OPERATION UPDATE

AFRICA REGION | EBOLA (BVD) EPIDEMIC

Emergency appeal №: MDRS1007 **Emergency appeal launched:** 20/5/2026 **Operational Strategy published:** 7/6/2026	**Glide №:** **EP-2026-000071-COD**
Operation update #2 **Date of issue:** 14/7/2026	**Timeframe covered by this update:** From 16/6/2026 to 10/7/2026
Operation timeframe: 12 months (20/05/2026 - 31/05/2027)	**Number of people being assisted:** 3 million
Funding requirements (CHF): CHF 27.5 million IFRC Secretariat Funding ask CHF 29.5m million Federation-wide Ask	**DREF amount initially allocated:** DRC: CHF 2,000,000 (Loan) Uganda: CHF 750,000 South Sudan: CHF 48,810 Burundi: CHF 132,219 Rwanda: CHF 50,000 Kenya: CHF 105,121 CAR: CHF 149,994

DRC Red Cross volunteers carrying out a safe and dignified burial. (Photo credit: Alex Lock/IFRC)

To date, this Emergency Appeal, which seeks CHF 27.5 million is 107.2 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

Over the last seven weeks following the declaration of the Bundibugyo Virus Disease (BVD) epidemic on 15 May 2026, the situation in the Democratic Republic of the Congo (DRC) remains concerning, characterized by persistent community transmission, geographic transmission expansion, and escalating strain on response capabilities. As of 10 July 2026, the DRC recorded 1,873 confirmed cases and 672 fatalities, resulting in an overall case fatality ratio of 35.9%. Transmission has impacted 41 out of 140 health zones in Ituri, North Kivu, South Kivu, Haut-Uele and Tshopo provinces in DRC. Uganda has 20 confirmed cases and two fatalities, with incidents documented in Kampala and Wakiso. The Bundibugyo Ebola virus has an incubation period of between 2 and 21 days according to the WHO.

According to the Centre des opérations d'urgences de sante publique (DRC COUSP), two new provinces in DRC have confirmed cases, namely the Haut-Uele province and Tshopo province. Ituri Province continues to be the epicentre, as of 10 July, reporting 1,705 cases and 577 fatalities. Bunia, Mongbwalu, and Rwampara Health Zones are the primary transmission hubs, collectively accounting for nearly 65% of all confirmed cases nationwide. The weekly incidence rose from 259 cases between 18–24 June to 305 cases between 25 June to 1 July 2026. The growth was predominantly attributed to Ituri Province. Despite an overall reduction in weekly incidence in North Kivu Province, transmission escalated in Katwa Health Zone. Focused increase of cases was also noted in Mangala, Bambu, Nia-Nia, and Tchomia Health Zones.

North Kivu Province recorded 165 cases and 94 fatalities, resulting in a case fatality ratio of 57%, which is more than double the national rate. South Kivu reported three cases and one fatality, with no additional verified cases since 26 May. Nevertheless, the low alert-investigation performance reported in South Kivu on 4 July, only 4.4%, means that the absence of recently confirmed cases should be interpreted cautiously and does not yet exclude undetected transmission.

The Uganda Red Cross Society Safe and Dignified Burial team sanitizing the environment after responding to a Ministry of Health request to manage a suspected Ebola-related death in Nakulabye, Kampala. The deceased had exhibited Ebola-like symptoms, prompting community members to alert health authorities. Samples were collected for laboratory testing to confirm the cause of death. The response was conducted in line with public health safety protocols, with the Safe and Dignified Burial team ensuring the body was handled, transported, and laid to rest safely to minimize the risk of infection. (Photo credit: IFRC)

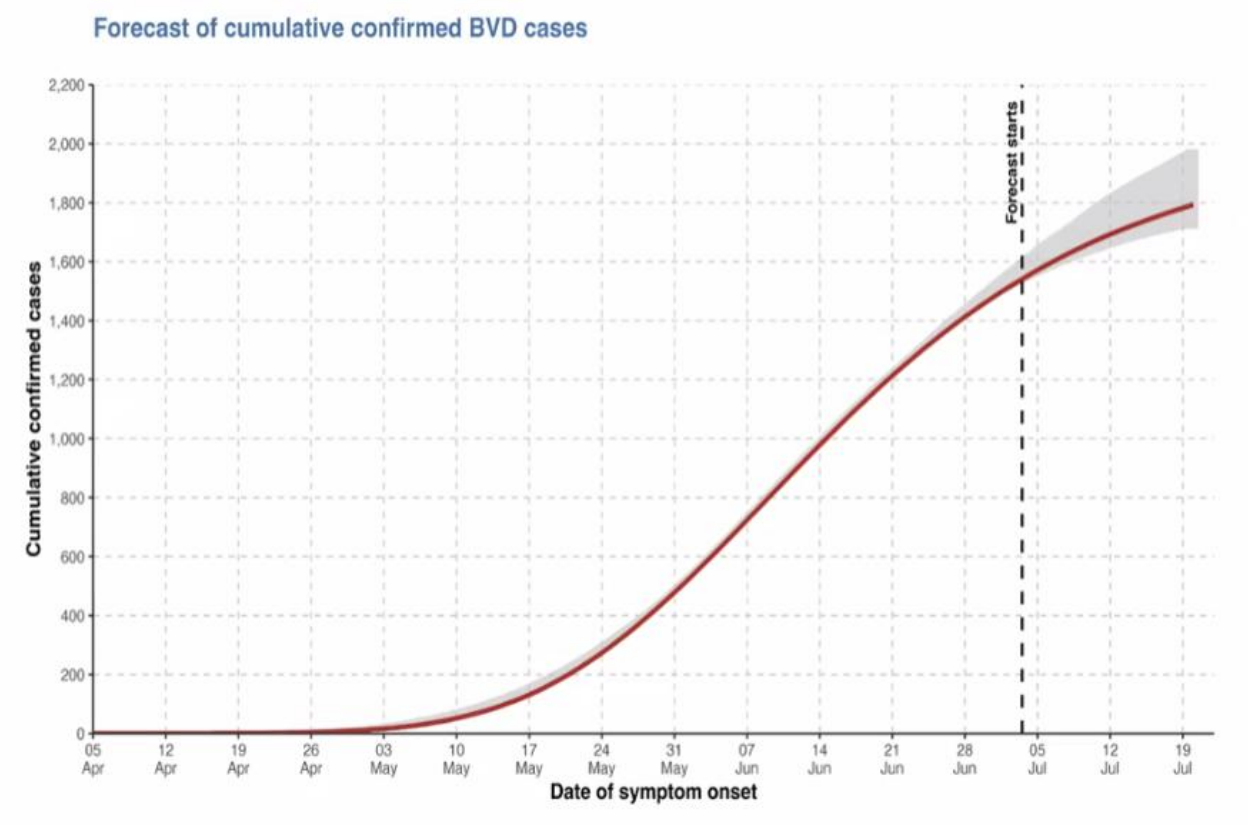

Figure showing two weeks forecast of cumulative confirmed BVD case in DRC (Source: WHO and Africa CDC - 6 July 2026)

A surveillance report from the World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention (Africa CDC) Continental Incident Management Support Team on 6 July forecast that the cumulative confirmed cases in the DRC are expected to continue increasing beyond, reflecting ongoing transmission. Although the projected epidemic curve suggests a gradual slowing in the rate of increase, the number of confirmed cases is still anticipated to rise in the coming weeks. There is currently no evidence of a sustained decline in transmission, indicating that the outbreak has not yet reached its peak. Furthermore, the wide upper bound of the 95% confidence interval highlights continued uncertainty in the epidemic trajectory and suggests that substantially higher case numbers remain possible if transmission is not effectively contained.

The evolving epidemiological context is generating urgent operational needs, including increased ambulance capacity to strengthen surveillance activities, facilitate rapid case investigations, and support timely emergency response efforts. Reduction of the transmission rate opportunities remains through 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.

Notably, the crisis is unfolding in a complex context marked by armed conflicts, other situations of violence and heightened 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. The community aggression is heavily driven by mistrust and misinformation which has undermined ongoing humanitarian and public health operations.

Spontaneous and orchestrated violence directed against Ebola treatment centres, Safe and Dignified Burial (SDB) and other volunteers have included; attack of the Ebola Treatment Centres in Bunia (16 June) and Bafwabango (30 June) alongside verbal threats against DRC Red Cross volunteers conducting community engagement activities.

As a background security context, since the beginning of 2026, a total of 19 serious security incidents involving volunteers in the East of DRC have been reported by DRC RC, including the incident of 16 June when two Red Cross volunteers were killed while carrying out duties on a non-Ebola project in Walungu Territory, South Kivu. These incidents underscore the growing security threats facing aid workers and highlights the dangerous consequences of misinformation and declining community acceptance across the region. Meanwhile, in Mongwalu, there is a temporary improvement in the security situation following the deployment of additional police forces. Notwithstanding, there are risks for the Red Cross (and others) associated with a further militarization of the Ebola response.

Countries neighbouring DRC 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 continue to strengthen infection prevention and control efforts, cross-border surveillance at border entry points for early detection. 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.

Summary of the response countries

95% **Emergency Appeal funding ask coverage (including soft pledges)**	**616,135** **People reached with heath information**	
399,574 **People screened**	**628** **SDB alerts recorded**	**468 (75%)** **SDB responses**
164 **Ambulance evacuations**	**86** **Handwashing stations**	**26** **Screening points supported**

Summary table of response covering DR Congo and Uganda Red Cross activities, data as of 6 July 2026

Summary of the readiness countries

5 readiness DREF **for Neighbouring countries**	**96,413** **People reached with heath information**	**143,281** **People screened**
800 **Total IEC materials distributed**	**135** **Total volunteers' trained on EPIC**[1]	**12** **Screening points supported**

As of 6 July 2026, reporting has been received primarily from South Sudan and Kenya. Updates from Burundi, Rwanda, and the Central African Republic are currently being consolidated and will be reflected in subsequent reporting periods.

[1] *EPiC stands for Epidemic Preparedness and Response in Communities*

Travelers undergo handwashing process, and mandatory temperature screening at Bwera's border point as communities strengthen Ebola prevention measures amid bustling cross-border trade in Uganda. (Photo credit: URCS)

Overview of ongoing response

DRC

In support of the response, the DRC Red Cross continues to play a central role in frontline community-based interventions, including SDB, Risk Communication and Community Engagement (RCCE), handwashing promotion, and psychosocial support services. Between 16 May and 5 July, 248 SDB alerts were recorded, with 232 successfully responded to (94%), 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. 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, SDB for alerts received, emergency medical evacuations of suspected cases and contacts, and RCCE 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

DRC Red Cross volunteers in the call centre where they receive death alerts by phone so they can dispatch them to the safe and dignified burial teams during the 17th Ebola Outbreak in the DRC (Photo credit: Alex Lock/IFRC)

South Sudan

South Sudan continues to strengthen its readiness for potential Bundibugyo Virus Disease importation, given its proximity to the outbreak in eastern DRC and high cross-border population movement with Uganda and DRC. The key pillars of the preparedness work include; community-based surveillance, RCCE, IPC, SDB, and WASH. the South Sudan Red Cross (SSRC) has prioritised 8 of the 15 government-identified high-risk locations for phased readiness implementation, including border counties and key points of entry.

No confirmed cases have been reported to date. A total of 135 of the targeted 240 volunteers (56%) have been trained on Psychological First Aid (PFA), RCCE, and CBS. Additionally, 87 volunteers have been trained on SDB, The remaining volunteer trainings are ongoing and are expected to be completed in the coming weeks to ensure adequate preparedness capacity across all targeted branches. A total of 800 awareness posters have been printed and distributed in targeted communities. Through community outreach activities, volunteers have reached 4,409 people with EVD prevention and awareness messages against a target of one million people. In addition, four radio talk shows have been conducted to increase public awareness, address misconceptions, and encourage early reporting of suspected cases.

Burundi

Burundi Red Cross (BRC) has actively participated in Ebola response coordination meetings organized by the Ministry of Public Health and WHO to ensure operational alignment and effective information sharing among partners. This includes; joint assessment missions at Points of Entry (PoEs) to identify operational needs, conducting briefing sessions for hot line operators on key Ebola concepts, developed awareness and communication materials on Protection, Gender and Inclusion (PGI) and Protection from Sexual Exploitation and Abuse (PSEA) and IEC messages on Ebola to strengthen community awareness of disease prevention and control measures. Some of the key challenges include high turnover of frontline personnel that requires continuous orientation and capacity building;

persistent rumours and misinformation that affect community trust and risk communication efforts and persistent cholera cases exacerbating the work of COUSP (Public Health Emergency Operations Centre).

Rwanda

The Rwanda Red Cross has continued to participate in the national BVD preparedness coordination meetings led by the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC), together with WHO, UNICEF, and other partners. There are scheduled trainings including training of Trainers (ToTs) on CBS, IPC, and RCCE, in line with the DREF operational strategy.

Although some operational activities began later than anticipated, the Rwanda Red Cross maintained strong preparedness, coordination, and planning efforts throughout the reporting period. These proactive measures ensured that the necessary foundations and readiness mechanisms were in place, enabling swift implementation once activities commenced. As a result, the operation is now progressing in line with the planned objectives and timeline.

Kenya

Kenya has reported no confirmed Ebola cases, with all 104 suspected cases testing negative to date. The Kenya Red Cross Society (KRCS) has strengthened preparedness through active participation in the national Incident Management System, regular coordination meetings, and ongoing assessments across 12 high-risk counties and border locations. Surveillance has been scaled up through active community-based systems, with 143,281 travellers' screened (63,981 male, 79,300 female) at key points of entry.

Central African Republic

Preparations for training 16 volunteers on SDB are underway scheduled for early July. The acquisition of training kits is ongoing. The CRCA takes part in all the coordination meetings with the government.

Cross-border and Inter-Agency Coordination

High population mobility across the region continues to increase the risk of disease transmission both within affected countries and across international borders. While the risk of international spread beyond Africa remains low, several countries have introduced travel-related measures for individuals arriving from affected areas.

To mitigate cross-border transmission risks, WHO and Africa CDC have called on countries to strengthen border health security through harmonized travel health measures, enhanced surveillance, and systematic screening at both formal and informal points of entry. In support of these efforts, Africa CDC issued Interim Guidelines for Enhanced Surveillance on 9 June. National Red Cross and Red Crescent Societies are actively engaged in the PoE Surveillance Sub-Pillar of the Continental Incident Management Support Team (IMST), co-led by Africa CDC and WHO and chaired by the International Organization for Migration (IOM). This sub-pillar facilitates coordination among partners involved in screening, surveillance, and the development of standard operating procedures (SOPs) for both outbreak preparedness and response activities.

During the IMST meeting on 15 June, the IFRC highlighted ongoing support at PoEs in Uganda while emphasizing significant operational gaps that remain. Despite current coverage, additional volunteer capacity is urgently needed to strengthen contact tracing, enhance alert detection, and ensure more comprehensive surveillance in high-risk border areas.

Government cross-border collaboration has also been reinforced through a Memorandum of Understanding (MoU) signed between the Governments of Uganda and the Democratic Republic of the Congo (DRC). The agreement enables Uganda to provide additional technical and operational support to the DRC, including the establishment of two Emergency Treatment Units and the deployment of additional human resources to strengthen cross-border

surveillance and PoE screening. Building on this development, IFRC is supporting the revision and finalization of a collaboration framework agreement between the Uganda Red Cross Society and the Red Cross Society of the DRC. The framework is intended to strengthen bilateral cooperation on epidemic and pandemic preparedness and response, including the current outbreak, through support to border communities, resource and expertise sharing, data and information exchange, and joint advocacy with public authorities.

As part of broader efforts to enhance regional preparedness and cross-border surveillance, IFRC and the URCS participated in the Africa CDC/WHO Cross-Border Collaboration Meeting held in Uganda from 26–28 June. The high-level meeting brought together government officials from Uganda and the DRC, alongside representatives from 11 high-risk countries, to strengthen preparedness and response capacities for Bundibugyo virus disease across participating Member States. A key outcome of the meeting was the revision and enhancement of national cross-border preparedness and response plans, with a greater focus on coordinated surveillance, information sharing, and joint response mechanisms across borders.

Needs analysis

Since the last Operation Update, the overall humanitarian and operational needs remain largely unchanged, with continued emphasis on community trust, early detection, community-based surveillance, IPC, SDB, volunteer duty of care, and cross-border preparedness.

With further strengthening and stabilization of coordination structure and field capacities, the operation has moved into a more sustained implementation phase, enabling broader geographic coverage and more consistent delivery of activities. This has supported the expansion of RCCE, strengthening trusted dialogue with communities, addressing rumours and misinformation, and promoting timely health-seeking behaviours and alert reporting.

At the time of reporting, there is not yet a clear indication that transmission is slowing, underscoring the need to maintain response efforts while simultaneously strengthening longer-term readiness capacities. Efforts to reinforce community-based surveillance, referral pathways and frontline response capacities have continued, while measures to protect volunteers and staff through training, supervision, psychosocial support and access to protective equipment remain a priority. Cross-border preparedness activities have also intensified in neighbouring at-risk countries, including volunteer training, preparedness planning, coordination with public health authorities, surveillance strengthening and pre-positioning of essential response capacities.

Given the likelihood that response needs may persist beyond the immediate containment phase, there is an increasing need to balance emergency response activities with investments in the sustainability and capacity of local Red Cross-National Societies. Sustained support is required not only to maintain current response operations, but also to strengthen local leadership, volunteer networks, preparedness systems and surge capacity, ensuring that National Societies remain well-positioned to manage evolving risks and respond rapidly to future outbreaks.

Operational risk assessment

In line with the Operational Strategy's risk register, the risks initially identified continue to be closely monitored. These include risks associated with cross-border population movement, unsafe burial practices, community mistrust and misinformation, logistical constraints, health system capacity gaps, resource limitations, and the absence of a specific treatment for the Bundibugyo strain of Ebola.

During the reporting period, several emerging risks were identified that warrant an update to the operational risk assessment as a continuous process. These include the risk of misalignment between response activities and evolving Ministry of Health (MoH) and community priorities. This underscores the need to strengthen and prioritize investments in the SDB pillar and in community resilience interventions. Additional risks are also related to limitations

in National Societies' sustainable capacity to deliver an effective, accountable, and timely response, and challenges associated with the efficiency of internal processes. Strategic investments in National Society institutional capacity, particularly at branch level, are critical to enhancing both current response effectiveness and longer-term preparedness and resilience.

The risk of infection among staff and volunteers continues to be mitigated through the provision of personal protective equipment and risk-based training, the pre-positioning and supply of standard SDB kits to burial teams to prevent unsafe improvisation, ongoing mental health and psychosocial support services for responders, and activation of Red Family Funds in the event of staff or volunteer fatalities.

Safeguarding risks are being addressed through comprehensive staff and volunteer training and awareness-raising, mandatory Code of Conduct sign-off, operational safeguarding reporting mechanisms at National Society level, and strengthened confidential and anonymous reporting channels. The risk of fraud and misappropriation of funds (rated as medium likelihood, high impact) is being managed through a strengthened internal control environment across high-risk sectors, targeted capacity-building on anti-fraud, Prevention of Sexual Exploitation and Abuse (PSEA), and child safeguarding policies, as well as regular spot checks and monitoring to verify compliance and programme quality.

Consistent with the risk appetite outlined in the Operational Strategy, the tolerance towards the operational risks associated with access limitations and the volatile security environment, combined with the rapid surge deployment, is assessed on an ongoing basis. The strategy continues to maintain a low tolerance for fiduciary, compliance, safeguarding, and reputational risks. National Societies and operational partners continue to actively monitor the risk register, adapting mitigation measures as the epidemiological, operational, and contextual environment evolves.

In eastern DRC, Red Cross volunteers going door to door to raise awareness within communities. Their lifesaving messages help people learn more about the country's Ebola outbreak, how to protect themselves from the disease, and what to do if symptoms appear. (Photo credit: Alex Lock/ IFRC)

B. OPERATIONAL STRATEGY

The operational strategy remains unchanged from the previous reporting period. The operation continues to combine response activities in the Democratic Republic of the Congo and Uganda with preparedness and readiness support in high-risk neighbouring countries. This integrated approach reflects the regional nature of the outbreak risk and the importance of maintaining both response and preparedness capacities across affected and at-risk areas.

During the reporting period, implementation has continued within the established framework, with National Societies supporting public authorities through coordinated response, preparedness and cross-border readiness activities. As operational structures and coordination mechanisms have become more established, implementation has increasingly focused on expanding coverage, consolidating activities, and strengthening local capacities to sustain operations over time.

While immediate response efforts remain a priority, the operation is also placing greater emphasis on reinforcing the resilience and operational capacity of National Societies, recognising that outbreak risks may persist and require sustained engagement. Preparedness and readiness actions supported through DREF allocations in Kenya, South Sudan, Rwanda, Burundi and the Central African Republic continue to complement the regional strategy by strengthening local capacities and promoting a coordinated regional approach.

As the outbreak and operational context continues to evolve, the regional Emergency Appeal is planned to be revised to reflect updated operational priorities, implementation requirements, and funding needs, while maintaining the overall strategic approach of supporting both outbreak response and regional preparedness.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

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: 249,756	Female < 18:216,140
		Male > 18: **226,033**	Male < 18: 193,568
Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
Key indicators:	***Indicator***	***Actual***	***Target[2]***
	Percentage of households aware of the causes and preventive measures for the main vector-borne disease(s) in the country.	*0%*	*80%*
	Number of confirmed BVD cases	*1,581*	*N/A*

[3] The targets & actuals are cumulative of both Uganda and DRC updates.

	Percentage of suspected cases identified through RCRC active case finding support	*0*	*80%*
	Number of screening points supported by National Society interventions	*26*	*TBC*
	Percentage of SDB alerts responded to through public health measures within 48 hours	*75%*	*100%*
	Number of health facilities supported with infection prevention and control interventions	*0*	*TBC*
	Number of people reached with epidemic-related health promotion	616,135	3,000,000
	Number of people screened at PoE	399,574	*515,000*
	Number of community leaders, religious leaders, traditional healers, and community-based organized groups (including women's groups, OPDs, youth groups, and influencers) engaged or partnered in RCCE-focused activities	*0*	*10,000*
	Number of communication channels and approaches utilized to deliver RCCE messages and engage target populations	*11*	*15*
	Percentage of people surveyed who say they trust the health information	*0%*[3]	*80%*
	Percentage of staff and volunteers supporting the response who receive psychosocial support	*0%*[4]	*100%*
	Number of affected people who receive psychosocial support through RCRC support	*444*	*2,300*

Risk communication and community engagement:

DRC RC

A total of 200 volunteers are active in Bunia and Rwampara Health Zones conducting door-to-door Ebola sensitization activities. Through these RCCE interventions 114,395 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.

[3] Survey of community trust index will be performed in review processes planned at a later stage.

[4] A value of 0% is shown for the reporting period because the indicator will be calculated after the first three months of the response, once staffing and volunteer numbers have stabilised.

Data captured in the indicator tables is from DRC and Uganda as the response countries.

Indicators were also revised since the last OU based of gaps identified by sectoral leads and alignment to the country plans.

Analysis for the third edition of the community feedback brief is ongoing, drawing on approximately **1,753 feedback entries** collected early July 2026. Findings highlight persistent mistrust and misinformation, including widespread denial of Ebola, perceptions that the response is financially motivated, fears of lethal injections in treatment centres, concerns about organ trafficking linked to safe and dignified burials, and rumours that chlorine and other response measures are deliberately spreading the disease. At the same time, community priorities remain highly practical and focused on daily needs, including access to soap, chlorine, handwashing facilities, clean water, food assistance, and free healthcare services. Communities are also requesting clearer information on the Bundibugyo strain and the absence of a specific vaccine, better differentiation between Ebola and other endemic illnesses, improved conditions in displacement sites, and greater transparency around patient care and isolation processes. To date a total of 5,753 have been collected in DRC. (See also RCCE).

In eastern DRC, Red Cross volunteers are going door to door to raise awareness within communities. (Photo Credit: Alex Lock/IFRC)

Based on community feedback, key recommendations include humanizing care within Ebola Treatment Centres by facilitating safe family contact, amplifying survivor testimonies to build trust, strengthening communication on the differences between Ebola strains and available vaccines, rapidly addressing community requests for WASH support, improving transparency around response financing, ensuring communities are informed before visible response activities take place, engaging trusted community influencers such as motorbike taxi operators and market vendors, and urgently addressing sanitation challenges in displacement sites to strengthen community confidence in prevention messaging. These actions are expected to improve trust, increase community ownership of the response, and strengthen outbreak control efforts in affected areas. The RCCE/CEA team on the ground is collaborating with communication teams to develop engaging videos series to answer to the most critical feedback and harmful information.

In addition to the activities planned under the IFRC Emergency Appeal, ICRC is strengthening RCCE efforts by limiting transmission from person-to-person in supported health facilities and communities. The support is achieved through sensitizations sessions, and donations of hygiene materials. Distribution will continue on need basis. Through a network of supported community relays, over 1,000 people have been sensitized in smalls groups and sessions, on Ebola with emphasis on proper handwashing techniques and the use of mosquitoes' insecticide treated nets, which the latter is especially related to reducing the incidence of malaria, which at the onset, has similar symptoms to Ebola.

URCS

URCS continues to deploy 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 313,430 people.

RCCE/CEA partners have been collecting and sharing preliminary social listening findings, providing important insights into community perceptions and information needs. During the reporting period, the NS has collected 3,140 community feedback reports which were then analysed. Findings indicate that misinformation and uncertainty remain major challenges, with common rumours including beliefs that Ebola is not real, kills immediately, is politically motivated, or is occurring elsewhere rather than in affected locations.

Misunderstanding regarding transmission, treatment, vaccines, and the role of health workers also persist. Communities continue to prioritize requests for accurate and timely information, stronger prevention measures, improved hygiene and infection prevention support, access to testing, vaccines and treatment, and clarification around cross-border risks, burial practices, stigma, and symptom recognition. These findings are informing risk communication strategies, rumour management efforts, and community engagement activities in priority response areas.

Surveillance:

DRC RC

DRC RC have been conducting screening at two entry points reaching a total of 144,996 to-date as an effort to strengthen early detection.

Uganda RC

URCS continues to strengthen surveillance efforts at multiple PoEs across the high-risk districts of Hoima, Kasese, Kisoro, Bundibugyo, Ntoroko, and Kikuube. A total of 24 screening points have been established across these six districts and are supported by 295 (164 male, 131 female) trained screeners deployed at official border crossings, transport hubs, and community entry points. To date, a total of 254,578 (123,984 male, 130,594 female) individuals have been screened, contributing to the early detection of suspected cases and supporting efforts to prevent cross-border transmission. Of those screened, 278 individuals were temporarily isolated after recording a body temperature of 37.5°C or above. Following re-screening and assessment, 50 individuals met the referral criteria and were subsequently referred to a health facility for further evaluation and management.

Safe and Dignified Burials:

DRC RC

During the reporting period, a total of 616 alerts were received from communities and 56% of these from health facilities, including Ebola Treatment Centres. A total of 459 alerts were successfully responded to. Operational delivery has, however, continued to face challenges, including logistical constraints (including vehicle available to transport mortal remains for SDB), 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 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 ERU Module to strengthen the National Society's capacity for the response.

According to its protection mandate, ICRC Forensic personnel have also engaged with local health authorities, civil protection and the DRC RC for the managing the storage of human remains, traceability of victims of Ebola whose bodies have gone unclaimed by their families and dignified burials

Uganda RC

URCS has mobilized 102 trained SDB volunteers across seven high-risk locations: Bundibugyo, Ntoroko, Kasese, Kisoro, Kambale, 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, 12 SDB alerts were received, where 9 were successfully responded to.

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 which would be reported in upcoming updates.

In places of detention in Ituri, South Kivu and North Kivu Provinces in the DRC, action points have been identified between the ICRC and prison authorities and implemented in order to mitigate risks of possible Ebola exposure. Other prevention measures are being taken to reduce the risk of further over-crowding, as this has the potential to lead to an explosion of cases from a single infection.

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 444 people received mental health and psychosocial support services, including 330 individuals from 32 households. Beside the household activities, the interventions comprised 22 group psychosocial support sessions, 13 individual psychosocial support sessions, 24 active listening sessions, 26 psychological first aid interventions, and 14 psychoeducation sessions, helping to address emotional distress and strengthen coping mechanisms among affected communities.

IFRC has deployed a MHPSS coordinator to support DRC RC with operational presence established in Ituri Province. Between 20 June and 3 July, the MHPSS Coordinator engaged with IFRC, DRC RC, and national and provincial MHPSS coordination mechanisms while developing a MHPSS operational strategy aligned with the Movement MHPSS Framework. In addition, the MHPSS 4Ws has been updated and briefings have been provided to the SDB teams.

The next key priorities on MHPSS include conducting a rapid MHPSS needs assessment, finalizing and validating the integrated IFRC MHPSS strategy at the movement level (IFRC-ICRC-NS), and operationalizing the strategy through the activation of community-based MHPSS interventions in priority health zones, beginning with Mongbwalu.

Further efforts will focus on strengthening referral pathways, volunteer capacity, and collaboration with PGI, while ensuring that interventions are delivered in line with the Movement MHPSS framework and international standards. The MHPSS coordinator continues to receive technical support from both the MHPSS hub and the IFRC ARO MHPSS coordinator to ensure quality, consistency and alignment of the MHPSS across the response/operation.

Uganda RC

URCS has an established MHPSS framework and longstanding experience in delivering basic and focused psychosocial support during public health emergencies and other humanitarian crises. Current preparedness measures include training frontline responders in Psychological First Aid (PFA) and safe referral processes, strengthening referral pathways for individuals requiring specialized care, and ensuring appropriate staff and volunteer support systems are in place. Leveraging its existing capacity, URCS is well positioned to integrate basic and focused MHPSS across all operational pillars, including risk communication and community engagement, surveillance, safe and dignified burials, and workforce support, ensuring that mental health and psychosocial considerations are embedded from the outset of the response.

Continuity of Essential Health Services:

DRC RC

Same as the previous reporting period, 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, the ICRC and other Movement partners, efforts were undertaken to sustain response activities and ensure operational continuity across affected areas. In North and South Kivu, similar efforts have included equipping already ICRC-supported health structures with personal protective equipment, hygiene items and thermo-flash units to measure body temperature.

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 164 Ebola-related evacuations were conducted in the reporting period using ambulances across Kampala, Kasese, Kisoro, Nebbi, Arua, and Kabarole districts.

Key Update of Tier 1 countries

South Sudan RC

South Sudan continues to strengthen its readiness for potential Bundibugyo Virus Disease 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.

To date, 135 of the targeted 240 volunteers (56%) have been trained on PFA, RCCE, and CBS. The trained volunteers (60 in Nimule, 40 in Maridi, and 35 in Yambio). Additionally, 87 volunteers have been trained on SDB, (27 in Nimule, 30 in Maridi, and 30 in Yambio). The remaining volunteer trainings are ongoing and are expected to be completed in the coming weeks to ensure adequate preparedness capacity across all targeted branches.

A total of 800 awareness posters have been printed and distributed in targeted communities. Through community outreach activities, volunteers have reached 4,409 people with EVD prevention and awareness messages against a target of one million people. In addition, four radio talk shows have been conducted to increase public awareness, address misconceptions, and encourage early reporting of suspected cases.

Notably, as reported previously, the SSRC 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

KRCS has strengthened preparedness through active participation in the national Incident Management System, regular coordination meetings, and ongoing assessments across high-risk counties and border locations including Busia, Bungoma, Trans Nzoia (Suam), West Pokot (Alale), Turkana (Lokiriama, Kalobeyei), Uasin Gishu, Nairobi, Kisumu, Migori, Mombasa, and Kajiado Refugee Operations (KRO). In addition to DRC and Uganda (accumulative data shown on indicator table), RCCE activities have reached 92,004 people (39,747 male, 52,257 female), including sensitization of 66 local leaders (46 male, 20 female) across counties such as Busia, Bungoma, and Trans Nzoia,

supported by IEC materials, rumour tracking, and community feedback mechanisms. Preparedness actions include establishment of temporary isolation facilities at Kakuma Transit Centre (KTC) and KRO, currently hosting 20 individuals (5 male, 15 female) under monitoring, provision of MHPSS to 291 people (132 male, 159 female), and training of 60 personnel (43 male, 17 female) in Busia County. WASH and IPC supplies have been prepositioned in Busia, Alupe ETU, Kitale, West Pokot, and Kalobeyei, while safe and dignified burial teams have been activated in Migori, Kisumu, Busia, Bungoma, Nairobi, Uasin Gishu, and Mombasa, with simulations conducted in Nairobi and Uasin Gishu.

Surveillance has been scaled up through active community-based systems, with 143,281[5] travellers screened (63,981 male, 79,300 female) at key points of entry. In addition, KRCS continues to strengthen MHPSS preparedness as part of its readiness measures for potential cross-border Ebola transmission. Building on its well-established MHPSS strategy and extensive operational experience, KRCS is undertaking preparedness activities that include training first-line responders in PFA, reinforcing safe referral mechanisms, and ensuring comprehensive support systems for staff and volunteers engaged in preparedness and response activities. Existing structures, partnerships, and technical expertise enable KRCS to effectively integrate MHPSS throughout the response architecture, including community engagement, health, surveillance, and volunteer management functions. This approach ensures that MHPSS is incorporated as a core component of preparedness and response planning rather than as a standalone or secondary intervention.

Despite these efforts, gaps remain, including weak cross-border coordination particularly along Busia (Malaba), Bungoma (Lwakhaha), West Pokot (Alale), Trans Nzoia (Suam), and Turkana (Lokiriama and Nadapal) borders, limited screening at informal entry points such as Sophia in Busia, low community risk perception, resistance to screening, insufficient PPE and IPC supplies, limited isolation and ICU capacity at KTC and KRO, and logistical constraints including ambulance availability.

As way forward, priority actions include strengthening cross-border coordination with Uganda in key areas Busia, Bungoma, West Pokot, Trans Nzoia, and Turkana; expanding surveillance and screening to cover informal entry points; enhancing targeted community engagement and media outreach to improve risk perception; increasing isolation and case management capacity at KTC, KRO, and county facilities; scaling up the prepositioning of PPE, IPC, and WASH supplies across high-risk counties; and strengthening logistics through improved ambulance services and standby transport to support rapid response and safe and dignified burial teams.

	**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***
	Percentage of people (and households) who can identify, without prompting, key times for handwashing (including	*0%*	*80%*

[5] The community surveillance total currently reflects reported data from Uganda and the DRC only. Figures from neighbouring countries, including Kenya, are expected to be incorporated into the consolidated total as reporting becomes available.

	after defecating or cleaning after toilet use, before eating or preparing food, and after blowing their nose, coughing, or sneezing)		
	Number of households covered reached with hygiene promotion activities	*0*	*680,000*
	Percentage of handwashing stations established and functional at points of entry/public spaces	*0%*[6]	*100%*
	Percentage of SDB bases that have access to water	*0*	*100%*
	Number of households disinfected according to protocols	*0*	*3,000*

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 86 handwashing stations installed at points of entry in DRC and Uganda i.e. 15 in DRC and 71 in Uganda. 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. The functionality will be assessed at the assessment/evaluation stage.

[6] Percentage achievement will be consolidated once ongoing assessment is finalized and the overall target is confirmed.

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*	*80%*
	Number of people (and households) who received cash assistance according to the selection criteria	*0*	*TBC*
	Number of cash assessments carried out	*0*	*2*

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 within the appeal that, by the end of the reporting period, have integrated PGI actions into sector plans, implementation and monitoring to address the needs and rights of vulnerable groups.	*0*	*70%*
	Number of rapid PGI assessments or analyses conducted including PSEA and safeguarding	*2*	*2*

	Number of staff and volunteers trained on PGI, safeguarding, PSEA, child protection, and SGBV, and reporting mechanisms	*392*	*450*
	Percentage of staff and volunteers signing and adhering to the Code of Conduct	*50%*	*100%*
	Number of safeguarding focal points trained and deployed	*10*	*30*
	Number of confidential reporting mechanisms established and functional	*1*	*2*
	Number of operational sites displaying safeguarding and reporting and information	*0*	*TBC*
	Number of functional referral pathways established or strengthened	*0*	*2*
	Number of referred protection cases receiving appropriate services	*59*	*N*

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. .
- Contributed to the integration and refinement of PGI key messages.
- Conducted 6 PGI and Safeguarding briefings to staff/surge supporting the BVD response.
- 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.
- Reviewed the PSEA and PGI risk assessment tools. The tools are currently being used in DRC and Uganda for the risk assessment. Uganda is in collaboration with WHO Uganda and Uganda National Union of disabled persons in the assessment exercise.
- Continuous coordinated PGI and safeguarding efforts with key partners, including WHO and Africa CDC

DRC RC

The DRC safeguarding plan was developed based on gaps identified and integrated in the emergency appeal. PGI capacity has been strengthened, with a dedicated PGI officer in Bunia and progress made in recent days. 335 staff and volunteers (133 women and 202 men) were briefed on SEA and signed the code of conduct. PSEA mechanism is being strengthened with the identification of 10 PSEA supervisor volunteers in two health zones. A guidance notes on reporting and managing safeguarding allegations has been developed as well as PGI-SBC check list. Key messages on SEA have been broadcast through six radio programs as part of the BVB 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.

A total of 10 volunteer focal points across Bunia, Mongbawlu have been trained on PSEA and deployed to promote household sessions (door to door) on PSEA including utilization of the DRC RC hotline number for reporting sexual exploitation and abuse. During outreach activities, seven GBV cases including one case of rape within 72 hours were identified and safely referred to appropriate service providers for comprehensive care (medical and psychosocial)

Uganda RC

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 partnerships on the PSEA and PGI risk assessment with WHO Uganda and the Uganda National Union of disabled persons. The assessments have been ongoing in the 8 targeted districts (Kasese, Kaborore, Fort Portal, Bundibugyo, Toroko, Kikuube, Hoima and Hoima City).

The planned PGI trainings in the targeted areas will be in collaboration with UNICEF under the child protection components. A total of five consultative meetings have been conducted with PWDs in Hoima, Kasese, Bundibugyo, Ntoroko, and Fort Portal to understand their risks, Capacities and Immediate needs aligned to the BVD response.

Community Engagement and Accountability

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*	
Key indicators:	***Actual***	***Target***
Number of employees, volunteers, and leaders trained in community engagement and accountability	*295*	*350*
Percentage of respondents who feel that the National Society's support and services meet their most important needs and provide useful support	*0%*	*80%*
Number of employees, volunteers, and leaders trained in community engagement and accountability	*0*	*100*
Number of opportunities provided for community engagement in activities (e.g., committee meetings, FGDs, public meetings	*3,985*	*5,400*
Number of volunteers and staff training/brief of community feedback mechanism	*0*	*100*
Number of program decisions influenced by community feedback collected through participatory mechanisms (e.g., committees, FGDs, public consultations).	*3*	*15*
Number of community feedback collected and addressed, with corresponding feedback reports or briefs produced	*8,033*	*50,000*
The number of NS who use the evidence tracking framework	*1*	*2*

Regional updates

From a regional perspective, efforts continue to strengthen RCCE/CEA coordination, evidence use, and partner alignment across the Ebola response. Plans are underway to convene joint analysis sessions at regional and country levels to consolidate findings and recommendations from recent research initiatives (GTS, IFRC, UNICEF, REACH, and UKHSA) and lessons learned from previous outbreaks into a concise operational guidance document.

Additional progress includes the publication of another community feedback brief, the development of an evidence-tracking framework for DRC and technical contributions to Africa CDC's Ebola preparedness simulation exercise (SIMEX) in Mombasa. Technical support was also provided to Africa CDC and countries partners to plan the

continental webinar on community engagement and health promotion in Ebola preparedness and response, drawing lessons from Uganda, South Sudan, DRC, and CAR.

For results and recommendations for RCCE/CEA feedback mechanism, please refer to RCCE session.

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***
	The National Society has established functional feedback mechanism for the entire organization(.(response countries in the Ou i.e. DRC and Uganda))	*YES*	*YES*
	The National Society is part of government-led emergency coordination platforms.(response countries in the OU i.e. DRC and Uganda)))	*YES*	*YES*
	Number of volunteers mobilized covered by insurance covering illness, accident, and death	*558*	*TBC*[7]
	Number of assessments carried out (initial needs assessment, anthropological study, real-time assessment, final assessment, etc.)	*0*	*4*

DRC RC

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 armed conflicts, other situation of violence and general insecurity, with temporary suspension or adaptation of activities where risks to volunteers were identified. Additional sensitization sessions associated with the Safer Access Framework are planned with DRC management, staff and volunteers. In addition, ICRC continues the dialogue with arms carriers (DRC Armed Forces, MONUSCO (UN troops), Ugandan Armed Forces operating in the DRC and different non-state armed groups active in Eastern Congo as a mitigation measure to volunteer safety concern.
- Psychosocial support was provided to frontline responders.
- A total of 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

[7] Target number of volunteers are increasing and will be updated along with revision of implementation plan

Continuous upgrading of branch-level infrastructure and logistics systems is being pursued through the rehabilitation of facilities, decentralized warehousing and optimization of supply chain processes. These efforts aim to ensure effective operational implementation and sustained service continuity.

Rehabilitation/construction of operation centers (centers for the decontamination of materials) are ongoing in Goma, Beni, Butembo, Bukavu and Uvira.

Strengthen National Society preparedness, readiness, and response capacity

Enhanced connectivity and ICT capacity-branch connectivity have been significantly improved through the provision of reliable internet solutions and essential equipment including the installation of Starlink kits. This has enabled real-time coordination, reporting, and informed decision-making.

Capacity building for emergency response: Ongoing development of operational and leadership capacities has been achieved through targeted thematic training programmes (technical, coordination and leadership). These initiatives ensure that ensure that staff and teams operate efficiently and make effective decisions during emergencies.

Strengthened volunteer management and duty of care: volunteer management systems have been reinforced with a strong focus on duty of care. All DRC volunteers are insured through the IFRC Accident Insurance mechanism. Injured volunteers affected by mob violence have received comprehensive care, from evacuation to quick recovery. Support to affected volunteer families; efforts are ongoing to support, through the Red Family Fund, the family of three volunteers who lost their lives during the Ebola response.

DRC RC branches still have gaps that need support such as need for an integrated digital system, operationalize emergency coordination and early warning mechanisms through reinforcement of EOCs, integration of real-time information management systems and better coordination with other agencies including government.

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*

**6 joint planning missions were carried out with ICRC, especially to facilitate deployment of IFRC staff from Bunia to additional areas.*

Special Operational Modality for Cross-Border Collaboration

In addition to the work facilitated by the regional EA, the 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 National Societies 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 representatives, and other network members.

To date, four 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.

In DRC, the strategic, operational, and technical coordination platforms are active, and information is shared and coordinated through the mechanisms. Operationally, the Spanish and Canadian Red Cross are implementing specific components of the Operations Strategy alongside the DRC Red Cross.

Movement Cooperation

The IFRC is working closely with all Movement Components; liaising closely and in coordination with national society, the 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 to work collaboratively to outline respective roles and responsibilities for engagement in responding in a volatile context, which includes armed conflicts and other situations of violence committed by weapon bearers, sometimes directly targeting civilians; 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.

Seeking synergy and economy of means within the Movement, and in respect of the responsibilities attributed to the co-facilitator of the crisis response, the ICRC has mobilized different capacities, including security management, logistics, other operational and coordination support, including protection, forensics, ICT and Water/Habitat engineering, with a view towards enhancing the effective operation of the IFRC in support the DRC RC. The ICRC has contributed to the alignment of the protocol of the management of the dead in conflict times and the Ebola SDB and provided training to the SDB teams during the kick-off of the response. The ICRC also undertook to ensure support to the DRC teams (financial, material and technical advice) to fill gaps that existed in advance of the deployment of the IFRC surge. ICRC donated three vehicles to the DRC RC (their customs clearance/licensing remains pending at writing).

The deployment and the field missions of IFRC personnel in two provinces of Eastern Congo (Ituri and Nord Kivu) was enabled by ICRC under a Comprehensive Security Management Support Agreement. This extends beyond the definition of security rules and other preventive measures, entailing close cooperation daily. It is inexorably linked to the expansion in the number of targeted Health Zones, as well as the opening of additional IFRC bases for its operational support to the Red Cross of the DRC.

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 and 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 30 June, status of surge request for DRC, South Sudan, Uganda and regional support is as follows:

DRC Surge

RR Profile	Based	Rotation	NS/IFRC	Status
Operations Manager	Kinshasa	1st	Swiss RC	Deployed
Field Coordinator	Ituri	1st	IFRC	Deployed
PMER Coordinator	Kinshasa	2nd	IFRC	Deployed
Project Management Officer	Kinshasa	1st	IFRC	Deployed
Communications Coordinator	Kinshasa	1st	French RC	Deployed
Finance Coordinator	Kinshasa	1st	IFRC	Deployed
Finance and Admin Officer	Ituri	1st	IFRC	Deployed
SDB Coordinator	Ituri	1st	Guinea RC	Deployed
CEA Coordinator	Ituri	1st	IFRC	Deployed
CEA Officer	Ituri	1st	Benin RC	Deployed
PHiE Officer	Ituri	1st	German RC	Deployed
HR in Emergencies Coordinator	Kinshasa	1st	IFRC	Deployed
PHiE Coordinator	Kinshasa	2nd	Norwegian RC	Deployed
MHPSS Coordinator	Kinshasa	1st	Benin RC	Deployed
Interagency SDB Coordinator	Ituri	1st	German RC	Confirmed

Risk Management Officer	Kinshasa	1st	IFRC	Deployed
Supply Chain Coordinator	Ituri	2nd	Spanish RC	Confirmed
Field Coordinator	North Kivu	1st	Finnish RC	Deployed
PHiE Officer	North Kivu	1st	Guinea RC	Confirmed
Staff Health Officer	Bunia	1st	TBD	Open alert
PGI Coordinator	Kinshasa	1st	IFRC	Confirmed
South Sudan Surge				
RR Profile	**Based**	**Rotation**	**NS/IFRC**	**Status**
PMER Coordinator	Juba	1st	TBD	Open alert
PHiE Coordinator	Juba	1st	TBD	Open alert
Uganda Surge				
RR Profile	**Based**	**Rotation**	**NS/IFRC**	**Status**
Supply Chain Coordinator	Kampala	1st	TBD	Open alert
Regional Surge				
RR Profile	**Based**	**Rotation**	**NS/IFRC**	**Status**
Regional Supply Chain Coordinator	Nairobi	1st	British RC	Deployed
Regional Operations Coordinator	Nairobi	1st	Canadian RC	Deployed
Regional SPRM Coordinator	Remote	1st	IFRC	Deployed
Regional PHiE Coordinator	Nairobi	1st	Canadian RC	Deployed
Regional PMER Coordinator	Nairobi	1st	Kenya RC	Deployed
Regional HR in Emergencies Coordinator	Nairobi	1st	IFRC	Deployed
Regional SIMS Coordinator	Remote	1st	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 and control, and Safe & dignified burial) has arrived in Bunia, DRC.

A basecamp emergency response unit, 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 partial-reopening of the airport to humanitarian flights and border points. Earlier supply chain disruptions are gradually easing, enabling more consistent delivery of humanitarian assistance. Entebbe corridor functioning as the main entry point into eastern DRC, - to deliver items from Nairobi, Shanghai and Vienna. Efforts are ongoing to strengthen pipeline management, scale up supply flows, and ensure sustained support to operations in Bunia and surrounding areas.

<u>Key highlights:</u>

- Supply-Chain routes : Nairobi-Entebbe-Bunia ; Shanghai-Entebbe-Bunia ; Vienna-Entebbe-Bunia
- Access conditions have improved, facilitating more reliable transport of relief items.
- Initial deliveries of essential supplies (23 SDB kits and 300 body bags) have been completed, with further shipments in progress
- Additional relief items and equipment are in the pipeline to support ongoing and anticipated needs – DRC pipeline 147 SDB kits and 10,500 body bags; Uganda 15 SDB kits and 500 body bags
- Fleet capacity is being reinforced to enhance operational reach- 17 vehicles procured in country (through ICRC); 2 vehicles arrived in DRC; 18 vehicles will arrive 8 July to Entebbe and further to DRC

- Temporary warehousing solutions are in place in Bunia, pending identification of longer-term arrangements.

Loading of the 2 vehicles from Dubai enroute to DR Congo (Photo credit: IFRC)

<u>Key priorities remain the same as of last update:</u>

- 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.
- Possibility of establishing Logistics Hub in Uganda

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.

Evidence and analysis products:

- 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.
- Weekly Humanitarian Analysis Bulletins, and Monthly Situation Analysis Products are ongoing across the regional response.
- Dashboards have been developed for DRC and the regional operation, providing daily epidemic analysis. Activity tracking dashboards, and Uganda and South Sudan Dashboards, are in development.
- The Surge Information Management Support – SIMS – has been activated for the operation, providing a global team of expert volunteers to develop information products.

Humanitarian Diplomacy

- Developed HD KM advocacy messages 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.

Aside from the above, the ICRC continues to pass target key messages intended to facilitate the Ebola response and the security and safety of Red Cross Movement personnel, within its protection dialogue with arms carriers in the Eastern provinces of the DRC. Audiences include the Armed Forces of the DRC, UN troops deployed under MONUSCO, Ugandan Armed Forces operating in the DRC and different non-state armed groups active in Eastern Congo.

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 as per the last update.

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.

To date, more than 50 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.

Cumulatively, five press releases and two articles have been published on the ifrc.org website, while IFRC representatives participated in four 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, Volunteers Are Risking Their Lives to Stop Ebola. They Aren't Always Welcome (27 June).*
- ***Bloomberg**, Fighting Ebola Means Going Door to Door to Explain It's Real (20 June)*
- ***BBC**, 'I buried my parents one day after the other' - Ebola mourners learn how to grieve safely (18 June).*
- ***UN Geneva Press Briefing**, Building Trust at the Heart of the Ebola Response (16 June).*
- ***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).*
- ***Xinhua**, "Chinese medical experts, IFRC discuss Ebola response in DR Congo" (9 June), republished 24 times in Chinese-language media.*
- ***The New York Times**, video piece on Instagram (6 June); a follow-up story is in the works.*
- ***Norway**, official statement: NOK 15 million to the Ebola response through IFRC (5 June).*
- ***Associated Press wire**, "Congo reports attack on Ebola burial team as cases rise" (4 June; republished 71 times, link is the Yahoo edition).*

- ***The Wall Street Journal**, Nicholas Bariyo, written contribution from Kamatu (3 June; paywalled).*
- ***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).*
- ***Times Radio (UK)**, Kamatu interview (1 June; broadcast, no public link).*

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.
- Finalization of the MEAL framework, including the validation of indicator targets in consultation with country teams, and thematic leads was completed. 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
- The next priority actions include planning and conducting a real-time evaluation targeting DRC and Uganda as well as harmonization of DREF readiness countries indicators.

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.
- Comprehensive Security Management Support Agreement (Level 3) between IFRC and ICRC has been renewed and applicable in east DRC where the epidemic is coming on top of the armed conflicts. IFRC staff in Bunia are thus following security rules developed/issued by ICRC. Field missions are coordinated with and on some occasions accompanied by ICRC teams. This close working relationship and daily contact is critical to the expanded support to RC DRC teams beyond the three Health Zones (epicentre of the Ebola outbreak) in which activities have thus far been concentrated.
- Monitoring of the evolving situation in west Uganda.

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 9 July 2026,** the regional EA has mobilized circa CHF 29.4 million, all of which currently represents 56.7% hard pledges (including in-kind) , 50.5% as soft pledges for the secretariat funding ask.

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**	**29,481,918***	**0**	107.2%

**CHF 2,000,000 from this amount is planned to be reimbursed the DREF Loan for DRC.*

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.