

OPERATION UPDATE

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

Emergency appeal №: MDRCD047 Emergency appeal launched: 15/09/2025 Operational Strategy published: 30/09/2025	Glide №: EP-2025-000157-COD
Operation update #1 Date of issue: 11/10/2025	Timeframe covered by this update: From 23/09/2025 to 07/10/2025
Operation timeframe: 12 months 15/09/2025 - 30/09/2026)	Number of people being assisted: 965,000 people
Funding requirements (CHF): CHF 17 million through the IFRC Emergency Appeal CHF 20 million Federation-wide	DREF amount initially allocated: CHF 1,750,000

To date, this Emergency Appeal, which seeks CHF 17,000,000, is 15% per cent funded. Further funding contributions are needed to enable the DRC Red Cross, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people affected.



Ebola prevention awareness during a home visit in Bulape by Red Cross volunteers

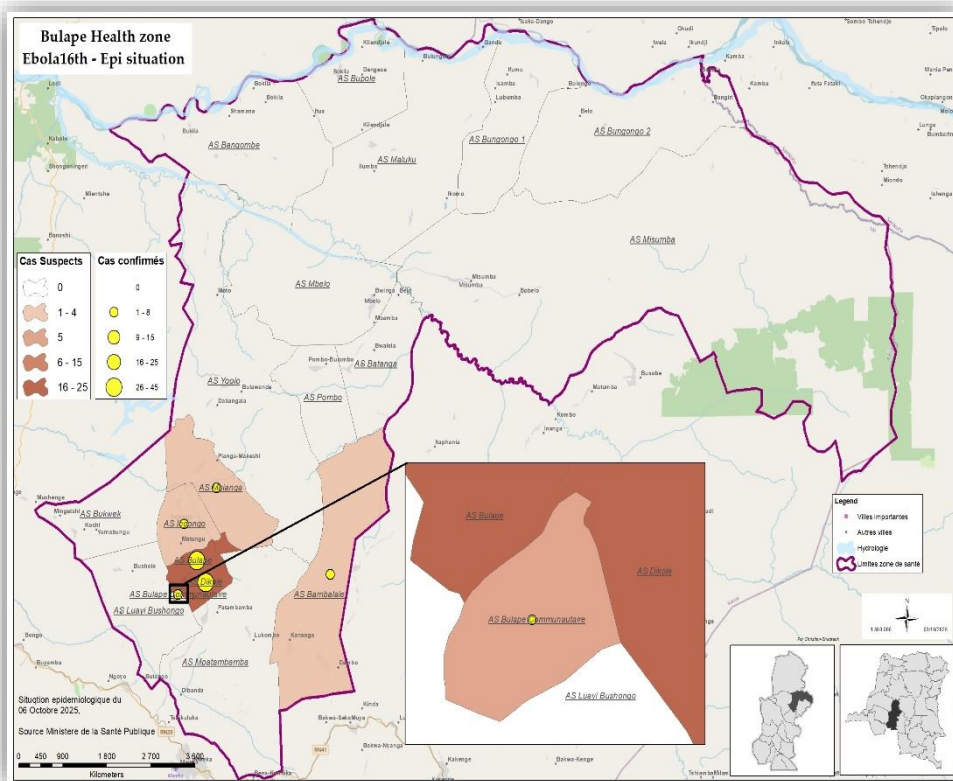
A. SITUATION ANALYSIS

Description of the crisis

The 16th outbreak of Ebola Virus Disease (EVD) in the Democratic Republic of Congo (DRC) has occurred in the province of Kasai. It was [declared](#) on September 4, 2025, by the Minister of Public Health, Hygiene and Prevention. As of October 6th, the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo has reached **64** total cases (53 confirmed, 11 probable), including 43 deaths, resulting in a case fatality rate of **67,2** percent.

Health Zone (HZ)	Confirmed and probable cases	Confirmed case	Total Deaths	Case Fatality Rates (CFR)	People cured	People vaccinated	Monitored contacts
Bulape	64	53	43	67,2%	15	20190	1 985 (98,6%)

Source: [WHO](#)



The outbreak remains confined to Kasai Province, specifically Bulape Health Zone, where six health areas are affected: Bulape, Bulape Communautaire, Igongo, Mpianga, Bambalaie, and Dikolo. The most affected health areas are Dikolo (26 cases) and Bulape (25 cases). In terms of case fatality rate (CFR), according to the Ministry of Health (MoH), four health areas stand out: Bulape community (100%), Bulape (64.7%), Dikolo (58.3%), and Bambalaie (50%). Children are disproportionately impacted, with lethality rates of 92 percent among children aged 0-5 years and 75 percent among those aged 3-15 years. Men have recorded the highest CFR (75 percent), while the 20-24-year age group has been identified as a significant driver of transmission. More than 1848

contacts have been identified. Rumors of population movement out of affected areas raise concerns about the possible spread of the outbreak beyond Bulape Health Zone, within Kasai Province, to other provinces and across the border into Angola¹. There are currently 4 Ebola Treatment Centers (ETCs) and triage areas across the Bulape Health Zone (Bulape, Bambalaie, Mpianga, Igongo). Bulape General Hospital and Bambalaie General Hospital have been used to set up these services, significantly limiting access to the wider community to health services. As a result, many community members have turned to traditional healers, heightening the risk of further transmission. Infection Prevention and Control (IPC) in health centers and traditional healers have been assessed to be poor. Under the leadership of the Ministry of Health and with the collaboration of humanitarian actors, the response to the epidemic is ongoing.

¹ International Medical Corps, Situation Report #4, October 2, 2025, Ebola Outbreak, Kasai province, DRC

The Democratic Republic of Congo Red Cross (DRC RC) is contributing to the [humanitarian response](#) through an [emergency appeal](#) launched on September 15, 2025, for 12 months by the International Federation of Red Cross and Red Crescent Societies (IFRC).

It should be noted that in Kasai province, previous Ebola virus disease epidemics occurred in 2007 and 2008.

Summary of response

Overview of the host National Society and ongoing response

The Democratic Republic of Congo Red Cross (DRC RC) has established an operational base in the city of Mweka and mobilized many volunteer in response to the outbreak as presented below:

RESPONSE AREA

- 157 volunteers trained in EPIC² and mobilized in Bulape health zone
- 100 volunteers trained in EPiC and mobilized in Mweka health zone

PREPARATION AREA

- 50 volunteers mobilized in Mushenge health zone
- 50 volunteers mobilized in Kakenge health zone
- 50 volunteers mobilized in Tshikapa health zone
- 50 Volunteers being prepared in Kole in Sankuru health zone
- 50 Active Volunteers in Luebo health zone

LOGISTICS

- 550 body bags available in Bulape
- 3 SDB pre-positioning sites with 5 SDB management materials each.

On 13 September, the Democratic Republic of Congo Red Cross deployed a rapid intervention team composed of health, WASH, CEA / CREC , logistics, and security specialists. Volunteers are currently engaged in safe and dignified burials, community-based surveillance, risk communication and community engagement (RCCE), community disinfections including in the houses of cases, water, sanitation and hygiene (WASH), and psychosocial support, ensuring that essential community-level interventions are maintained despite the ongoing challenges. The National Society is also leading decontamination efforts at Bulape General Hospital and in affected households.

IFRC team left for the field on 6th September to support. The DRC RC is recognised as a formal partner in the outbreak response. At the national level in Kinshasa, the NS participates in coordination meetings led by the Operations Center for Health Emergencies, while at the local level in Bulape, it is fully integrated into the multisectoral response commissions.

The National Society has received extensive support from the Red Cross Red Crescent Movement in resource mobilization, logistics, and technical areas. The IFRC delegation and EVD response team are being reinforced to ensure Minimum in Country Team as per IFRC Emergency Response Red Categorization, with an Operations Manager already in-country, as well as a Field Coordinator, Public Health in Emergencies Coordinator, and Supply Chain Coordinator already in the field. The Swedish Red Cross and Belgian Red Cross francophone community have allocated human resources to support the Minimum in country team, with the functions of Assessment Focal Point and Membership Coordinator respectively. A Public Health Emergency Response Unit (PH ERU) specialized in Infection Prevention and Control (IPC) and Community-Based Surveillance (CBS) is to be deployed. A communication coordinator has been mobilized and has started to support remotely while she plans to travel in country. In addition, the Surge Information Management System (SIMS) team is supporting PMER/IM functions for the IFRC and National Society, and a surge epidemiologist is being requested to provide remote support.

² Epidemic Preparedness In Community

DRC		Key Response Figures	
	Safe and Dignified Burials (SDB)		Health & Care
43	SDB completed	82,878	People reached
22	deaths in hospital with SDB completed	257	Volunteers trained on EPIC
21	deaths in the community with SDB completed	805	People reached by PSS services
	Community Engagement and Accountability		National Society Strengthening
57	Community Feedback received	507	Volunteers involved in the operation
			Coordination and Partnerships
		1	Regular coordination mechanism
			Water, Sanitation and Hygiene
		40,377	People reached
		38	Hand washing facilities installed
		1	Decontamination of the general hospital



In Bulape, volunteers from the DRC Red Cross are conducting awareness campaigns to help communities protect themselves against Ebola.

Needs analysis

Needs analysis

A Red Cross team has been deployed in the field for a multisectoral needs assessment. However, preliminary observations highlighted critical gaps in case management, surveillance, and community engagement. Health care facilities where Ebola Treatment Centers had been set up were overwhelmed, impacting the access to care and pushing communities to rely on traditional healers, increasing transmission risks. Reinforcing treatment capacity and referral pathways is urgently needed.

Surveillance and contact tracing require additional support, particularly given reports of population movement that could expand transmission within Kasai Province and across borders. Community-based surveillance is especially important as patients tend to consult late in the evolution in the disease decreasing their chances of survival and increasing the risk of transmission in the community. There are concerns related to risk communication and rumour tracking to counter rumours and build trust.

Severe IPC and WASH gaps are evident. Water access is a challenge in Bulape Health Zone. Many health facilities lack water supply, waste management systems, functional triage, and trained staff; only 3 of 42 facilities assessed by DRC RC in Bulape had operational triage systems. Urgent provision of essential supplies such as PPE, soap and chlorine, as well as WASH infrastructure in health facilities and households is required to prevent secondary transmission.

Government-led preparedness efforts are ongoing in neighbouring provinces and border areas. Authorities have expanded preparedness beyond Kasai to five additional provinces—Sankuru (Health Zones of Kole and Bena Dibele), Mai Ndombe (Health Zones of Oshwe and Mimia), Kwango, Kwilu, and Kinshasa (Communes of Nsele and Ndjili). In these provinces, capacity assessments are underway across coordination, risk communication, infection prevention and control (IPC), case management, safe and dignified burials (SDB), surveillance, and case investigation. Provincial Health Division preparedness plans are being revised based on these evaluations.

Scenario planning³ by Africa CDC done on the 26th of September suggests potential outbreak trajectories under three scenarios:

1. **Optimistic scenario:** <100 total cases, no ongoing transmission in 3 months. Transmission remains localized to Bulape Health Zone, with minimal cross-border spread.
2. **Moderate spread scenario:** 100-500 total cases, may be ongoing transmission in 3 months. Outbreak extends to additional health zones within Kasai Province and sporadic cases cross into neighbouring provinces.
3. **Escalation scenario:** > 500 cases, evidence of exponential growth in 3 months. Wider geographic spread including cross-border transmission to Angola, requiring full-scale multi-sectoral mobilization and international support.

As of 26th of September, CDC expert opinion assesses the Scenario 2, as the most likely. It highlights the need for proactive scaling of surveillance, case management, and community engagement, especially in high-risk and bordering areas.

Psychosocial support remains critical for affected families, frontline volunteers, and communities facing fear and stigma. Cross-cutting concerns include high CFR among children under five, risks of stigmatization for survivors, and operational constraints linked to poor infrastructure, insufficient number of childcare centres/CFS for children

³ Africa CDC, [Scenario assessment: Ebola Virus Disease Outbreak in the Democratic Republic of the Congo | CFA: Qualitative Assessments | CDC](#)

affecteds and limited logistics capacity. The DRC RC multi-sectoral needs assessment is planned on the 10th of October to refine priorities and guide the response.

Operational risk assessment

The response to the current outbreak in Kasai is confronted with a series of risks and operational challenges as those identified in the published [Operational Strategy](#). That significantly constrain effectiveness of the response. The province's weak infrastructure remains a major obstacle, with poor road networks delaying the delivery of supplies and deployment of response teams. Connectivity issues impact reporting and requests for support. There are ongoing challenges in collecting and managing community feedback by Red Cross teams, while the capacities of volunteer team leaders are still being assessed.

A gap remains in the SBC response, as the Kasai branch has not yet received training on Ebola Virus Disease (EVD). In addition, the lack of vehicles to transport patients to the ETC is a critical issue, with the provincial coordination team formally requesting support from the Red Cross. While the recent decision to establish an airbridge to Bulape has somewhat alleviated transport pressures, it falls far short of enabling the scale of mobilisation required for an EVD response in such remote areas. Further compounding these logistical hurdles are recurring power outages, which threaten the operation of essential medical equipment and communication systems critical to surveillance and case management. On the social front, community mistrust and resistance continue to undermine interventions, with populations initially fleeing Bulape and, although many have since returned, reports persist of individuals delaying care or concealing illness to avoid detection. In addition, gaps are still observed in the prevention of SEA, in particular the training and briefing of volunteers. The first training on the code of conduct and PSEA organized in Kasai in September 2025 did not cover volunteers but mainly executives in the sector. This constitutes a risk to the safety of beneficiaries, staff, and the reputation of the DRC Red Cross. Security concerns add another layer of complexity, as the DRC's volatile environment and localized violence in Kasai impede humanitarian access and heighten protection risks, particularly against the backdrop of historical intercommunal tensions and militia activity. Concurrently, Kasai's deep-rooted socioeconomic vulnerabilities, marked by extreme poverty, acute and chronic food insecurity, and critical levels of child malnutrition, intensify community fragility and amplify health risks. Local authorities' imposition of movement restrictions in Bulape has further strained relations, echoing lessons from past outbreaks where insecurity and resistance disrupted core activities such as treatment, vaccination, and contact tracing. With borders now closed between Kasai and Sankuru, the risk of instability and potential cross-border spread remains a pressing concern.



Red Cross mission team blocked on way to Mweka

B. OPERATIONAL STRATEGY

Update on the strategy

To respond to the SBC and IPC gaps identified in the field and the limited accommodation and office options in the field, preparations are underway for the deployment of the Public Health ERU, which will include IPC and CBS modules, as well as the Base Camp ERU. EPIC training has been organised for 21 trainers in Kasai-Tshikapa. The Red Cross operational base in Bulape and the coordination base in Mweka are now functioning. Arrangements are also being made with COUSP to ensure that the team is vaccinated in Kinshasa before departure. In parallel, there is strong mobilisation of Red Cross membership in-country to secure the minimum country team required under IFRC's Emergency Response.

The current operation is focusing on Mweka and Bulape while also preparing neighbouring health zones in Kasai Central, Sankuru, and Mai-Ndombe. The [operational strategy](#) balances urgent, lifesaving interventions with institutional strengthening, aiming to reinforce DRCRC branches, training of volunteers, and staff, while enhancing readiness in both outbreak and preparedness areas. Lessons learned from previous outbreaks are being integrated into planning and implementation to ensure the response is effective, aligned with the NS priorities and culturally sensitive.

In the response zone, 157 volunteers are actively deployed in Bulape and another 100 in Mweka, while in the preparation zone, 50 volunteers are mobilised in each of Mushenge, Kakenge and Tshikapa. 50 Volunteers are preparing in Kileleshwa in Sankuru, and another 50 Volunteers are activated in Luebo. Essential supplies have arrived safely, including 550 body bags and one SDB kit in Bulape. A second support team, made up of National Society and IFRC staff, is on its way to Bulape this weekend (left on Friday, 03/October) to strengthen ongoing operations.

Key interventions include safe and dignified burials (SDB), which prevent transmission while respecting local customs, with trained funeral teams, family involvement where safe, and reduced-risk burials in hard-to-reach areas. Currently, two SDB teams are active with the ministry of health, with plans to expand to ten teams and establish standby teams in preparedness zones. WASH activities ensure access to safe water, PPE, disinfectants, hygiene kits, decontamination of homes and public spaces, handwashing stations, and hygiene promotion. With the deployment of the Public Health ERU, support to health care facilities with setting up screening areas, providing essential supplies, improving access to water and waste management as well as training of health care workers, including traditional healers. The Public Health ERU will also support DRCRC in setting up a CBS system in coordination with the MOH. Risk communication and community engagement will deliver timely, accurate, and accessible information, using trusted two-way channels, local languages, and multiple media, while community feedback mechanisms will track rumours, gather feedback, and empower communities. While mental health and psychosocial support provides care for patients, families, children, survivors of GBV, and responders. PGI considerations are integrated across all activities, including child safeguarding, dignity kits, safe spaces, and partnerships with women's and disability rights organisations. National Society capacity is strengthened through retraining volunteers, pre-positioning of SDB supplies, PPE, and contingency planning, while regional preparedness includes support to Angola, leveraging the Red Cross volunteer network for cross-border surveillance, risk communication, training, and coordination to prevent importation of Ebola cases.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 27174	Female < 18: 19529
	Male > 18: 18900	Male < 18: 17275

Objective:	<i>The spread and impact of the outbreak are reduced through community outreach in the affected health zones.</i>
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Key indicators:	Indicator	Actual	Target
Safe and Dignified Burials (SDBs)	<i># of new confirmed EVD cases (From 30 September to 06 October)</i>	0	0
	<i>% of deceased individuals for whom SDBs were successfully carried out</i>	100%	100%
	<i>% of SDB alerts responded to through public health action within 48 hours</i>	100%	100%
	<i># of volunteers/supervisors trained/retrained in SDBs, disaggregated by sex, age, and disability</i>	21	360
	<i># of SDB alerts received</i>	-	As necessary
	<i>% of Red Cross SDB volunteers vaccinated</i>	100%	100%
	<i>% of swab samples successfully collected for deaths reported to the Red Cross</i>	-	100%

Achievements

According to data from the Ministry of Health of the DRC, shared on 2nd October 2025 at the COUSP meeting, the epidemiological situation as of October 1, 2025, is as follows: There have been a total of 64 cases (53 confirmed and 11 probable), with 42 deaths (31 confirmed and 11 probable), representing a case fatality rate of 66% overall, ranging from 25% to 100% depending on the health areas affected. Six health areas have reported cases, while seven are reporting contacts. On 1st October, a total of 1,828 contacts has been identified, compared to the expected 2,650 to 5,300 contacts (based on 50–100 contacts per confirmed case), with 98% of contacts being successfully monitored. Regarding vaccination, 12,940 people have been vaccinated across three sites (Bulape, Mweka, and Kananga), with recorded losses of only 0.01%. In terms of case management, there are four Ebola Treatment Centers or triage areas (Bulape, Bambalaie, Ingongo, and Mpianga) with a combined capacity of 44 beds, currently at 34% occupancy. Epidemic curves are available overall, by health area, and by age group, with the reporting date corresponding to the onset of symptoms.

The Red Cross operational base in Bulape and the coordination base in Mweka are now functioning. On 4 October, a second joint NS/IFRC mission left Kinshasa for Bulape, with team members including IM, PhiE, Logistics/Fleet, the Supply Chain Coordinator, and IT staff to support the ongoing response and set up the premises in Bulape. Arrangements are also being made with COUSP to ensure that the team is vaccinated in Kinshasa before departure.

A total of 21 volunteers were trained for conducting SDBs and 43 Safe and Dignified Burials (SDBs) were carried out so far (22 hospital deaths and 20 community deaths). The first shipment of SDB kits and essential response items received in Bulape (550 body bags available in Bulape).

Training of SDB team continuing. All SDB volunteers and NS/IFRC mission team vaccinated in Bulape. A rapid response team has been deployed from the HQ and established at branch level to continue to train SDB volunteers and share community engagement tools/training, ensuring that the volunteers are ready to respond with the available materials.

Mental Health and Psychosocial Support	Indicator	Actual	Target
	<i>% of people confirmed or suspected of having been affected by EVD receiving MHPSS support</i>	100%	100%
	<i>% of personnel and volunteers reached with MHPSS support</i>	Ongoing	100%
	<i># of people reached with MHPSS from the National Society</i>	805	23200
	<i># of supervisors and volunteers trained in psychosocial support</i>	14	100

Achievements

14 volunteers of DRC Red Cross (6 men and 8 women) have been trained in psychological and social support (PSS) to better respond to the emotional needs of communities affected by the Ebola outbreak. They now serve with empathy, resilience and renewed purpose. 27 households that have lost familiars to EVD have been supported psychologically by DRC Red Cross PSS volunteers. These families have expressed their appreciation of the support provided. In addition, PSS services were also provided to 18 community patients who met the case definition and agreed to go to the hospital. At least 805 people were reached by the PSS services provided by Red Cross volunteers.

Community Health/Risk Communication and Community Engagement (RCCE)	Indicator	Actual	Target
	<i># of people reached with epidemic-related health promotion activities</i>	82878	965000
	<i># of volunteers trained on EpiC, disaggregated by sex, age, and disability</i>	257	1100
	<i>% of people surveyed who say they trust the information provided by the National Society</i>	-	80%

Achievements

EPIC training has been carried out for 21 trainers (2 women, 19 men) in Kasai-Tshikapa. Then there were cascade training sessions for 257 volunteers (78% male, 22% female), including 157 in Bulape and 100 in Mweka.

During the reporting period, door-to-door visits reached at least 30098 people (24%-man, 28%woman, 25% boy, 23% girl) by Ebola prevention messages. Mass awareness campaigns reached at least 52780 (22%-man, 35%-woman, 19% boy, 24% girl) in churches, schools, and markets.



Red Cross team training /briefing for RCCE activities



Photos of some awareness-raising activities on Ebola prevention

Community-based Surveillance (CBS)

Indicator	Actual	Target
# of CBS assessments completed	0	1
# of CBS protocols/SOPs developed	Ongoing	1
# of volunteers trained in CBS	Ongoing	1100
% of communities with coverage of active CBS Volunteers (1 Vol: <50HHs)	-	10%
% alerts later confirmed as cases	37,7%	80%
% of community-based surveillance (CBS) alerts responded to through public health actions within 48 hours	100%	100%
% of CBS volunteers who are active ('zero' reporting, monthly average)	100%	90%

	# of CBS alerts raised to the MoH	212	As necessary
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Achievements

An ERU alert was sent on September 30th for a Public Health ERU with Community Based Surveillance (CBS) and Infection Prevention and Control (IPC) modules, with responses received from France, Norway, and Canada. On 03/10/2025, a convoy of DRC Red Cross and IFRC teams with 3 vehicles departed for the field with logs, drivers, and vehicles provided by IFRC and the National Society, along with supplies for the base camp and equipment to ensure connectivity. Visibility remains limited.

Preparations are underway for the deployment of the Public Health ERU, which will include IPC and CBS modules, as well as the ERU Base Camp.

Overall, in community-based surveillance activities, volunteers recorded 212 alerts, of which 212 were investigated and 80 validated (37,7%).

Nutrition and Cash for Health	Indicator	Actual	Target
	# of people admitted to ETC and their family members who received food/Meal assistance from the Red Cross	0	1000

Priority Actions:

Through the Emergency Appeal, consideration will be given to providing adapted food support for patients admitted to ETCs, and community-based nutrition surveillance will be strengthened in affected areas to ensure early and coordinated management of malnutrition. This could take the form of nutritional support for EVD patients admitted to ETCs, distribution of food rations to affected families, capacity building in nutrition in the context of EVD, and awareness campaigns for mothers to prevent malnutrition and support children with moderate malnutrition.

 Water, Sanitation and Hygiene	Female > 18: 10548	Female < 18: 9079
	Male > 18: 9168	Male < 18: 11582

Objective:	Hygiene practices are improved within the entire affected population.		
Key indicators: WASH	Indicator	Actual	Target
	# of hygiene kits distributed in the households of confirmed cases and contacts to avoid contamination	0	4000
	# of people covered with hygiene promotion activities	40377	680000
	% of SDB bases that have access to clean water	-	100%
	# of homes, health facilities, or other locations where a confirmed or presumed case had spent time decontaminated by trained RC teams	-	1000

% of decontamination alerts successfully completed by RC teams within the same calendar day

-

80%

Achievements

A total of 38 handwashing facilities were installed in six sites / public places, including markets (Bulape (10), Mweka (8), Mushenge (6), Kakenge (5), Luebo (4), Tshikapa (5)).

During the reporting period, overall, 28454.5 litres of water were provided for handwashing in public places, reaching at least 40377 people (23%-man, 26%-woman, 29% boy, 22 girl).

Decontamination activities were conducted at the Bulape General Reference Hospital as well as in identified households.



Handwashing activity in Bulape



Protection, Gender and Inclusion

Female > 18: -

Female < 18: -

Male > 18: -

Male < 18: -

Objective:

Protection, Gender, and Inclusion communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups due to violence, discrimination and exclusion.

Key indicators: Safe Access to Services

Indicator

Actual

Target

% of survivors of SGBV/SEA reporting to the National Society who are referred to appropriate medical, psychological, or other support services within 72 hours

-

100%

of people (disaggregated by sex, age, and disability) reached by protection, gender, and inclusion programming

-

23200

<i># of (temporary) safe spaces established or operated by the National Society for the purpose of learning, psychosocial support, or recreation</i>	0	6
<i># of assessments and analysis carried out incorporating protection, gender, and diversity and inclusion considerations as part of emergency operations</i>	0	1

Achievements

At this stage of the implementation of Operation Ebola, efforts are underway to ensure the mainstreaming of the PGI. Improvements are being made to take disability into account in data collection and use. Enhanced data collection will allow for disaggregation by gender, age and disability, and support will be provided to teams across all sectors to integrate PGI principles into their activities.

In addition, in coordination with the PMER/IM team, PGI considerations have been integrated into the multi-sectoral assessment tools. Among the objectives of the need assessment, which is ongoing, is the rapid PGI analysis as well as the community-based analysis of SEA risks. The results of these analyses will help to identify PGI issues related to EVD and provide assistance tailored to the needs of vulnerable groups most likely to be excluded. Also, the Community SEA risk analysis will facilitate the implementation of Community measures to reduce the risk of SEA.

In addition, for better monitoring and technical support to the Ebola operation, the PGI commission meeting has been extended to the Ebola response, and the frequency of meetings has been reviewed to better respond to the emergencies of the epidemic. This coordination made it possible to share the referral pathway of Mwaka with the teams; Bulape's is not yet up to date. Through this PGI commission, coordination is established remotely with UNFPA, which ensures GBV/EAS coordination. It should be noted that there is a shortage of post-rape kits in Bulape.

Despite the lack of capacity of some volunteers in PGI, a few protection and awareness-raising sessions were organized in the affected area. However, fundamental cross-cutting protection needs remain.

PSEA	Indicator	Actual	Target
	<i>% of volunteers and staff trained on PSEA and basic SGBV awareness and survivor-centred response, including receiving and managing sensitive SGBV (including safeguarding)-related disclosures</i>	Ongoing	100%
	<i># of National Society staff and volunteers who have signed and been briefed on the Code of Conduct</i>	Ongoing	1100
	<i># of gender and disability reporting mechanisms supported</i>	0	1

Achievements

As the PGI team is not part of the first mission deployed to Bulape, not all volunteers have yet been briefed on the PSEA. Online briefing sessions are planned for the week of 6 to 10 October 2025. As the DRCRC's PSEA policy has not yet been deployed in the province of Kasai, in September with the financial support of the Swedish RC, a 3-day training session for the staffs of the Tshikapa branch on the DRCRC's normative texts was organized. This training included modules on PSEA and the DRCRC Code of Conduct. In total, 34 (28 men and 06 women) people have been trained.



Community Engagement and Accountability

Objective:	<i>People and vulnerable communities affected by the epidemic are empowered to influence the decisions that affect them and trust the IFRC network to service their best interests.</i>		
Key indicators: Feedback Mechanisms	Indicator	Actual	Target
	% of people surveyed who feel the National Society's services meet their most important needs and provide useful support	-	80%
	# of staff, volunteers and leadership trained on community engagement and accountability	278	1100
	# of opportunities for community participation in managing and guiding the operation (e.g. number of community committee meetings, focus group discussions, town halls)	-	As necessary
	% of community members who feel their opinion is taken into account during operation planning and decision-making	-	80%
	% of operational feedback received and responded to by the National Society	100%	80%
	The National Society has a functioning feedback mechanism in place for the whole organisation	Ongoing	1

Achievements

The DRC has been conducting - CEA & RCCE mass awareness and door to door visit campaigns. Following the activities, the Red Cross teams have begun collecting community feedback, with 57 submissions received and addressed by the DRC Red Cross. Among the community feedback collected between September 9 and October 2, it was reported that 14 related to Ebola virus disease.

Most of the feedback gathered by Red Cross volunteers related to questions, rumours, beliefs, observations, suggestions, and requests. Requests included the provision of handwashing supplies or sanitizers and calls for vaccination for additional individuals. This initial feedback, more in detail below, provides valuable insights into community concerns, misconceptions, and needs.

These feedback, related to the Ebola virus disease, were collected via the online Kobo form through home visits and group discussions with the community and related to:

- Questions about why vaccines cause suffering, vaccine availability, and why pregnant women are not allowed to be vaccinated.
- Questions on ways to eliminate the virus.
- Beliefs about the disease having a satanic origin.
- Lack of trust in CTE (fears that it may harm people).
- Suspicions regarding the vaccine.
- Requests for handwashing materials or hand sanitizers.
- Requests for vaccination of individuals.

A gentle man whose wife passed on, shared with a volunteer about the hardship he went through and the support he received from the DRC Red Cross. Below are his comments from on dignity:

"I was convinced that my wife's body would be decomposed on the bare ground. Thanks to the Red Cross volunteers. She was buried with respect. They truly supported me during this difficult period. They are not our enemies, on the contrary, they often come to share our pain and bring us comfort. May the government think of them."

Next steps:

- Support the province affected by the epidemic in preparing feedback reports.
- Share clear information with communities about Ebola Virus Disease (EVD).
- Brief mobilized volunteers on information related to the EVD vaccine.
- Accompany volunteers during awareness activities to dispel rumors about the disease.
- Assist volunteers in sharing feedback.
- Organise mass awareness activities in public places to clearly explain the management of the disease at the centres.

Enabling approaches



National Society Strengthening

Objective:	<i>National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised.</i>		
Key indicators: volunteering and Branch Capacity Enhancement	Indicator	Actual	Target
	<i>The National Society is part of government-led emergency coordination platforms</i>	YES	YES
	<i>The National Society is part of the DRC RC, interagency, and international community's official emergency response coordination platforms</i>	YES	YES
	<i># of mobilised volunteers covered by sickness, accident, and death benefits</i>	Ongoing	1100
	<i>The National Society has improved its preparedness, contingency, and response plans following recommendations and evidence from the operation</i>	Ongoing	YES
	<i># assessments carried out (initial needs assessment/anthropological study/real time evaluation/final evaluation, etc.)</i>	Ongoing	4

Achievements

The approach to National Society strengthening under this Emergency Appeal is twofold: firstly, to ensure that provincial branches have the capacities needed to implement both response and preparedness activities effectively, and secondly, to contribute to the longer-term National Society Development Plan. The focus will be on reinforcing decentralised capacities in Kasai, Kasai Central, and Sankuru, enabling branches to lead operational implementation as well as preparedness and readiness efforts.

Accountability will be enhanced by strengthening governance, finance, logistics and warehousing, and volunteer management systems, while long-term preparedness will be supported through institutionalising outbreak response capacities, including SDB, WASH, and RCCE, with trained teams and pre-positioned stocks available beyond the current operation.

Branch capacity enhancement will include equipping and training provincial branches to lead both response and preparedness activities, ensuring access to water, power, and internet, and pre-positioning essential items such as PPE, SDB kits, hygiene supplies, and community engagement tools for rapid mobilisation of volunteers.

Volunteer and staff management strategies will be enhanced to improve retention, while youth structures within the National Society will be strengthened and integrated into RCCE activities.

PMER/MEAL and information management will support analysis, evaluations, and branch-level after-action reviews to institutionalise knowledge. Leadership and governance will also be reinforced through training in fraud and corruption, PSEA, integrity, risk management, and decision-making processes, ensuring that branches are capable, accountable, and resilient in both ongoing and future epidemic responses. There will also be a documentation of the best practices and their integration into the future preparedness plans.

This combined effort reflects the ongoing mobilization of volunteers, the effective use of resources, and active engagement with communities to strengthen both response and preparedness measures.



Coordination and Partnerships

Objective:

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

Key indicators: Strategic and Operational Coordination

Indicator

Actual

Target

of regular coordination mechanisms with all Movement partners

1

1

of monthly coordination meetings

1

12

of joint monitoring missions carried out (DRC RC-IFRC, PNS, ICRC)

0

1

of lessons learned workshops/mid-term reviews

0

2

Achievements

Red Cross Movement Coordination

The IFRC, together with the DRC Red Cross, have appointed a dedicated person to coordinate membership during the initial response and work with IFRC Network members already active in the country to ensure a unified approach, led by the National Society. They maintain close coordination with Participating National Societies (PNS) (including those with Emergency Response Units and Base Camp), while continuing to share information, align inputs, and support joint analysis to ensure a common approach to the Ebola outbreak in Kasai. In addition, the Membership Coordination in Emergencies toolkit will be tested. A mapping of in-country Partners and key areas of support has been completed.

In parallel, there is strong mobilization of Red Cross membership in-country to secure the minimum country team required under IFRC's Emergency Response Red categorization, with the Spanish Red Cross confirming support for the needs assessment.

Red Cross global partners call took place on the 22nd of September to present the Emergency Appeal and to provide an overview of the ongoing response by the DRC Red Cross, with the support of the IFRC network, and take stock of the aid mobilized and the expressions of interest received to date. It was also an opportunity to discuss the possible involvement of partners and explore ways to collectively strengthen our efforts to respond to urgent needs.

There is an engagement of the in-country Participating National Societies (PNS) to contributing to the operational strategy on Ebola to ensure a unified response, using existing Membership Coordination platforms established at country level under the leadership of the DRC RC.

Weekly coordination meetings of the Red Cross movement are held with the participation of the PNS and IFRC and ICRC. In addition, a meeting took place with French RC HQ DM/WASH and Health to discuss potential support to the NS response. Interest from FRC on IPC/CBS and HR. Availability of ERU support also expressed. Swedish RC and Belgium RC staff in country and mobilized to support the response fully onboard following onboarding.

A task force has been activated at the IFRC delegation in Kinshasa. It meets on a daily basis.

Engagement with external partners

There is effective and active integration of the Red Cross in all response coordination committees in Bulape. At the national level, the DRC Red Cross and the IFRC participate in COUSP coordination meetings.

A briefing of the DRC diplomatic missions on the Ebola epidemic was organized by Red Cross DRC with the support of the IFRC.

The operation will continue close coordination with national authorities at all levels—national, provincial, and local—as well as with the United Nations, INGOs, and other response actors. It will also ensure strong representation with donors, external partners, and the diplomatic community in the DRC to secure ongoing support throughout the response. The membership coordination team will continue to facilitate information sharing and joint operational and financial planning to complement effort. They will coordinate the pursuit of shared leadership opportunities to utilize the skills, capacities, and added-value areas of the members.



Secretariat Services

Objective: <i>Effective and coordinated disaster response is confirmed.</i>			
Key indicators: Agility and Accountability	Indicator	Actual	Target
	<i>The resource mobilization strategy has been completed and implemented</i>	Ongoing	1
	<i>The National Society has a risk management framework in place</i>	Ongoing	1
	<i># of financial audits carried out</i>	0	1

Achievements

- Through this Emergency Appeal, the IFRC is supporting the DRC RC. The Federation-wide funding requirement for this Emergency Appeal comprised all support and funding to be channelled to the National Society in response to the emergency event. This included the National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC Secretariat. The Ebola outbreak was declared a Red emergency by the IFRC, meaning it requires the highest level of support and coordination. This triggered special measures to speed up and strengthen the response, using a "One Secretariat" approach where all parts of the organisation started working together with simpler processes. Key actions included sending priority staff to the country, using standby teams for quick deployment, and providing remote support from Geneva and regional offices. One field visit started with NS and IFRC staff in Bulape so far. The mission includes meeting and working with local branch and volunteers on IPC, SDB and PSS while starting the establishing of a base/site in Bulape. However, the operation will focus on Mweka, Bulape, and Mushgwe, with preparedness in neighbouring health zones (Kasai Central, Sankuru, Kwango). The IFRC is providing strong logistics, staffing, and coordination support to the DRC Red Cross. Given the remoteness of the affected areas, supply chains and transport through Tshikapa are critical.
- **The PMER and IM** from IFRC Delegation in Kinshasa continues to support the DRC RC in understanding the indicators, the use of data collection tools, and the monitoring and evaluation framework. This support is provided through the PMER and Information Management working group set up by the DRC Red Cross. The PMER team also contributed to establishing a risk matrix on the operation.
- **There** are Regular staff briefings on **security**.
- **Concerning logistics**, local procurement of two double-cabin pickups with canopies is underway alongside maintenance of an NS-owned vehicle for hire. Prepositioned SDB kits from Cameroon are being prepared for transfer to Bulape via Kinshasa, while Purchase Orders for 20 starter kits, 20 replenishment kits, and 15 training kits have been launched and sent to Dubai for immediate supply. The warehouse assessment is ongoing, and reception of SDB kits from Goma was effective on the 25/09/2026.
- Regarding **communication et visibility**, below are links to published articles:
 - [Ebola in DRC: A race against time to save lives](#)
 - [Powerful testimony from Bulape](#)
 - [Strengthening community care in Bulape](#)
 - [From Yaoude to Bulape, solidarity in motion](#)
 - [Open arms to the vaccine](#)
- Concerning **Human resources**, to support the response to Ebola epidemic in Kasai province, the IFRC quickly mobilized, through its Surge Mechanism, a qualified and diverse team based on the main needs identified.

Role Profile	Status	Deploying Entity
Operation Manager	In field	IFRC
Field Coordinator	In field	IFRC
Public Health in Emergencies	In field	IFRC
Supply chain Coordinator	In field	IFRC
SIMS Remote Coordinator	Started_ Remotely	AmRC (PNS)
Communication Coordinator	in pipeline	Norwegian Red Cross

CEA (RCCE) Coordinator	in pipeline	Togolese Red Cross
Security Coordinator	in pipeline	IFRC
Staff Health Officer	in pipeline ETA next week	IFRC
PMER Coordinator	in pipeline ETA next week	IFRC
Epidemiologist, Ebola Outbreak, DRC	Remotely	Canadian Red Cross

Challenges

Key risks and challenges include the fact that road travel takes three to four days and is expected to worsen with the onset of the rainy season, raising the risk of timeliness of the intervention as case numbers are already declining. Living conditions in the Bulape area are poor and unsuitable for habitation. With additional security concerns, deployment of a security surge coordinator is currently in process. On the logistics side, assessments are being conducted on pump stations in Mweka and housing facilities in Bulape. Given the poor conditions for material storage, some supplies will be warehoused in Kinshasa and supplied to the field according to needs. Support for internet provision is awaited, with procurement currently in process. Local procurement for the operational base includes mattresses with air and other items.



Joint initial operational base DRC RC / IFRC in Bulape

D. FUNDING

The IFRC Secretariat funding requirement is CHF 17 million, as part of the Federation-wide funding requirement of CHF 20 million. As of 7 October 2025, IFRC has successfully raised CHF 2,500,962 (15%).

Donor	Amount in CHF
US CDC	1,077,644
DG ECHO	467,098
Canadian Red Cross	134,320
Japanese Red Cross	26,950
World Bank	794,950
Total	2,500,962

Contact information

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

At the DRC Red Cross

- **Secretary General:** Gloria Lombo, email: sgcrrdc@croixrouge-rdc.org, phone: +243856435031
- **Operational coordination:** Dr Benjamin KALAMBAYI, Health Emergency Assistant, kalambayi.us@croixrouge-rdc.org, phone: +243 992191313 /+243 821393427

At the IFRC

- **IFRC Regional Office for Africa DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, email: rui.oliveira@ifrc.org, phone: +254 780 422276
- **IFRC Country Cluster Delegation:** Ariel KESTENS, Head of Country Cluster Delegation-Kinshasa, email: Ariel.KESTENS@ifrc.org, phone: +243 853449555
- **IFRC Geneva:** Santiago Luengo, Senior Officer, Operations Coordination, email: santiago.luengo@ifrc.org, phone: +41 (0) 79 124 4052

For IFRC Resource Mobilisation and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Partnerships and Resource Management; email: louise.daintrey@ifrc.org, phone: +254 110 843 978

For In-Kind Donations and Mobilisation table support:

- **Logistics Coordinator,** Allan Kilaka Masavah, Manager, Global Humanitarian Services & Supply Chain Management, email: allan.masavah@ifrc.org

For PMER (Planning, Monitoring, Evaluation, and Reporting) support:

- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER, and Quality Assurance; phone: +254 721 486 953, email: beatrice.okeyo@ifrc.org

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote 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.