Deployed
MHPSS Coordinator	DRC	IFRC	Pending
Interagency SDB Coordinator	DRC	TBC	Pending
Regional Support			
Regional Supply Chain Coordinator	Kenya	British RC	Deployed
Regional Operations Coordinator	Kenya	Canadian RC	Deployed
Regional SPRM Coordinator	Kenya	IFRC	Deployed
Regional Membership in Emergencies	Kenya	American RC	Deployed
Regional PHiE Coordinator	Kenya	Canadian RC	Deployed
Regional PGI Coordinator	Kenya	TBC	Open alert
Regional PMER Coordinator	Kenya	Kenya RC	Deployed
Regional Humanitarian Information Analysis	Kenya	IFRC	Deployed
Regional Risk Management Coordinator	Kenya	TBC	Open alert
Regional HR in Emergencies Coordinator	Kenya	IFRC	Deployed
Regional SIMS Coordinator	Kenya	British RC	Deployed

Emergency Response Unit (ERU)

A public health emergency response unit (PH ERU) has been mobilized with the support from Norwegian Red Cross, French Red Cross and the Canadian Red Cross. The PH ERU with three modules (Community based surveillance, Infection prevention & control, and Safe & dignified burial) has arrived in Bunia, DRC.

An Operation Support Hub emergency response unit (OSH ERU), to ensure a safe and efficient working conditions have been mobilized and supported by the Danish Red Cross and has arrived in Bunia, DRC.

Logistics

The logistics operation is stabilizing, with improved access to Bunia, DRC following the reopening of the airport and border points. Earlier supply chain disruptions are gradually easing, enabling more consistent delivery of humanitarian assistance. Nairobi continues to serve as the primary logistics hub, with the Entebbe corridor functioning as the main entry point into eastern DRC. Efforts are ongoing to strengthen pipeline management, scale up supply flows, and ensure sustained support to operations in Bunia and surrounding areas.

Key highlights:

- The Nairobi–Entebbe–Bunia corridor remains the principal supply route.
- Access conditions have improved, facilitating more reliable transport of relief items.
- Initial deliveries of essential supplies have been completed, with further shipments in progress.
- Additional relief items and equipment are in the pipeline to support ongoing and anticipated needs.
- Fleet capacity is being reinforced to enhance operational reach.
- Temporary warehousing solutions are in place in Bunia, pending identification of longer-term arrangements.

Key priorities:

- Ensure timely and uninterrupted delivery of relief supplies.
- Strengthen logistics coordination and pipeline visibility.
- Expand operational capacity, including fleet and storage.
- Maintain readiness to scale up support in affected and neighbouring areas as required.

Information Management (IM)

Information Management continues to play a critical role in supporting the Ebola outbreak response by generating evidence-based analytical products that inform decision-making, strengthen situational awareness, and support engagement with National Societies, Movement partners, and external stakeholders.

1. Evidence and analysis Products:
    - DRC and Uganda Ebola Disaster Brief: Developed a comprehensive disaster brief outlining the scale, severity, and evolving impact of the outbreak, providing stakeholders with a consolidated overview of the humanitarian context.

- EVD DRC and Regional Emergency Snapshot: Produced a regional emergency snapshot highlighting key humanitarian needs, outbreak trends, and RCRC response activities, enabling timely dissemination of operational updates to partners and decision-makers.
- Ebola Outbreak Risk Analysis: Developed a regional risk analysis assessing the potential impact of the outbreak in affected countries and neighbouring at-risk countries, identifying transmission risks, vulnerabilities, to support strategic planning and response efforts.

2. Setting up and maintenance of the Regional Ebola Outbreak Emergency on the GO platform to facilitate coordination and data sharing. Ensuring that information on the operation is accessible to the RCRC membership https://go.ifrc.org/emergencies/7937/details
3. Information Management team at the National level established and Information Management Focal Points within the Ituri Branch identified.
4. Established EVD IM coordination and communication channels for IM focal points at DRC and Uganda and neighbouring countries, regional and Geneva level streamlining information flow and coordination.
5. At country level a centralized database established to compile and manage activity data collected from the field.
6. Data collection tools in place, positioned for data collection
7. Series of training on data collection on (NYSS, Kobo, GPS) for volunteer has been prepared.

Humanitarian Diplomacy

- Developed HD KM advocacy messages for many things but with emphasis on:
  - Immediate operational activation needed: call for protect humanitarian workers, secure sustained access, and deliver critical supplies despite severe logistical constraints. Rising fuel costs and global supply disruptions are making transport increasingly unaffordable, threatening response efforts.
  - Urgency due to potential spread: Continuous engagement with governments on the outbreak likely went undetected for weeks and has now reached both DRC and Uganda, heightening regional risk.
  - Public health measures are the only tools: Advocate with all governments especially MoH that effective response relies on early detection, isolation, infection prevention and control (IPC), and safe burials.
  - Community engagement is essential: Building trust, ensuring participation, and strong risk communication are key to gaining public cooperation trough NS branches to local authorities and document these engagements
  - Cross-border coordination required: Response efforts must support safe movement and effective outbreak control in a highly connected region.
  - Flexible funding urgently needed: call for rapid, adaptable funding is necessary to scale operations and respond to evolving needs through our multilateral and diplomatics hubs of IFRC.

- IFRC NY Briefing on BVD: On 5 June, IFRC's NY office organized a briefing on the Ebola outbreak in DRC and neighbouring countries for UN Member States from 16 representative including ICRC.
  - DRC position: Appreciated IFRC briefing and visibility and support but downplayed the severity of the outbreak.
  - Partner position: most showed interest and want to be including in other briefings but need more updated facts and figures from the field.
  - Asked clarity on immediate needs before this turn into public health emergency.

- IGAD Ministerial meeting 29 May: IFRC Participated in the briefing and RD gave a keynote address to Ministers and the call for action is included in the Communique shared by IGAD.

- IFRC issued statement in support of Africa CDC Communique, its Governments and WHO in strengthening regional joint coordination in control of BVD outbreak.

Disaster Law

The Disaster Law team developed a cross-border legal snapshot covering Uganda and the Democratic Republic of Congo, highlighting a growing need to strengthen legal and operational arrangements for National Society-to-National Society cooperation in cross-border health emergencies. The snapshot maps the existing auxiliary and legal space available to the Uganda Red Cross Society and the Red Cross Society of the Democratic Republic of the Congo to support preparedness and response, while identifying priority actions needed to strengthen cross-border coordination, particularly on data and information sharing, border preparedness in Uganda and response measures in the Democratic Republic of Congo. To complement this and enhance the collaboration between the two National Societies as well as other Societies in the affected region, a revised cross border collaboration framework agreement was developed to be signed by URCS and CRRDC to bolster their cross-border efforts. This agreement is also expected to support other NS in the affected region to enhance support and coordination with each other across borders as well.

Communications

The communications team continues to support the Ebola response through strategic communications, media engagement, and content production aimed at strengthening public trust, supporting resource mobilization, and increasing visibility of National Society-led response efforts. As the outbreak evolves, communications efforts have focused on addressing issues of misinformation, community mistrust, and the protection of humanitarian workers following attacks on Red Cross volunteers and Safe and Dignified Burial teams in eastern DRC.

The team has regularly updated key messages, identified and briefed spokespeople across cluster, regional, and global levels, and supported media engagement to promote accurate and consistent information on the outbreak and response efforts. To date, about 30 top-tier broadcast interviews have been facilitated, and reporting for media outlets like The New York Times, BBC and Le Monde. We continue to receive requests from media organizations like AFP and Reuters as the Ebola response evolves. Most of them are particularly interested in covering activities such as Safe and Dignified Burials and community engagement. To support ongoing media engagement, a roster of 15 trained spokespeople was established at a local, regional and global level.

During the reporting period, two press releases and one Movement statement were issued, while IFRC representatives participated in two UN press briefings to highlight operational priorities and emerging challenges. In parallel, the team produced and disseminated human-interest stories, photographs, videos, and other multimedia content documenting response activities in DRC and preparedness efforts in neighbouring countries. These efforts have contributed to sustained international media coverage, including by Reuters, BBC, CBS, Xinhua, and Africanews, helping amplify key messages on community trust, volunteer protection, cross-border preparedness, and the role of National Societies in containing the outbreak and supporting affected communities.

This is a non-exhaustive selection of media coverage generated during the reporting period, illustrating the breadth and reach of international and regional attention on the response:

- ***The New York Times**, Declan Walsh, reporting from the outbreak's epicentre (30 May).*
- ***The New York Times**, "The World" newsletter: Inside the Ebola outbreak, opening with warm words for Red Cross volunteers (2 June; subscriber email, no public link).*
- ***The New York Times**, video piece on Instagram (June); a follow-up story is in the works.*
- ***The Sunday Times**, health editor Shaun Lintern, interview with Petra Khoury (31 May).*
- ***Associated Press**, the story of one DRC Red Cross volunteer, on Instagram (31 May).*
- ***Associated Press wire**, "WHO chief lands in Congo, saying Ebola outbreak 'can be stopped'" (29 May; republished 113 times, carrying IFRC's three-volunteers line, link is the PBS edition).*
- ***Associated Press wire**, "Congo reports attack on Ebola burial team as cases rise" (4 June; republished 71 times, link is the Yahoo edition).*

- ***Reuters***, *“Newborn at Congo orphanage dies of Ebola, highlighting risks faced by children” (11 June; republished globally within hours, US News, Yahoo, Detroit News and others with more expected).*
- ***BBC News****, Petra Khoury interview from DRC; the clip became our most-viewed X post of the fortnight (28–30 May).*
- ***CGTN****, Catherine Kamatu on the challenges facing the response (31 May; our clip).*
- ***Times Radio (UK)****, Kamatu interview (1 June; broadcast, no public link).*
- ***ORF Ö1 (Austria)****, Kamatu radio interview (30 May).*
- ***The Wall Street Journal****, Nicholas Bariyo, written contribution from Kamatu (3 June; paywalled).*
- ***L’Osservatore Romano****, written response provided (30 May).*
- ***Bloomberg****, Tommaso Della Longa interview (29 May; paywalled).*
- ***Xinhua****, “Chinese medical experts, IFRC discuss Ebola response in DR Congo” (9 June), republished 24 times in Chinese-language media.*
- ***Norway****, official statement: NOK 15 million to the Ebola response through IFRC (5 June).*

Monitoring and Evaluation

- During the reporting period, progress was made in establishing the monitoring and evaluation framework for the operation. The operational strategy MEAL framework, along with the Federation-wide indicator tracking tool and country-specific indicator tracking tools, were developed to support systematic monitoring of preparedness and response activities.
- These tools are designed to facilitate **consistent data collection, consolidation, and reporting across countries**, enabling improved tracking of progress against planned outputs and outcomes. In addition, they support **ongoing data quality monitoring and validation**, contributing to more reliable and timely information for operational decision-making.
- The development of these tools also provides a foundation for **harmonized reporting across National Societies**, ensuring alignment with the operational strategy and strengthening accountability to stakeholders.
- Finalization of the MEAL framework, including the validation of indicator targets in consultation with country teams, is ongoing and is expected to be completed by mid-June 2026.

Security

- Ongoing support from GSU and RSU to the Cluster Security team in Kinshasa and Bunia.
- Systematic security briefing and filling of PSIF to Surge personnel deployed at the Region and Cluster.
- Security Support Agreement (Level 3) between IFRC and ICRC has been renewed and applicable in east DRC. IFRC staff in Bunia are thus following security rules developed/issued by ICRC.
- RSU is deploying the Security Analyst to Bunia to offer additional support to the Cluster Security team.
- Monitoring of the evolving situation in west Uganda. Access to the western region remains open, with the Kampala–Mbarara–Kasese Highway serving as a safe southern route, passing through Masaka and Mbarara. Meanwhile, the Kampala–Mubende–Fort Portal Highway provides a direct connection to the Rwenzori heartland and lake Albert Ntoroko crossing.

Resource Mobilisation

- The Secretariat continues to convene regular inter-departmental briefings, partners’ calls at country, regional, and global levels, and dissemination of situation reports, alongside proactive engagement with National Societies, Geneva-based missions, diplomatic corps at country level, multilateral partners, and the private sector to ensure alignment across the IFRC Network and strengthen resource mobilization.

D. FUNDING

The Regional Emergency Appeal Ebola Epidemic (MDRS1007) has a total IFRC funding requirement of 27.5 million Swiss francs for the secretariat and CHF 29.5 million federation wide. As of 10 June 2026, the regional EA has mobilized circa CHF 17.3 million, all of which currently represents soft pledges.

Resource mobilization efforts are ongoing to secure additional funding and ensure the continuation and scale-up of critical, community-based interventions aimed at reducing transmission, supporting affected populations, and strengthening preparedness and cross-border coordination.

See the funding distribution in the table below.

Funding coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
IFRC Secretariat	**27,500,000**	**17,254,812**	**10,245,188**	**63.0%**

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

At the Uganda Red Cross
- **Secretary General**: Robert Kwesiga, email: sgurcs@redcrossug.org

At the IFRC:
- **IFRC Regional Office for Africa :**
  - Gabriela Arenas, Regional Coordinator Operations; email: gabriela.arenas@ifrc.org
  - Irene Kiiza, Health and Care Manager; email: irene.kiiza@ifrc.org

- **IFRC Country Delegation**
  - Ariel Kestens, Head of Kinshasa Cluster Delegation; email: ariel.kestens@ifrc.org
  - Paula Fitzgerald, Ag. Head of Juba Cluster Delegation; email: paula.fitzgerald@ifrc.org
  - Louise Daintrey, Head of Country Office, Uganda; email: Louise.daintrey@ifrc.org

- **IFRC Geneva:**
  - Laura Archer, Lead Clinical Care and Public Health in Emergencies, email: laura.archer@ifrc.org
  - Marshal Mukuvare, Senior Officer Operations Coordination; email: marshal.mukuvare@ifrc.org

For IFRC Resource Mobilization and Pledges support:
- **IFRC Regional Office for Africa**: Franciscah Cherotich, Regional Head, Strategic Partnerships and Resource Mobilisation a.i.; email: franciscah.kilel@ifrc.org

For In-Kind donations and Mobilization table support:
- **Global Supply Chain Management team, Africa Regional Unit –** Nikola, Jovanovic, Head, Supply Chain management Unit for Africa Nikola.jovanovic@ifrc.org +41 78 305 53 27
- **Logistics Coordinator,** Carren Auma Oyayo, carren.oyayo@ifrc.org +254 0110843977

For PMER (Planning, Monitoring, Evaluation, and Reporting) support:
- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER, and Quality Assurance; email: beatrice.okeyo@ifrc.org, Tel +254 732404022

Reference documents
Click here for:
- Emergency Appeal
- Operational Strategy
- Link to Go Platform

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 (NGOs) 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.