



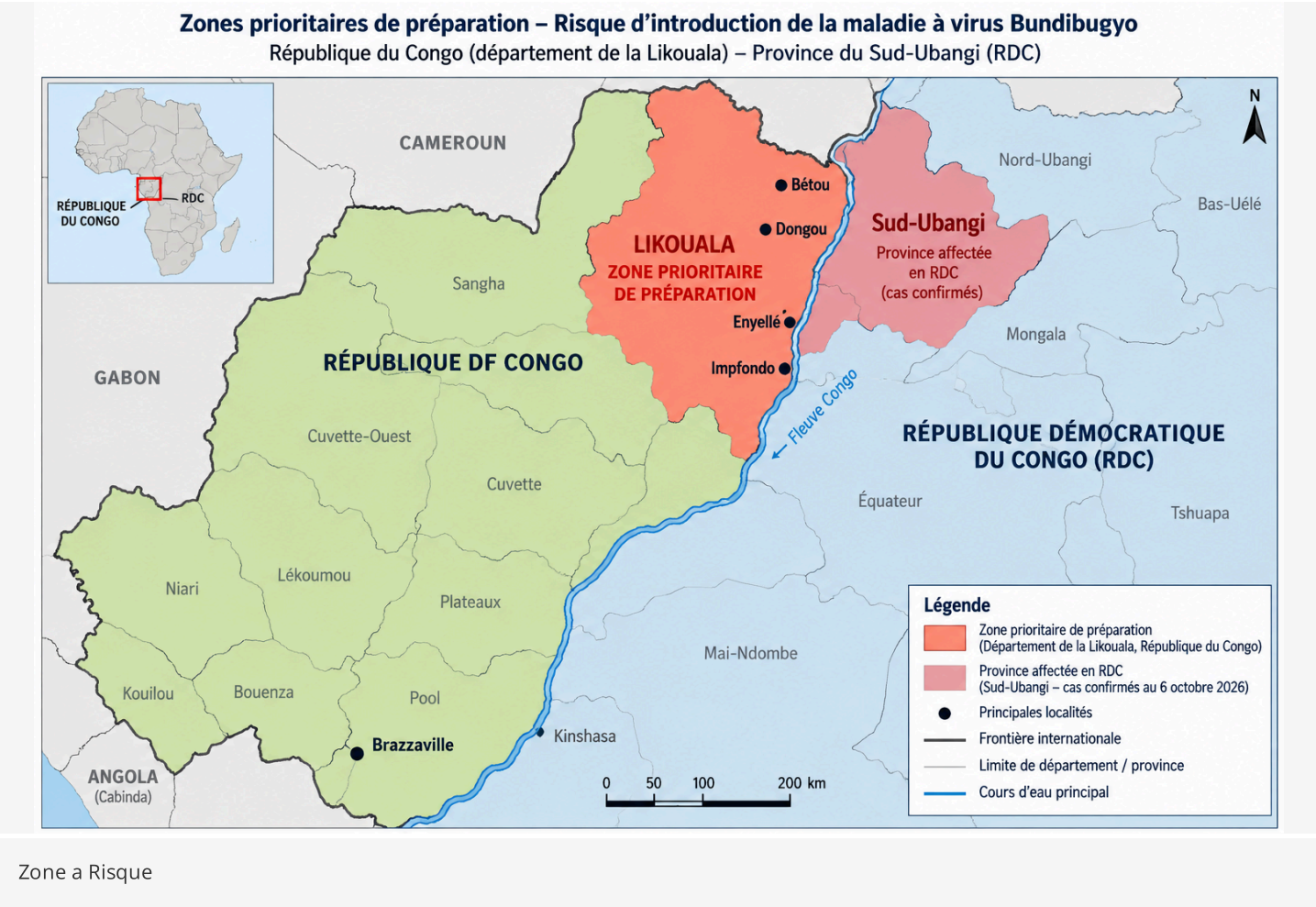
Raising awareness among women about the risks associated with BVD.

Appeal: MDRCG031	Hazard: Epidemic	Country: Congo	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 148,779	
Glide Number: -	People Affected: 8,000 people	People Targeted: 8,000 people	
Operation Start Date: 19-10-2026	Operation Timeframe: 2 months	Operation End Date: 31-12-2026	DREF Published: 27-10-2026
Targeted Regions: Likouala			

Description of the Event

Date when the trigger was met

09-10-2026



What happened, where and when?

On 15 May 2026, the Democratic Republic of the Congo (DRC) officially declared an outbreak of Ebola virus disease caused by the Bundibugyo virus, initially detected in Ituri Province. The spread of the outbreak to other provinces, particularly South Ubangi, has heightened concerns about the risk of the disease being introduced into neighbouring countries. On 10 September 2026, the first confirmed case was reported in Bulu Health Zone, South Ubangi. As of 6 October 2026, two confirmed cases, including one death, had been recorded in the province. This evolving epidemiological situation poses a risk to the Republic of the Congo, given its geographical proximity to affected areas in the DRC and the intensity of cross-border population movements.

Likouala Department requires particular attention due to regular exchanges between communities in the two countries, commercial activities, and population movements, particularly along river routes. The localities of Bétou, Dongou and Impfondo, as well as the main entry and transit points, are priority areas to be assessed with the health authorities to determine preparedness needs.

In response to this risk, on 9 October 2026, the Ministry of Health and Population held a meeting to announce the publication of the National Preparedness Plan for Bundibugyo Virus Disease. This milestone strengthened the national preparedness framework and mobilized institutional, technical and humanitarian stakeholders around the priorities established to anticipate the possible introduction of the disease into the country. It also highlights the need to ensure that partners’ interventions are aligned with national guidance and to strengthen the operational capacities of stakeholders expected to contribute to preparedness efforts.

In this context, the Congo Red Cross (CRC), in coordination with the Ministry of Health and Population and other relevant partners, needs



to strengthen its preparedness capacities to contribute effectively to national efforts. Its network of staff and volunteers is a key asset for risk communication and community engagement, community-based surveillance, the early identification and reporting of alerts, and the promotion of infection prevention and control (IPC) measures, including Safe and Dignified Burials (SDB).

Preparedness must also include strengthening teams' capacities in Safe and Dignified Burials, in accordance with national protocols, respect for the dignity of deceased persons and their families, and applicable safety requirements. Training teams, clarifying roles and responsibilities, and coordinating with health authorities are essential to ensure appropriate mobilization when needed.

The proposed DREF operation therefore aims to strengthen CRC's preparedness capacities, particularly in Likouala Department, to support national efforts before any potential introduction of the disease. Activities will be implemented in a complementary manner with those of the health authorities and other partners, in line with the priorities of the National Preparedness Plan and the needs identified. In the event of a suspected introduction of the disease, alerts will be referred to the relevant health focal points through established national mechanisms. Alert verification and case confirmation will remain the responsibility of the health authorities. Any operational mobilization of CRC, including for Safe and Dignified Burial activities, will be coordinated with the relevant authorities and conducted in accordance with applicable national protocols.



WHO Field Health Team

Scope and Scale

The Republic of the Congo is at risk of the introduction of Bundibugyo Virus Disease (BVD) due to its proximity to the Democratic Republic of the Congo (DRC), where the outbreak continues to evolve. The identification of cases in South Ubangi Province, particularly in Bulu Health Zone, is a concern for the Republic of the Congo, given the geographical proximity of the two countries and population movements in this part of the region. As of 6 October 2026, South Ubangi had recorded two confirmed cases, including one death, according to available data from the World Health Organization (WHO).

Should the disease be introduced into the Republic of the Congo, the consequences could be significant for public health, livelihoods and community well-being. An outbreak could result in illness and deaths, place additional pressure on health facilities, and disrupt access to essential health services. Fear, rumours and misinformation could also affect relationships within communities, economic activities and population movements.

The populations most at risk include communities living in border areas of Likouala Department, particularly those maintaining regular exchanges with localities in the DRC. Traders, transport operators, travellers, health workers, Red Cross volunteers and people working at border crossing points may face increased exposure due to their frequent interactions with people on the move. Particular attention should be given to localities and crossing points identified as priorities by the health authorities, taking into account cross-border movements and changes in the epidemiological situation.

Certain groups could experience disproportionate consequences in the event of an outbreak, including children, older people, persons with disabilities, pregnant and breastfeeding women, and people living with chronic illnesses. Refugees, displaced persons and host communities may also face additional barriers to accessing reliable information, health services and preventive measures, particularly in remote localities or areas with limited resources.

Previous Ebola outbreaks in the region have demonstrated the importance of early preparedness, effective surveillance, community engagement and strong coordination between health authorities and humanitarian actors. They have also highlighted the challenges posed by rumors, community mistrust and delays in case detection. These lessons underscore the need to strengthen the preparedness capacities of the Congo Red Cross in border areas to facilitate the early identification and reporting of alerts, ensure communication approaches are adapted to local contexts, and support a coordinated response should the situation evolve.

Source Name	Source Link
1. Organisation mondiale de la Santé (OMS), Ebola disease caused by Bundibugyo virus – Democratic Republic of the Congo, 8 octobre 2026.	https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON619
2. UNICEF	https://www.unicef.org/documents/republic-congo-humanitarian-flash-update-ebola-preparedness-and-cholera-outbreak-3

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	-
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	



Lessons learned:

Experience gained from previous epidemic response operations in the region has highlighted the importance of acting promptly, providing communities with accurate information, and maintaining close coordination between health authorities, the Congo Red Cross, and other stakeholders involved.

In this operation, these lessons will be incorporated by strengthening the capacities of volunteers in border areas, particularly in community awareness-raising, alert reporting, and the early identification of rumours and community concerns. Particular attention will be given to communities living near the border with South Ubangi Province, where cross-border movements may increase the risk of disease transmission.

Regional experience also shows that prevention messages are better understood and accepted when they are adapted to local contexts and delivered by trusted individuals. The Congo Red Cross will therefore adopt a community-based approach, working through its volunteers, community leaders, and local authorities, while ensuring that the information disseminated is consistent with the recommendations of health authorities.

Regional experience further highlights that the availability of appropriate personal protective equipment (PPE) must be accompanied by training on its correct use, limitations, and infection prevention and control measures. Equipment must be selected according to assigned tasks and the level of exposure risk. It is also essential to clearly define the limits of volunteers' roles, particularly regarding clinical activities and Safe and Dignified Burials (SDB), which require specific skills and appropriate protective measures.

Regional experience highlights the importance of close coordination between National Societies, Ministries of Health, the IFRC, and other relevant partners. Clearly defined roles, timely information sharing, and harmonised approaches help ensure complementary interventions and compliance with national protocols.

To address challenges associated with delays in mobilisation and limited resources when an alert occurs, the operation will prioritise advance preparedness, including clarifying roles, strengthening coordination mechanisms, training teams, and identifying priority equipment needs. These measures will help the Congo Red Cross strengthen its preparedness and respond rapidly should the epidemiological situation evolve.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

Current National Society Actions

Start date of National Society actions

10-10-2026

Community Engagement And Accountability	Given population movements and cross-border exchanges between the Republic of the Congo and the Democratic Republic of the Congo (DRC), the Congo Red Cross, in coordination with the health authorities, conducts awareness-raising activities at priority crossing points in Likouala Department.
Coordination	The Congo Red Cross works in close collaboration with the Ministry of Health and local health authorities to ensure that its activities are aligned with national preparedness and epidemiological surveillance priorities. - Participation in coordination meetings: Participate in coordination meetings organised by the Ministry of Health, departmental health directorates and other relevant stakeholders to share available information on the evolution of the outbreak in the DRC, identify the risk of introduction into Likouala Department, and coordinate preparedness measures.



- Contribution to the development of the national preparedness plan: Provide the Congo Red Cross's community-based and operational expertise to support the development or updating of the National Preparedness Plan for Bundibugyo Virus Disease, particularly in the areas of risk communication, community engagement, community-based surveillance, and Safe and Dignified Burials (SDB).
- Participation in technical workshops and consultations: Participate in workshops and technical consultations organized by the health authorities to support the review and validation of the national preparedness plan.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) is present in the Republic of the Congo through the Kinshasa Cluster Delegation, which also covers the Democratic Republic of the Congo (DRC), Rwanda and Burundi. It provides technical, operational and strategic support to the Congo Red Cross. As part of this preparedness operation, the Delegation supports the Congo Red Cross in developing the DREF request and defining preparedness priorities. It provides technical guidance, ensures operational follow-up and facilitates coordination with relevant Movement partners, while ensuring that the operation is aligned with DREF procedures and IFRC technical guidance. Support from the IFRC Secretariat covers planning, monitoring, evaluation and reporting (PMER), financial and budget monitoring, as well as administrative and logistical support and other relevant services, depending on operational needs. Additional technical expertise or surge support may also be mobilised if required, subject to identified needs and available resources.
Participating National Societies	No Participating National Society (PNS) is present in the Republic of the Congo. The preparedness operation is implemented by the Congo Red Cross, with technical and operational support from the IFRC Kinshasa Cluster Delegation. No direct operational contribution from a PNS has been identified for this operation.

ICRC Actions Related To The Current Event

The ICRC does not have an office in the Republic of the Congo. It coordinates its activities in the country through its delegation in Kinshasa, Democratic Republic of the Congo.

To date, no specific ICRC activities related to the Bundibugyo Virus Disease outbreak or preparedness activities in the Republic of the Congo have been identified.



Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The health authorities of the Republic of the Congo are key stakeholders in preparing for the risk of the introduction of Bundibugyo Virus Disease (BVD). The Congo Red Cross works in coordination with the Ministry of Health to contribute to national preparedness efforts, particularly through the coordination of community-based activities, awareness-raising on preventive measures, and strengthened vigilance in border areas of Likouala Department. The national authorities, through the Ministry of Health, have developed the National Preparedness Plan for Bundibugyo Virus Disease in collaboration with relevant partners. The plan has been validated and published and serves as the reference framework for preparedness activities in the country. The Congo Red Cross contributes to these national efforts and coordinates its activities with the Ministry of Health to ensure alignment with the priorities set out in the plan.
UN or other actors	The World Health Organization (WHO), in collaboration with the Government of the Republic of the Congo and relevant partners, contributes to preparedness efforts in response to the risk of Bundibugyo Virus Disease (BVD) being introduced from the Democratic Republic of the Congo (DRC). WHO has issued recommendations to strengthen national coordination, epidemiological and community-based surveillance, early detection, health facility preparedness, and preventive measures at points of entry. According to UNICEF's situation report dated 3 September 2026, preparedness measures are already underway in the Republic of the Congo, with support from UNICEF, WHO and other partners. These measures include strengthening surveillance and rapid response capacities, training and orienting health personnel, pre-positioning essential supplies, and disseminating prevention messages nationwide. UNICEF also supports enhanced preparedness at priority points of entry, notably through a partnership with the NGO EAA Congo for airports and priority river entry points. These initiatives provide a framework for complementarity with the Congo Red Cross preparedness operation. Close coordination with the Ministry of Health, WHO, UNICEF and other partners will help clarify which activities are already being implemented in Likouala Department, identify unmet needs, and minimize the risk of duplication. The Congo Red Cross will focus its support on areas where it can add value, particularly community mobilization, risk communication, and strengthening volunteers' capacity to detect and report alerts to the health authorities.

Are there major coordination mechanism in place?

Coordination of preparedness for Bundibugyo Virus Disease is based on collaboration between the Congo Red Cross, the Ministry of Health and the relevant health authorities. The Congo Red Cross contributes to these coordination efforts by sharing relevant information and aligning its preparedness activities with the guidance provided by the health authorities.

Needs (Gaps) Identified



Health

Bundibugyo Virus Disease (BVD) poses a significant public health risk due to its severity and the potential for human-to-human transmission through direct contact with the blood, secretions and other bodily fluids of infected individuals, or with contaminated objects. In the absence of a licensed vaccine specifically targeting the Bundibugyo virus strain, early detection, community-based surveillance, prompt reporting of alerts, and infection prevention and control measures remain essential.

In the Republic of the Congo, the risk of introduction from the Democratic Republic of the Congo (DRC) underscores the need to strengthen the preparedness capacities of the Congo Red Cross, particularly in Likouala Department, where cross-border population movements and river transport require heightened vigilance.

The Congo Red Cross's current operational capacities, particularly in community-based surveillance, volunteer mobilisation, alert reporting and the availability of necessary equipment, need to be assessed to identify capacity-strengthening requirements.

Priority needs include:

- Strengthening volunteers' capacities in community-based surveillance and the detection and reporting of alerts, in coordination with the health authorities.
- Updating procedures for reporting, referring and following up on community-based alerts.
- Training volunteers in infection prevention and control (IPC) measures and Safe and Dignified Burial (SDB) practices.
- Assessing the availability of personal protective equipment (PPE) and other supplies required for preparedness.
- Strengthening coordination between the Congo Red Cross, health facilities and community stakeholders in priority areas.



Water, Sanitation And Hygiene

Handwashing is an important measure for preventing infectious diseases. In transit and gathering areas, including markets, river ports, landing sites and health facilities, the availability of functional handwashing facilities and access to soap should be assessed to determine preparedness needs.

In Likouala Department, particular attention should be given to priority sites identified in coordination with the health authorities, taking into account population movements and access to hygiene services.

Priority needs include:

- Assessing the availability of handwashing facilities and access to water and soap at priority sites.
- Providing handwashing equipment at selected locations, based on identified gaps.
- Strengthening the promotion of hygiene practices among communities, travellers, traders and transport operators.
- Disseminating practical messages on handwashing and preventive measures, in coordination with the health authorities.
- Coordinating with other partners to complement existing initiatives and avoid duplication.



Protection, Gender And Inclusion

Epidemic preparedness measures must take into account the specific needs of different population groups to ensure equitable access to information and services. Children, older people, persons with disabilities, pregnant and breastfeeding women, refugees, displaced persons, and populations living in border or remote areas may face particular barriers.

Women and girls may also face increased protection risks during public health emergencies, including stigma, discrimination, gender-based violence (GBV), and difficulties accessing services.

Priority needs include:

- Integrating gender, age, disability and diversity considerations into all preparedness activities.
- Adapting communication materials to ensure accessibility for people with different literacy levels and persons with disabilities.
- Involving women, young people, older people, persons with disabilities and community leaders in activity planning.



- Orienting volunteers and staff on protection, safeguarding, and the prevention of sexual exploitation and abuse (PSEA).
- Strengthening safe and confidential feedback mechanisms, as well as referral procedures for people with specific needs.
- Preventing stigma and discrimination against people who may have been exposed to the disease and their families.



Community Engagement And Accountability

Awareness and understanding of Bundibugyo Virus Disease (BVD) and its modes of transmission need to be strengthened among communities that may be exposed to the risk of introduction. Inadequate information, rumours and misinformation can delay the reporting of alerts and undermine adherence to preventive measures.

Preparedness efforts should therefore prioritise strengthening volunteers' communication capacities and mechanisms for dialogue with communities, rather than conducting large-scale awareness campaigns without prior targeting.

Priority needs include:

- Adapting and validating prevention messages in collaboration with the health authorities.
- Training volunteers in risk communication and community engagement (RCCE) techniques.
- Identifying community leaders, local structures and communication channels suited to priority areas.
- Strengthening mechanisms for collecting and managing community feedback, questions and rumours.
- Establishing or strengthening channels through which communities can access reliable information and share their concerns.
- Adapting messages to the languages and sociocultural contexts of communities in Likouala, particularly those living near cross-border crossing points.

Any identified gaps/limitations in the assessment

No specific assessment of preparedness needs for Bundibugyo Virus Disease (BVD) has yet been conducted by the Congo Red Cross in the Republic of the Congo. Consequently, specific sectoral needs, available operational capacities and potential preparedness gaps have not yet been systematically documented in the field.

In the absence of such an assessment, several aspects will need to be further explored during the planning and implementation of the operation:

Unmet needs: The level of preparedness of communities and health facilities in Likouala Department, particularly in Bétou, Dongou and Impfondo, remains to be clarified. Needs related to community-based surveillance, risk communication, WASH, community engagement, and Protection, Gender and Inclusion (PGI) will need to be confirmed in coordination with the health authorities.

The Congo Red Cross's existing capacities, particularly in terms of trained staff and volunteers, awareness-raising materials, protective equipment and supplies required for preparedness activities, will need to be mapped to identify any gaps requiring capacity strengthening or updates to existing capacities.

Although the national preparedness plan has been developed, validated and published by the Ministry of Health in collaboration with relevant partners, the activities already implemented, their geographical coverage and the remaining needs in Likouala Department will need to be clarified with the stakeholders concerned.

These limitations highlight the importance of strengthening coordination with the Ministry of Health, the Congo Red Cross, the IFRC, WHO, UNICEF and other relevant partners to better document existing capacities, clarify priority needs and ensure complementary interventions. Information collected during implementation will make it possible to adjust preparedness activities according to the needs actually identified.

Operational Strategy

Overall objective of the operation

This DREF operation aims to strengthen the preparedness capacities of the Congo Red Cross (CRC) in response to the risk of the introduction of Bundibugyo Virus Disease (BVD) into the Republic of the Congo, with particular focus on Likouala Department, over a



period of two months.

The operation will contribute to strengthening volunteers' capacities in the early identification and reporting of health alerts, risk communication and community engagement, as well as coordination with the health authorities. It will also seek to establish a limited Safe and Dignified Burials (SDB) capacity, in line with national guidance.

These measures will enable the National Society to establish preparedness mechanisms and capacities that can be rapidly mobilised, in coordination with the relevant authorities, in the event of a suspected or confirmed introduction of the disease into the country.

Operation strategy rationale

The Bundibugyo Virus Disease (BVD) outbreak in the Democratic Republic of the Congo (DRC) poses a risk of introduction into the Republic of the Congo due to the geographical proximity of the two countries, cross-border population movements and trade exchanges, particularly along river routes. Likouala Department, especially the areas of Bétou, Dongou and Impfondo, is a priority area for strengthening preparedness, subject to confirmation of the priority localities and points of entry with the relevant authorities.

Although no cases of Bundibugyo Virus Disease have been confirmed in the Republic of the Congo, early preparedness is essential to strengthen the capacity of communities and the Congo Red Cross to rapidly detect and report alerts, disseminate reliable information, and support the health authorities in the event of the disease being introduced into the country. The Ministry of Health has developed, validated and published the National Preparedness Plan in collaboration with relevant partners. The DREF operation will be aligned with this national framework and will seek to complement existing efforts without duplicating activities already covered.

The proposed strategy is based on strengthening community capacities, enhancing volunteers' operational readiness, and improving coordination with the health authorities. It takes into account the absence of a specific preparedness needs assessment in the Republic of the Congo.

1. Health

The operation aims to strengthen the preparedness capacities of the Congo Red Cross (CRC) to facilitate the early detection and reporting of health alerts related to the risk of introduction of Bundibugyo Virus Disease (BVD) into the Republic of the Congo. Activities will focus primarily on training volunteers in community-based surveillance (CBS), identifying signs and events that meet the agreed alert criteria, reporting and referral procedures, and coordination with the relevant health facilities.

To ensure the operational functioning of the community-based surveillance mechanism, the CRC and the health authorities will jointly define the geographical coverage of volunteers in priority areas of Likouala Department, particularly near points of entry, transit routes and border areas. Operational arrangements will specify alert criteria, designated focal points, reporting channels, referral procedures and feedback mechanisms for volunteers. The CRC will supervise the volunteers and follow up on reported alerts, while alert verification, investigation and case confirmation will remain the sole responsibility of the health authorities. A Training of Trainers (ToT) will also be organized to strengthen the CRC's internal capacity to disseminate knowledge and maintain volunteers' skills. A simulation exercise will test the entire reporting and coordination chain between the CRC and the health authorities. The mechanism will be developed in accordance with applicable IFRC guidance on CBS.

In addition, the operation plans to establish a targeted Safe and Dignified Burials (SDB) capacity comprising two operational teams of eight members each, with a maximum of 16 people to be trained. The training will cover safety measures, infection prevention and control (IPC), respect for the dignity of deceased persons and their families, and coordination requirements with the health authorities and communities. The development of this capacity may be supported by a training kit and a starter kit, depending on confirmed needs and applicable technical guidance.

However, the operational implementation of the SDB component remains conditional on the clarification and validation of the relevant standard operating procedures, as well as confirmation by the Ministry of Health and Population of the CRC's authorized role and modalities of intervention. Specialized technical support will be sought to facilitate this process and ensure that the necessary procedures and capacities are in place before any intervention. In the meantime, SDB preparedness activities will be limited to those that can be carried out in accordance with existing agreements and the guidance of the competent authorities.

In the event of a community alert indicating a suspected case of Bundibugyo Virus Disease, volunteers will immediately report the information to the designated health focal points, in accordance with the agreed reporting mechanism. Any verification or confirmation will remain the responsibility of the health authorities. If an SDB intervention becomes necessary, the prepared teams may only be mobilized once the procedures have been clarified, the CRC's role confirmed and authorization obtained from the competent authorities. All these activities will be planned and monitored within the two-month duration of the DREF operation.

2. Water, Sanitation and Hygiene (WASH)



The WASH strategy aims to strengthen the preparedness capacities of the Congo Red Cross (CRC) in hygiene promotion and infection prevention and control (IPC), enabling it to contribute effectively to national efforts should Bundibugyo Virus Disease be introduced into the Republic of the Congo. The approach will prioritize strengthening volunteers' technical skills, particularly in Likouala Department and around priority points of entry, in coordination with the health authorities. Training will cover essential infection prevention measures, good hygiene practices, the proper use of protective equipment, and precautions to be observed when responding to a health alert.

Particular attention will be given to identifying needs for hygiene equipment and materials, as well as preparing arrangements for their rapid mobilization in the event of an alert. Priority sites that may require handwashing facilities will be identified in consultation with the health authorities, taking into account existing facilities and unmet needs. Any subsequent deployment will be determined by changes in the level of risk and guidance from the competent authorities. Practical exercises will help verify the application of infection prevention and control procedures, identify operational gaps and make the necessary adjustments. This approach will help improve the CRC's operational readiness while ensuring complementarity with the national preparedness plan.

3. Risk Communication, Community Engagement and Accountability (CEA)

The CEA/RCCE strategy aims to strengthen the preparedness capacities of the Congo Red Cross (CRC) in risk communication, community engagement and accountability in response to the risk of Bundibugyo Virus Disease (BVD) being introduced into the Republic of the Congo. The approach will prioritise strengthening volunteers' skills and preparing community communication mechanisms that can be rapidly activated in the event of an alert, rather than implementing large-scale awareness campaigns. Activities will include training volunteers in risk communication and community engagement (RCCE), including mechanisms for collecting, managing and following up on community feedback. They will also include translating, adapting and validating key prevention messages into local languages, in coordination with the health authorities, to ensure that the messages are understandable and appropriate to the sociocultural realities of communities in Likouala Department, particularly those living near cross-border entry and transit points.

The CRC will conduct a participatory mapping of social media influencers, community leaders including traditional and religious leaders, traditional healers, women's representatives, youth leaders and transport operators' local structures, and communication channels suited to priority areas. This exercise will be carried out in close collaboration with representatives of these groups and communities living near priority entry and transit points. The results will help identify trusted stakeholders, strengthen community participation, and ensure that people's perceptions and concerns inform preparedness decisions. The identified stakeholders will then be briefed on key prevention messages, risks associated with the disease, and their role in disseminating reliable information and relaying community concerns.

The strategy will place particular emphasis on strengthening mechanisms for collecting, analyzing and following up on community concerns, questions, rumors and perceptions related to Bundibugyo Virus Disease. This information will be gathered by trained RCCE volunteers during interactions with communities and local leaders, using appropriate data collection tools. It will be documented and regularly analyzed by designated CRC personnel to identify recurring concerns, barriers to accessing information, and issues requiring action. Findings will be shared weekly with relevant CRC teams and, in accordance with agreed coordination mechanisms, with local CEA/RCCE platforms and health authorities to inform decision-making and adapt preparedness activities. Urgent concerns will be referred without delay to the relevant focal points. The CRC will also ensure that communities receive feedback on responses and actions taken through volunteers, community leaders and appropriate communication channels. Concerns requiring follow-up will be documented and tracked until they are resolved, in accordance with confidentiality and data protection principles. The number of volunteers specifically assigned to collecting feedback, as well as responsibilities for its analysis and follow-up, will be defined in the operational arrangements for the intervention.

RCCE volunteers will be deployed in priority areas to conduct targeted communication and awareness-raising activities among different population groups, with particular attention to vulnerable people, travelers, transport operators and communities living near priority entry and transit points. Practical exercises will test communication mechanisms, feedback collection and alert reporting to identify improvements needed before any potential activation. Monitoring of the strategy will include, among other indicators, the number of volunteers trained in RCCE and feedback management; the number of messages translated and adapted and subsequently validated with the health authorities; completion of the participatory mapping of stakeholders and communication channels; the number of community leaders and influencers briefed; the number of people reached in priority areas; and the number of feedback items collected, analyzed, shared and resulting in recommendations that are followed up. The frequency of feedback sharing and the tracking of responses will also help assess the extent to which community concerns are incorporated into preparedness decisions.

This approach will help strengthen community trust, participation in decision-making, early reporting of alerts and rumors, and acceptance of public health measures should the disease be introduced, while respecting the preparedness focus and limited two-month duration of the DREF operation.

4. Protection, Gender and Inclusion (PGI)

Protection, Gender and Inclusion (PGI) will be mainstreamed throughout the operation to ensure that the Congo Red Cross's (CRC) preparedness mechanisms are safe, inclusive, accessible and adapted to the needs of populations that may be affected by the potential introduction of Bundibugyo Virus Disease. Particular attention will be given to people who may face barriers to accessing information and services, including women, children, older people, persons with disabilities and other groups in vulnerable situations, especially in border areas and near priority entry and transit points in Likouala Department. As part of preparedness efforts, a PGI risk analysis will be



conducted in priority areas to identify risks of exclusion, discrimination, stigma and violence, as well as potential barriers to accessing information and health services. The findings will help guide preparedness measures, integrate PGI and prevention of sexual exploitation and abuse (PSEA) risks into planning and coordination mechanisms, and determine priority needs for strengthening CRC capacities. Identified protection risks will be taken into account in preparedness procedures and exercises, to the extent possible during the implementation period.

The operation will strengthen the capacities of relevant volunteers and staff in PGI, safeguarding, child protection and PSEA. Training sessions and briefings will cover the prevention of stigma and discrimination, identification of people exposed to protection risks, expected conduct in accordance with the Code of Conduct, and safe reporting and referral procedures. The CRC will also ensure that communities are informed that assistance and services are free of charge and must not be conditional on any favor. It will promote accessible, confidential feedback and reporting mechanisms adapted to the needs of the people concerned. Reporting, referral and incident management arrangements will comply with the applicable CRC and IFRC procedures.

To facilitate access to services and the referral of people requiring support, the CRC will map and verify the protection services available in priority areas, in coordination with relevant stakeholders. A directory of services and useful contacts will be made available to the teams concerned, in accordance with confidentiality and data protection principles. Volunteers will be briefed on referral procedures and the limits of their role to ensure that cases requiring specialized support are referred to the appropriate service providers.

The approach will integrate gender and inclusion considerations into communication and preparedness activities. Messages will be adapted to local languages and the sociocultural realities of communities in Likouala Department, with particular attention to accessibility for persons with disabilities, older people, children and those facing barriers to accessing information. Where possible, organizations representing persons with disabilities, community leaders, women's organizations and other relevant local stakeholders will be involved in identifying barriers and adapting communication approaches. Specific messages will help prevent stigma against people suspected of being infected, those affected by or recovered from the disease, their families and the communities concerned.

Child protection will be incorporated into preparedness mechanisms, particularly by raising volunteers' awareness of how to identify protection risks and refer vulnerable children to appropriate services. Cases involving unaccompanied or separated children will be referred in accordance with the procedures and services of the competent authorities. Communication materials intended for children will be adapted to their age and level of understanding, and child safeguarding principles will be integrated into relevant preparedness activities.

Finally, the CRC will strengthen coordination with the Ministry of Health and Population, the IFRC and relevant protection stakeholders to promote a coherent and complementary approach. PGI and PSEA measures will be incorporated into training sessions, simulation exercises and the operation's monitoring mechanisms, according to identified needs and activities that can be completed within the two-month implementation period. This approach will help strengthen the CRC's institutional preparedness, reduce protection risks and ensure that future interventions respect the dignity, safety, confidentiality and rights of all people concerned.

5. Coordination, Monitoring, Evaluation and National Society Capacity Strengthening

The coordination strategy aims to strengthen the operational preparedness of the Congo Red Cross in line with the National Preparedness Plan for Bundibugyo Virus Disease. It will be based on close collaboration with the Ministry of Health, the relevant health authorities, the IFRC and other concerned partners to ensure complementary interventions and a shared understanding of roles and responsibilities. Monitoring will focus on progress in preparedness capacities and the identification of any gaps requiring adjustments. This approach will strengthen the National Society's ability to rapidly mobilize its resources and support the health authorities should the disease be introduced into the country, while ensuring consistency with national mechanisms and those of the International Red Cross and Red Crescent Movement.

The Congo Red Cross (CRC) coordinates its preparedness activities with the Ministry of Health and Population, particularly through the Directorate of Hygiene and Health Promotion, to ensure alignment with national preparedness priorities for Bundibugyo Virus Disease.

In its official letter dated 25 September 2026, the Director of Hygiene and Health Promotion requested the CRC's involvement in preparedness efforts for Ebola virus disease, given the risk of introduction from the Democratic Republic of the Congo (DRC) and exchanges between the two countries. The letter identifies several areas in which the CRC could contribute, including risk communication and community engagement (RCCE), Safe and Dignified Burials (SDB), infection prevention and control (IPC), and operational preparedness through training, simulation exercises and coordination in priority departments. The Director also expressed support for mobilizing technical and financial assistance from partners to strengthen the CRC's capacities and enable it to contribute to these interventions, in line with national priorities and under the coordination of the relevant Ministry structures.

This letter provides an official basis for the proposed involvement of the CRC in preparedness activities. However, specific operational arrangements for SDB—including the CRC's roles and responsibilities, applicable national protocols, and authorization and coordination mechanisms for interventions must be clarified with the Ministry before any operational implementation. The SDB component proposed under the DREF will therefore be adjusted according to the scope of the ministerial letter and applicable national guidance.



Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

This preparedness operation will target both the strengthening of the operational capacities of the Congo Red Cross (CRC) and the communities that will benefit from preparedness measures in the Republic of the Congo, with particular focus on Likouala Department. The geographical targeting will be confirmed in coordination with the Ministry of Health and Population and the relevant authorities, taking into account the National Preparedness Plan, the risk of introduction of Bundibugyo Virus Disease (BVD) from the Democratic Republic of the Congo (DRC), and population movements in border communities and at major points of entry and transit.

The operation will distinguish between people directly targeted by capacity-strengthening activities and community populations likely to benefit from preparedness measures:

1. Direct targets

A total of 50 CRC staff and volunteers will be targeted for capacity strengthening and operational preparedness. This group will include volunteers and relevant staff from CRC branches whose capacities will be strengthened in community-based surveillance (CBS), identification and reporting of health alerts, risk communication and community engagement (RCCE/CEA), water, sanitation and hygiene (WASH), and infection prevention and control (IPC). Relevant teams will also be prepared for Safe and Dignified Burials (SDB), subject to clarification of operational arrangements and in accordance with applicable national protocols. The 50 people represent the operational capacity to be strengthened and mobilised under the operation; they do not constitute the total beneficiary population. Training targets for each sector will be monitored separately, taking into account potential overlaps among volunteers participating in multiple training sessions.

2. Community beneficiaries

The operation aims to reach approximately 8,000 people through preparedness activities in priority areas of Likouala Department, particularly Bétou, Dongou and Impfondo. These communities may be at greater risk of exposure to the introduction of the disease due to their geographical proximity to the DRC and regular cross-border movements. They will benefit from prevention messages, risk communication, hygiene promotion, and strengthened community mechanisms for information sharing, raising concerns and reporting rumours.

Travelers, traders, transport operators and other people frequenting border crossing points, river ports and priority transit areas may also be included in community communication and preparedness activities. These individuals will be counted within the overall community target once they have actually been reached, to avoid double counting. Community leaders, local structures and other relevant stakeholders may be mobilised to support communication, community mobilisation, the identification of concerns and the coordination of preparedness activities.

The operation will pay particular attention to people who may face increased exposure to the risk or difficulties accessing reliable information and preventive measures. These include women, children, older people, persons with disabilities, people living with chronic illnesses, refugees, asylum seekers, displaced persons and isolated communities.

Explain the selection criteria for the targeted population

The selection of target areas and groups is based on the risk of introduction of Bundibugyo Virus Disease (BVD) from the Democratic Republic of the Congo (DRC), cross-border population movements, and the priorities outlined in the National Preparedness Plan. The operation will focus on Likouala Department, with particular attention to Bétou, Dongou and Impfondo. This preliminary selection takes into account Likouala's proximity to the DRC, cross-border exchanges and population movements, particularly by river, which could facilitate the introduction of the disease. These localities are therefore priority areas for further assessment as part of preparedness efforts, without presupposing the specific level of risk in each area. Final targeting will be determined in coordination with the Ministry of Health and the relevant authorities, based on national priorities, available information on population movements, and the identification of the most relevant points of entry and transit.

The main target groups will include Congo Red Cross (CRC) staff and volunteers, whose capacities will be strengthened to support the early detection and reporting of alerts, risk communication and community preparedness. The operation will also target communities living in the selected areas, as well as travelers, traders and transport operators using priority entry and transit points. These groups will be targeted based on their potential exposure to the risk of disease introduction and their role in the early identification and reporting of alerts. Site selection and the scale of community activities will be adjusted according to the priorities confirmed by the health authorities.



and available operational capacities.

Particular attention will be given to women, children, older people, persons with disabilities, people living with chronic illnesses, as well as refugees, asylum seekers and displaced persons, depending on their presence in the target areas. Preparedness and communication activities will take their specific needs and potential barriers to accessing reliable information into account to ensure an inclusive, accessible and non-discriminatory approach.

Total Targeted Population

Women	2,200	Rural	60%
Girls (under 18)	1,920	Urban	40%
Men	2,200	People with disabilities (estimated)	15%
Boys (under 18)	1,680		
Total targeted population	8,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Potential exposure of volunteers and staff to Bundibugyo Virus Disease during preparedness and alert response activities.	Train teams on infection prevention and control (IPC) measures, safety protocols, and procedures for reporting and referring alerts.
Difficulties accessing the targeted areas of Likouala, particularly due to long distances and transport constraints.	Plan travel in advance, coordinate activities with local authorities, and adjust the schedule according to access conditions.



Rumors, misinformation, stigma, or low adherence to preventive measures.	Validate messages with the health authorities, mobilize volunteers who are familiar with local languages and contexts, and strengthen community feedback mechanisms.
Delays in procurement or difficulties tracking expenditures and resources.	Anticipate procurement needs, follow IFRC and Congo Red Cross procurement procedures, and ensure regular monitoring.
The mobilisation of volunteers and interactions with vulnerable communities, particularly travellers and populations living near entry and transit points, may expose targeted individuals to risks of sexual exploitation and abuse (SEA), particularly due to power imbalances and the vulnerability of the people concerned.	The CRC will ensure that volunteers and staff involved in the operation are informed about the principles of Protection from Sexual Exploitation and Abuse (PSEA), the Code of Conduct, and prohibited behaviours. Communities will be informed of their right to safe, free assistance without any conditions or expectations in return, as well as the mechanisms available to confidentially report any incident or inappropriate behaviour. Accessible and safe feedback and reporting channels will be made available, alongside appropriate referral procedures that respect the confidentiality, dignity and safety of the people concerned. All reports will be handled in accordance with the applicable CRC and IFRC procedures.
Please indicate any security and safety concerns for this operation: The operation will be implemented primarily in Likouala Department, particularly in the areas of Impfondo, Bétou, Dongou and Enyellé, subject to confirmation of the priority localities with the Ministry of Health. Travel to some remote and riverside areas may present logistical constraints related to accessibility, navigation conditions and the availability of transport. The main risk to staff and volunteers is potential exposure to Bundibugyo Virus Disease during preparedness activities. Insufficient knowledge of infection prevention and control measures could increase health risks during interactions with communities or in transit areas. Travel-related fatigue and transport conditions, particularly river transport, will also need to be taken into account. To mitigate these risks, the Congo Red Cross will ensure that volunteers and staff receive the necessary guidance on infection prevention and control, personal safety and incident reporting. Travel will be planned with due consideration of local conditions and the recommendations of the competent authorities. Activities will be coordinated with the health authorities and local leaders. Volunteers will be required to comply with applicable health protocols, avoid exposure to risk, and immediately report any potential exposure. The security situation and access conditions will be monitored throughout the operation. Security measures will be adapted to changes in the context and identified risks to protect staff, volunteers and the communities concerned.	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention



Budget: CHF 61,717
Targeted Persons: 8,000

Indicators

Title	Target
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# of volunteers trained in community-based surveillance (CBS) and alert reporting procedures.	16
# of Training of Trainers (ToT) sessions conducted.	1
# of alert reporting and referral mechanisms reviewed and validated.	1
# of assessments conducted to identify equipment needs for Safe and Dignified Burial (SDB) teams.	1
# of SDB simulation exercises conducted.	1
# of Safe and Dignified Burial (SDB) training kits procured to strengthen the capacities of Congo Red Cross teams.	1
# of Safe and Dignified Burial (SDB) starter kits procured and available for initial interventions.	1
# of people trained in Safe and Dignified Burials (SDB).	16
# of simulation exercises conducted to test alert reporting and coordination between the Congo Red Cross and the health authorities	1

Priority Actions

- Train volunteers in community-based surveillance (CBS), alert identification, and alert reporting and referral procedures.
- Organize a Training of Trainers (ToT) on CBS and preparedness for Bundibugyo Virus Disease.
- Review and clarify alert reporting and referral mechanisms with the health authorities.
- Organize a simulation exercise to test alert reporting and coordination between the Congo Red Cross and the health authorities.
- Train Congo Red Cross teams in Safe and Dignified Burials (SDB), using a dedicated training kit.
- Pre-position a starter kit to enable the Congo Red Cross to carry out initial Safe and Dignified Burial interventions in accordance with national protocols.
- Assess the existing capacities of SDB teams and their equipment needs.
- Pre-position essential equipment required to activate SDB teams, based on identified needs.
- Organize a simulation exercise to test the operational readiness of SDB teams.



Water, Sanitation And Hygiene

Budget: CHF 2,275

Targeted Persons: 8,000

Indicators

Title	Target
# of volunteers trained in good hygiene practices and essential infection prevention and control (IPC) measures.	40
# of priority sites assessed to identify needs for handwashing facilities and infection prevention and control (IPC) measures.	25

# of key prevention messages developed and validated in coordination with the health authorities.	5
% of feedback reports shared that are followed up on or incorporated into preparedness activities.	100

Priority Actions

- Train volunteers in hygiene practices, hygiene promotion and WASH preparedness.
- Identify priority sites and assess needs for handwashing facilities.
- Develop key messages and train volunteers on their dissemination.



Protection, Gender And Inclusion

Budget: CHF 6,066

Targeted Persons: 16

Indicators

Title	Target
# of orientation sessions conducted	4
% of relevant staff and volunteers who have attended safeguarding training and signed the Code of Conduct.	100
# of reviews of preparedness tools incorporating PGI	1
# of volunteers and staff trained or briefed on PGI, child protection and PSEA.	50
# of PGI risk analyses conducted in priority areas	1
# of protection services mapped and verified.	-
# of stigma prevention messages developed or adapted and disseminated	5
# of community feedback and reporting mechanisms made accessible to communities.	2
# of preparedness exercises incorporating safeguarding, protection and referral measures, in line with the activities selected for the operation.	10

Priority Actions

- Organize orientation sessions on Protection, Gender and Inclusion (PGI), safeguarding, and Protection from Sexual Exploitation and Abuse (PSEA).
- Raise awareness among staff and volunteers involved in the operation on safeguarding and protection principles.
- Integrate PGI considerations into the operation's preparedness tools and mechanisms.
- Conduct briefings for volunteers and staff on PGI, child protection, and PSEA.
- Conduct a PGI risk analysis in priority areas.
- Map available protection services in the targeted areas.
- Develop, adapt, and disseminate messages to prevent stigma.



- Establish accessible community feedback and reporting mechanisms.
- Organize preparedness exercises incorporating safeguarding, protection, and referral measures, in line with the activities selected for the operation.



Community Engagement And Accountability

Budget: CHF 25,778

Targeted Persons: 50

Indicators

Title	Target
# of volunteers trained in risk communication, community engagement and rumour management.	30
# of messages adapted and validated.	5
# of mapping exercises conducted.	1
# of feedback mechanisms tested.	1
# of volunteers trained in Risk Communication and Community Engagement (RCCE)	30
# of volunteers trained in the collection, management and processing of community feedback	30
# of mapping exercises conducted in priority areas to identify influencers, community leaders, local structures and communication channels	1
# of community leaders and influencers briefed on key preparedness messages and Risk Communication and Community Engagement (RCCE)	15
# of people sensitized on prevention measures, warning signs and reporting mechanisms	8,000
% of community members, including marginalized and at-risk groups, who know how to provide feedback or raise concerns about the operation.	80
% of complaints and feedback received during the operation that have been responded to by the National Society.	100
# of operational decisions or changes made to the operation based on community feedback.	5

Priority Actions

- Train volunteers in risk communication, community engagement and rumour management.
- Adapt and validate disease preparedness messages in coordination with the health authorities.
- Identify and map community structures and available communication channels in priority areas.
- Test community feedback and rumour management mechanisms.
- Support the translation of messages into the local languages spoken by communities in Likouala Department:



- Train RCCE volunteers in risk communication and community engagement.
- Train RCCE volunteers on community feedback mechanisms.
- Map social media influencers, community leaders (including traditional and religious leaders, traditional healers, women's representatives, youth leaders and transport operators), local structures and communication channels suited to priority areas.
- Brief influencers and community leaders on risk communication and community engagement.
- Adapt messages to the languages and sociocultural realities of communities in Likouala Department, particularly those living near cross-border crossing points.
- Deploy RCCE volunteers to conduct targeted awareness-raising activities for different population groups, particularly vulnerable people and communities living near priority entry and transit points.
- Collect and analyse community feedback, share findings internally and externally, and follow up on recommendations to improve preparedness activities.



Secretariat Services

Budget: CHF 21,381

Targeted Persons: 2

Indicators

Title	Target
# of technical reviews of the operation conducted	2
# of operational and financial monitoring reviews conducted	2
# of joint monitoring missions conducted	2
# of final reports submitted in accordance with DREF requirements	1

Priority Actions

- Provide technical support to the Congo Red Cross for operation planning and monitoring.
- Monitor implementation, the budget and DREF reporting requirements.
- Organize joint monitoring missions as needed and subject to available resources.
- Support the consolidation of the final report and the documentation of lessons learned.



National Society Strengthening

Budget: CHF 31,563

Targeted Persons: 25

Indicators

Title	Target
# of trained and mobilized volunteers	16
# of lessons-learned workshops organized	1
# of monitoring missions conducted	2



Priority Actions

- Update the list of trained volunteers available for rapid mobilization.
- Organize a lessons-learned workshop.
- Conduct monitoring missions to follow up on the implementation of the operation.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation will be implemented by the Congo Red Cross, with technical and operational support from the IFRC Kinshasa Cluster Delegation. It will mobilize 50 Congo Red Cross volunteers, who will form the main operational workforce in the field.

Congo Red Cross staff will be responsible for the overall coordination of the operation, activity planning, volunteer mobilization and supervision, as well as liaison with health authorities and partners. An operation focal point or coordinator will oversee implementation and monitor activities, in collaboration with the relevant technical leads, particularly in health, WASH, Community Engagement and Accountability (CEA), Risk Communication and Community Engagement (RCCE), and Protection, Gender and Inclusion (PGI).

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Congo Red Cross will ensure that the 50 volunteers mobilized for the operation reflect, to the greatest extent possible, the diversity of the communities targeted in the Likouala Department, particularly in terms of gender, age, languages spoken and knowledge of the local context. The involvement of volunteers from the communities concerned who can communicate in local languages will help strengthen trust, facilitate dialogue and ensure that preparedness activities are accessible to all.

The Congo Red Cross will review the composition of its team during operational planning, in coordination with local branches. If gaps are identified, it will seek to adjust team assignments to promote balanced representation of women and men, the involvement of different age groups, and a good understanding of local languages and practices.

All volunteers will receive appropriate briefings on Protection, Gender and Inclusion (PGI), Protection from Sexual Exploitation and Abuse (PSEA), confidentiality, non-discrimination and respect for people's dignity. Particular attention will be paid to ensuring that information is accessible and that women, children, older people, persons with disabilities and other groups who may face barriers to accessing services or information are able to participate.

If there is procurement, will it be done by National Society or IFRC?

International procurement required for the implementation of this operation will be managed by the IFRC, in accordance with its procurement procedures and rules. The Congo Red Cross will contribute to identifying and defining needs, preparing technical specifications, and coordinating with the relevant teams to ensure that the items ordered meet operational requirements.

Local procurement, where necessary, will be carried out by the Congo Red Cross or the IFRC, depending on the nature of the items, their availability on the local market, and the applicable procedures. Supplies may be intended to strengthen operational preparedness, particularly through the provision of essential equipment and materials, as well as to support the activities planned under the operation.

Lead times for international procurement will depend on the nature of the items, their availability from suppliers, and the applicable procurement procedures. A detailed procurement schedule will be defined during procurement planning.



How will this operation be monitored?

Monitoring of the operation will be carried out jointly by the Congo Red Cross and the IFRC Kinshasa Cluster Delegation. Regular monitoring will help measure progress, verify the achievement of expected results, and promptly identify any necessary adjustments.

The Congo Red Cross will be responsible for day-to-day activity monitoring, data collection and consolidation, and documentation of achievements using the agreed monitoring tools. Monitoring will focus in particular on the number of volunteers and staff trained, the strengthening of community-based surveillance and alert reporting mechanisms, the validation of preparedness messages, hygiene promotion and infection prevention activities, as well as improvements in preparedness capacities for Safe and Dignified Burials (SDB), in line with the activities selected in the operational plan.

Key indicators will include the number of volunteers trained in each technical area, the number of reporting mechanisms or procedures reviewed and validated, the number of simulation exercises conducted, the number of preparedness messages validated with health authorities, and the level of completion of activities outlined in the workplan. Data will be reviewed periodically to compare achievements against established targets and implement corrective measures where necessary.

The IFRC Kinshasa Cluster Delegation will provide technical support for activity monitoring, progress analysis, data quality assurance and budget monitoring. Joint monitoring visits may be organized according to operational needs, accessibility of the targeted areas and available resources.

Please briefly explain the National Societies communication strategy for this operation

The Congo Red Cross will use coordination meetings, telephone and email communications, as well as social media and appropriate community channels to ensure the flow of information among teams, authorities, partners and the public.

Communication with communities will rely on prevention messages validated by the health authorities, disseminated in relevant local languages and adapted to the local context. Feedback and rumours will be collected and addressed to promote transparent, two-way communication.

The IFRC Kinshasa Cluster Delegation will provide technical support for external communication and operation visibility, particularly in preparing key messages and content for the media and social media, as needed.



Budget Overview



DREF OPERATION

- Congo Red Cross
Congo Congo BVD
Preparedness 2026

	95,835
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	61,717
Water, Sanitation & Hygiene	2,275
Protection, Gender and Inclusion	6,066
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	25,778
Environmental Sustainability	0
	52,944
Coordination and Partnerships	0
Secretariat Services	21,381
National Society Strengthening	31,563
TOTAL BUDGET	148,779

[Click here to download the budget file](#)



Contact Information

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