EMERGENCY APPEAL

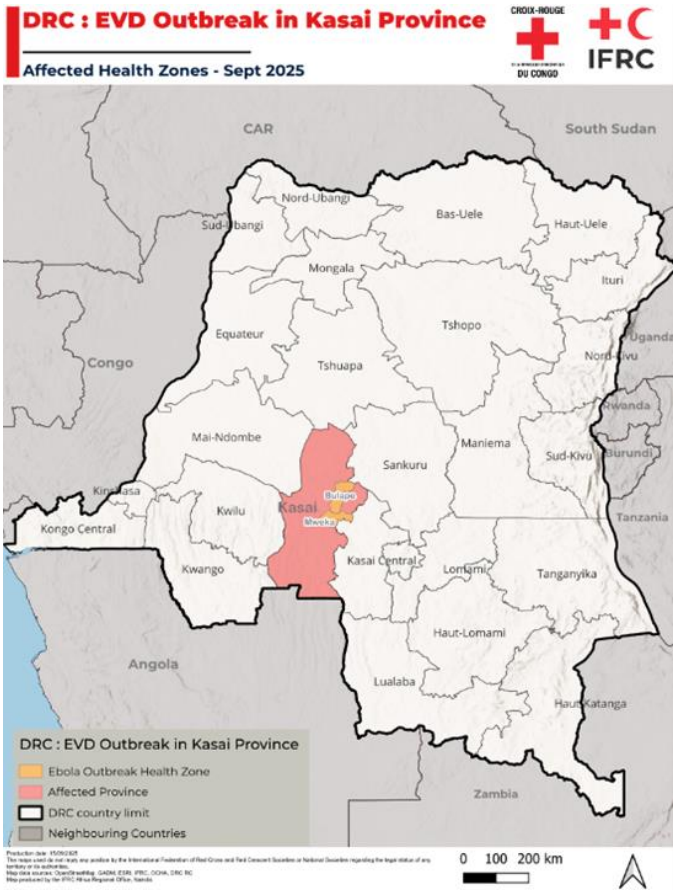
Democratic Republic of the Congo (DRC), Africa | Ebola

Volunteer with the DRC Red Cross learns how to put on protective equipment to conduct safe and dignified burials in his community, Mbandaka, Equateur. Source: IFRC

Appeal №: **MDRCD047**	IFRC Secretariat funding requirements: **CHF 17 million** Federation-wide funding requirement: **CHF 20 million** [1]	
Glide №: **EP-2025-000157-COD**	People at risk: **680,000 at immediate risk** **2 million at extended risk**	People to be assisted: **965,000**
DREF allocation: CHF 1,750,000	Appeal launched: **15/09/2025**	Appeal ends: **30/09/2026**

[1] The Federation-wide funding requirement encompasses all financial support to be directed to the DRC Red Cross (CRRDC) in response to the emergency. It includes the CRRDC's domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 3 million), as well as the funding requirements of the IFRC secretariat (CHF 17 million). This comprehensive approach ensures that all available resources are mobilized to address the urgent humanitarian needs of the affected communities.

SITUATION OVERVIEW



EVD is a severe, often fatal illness in humans caused by infection with the Ebola virus. It is transmitted to people from wild animals and spreads in human populations through direct contact with blood, secretions, organs or other bodily fluids of infected individuals, and through contaminated surfaces and materials. The average case fatality rate is around 50 per cent but can vary from 25 to 90 per cent depending on the outbreak and the timeliness of treatment and control measures.

Case numbers are evolving rapidly. As of the 14 September reporting cycle, 30 cases have been confirmed and 27 deaths have been reported, including four health workers. There are 43 suspected cases across four districts including Bulape, Mweka, Mushenge and Kanzala, and contacts have been traced to Tshikapa, reflecting ongoing investigations and data consolidation.

Operational constraints are significant. Road access from Kinshasa can take up to three days and the nearest isolation unit has roughly 15 beds, well below current needs. Surveillance, contact tracing and Safe & Dignified Burials (SDB) must scale up quickly as well to interrupt transmission chains. Currently, 2,000 doses of the Ervebo vaccine are pre-positioned in Kinshasa for ring vaccination of contacts and frontline workers.

The World Health Organization (WHO) has assessed risk of spread as high nationally, with “moderate” regional risk and “low” global risk. There are concurrent outbreaks of cholera and mpox, and chronic vulnerabilities, such as limited Infection Prevention & Control (IPC)/Water, Sanitation & On 4 September 2025, the DRC Ministry of Public Health (MOPH) officially declared an Ebola Virus Disease (EVD) outbreak in Kasai Province, initially affecting Bulape and Mweka health zones, after General Reference Hospital on 20 August and died on 25 August. A nurse and a laboratory technician who had attended her also died shortly after. Whole-genome sequencing indicates a new zoonotic

Hygiene (WASH) in healthcare facilities, as well as mistrust among the community. Traditional funerary practices also elevate risk of spread, particularly around Bulape and Mweka, and along movement corridors toward Tshikapa.

confirmatory testing at the Institut National de la Recherche Biomédicale (INRB) on 3 September (Zaire Ebola virus[2]). The index case[3], a woman who was 34 weeks pregnant, was admitted to Bulape spillover, not linked to the 2007-2009 Kasai outbreaks.

[2] rVSV-ZEBOV is the only vaccine approved for use in the United States to protect against the Zaire ebolavirus

[3]The “index case” refers to the first documented patient in an outbreak, whose illness signals the recognition of a new chain of transmission.

TARGETING

People affected/at risk

- Directly affected zones as of 14 September: Bulape (epicentre); Mweka; Mushenge; and Kanzala, with alerts and contacts validated in Dekese and movement into Tshikapa. Population in immediate risk zones is approximately 680,000.
- Extended risk areas: contacts may move into adjacent health zones in Kasai, Kasai Central and Sankuru, with potential spread in a catchment area of approximately 2 million people.

People to be assisted (calculated over an initial period of 12 weeks[4]):

- **Total to be assisted**: **965,000.**
- **Direct and high-intensity support - approx. 23,200 people:** this includes support to cases both confirmed and suspected, as well as contacts and close relatives. It also accounts for services and support provided to healthcare workers in both facilities and in the community, as well as Red Cross volunteers.
- **Community prevention in immediate at-risk areas - approx. population in the area 680,000:** this has a coverage target of 65 per cent through Risk Communication & Community Engagement (RCCE), health promotion, Community-based Surveillance (CBS), Mental Health & Psychosocial Support (MHPSS) and WASH for an estimated **442,000 people**.
- **Preparedness in extended at-risk areas, covering 2 million people:** coverage target of **25 per cent** of this (500,000 people) through radio campaigns, engagement with community leaders and light-touch WASH.

The 965,000 figure reflects the **unique-reach target** over the next 12 weeks, recognizing overlap between groups but ensuring comprehensive epidemic control. It balances **direct case-related interventions** with **community-wide prevention**, consistent with Ministry of Public Health (MOPH)/DRC Centre des Operation's des Urgences de Santé Publique (COUSP) priorities and the Emergency Appeal operational strategy.

Most-at-risk and vulnerable groups

The current epidemic in Kasai is exposing certain groups to disproportionately higher risks. **Healthcare workers (HCWs)** are among the most affected. At least five HCWs have already been infected, with two reported deaths. This points to severe weaknesses in IPC within health facilities and highlights the urgent need to equip and protect frontline responders. Alongside HCWs, **burial teams and first responders** face daily exposure to contaminated environments and the emotional toll of safe and dignified burials, making them a critical group for vaccination, protective equipment and Psychosocial Support Services (PSS).

Within the community, **women and girls** are highly vulnerable too. Women, particularly those who are pregnant or lactating, carry greater exposure risks due to their caregiving roles at home and their involvement in traditional funeral practices. Pregnant women infected with Ebola also face a very high fatality rate.

Children and elderly persons represent two more high-risk groups as, as they are more likely to develop severe forms of the disease due to having weaker immune systems, while also relying on caregivers who may themselves already be infected. **People with disabilities, members of displaced households and families living in remote rural areas** all as well face additional barriers to accessing timely information, healthcare and hygiene services. They are more likely to be excluded from critical prevention messages and less able to reach treatment or isolation facilities, especially given the poor roads and long travel times in Kasai.

Stigma, fear and mistrust further exacerbate vulnerabilities. Survivors, bereaved families and Red Cross volunteers themselves often face rejection or discrimination, which not only undermine recovery from the outbreak but which also complicate community engagement and compliance with public health measures. Without targeted protection, PSS and inclusion measures these groups risk being left behind in the response and becoming drivers of secondary transmission.

[4] Based on IFRC's assumptions of epidemiological curve (cases and contacts) over a 12 week period and a projected catchment area for prevention activities

PLANNED OPERATIONS

Through this Emergency Appeal, IFRC supports the Red Cross of the DRC (*Croix Rouge République Démocratic du Congo* - CRRDC) to rapidly curb transmission, prevent outbreak expansion and reduce mortality and social harm associated with EVD in Kasai. The strategy emphasizes **community-centred, evidence-based measures** integrated with MOPH's plan of action and WHO technical guidance, with strong surge support from the IFRC network.

Health & Care including Water, Sanitation & Hygiene (WASH)
(*Mental Health & Psychosocial Support [MHPSS]*)
Activities supporting health and WASH interventions will be focused on capacity building for CRRDC volunteers as well as for community health workers/ relais communautaires (ReCos), ensuring that trainings include those supporting the response at community level.

Safe & Dignified Burials (SDB)
CRRDC is the lead agency for Safe & Dignified Burials (SDB) under the MOPH/COUSP burial commission. Two teams with supervisors have already conducted 16 SDBs, in Bulape and Mweka. Under this appeal, CRRDC will:

- scale up to 10 fully trained and equipped SDB volunteers across affected and at-risk areas;
- ensure that Ebola-related deaths, per MOPH protocol, receive a safe and dignified burial within 24 hours of alert
- provide burial teams with personal protective equipment (PPE), body bags, disinfectants and transportation to maintain rapid response capacity
- engage community and religious leaders to improve acceptance of safe burial practices and reduce resistance; and
- Mental Health & Psychosocial Support (MHPSS) and Community Engagement & Accountability (CEA) are integrated into SDB activities, offering Psychological First Aid (PFA) to bereaved families.

Mental Health & Psychosocial Support (MHPSS)

- Basic PFA is integrated into epidemic response activities delivered by volunteers at community level.
- Targeted MHPSS support will be provided to families of those in treatment and quarantine facilities
- Community session to address stigma and stress where there are confirmed cases, including referral to specialized care where this is available.

Water, Sanitation & Hygiene (WASH)
Because Ebola thrives in contexts of poor hygiene and unsafe caregiving, community-level WASH is a critical prevention measure. Planned activities include:

- installation of handwashing points in health facilities, schools, markets and other public spaces
- distributing, and promoting the use of, hand sanitizer and disinfectants to exposed households
- supporting decontamination of homes and health structures as requested by MOPH
- hygiene promotion campaigns through door-to-door visits, school visits and community meetings, reinforcing MOPH-approved messages
- support for safe household water treatment and sanitation practices in affected and at-risk communities, including distribution of soap, chlorine tablets and household hand hygiene kits; and
- integration with Risk Communication & Community Engagement (RCCE) to ensure that hygiene messages are trusted, understood and acted upon at the household level.

Risk Communication & Community Engagement (RCCE)

- Door-to-door engagement and rumour tracking by trained volunteers, with regular feedback to MOPH and WHO through established loops.
- Radio spots and briefings with faith/traditional leaders and other community influencers to promote accurate information.
- Social listening findings used to inform micro-plans for vaccination campaigns and contact follow-up.
- Work with traditional and religious leaders (more than 50 practitioners trained) to build trust and reduce resistance to decontamination, SDB and vaccinations.
- Key messages on vaccine availability, eligibility and frequently asked questions are integrated into daily RCCE activities.

At least 80 per cent of community feedback, including concerns, questions, beliefs, requests and suggestions, will be addressed in a timely manner through appropriate communication channels.

Surveillance

Inclusion of community level surveillance support into outbreak response activities. Activities in support of surveillance include:

- Support to active case finding.
- Inclusion of CRRDC volunteers with MoH contact tracing teams to extend the reach of teams, as well as to foster community acceptance, as requested by MoH.
- Expansion of CRRDC Community-Based Surveillance (CBS) system into the response to support early detection and early action.

Protection & Prevention

(Protection, Gender & Inclusion [PGI], Community Engagement & Accountability [CEA], Disaster Risk Reduction [DRR])

Safe access to services

- Rapid PGI analysis to identify barriers and threats to protection, and to inform risk mitigation e.g., population movements, exploitation, etc.
- Design services to be accessible and safe, especially for women, children and persons with disabilities.
- Train volunteers and staff on Prevention of Sexual Exploitation & Abuse (PSEA) and ensure that clear complaint and feedback mechanisms are in place.
- Community sensitization on GBV risks linked to the outbreak and to stigma reduction.

Community Engagement & Accountability (CEA) and Inclusion

- Proactively include marginalized groups in community outreach, including minorities, people with disabilities and older adults.
- Involve communities including marginalized groups in the planning and delivery of services, in identification of risks and solutions and in monitoring the programme's impact.
- Training and inclusion of community leaders: provide training to community leaders and ensure their active participation in the intervention process.
- Establish feedback mechanisms that ensure anonymous, accessible and culturally appropriate collection of, coding of, analysis of and response to community feedback.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

Coordination & Partnerships

The response is firmly anchored in the **MOPH-led National Plan of Action**, where CRRDC acts as an auxiliary to public authorities. It participates actively in the national and provincial Health Cluster, chaired by MOPH with WHO technical leadership. This coordination ensures alignment of Red Cross interventions with government priorities and supports the principle of *one plan, one team, one budget*.

At the technical and operational level, CRRDC collaborates with:

- **WHO,** which is leading epidemiological surveillance, case management and vaccination.
- **UNICEF,** which is co-leading on Risk Communication & Community Engagement (RCCE) and WASH.
- **Medecins Sans Frontiers (MSF), International Medical Corps (IMC), Alliance for International Medical Action (ALIMA) and other NGOs**, who are coordinating case management and IPC to avoid duplication and ensure continuum of care.
- **Africa CDC and US Centers for Disease Control & Prevention (US CDC),** who are providing technical support in surveillance, laboratory diagnostics and rapid response deployment.
- **OCHA and other clusters,** who are ensuring a multi-sectoral response including Protection, Nutrition, Food Security and Logistics.

The Red Cross is also an integral part of local coordination mechanisms through COUSP, where CRRDC volunteers work alongside local health authorities to align SDB, RCCE, and IPC/WASH activities with other responders.

Within the **Red Cross Red Crescent Movement**, coordination is structured at country (operational), regional and global levels, given the red categorization. At country level, Participating National Societies (PNSs) are expected to engage in the operation from an expertise-based lens with continued support to CRRDC strengthening. The IFRC Secretariat will provide coordination and technical backstopping, surge deployments (Ops. Coordinator, Health, IM, CEA, PGI) and supply chain support while also facilitating Federation-wide mobilization. ICRC is a key partner that contributes by enabling the operating environment, by providing logistics support and by sharing security analysis, which is critical given the access constraints and insecurity in Kasai.

This multi-layered coordination framework ensures that CRRDC's response is fully embedded in the national response system, is supported by Movement partners and is closely harmonized with UN agencies, NGOs and donors. It enhances efficiency, helps to avoid duplication and leverages the comparative strengths of each actor.

IFRC Secretariat Services

Logistics & Supply Chain

The IFRC, through its Secretariat services, will ensure a robust logistics backbone to support CRRDC in responding to the Ebola epidemic. Given the remoteness of the area and the heavy reliance on overland transport through Tshikapa, logistics and supply chain are critical for the success of the operation.

- **Procurement and supply chain management:** centralized procurement of PPE, SDB kits, IPC/WASH materials, in line with MOPH/WHO specifications. Local procurement will be facilitated where markets and quality standards allow.

- **Warehousing and stock management:** pre-positioning of buffer stocks in Tshikapa and Kinshasa to enable rapid dispatch to affected health zones. The IFRC Nairobi Regional Logistics Unit (RLU) will provide surge support and technical guidance.
- **Transport and distribution:** deployment of vehicles, motorcycles and trucks to enable last-mile distribution of supplies to remote areas, overcoming road access challenges and insecurity.
- This logistics/supply chain service ensures that frontline volunteers, burial teams and health workers have uninterrupted access to the protective equipment, tools and supplies that they need, while guaranteeing accountability and efficiency in the use of donor resources.

Surge support

IFRC will mobilize surge capacity system-wide to reinforce CRRDC in scaling up its Ebola response, ensuring that specialized expertise is rapidly deployed and integrated.

- **Immediate surge deployments**: an Operations Manager, Public Health in Emergencies Coordinator, Field Coordinator and Supply Chain coordinator have been deployed. Additional short-term surge profiles are on standby, including IPC, SDB, CEA, Strategic Partnership & Resource Mobilization (SPRM) and Information Management (IM).
- **Potential ERU deployments: (1) Community-based Surveillance (CBS)/Public Health ERU** to reinforce CBS capacity and active case finding, provide analytical capacity and set up community-level alert systems where gaps persist. **(2) Logistics ERU:** to support supply chain pipelines, cold chain management for vaccines and overland distribution in Kasai's challenging access environment. And this includes **(3) WASH ERU:** to ensure access to safe water, establish handwashing points and support safe waste management.

The surge system will be closely coordinated through IFRC's Global Surge Desk and Regional Office in Nairobi, ensuring that deployments are context-appropriate, complementary to existing UN/NGO capacity and embedded within CRRDC branch structures.

By leveraging the ERU network and global surge rosters, IFRC ensures that the operation can expand rapidly if case numbers escalate, while guaranteeing quality standards and adherence to Ebola response protocols.

National Society Strengthening

Duty of Care and Volunteer Protection

CRRDC relies on the commitment of its volunteers and staff, who are at the frontlines of the Ebola response conducting safe and dignified burials, engaging in community surveillance and leading Risk Communication & Community Engagement (RCCE). To ensure that their health, safety and well-being are non-negotiable priorities for the operation, **protective measures for frontline responders include:**

- **Insurance coverage:** all volunteers and supervisors mobilized under this operation will be insured for accident, illness and death in the line of duty.
- **Vaccination:** all SDB volunteers will be prioritized for Ervebo vaccination before deployment to high-risk zones.
- **Personal Protective Equipment (PPE):** volunteers will be equipped with adequate PPE (masks, gloves, coveralls, goggles, boots) replenished regularly, and pre-positioned in branch warehouses.
- **Medical evacuation and referral pathways:** standard operating procedures (SOPs) for immediate referral and medical evacuation are in place, including collaboration with MOPH-designated treatment centres.
- **Psychosocial support:** volunteers engaged in SDB and RCCE will receive psychosocial support and stress management training, with referral pathways for those experiencing trauma or stigma.

- **Training and supervision:** all volunteers will be trained/re-trained on safe SDB practices, PSEA/Code of Conduct and community feedback tools before deployment. Field supervisors will ensure compliance with SOPs and duty of care standards.

Volunteer well-being and stigma reduction: Beyond physical protection, the operation will address the psychological and social pressures that volunteers face. In past Ebola operations, Red Cross volunteers have been subjected to community rejection and discrimination. To mitigate this:

- PSS focal points will provide confidential counselling and peer support;
- community engagement campaigns will include recognition of volunteers as lifesavers, reducing stigma and enhancing trust; and
- safe accommodation and transport arrangements will be provided for volunteers working in insecure or remote areas.

Duty of care is further embedded in the accountability framework of the IFRC-wide system. All staff and volunteers will sign and adhere to the **Code of Conduct**, with clear reporting mechanisms for breaches, ensuring a **safe, inclusive and accountable operational environment.**

Branch Capacity Enhancement

The Ebola response provides a critical opportunity to strengthen the decentralized capacity of CRRDC in Kasai province. Branches are the backbone of the response. They mobilize volunteers, liaise with local authorities and provide the first line of epidemic control in their communities. Yet they face persistent challenges of limited resources, under-developed systems and fragile infrastructure. Through this Emergency Appeal, IFRC will support branch development and preparedness investments to ensure that CRRDC can respond effectively to this and future outbreaks:

- **Operational capacity:** equip provincial branches with vehicles, motorcycles, communications tools and protective equipment to enable rapid deployment of volunteers into affected health zones.
- **Volunteer management systems:** strengthen recruitment, training, supervision and insurance mechanisms at branch level, with a focus on epidemic response competencies (SDB, IPC, RCCE, PSS).
- **Preparedness and pre-positioning:** establish rapid response teams at branch level with pre-positioned stocks of PPE, SDB kits, hygiene supplies and community engagement tools, ensuring that branches are ready for rapid activation beyond this operation.
- **Governance and accountability:** provide training in finance, logistics and reporting systems for branch leadership, enabling improved compliance, transparency and engagement with external partners.
- **Digitalization:** expand the use of Nyss, Kobo/ODK and WhatsApp-based reporting to branches, allowing real-time monitoring of volunteer activity, CBS alerts and community feedback.
- **Learning and lessons:** facilitate branch-level, after-action reviews and lessons-learned workshops to institutionalize epidemic response knowledge and strengthen future Preparedness- for Effective-Response (PER) assessments.

By enhancing branch capacity during this Appeal, CRRDC will not only deliver a timely, lifesaving Ebola response but will also emerge with stronger, more resilient provincial branches that are better prepared to manage future public health emergencies and other disasters.

Protection, Gender & Inclusion (PGI) – Prevention of Sexual Exploitation & Abuse (PSEA)

In high-risk operations such as Ebola, where responders have close and frequent contact with affected communities, robust safeguarding and PSEA measures are essential to uphold the dignity and rights of all people. CRRDC, supported by IFRC, will ensure that no form of exploitation, abuse or harassment is tolerated within the response. Core actions under PSEA include:

- **Policy enforcement:** all staff and volunteers deployed in the Ebola operation will sign and adhere to the Code of Conduct, which includes explicit commitments on safeguarding and zero tolerance for SEA.
- **Training and awareness:** volunteers and staff will be trained on PSEA, Safeguarding and Child Protection to ensure that they understand their responsibilities and the consequences of misconduct.
- **Reporting mechanisms:** establish and publicize confidential and accessible reporting channels for community members, ensuring that survivors can report SEA safely, including through community feedback systems already in place for RCCE/CEA.
- **Referral pathways:** work with MOPH, the Protection Cluster and specialized partners to ensure timely referral to survivor-centred support services, including medical care, Psychosocial Support Services (PSS) and legal aid where possible.
- **Community sensitization:** Integrate messaging on rights, accountability and how to report misconduct into RCCE activities, ensuring that women, girls, people with disabilities and marginalized groups know how to raise concerns safely.
- **Monitoring and compliance:** Regular monitoring visits, audits and after-action reviews will ensure that PSEA commitments are being upheld and that lessons are fed back into operations.

Through these measures, CRRDC and IFRC will safeguard communities, protect volunteers and reinforce trust in the Red Cross Red Crescent as a safe and accountable partner in the Ebola response.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy to be released in the coming days. The Operational Strategy will also provide further details on the Federation-wide approach, which includes response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After September 2026, response activities to this humanitarian crisis will continue under the IFRC Network DRC Country Plan for 2026. The IFRC Network Country Plans show an integrated view of the ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's actions. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way. Information will be shared promptly, should there be a need for an extension of the crisis-specific response beyond the above-mentioned time.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Red Cross of the Democratic Republic of the Congo (CRRDC)

Core areas of operation:
Disaster Risk Management
Community Health
Protection, Gender, and Inclusion
Community Engagement and Accountability
Migration – population movement

Number of staff:	**122**
Number of volunteers:	**503,311**
Number of branches	**26**

The Red Cross of the Democratic Republic of the Congo (CRRDC) was established in 1961 as an auxiliary to the public authorities. With a large network of trained and motivated volunteers, staff and assets, the National Society has a strong added value to address the humanitarian needs in the country. With 26 provincial branches and 503,311 active volunteers, CRRDC is a key humanitarian actor and first responder with access across the entire territory.

At the national headquarters, there is an operational management structure with technical units in the fields of Health, Disaster Risk Management (DRM) and Emergency Response, as well as support services. With a branch committee in each of the 26 provinces of the country, 245 territorial committees and a total of 63 years of

experience in helping the most vulnerable people, the National Society has considerable experience in responding to epidemics, and to EVD in particular, having played a frontline role in response to all previous epidemics in the country, including the large-scale crises in North Kivu, Equateur and Ituri between 2018 and 2022. Over the years, CRRDC has trained and deployed hundreds of volunteers in SDB, Risk Communication & Community Engagement (RCCE), Infection Prevention & Control/WASH ("IPC/WASH") and PSS, earning recognition as a trusted actor at the community level.

In the current Kasai outbreak, CRRDC has already mobilized volunteers in Bulape and Mweka, where two SDB teams and supervisors have performed 16 safe burials, and where more than 100 volunteers have been deployed for house-to-house awareness, support to health facility decontamination and contact tracing in collaboration with the Ministry of Public Health and WHO. These actions demonstrate both the unique access of the Red Cross network and its critical auxiliary role in safeguarding communities during health emergencies.

CRRDC and all partners within the International Red Cross and Red Crescent Movement present in the DRC, particularly the ICRC, IFRC and Participating National Societies (PNSs), continue to work together closely to support and strengthen the capacity of CRRDC in managing its resource requirements, and to deliver humanitarian assistance and other vital programmes and services.

IFRC Membership Coordination

CRRDC has formally requested this Emergency Appeal with the support of the IFRC Secretariat. Coordination within the Red Cross Red Crescent Membership is structured to ensure a coherent Federation-wide response that leverages the capacities of different actors while avoiding duplication.

The IFRC Secretariat, through its country delegation in Kinshasa and regional office in Nairobi, provides technical backstopping, surge deployments, mobilization of resources and Federation-wide reporting. The Secretariat also facilitates the mobilization table and ensures coordination with external actors through the Health Cluster and UN systems.

Several PNSs are engaged in supporting CRRDC:

- Swedish Red Cross has already provided financial support to the DREF and is exploring continued technical assistance.
- Spanish Red Cross is mobilizing additional resources and technical expertise, particularly for health and CEA components.
- French Red Cross is considering secondments and support to branch capacity enhancement.

Together these PNS contributions are being coordinated through regular Federation-wide meetings to ensure alignment with the MOH-led Plan of Action and the CRRDC operational framework.

Red Cross Red Crescent Movement coordination

Together, CRRDC, IFRC and ICRC work through a shared movement coordination platform to harmonize planning, share information and ensure that Movement resources are deployed effectively and complementarily, reinforcing the credibility and impact of the Red Cross response

External coordination

The Ebola response in Kasai is coordinated under the leadership of the Ministry of Public Health (MOPH), through COUSP at provincial level and the national Ebola Operation Centre. From the outset MOH has convened partners around a single plan of action and budget, applying the principle of *one plan, one team, one budget*. The first coordination meeting, chaired by the Minister of Health on 5 September 2025, brought together UN agencies, NGOs and donors to validate the draft response plan and ensure alignment.
The Health Cluster, led by WHO, plays a central role in coordinating technical support, surveillance and response activities. The Cluster convenes regular meetings at national and provincial levels, aligning partner interventions on management, surveillance, laboratory, IPC, WASH, SDB, vaccination and risk communication. CRRDC is an active member of the Health Cluster, particularly on SDB, RCCE and IPC.
CRRDC and IFRC also coordinate closely with key partners:

- WHO leads case management, epidemiological surveillance and vaccine deployment.
- UNICEF co-leads RCCE and WASH.

- MSF, IMC and ALIMA run Ebola treatment units and support case management and IPC in health facilities.
- Africa CDC and US CDC provide technical expertise in surveillance, diagnostics and rapid response.
- OCHA and WFP convene inter-cluster coordination to ensure alignment with broader humanitarian sectors (Protection, Nutrition, Food Security, Logistics).
- Donors and multilateral agencies, including the World Bank and bilateral partners, are mobilizing resources in support of the national plan.

Through this system, CRRDC ensures that its activities in SDB, RCCE, IPC, WASH and PSS are fully integrated into the wider response, complementing the mandates of other agencies and filling critical community-level gaps. This coordination avoids duplication, strengthens efficiency and reinforces the auxiliary role of the Red Cross in support of the Government of DRC.

Contact information

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE**) in delivering assistance to the most vulnerable. 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.

Reference
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