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Emergency Plan of Action Operations Update 2

Rwanda: Ebola Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRRW017		GLIDE n°		
EPoA update n° 2; date of issue: 13 February 2019		Timeframe covered by this update: 11 September 2018 to 29 January 2019.		
Operation start date: 11 September 2018		Operation timeframe: 6 months (New end date: 11 March 2019)		
Overall operation budget: CHF 188,638	3rd allocation: CHF 50,824	2nd allocation: CHF 44,189	Initial allocation: CHF 93,625	
N° of people being assisted: 1,250,000 people (approximately 250,000 households)				
Red Cross Red Crescent Movement partners currently actively involved in the operation: Belgian Red Cross-FI, - Belgian Red Cross-Fr, Danish Red Cross, IFRC				
Other partner organizations actively involved in the operation: Ministry of Health (MoH), Rwanda Bio-Medical Centre, World Health Organization (WHO), Centre for Disease Control and Prevention (CDC), United Nations Children's Fund (UNICEF), World Food Program (WFP), DFID, Enabel, National Reference Laboratory (NRL), OXFAM, and UNHCR.				

Summary of major revisions made to emergency plan of action:

To ensure countries rated as priority 1 by WHO in terms of risk of an EVD outbreak are adequately prepared requires longer-term investment. Due to the limitations of DREF, including a maximum six-month timeframe, support to preparedness activities in the priority 1 countries will be achieved through the revision of the Democratic Republic of Congo EA to include surrounding countries in preparedness as a containment strategy. While the revision is on-going it is being recommended the Rwanda EVD preparedness DREF is extended until the 11th March 2019 to allow for operational continuity. The operational strategy remains the same. For the operation to continue without gaps and avoid reversing gains made during the four months of the operation, an additional allocation of CHF 50,824 bringing the overall operation budget to CHF 188,638, is being requested to support the following activities:

1. Strengthening of SDB teams through refresher trainings and regular simulation exercises/drills
2. Continue social mobilization and community engagement through mobile cinema and community awareness sessions
3. Procure and preposition additional PPE kits

As per date of publishing this update, the MoH has supported training for 300 volunteers in community surveillance and 100 in SDB. A refresher training to the burial teams and 250 additional contact tracers training have been funded by the IFRC through the DREF, and training material and equipment provided. With the EVD outbreak that is advancing towards Rwanda-DRC borders (cases in Kayina), Red Cross volunteers are highly involved in preparedness activities, and the need to continue with the activities is evident. Additionally, the SDB teams are trained but there is a need to keep exercising and conducting drills/simulations which will help to keep them ready to respond if an EVD outbreak was to occur in Rwanda.

A. SITUATION ANALYSIS

Description of the disaster

On 1 August 2018, the Ministry of Health of the Democratic Republic of Congo declared the 10th outbreak of Ebola Virus Disease in North Kivu province. Subsequent cases were also reported in neighboring Ituri province. As of 10 February 2019:

- A cumulative total of 811 confirmed and probable EVD cases (750 confirmed; and 61 probable cases) including 510 deaths (449 confirmed and 61 probable). Some 276 people have fully recovered from the disease.

- 148 suspected cases are being investigated
- Five new cases have been confirmed, of which two in Katwa and one in Vuhovi
- Five new deaths have been confirmed:
 - three deaths in the community (two in Katwa and one in Vuhovi)
 - two deaths at the treatment centre, of which one in Butembo TC and one at the Katwa TC.
- Three new recoveries have been recorded of which two from the Butembo TC and one from Katwa TC.
- Over 24,000,000 travelers have been screened to date.
- Over 69,007 individuals have been vaccinated in DRC since the beginning of the epidemic.

Although significant improvements in response, including improved community engagement and risk communication in priority areas, and strong performances by field teams conducting vaccinations, the risk of potential spread to neighboring countries, particularly Uganda and Rwanda remain very high. Countries are encouraged to maintain vigilance and strengthen preparedness.

Nine neighboring countries were put on alert by the World Health Organization and advised that they are at high risk of spread of the virus. Rwanda, Uganda, South Sudan, and Burundi are ranked as Priority-1 and the five other countries- Angola, Congo, Central African Republic, Tanzania, and Zambia are Priority-2.

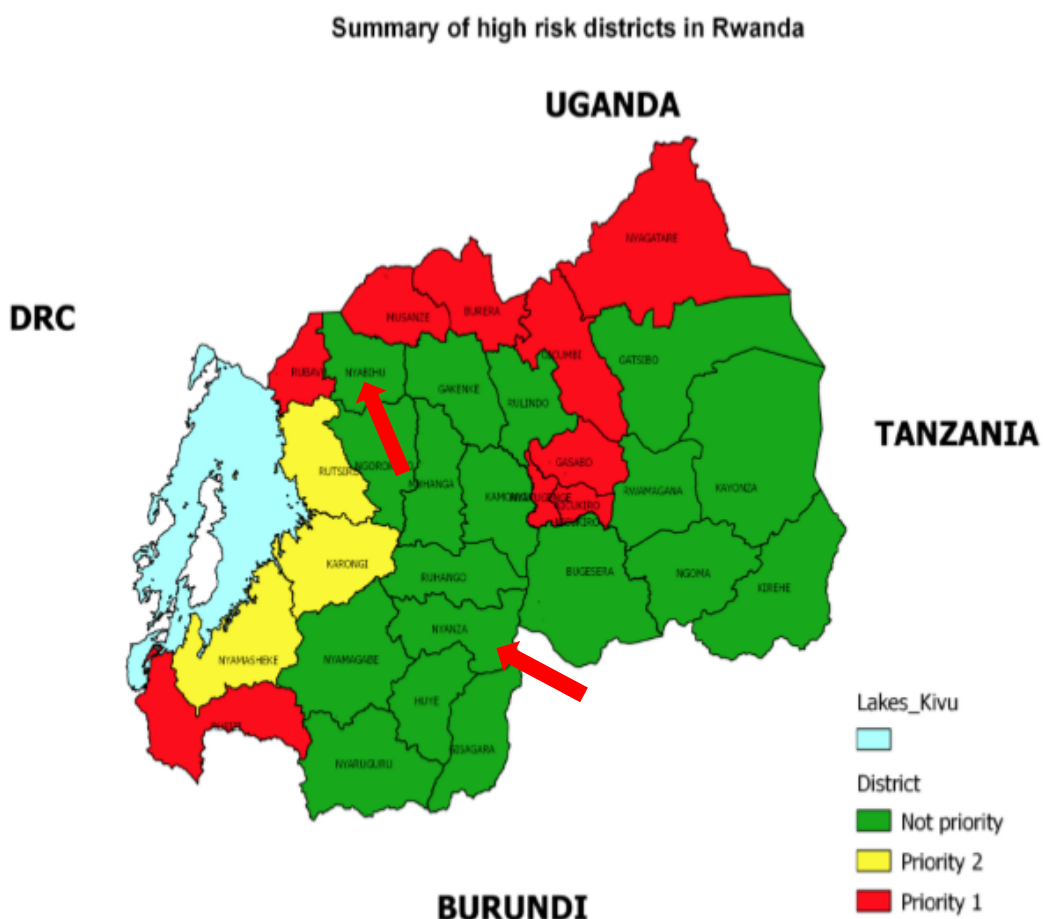
Preparedness activities have been going on in these countries to ensure countries are able to respond in the event of an EVD outbreak. The Ministries of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas, both in the Democratic Republic of the Congo and in neighboring countries.

To date, EVD has been confirmed in a new area in DRC (Kayna) and contact persons were reported in Goma (bordering Rubavu district/ Rwanda).

Twelve districts in Rwanda were considered most at risk of the outbreak. These are Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu (bordering DRC), Musanze, Burera, Gicumbi and Nyagatare (bordering Uganda) and Kigali city (comprised of 3 localities). Kigali is also at risk because of the Kigali international airport and high population density of the city.

A workshop to review and update the contingency plan was organized by MoH from 28 January to 03 February and attended by the National EVD Preparedness Task Force members. During the review, two other districts were added to the list: Nyabihu (which was initially overlooked) and Nyanza (where a refugee transit centre is located).

Figure 1: Map of Rwanda showing Priority Districts for EVD Preparedness, October 2018



Summary of current response

Overview of Host National Society

- Rwanda Red Cross Society (RRCS) is part of the National Rapid Response Team (NRRT). The NRRT is the national level coordination team and is composed of the Ministry of Health (MoH)/Rwanda Bio-Medical Centre, WHO, the Centre for Disease Control (CDC), RRCS, UNICEF, National Reference Laboratory (NRL), World Food Program (WFP), DFID, Enabel, OXFAM, UNHCR FAO, Epidemiologists, and other partners. Weekly meetings are being held to update and coordinate the response strategies.
- RRCS was tasked with community surveillance/contact tracing, risk communication/social mobilization and community engagement, Safe and Dignified Burials (SDB)/Decontamination as well as Psychosocial Support (PSS).
- As part of the NRRT, RRCS is presented in the following Technical Working Groups (TWGs) or Pillars:
 - Risk Communication and Community Engagement: Community sensitization/ mobilization.
 - Infection Prevention and Control and Case Management (IPC/CM): SDB, Decontamination and PSS.
 - Surveillance and Contact tracing: Contact tracers.
- With support from MoH, thirty volunteers from 10 district branches (300 volunteers total) have been trained as ToT on community surveillance and contact tracing and 100 of them have been trained on SDB. However, 550 volunteers (50 per district) in total are engaged in EVD preparedness activities with 110 specifically on SDB (10 per district), where they form the teams of 10 persons.
- The 550 volunteers are conducting community sensitization activities, through different meetings, school visits, mass sport events, house to house, and doing cascade information to the rest of the other volunteers.
- 55 volunteers (5 in 10 districts and 5 in Kigali) have also been trained as ToTs on psychosocial support with current DREF funds. The volunteers are expected to conduct cascade training to 550 volunteers (50 per district).
- Each district SDB team is currently composed of 10 SDB volunteers and 5 PSS volunteers. But two teams will be undergoing regular refresher training to be reinforced as the 1st respondents or the frontline teams. These teams are made up of volunteers from across the districts.
- All districts have volunteers trained on mobile cinema and have already conducted 110 mobile cinema sessions.
- Ebola prevention messages from Rwanda MoH have been shared with all local branches to inform the volunteers and community, and updates are being shared. The flyers and posters have been revised to include the SDB and ETC messages as well.
- 110 mobile cinema sessions have been conducted in the 13 districts with the DREF funds where around 81,238 people attended and asked different questions.
- The RRCS has committed 12 staff (district coordinators and focal points) to coordinate activities and support the volunteers implement the activities. 3 RRCS HQ staff are also supporting the project (Health, Chief Finance and PMER). 4 NDRT members were mobilized to assess the activities' impact and train volunteers on EVD and reporting system.
- The national contingency plan was revised on the week of 29 - 31 January 2019 to update the plan for the next 6 months. National EVD Preparedness Task Force members included representation from key MoH/RBC staff, and key partners (Rwandan Red Cross, Save the Children, OXFAM, CDC, UNICEF, WFP, and WHO), and Donors (DFID and USAID).

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is assisting through the Eastern Africa country cluster office as well as through the Africa Regional Office based in Nairobi, Kenya. There is regular contact with IFRC Nairobi Operations and Health teams and RRCS has been updating on coordination meetings and preparedness action plans. The EA cluster continues to closely monitor the situation. IFRC deployed Surge FACT support in January 2019 for one month to support RRCS with coordination and strengthening of the SDB teams.

RC partners in-country include the Danish RC, Belgian- FI, Belgian Fr, Spanish RC and Austrian RC.

The Partner National Societies (PNSs) in-country supported start up preparedness activities as seen below:

- Belgian RC-FI supported with translation of the mobile cinema videos from English to Kinyarwanda. They availed funds for training of 150 NDRT on community surveillance and contact tracing and SDB and provided funds to purchase handwashing facilities. They also assisted in printing of 2,000 flyers and 1,000 posters.
- Belgian RC- Fr, supported on community sensitization and 7 mobile cinema sessions in Karongi, Rutsiro, Nyabihu (bordering DRC), and Ngororero and Gakenke which are still ongoing. They also assisted in printing of 2,000 flyers and 1,000 posters.
- Danish RC supported in community sensitization and 7 mobile cinema sessions in Musanze, Burera and Gicumbi (districts bordering Uganda), and they are planning to give more support especially on SDB teams.
- The Spanish and Austrian RCs have supported in the review of the DREF documents.

Overview of non-RCRC actors in country

[See Operations Update 1](#)

Other actions include:

- MoH supported RRCS to train 300 volunteers on community surveillance and contact tracing and 100 volunteers on SDB.
- Two Simulation Exercises (SIMEX) have been conducted, including a full-scale exercise in January 2019, which was a success, and showed the real gaps that need more inputs RRCS SDB teams were involved in the simulation. Major gap identified was that the ETC in Rubavu is not yet complete and ready in the event of a case in Rwanda.
- An Ebola Treatment Centre was set up in Rubavu. The plan is to have 2 others in Rusizi and Kigali by MoH with the support of WHO and CDC.
- The Emergency Operations Centre has been activated by the Ministry of Health who is monitoring all aspects around EVD preparedness activities.
- Laboratory staff from the National Reference Laboratory, ETC and target district hospitals have been trained on testing and sample management and health staff have been trained on EVD patient management.
- TWGs have identified frontline staff and volunteers to be vaccinated during the 1st round. In total 1,415 workers out of 2,106 frontline workers (67%) from the 5 districts covered were found to be eligible for EVD vaccination. In collaboration with hospital managers and RRC branches, Vaccination teams were identified: 17 from Musanze, 11 from Rusizi and 17 from Rubavu.
- SOPs were developed for each of the coordination sectors by the NRRT.

Needs analysis and scenario planning

Needs analysis

The current EVD outbreak is taking place in North Kivu with several cases reported in Kayina/ DRC, only 270 kms from the Rwanda-DRC borders, EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) being around 64%. The virus is transmitted to humans from wild animals and spreads through human-to-human transmission through direct contact with bodily fluids, blood secretions and organs of infected people or with surfaces or clothing contaminated with the fluids of an infected person or deceased body. There are no proven treatments yet, but experimental vaccines have been developed and successfully tested in DRC and Uganda.

Vigilance against spread is important due to potential population movement. Approximately 45,000-60,000/day cross the foot border at Rubavu, in addition to porous informal crossings in the forest from both Uganda and DRC. An emphasis on community surveillance and contact tracing and active case finding (in the event of an outbreak) at community level for early detection to limit spread of the disease and ensure efficient prevention of the outbreak. This will, in turn, require community understanding and support for Ebola prevention, through risk communication, social mobilization and community engagement. As such, it is extremely important and urgent to continue preparing for a potential outbreak at any targeted area/ district of the country, to prevent the disease, and limit its impact. Volunteers are willing to support but have limited means and tools.

The coordination team supported training of 300 volunteers on community surveillance and contact tracing and 100 volunteers on SDB. The first and second DREF allocations covered trainings of volunteers on PSS and risk communication, social mobilization and community engagement, including mobile cinema and volunteer per diems. In addition, 550 volunteers were trained on community surveillance and contact tracing (20 per district and 50 for Kigali).

However, the funds remain insufficient to continue with preparedness activities considering the increasing risk. Considering the weight of the role played by RRCS volunteers in the preparedness activities, and the recent contingency plan review, this Operations update 2 seeks a 1-month extension to enable RRCS to keep supporting the interventions. There is a need for more funds for social mobilization activities (mobile cinema and volunteer per diems), more training materials (PPE) to keep conducting drills/exercises for the SDB teams, and additional IEC materials and supervision funds.

Procurement of PPE kits, SDB starter kits and SDB kits was done through IFRC Regional Logistics unit as per the quantities below. Part of these items were used during the additional round of trainings.

Stock item	Quantity	Unit	Status	Additional Requested
Visibility material (Plastic boots, t-shirts, rain coats)	550	Pieces	Already distributed but with the available budget, only t-shirts and bibs were purchased	110 kits
Ebola starter kit	2	Kit	In emergency stock	
SDB kit	3	Kits	In emergency stock	

PPE kit	5	Kits	3 used for trainings/ can be reused after cleaning with chlorine	5 kits (preposition 2 kits in Rusizi, 2 in Rubavu, 2 in Nyagatare and 4 in Kigali)
Body bags	60	Pieces	5 used for trainings	
Posters	1,300	Pieces	Printed and distributed	4,000 pieces

The coordination team requested Emergency Ambulance Services (SAMU) to provide ambulances/ vehicles for transport of suspected cases and confirmed cases (in case of an outbreak). n. 1 ambulance was availed by SAMU, and 2 ambulances are expected to be given by WFP (have been waiting since October 2018).

Operation Risk Assessment

- There is risk of contamination of health workers and of course, RC volunteers.
- EVD is not a known disease in Rwanda, so the impact should be worse in case of infection; and also considering the population density.
- The outbreak in DRC is still active and with security issues, there is a risk of population movement with refugees fleeing the conflict and insecurity.
- Cultural norms may also put people at risk as people are very social and participate in many communal activities, raising the risk in case of an outbreak.
- Medical staffs and other interveners fear EVD, which creates uncertainty when it will come to respond.
- Funding shortage for implementation of comprehensive preparedness activities.
- Inadequate human resources.

B. OPERATIONAL STRATEGY

Proposed strategy

The proposed operation is aligned with IFRC Regional EVD Strategic Plan and focuses on the below five key pillars:

1. Risk communication and community engagement
2. Infection, prevention and control (IPC) and Case Management (CM), and Psychosocial support (PSS)
3. Community surveillance and contact tracing
4. Safe and Dignified Burials (SDB)
5. National Society capacity strengthening

[See Operations Update 1](#)

The community volunteers have been mobilized to support early detection of possible new cases through active case finding and contact tracing (if there is a case in Rwanda), community mobilization and sensitization activities and SDB. The RRCS ensures readiness to support the government in safe and dignified burial activities, disinfection (in houses) and PSS to those affected.

Overall, 550 volunteers (50 per district and 50 in Kigali) were trained as ToT on community surveillance and contact tracing. The 550 ToT are conducting cascade trainings to other community volunteers involved in sensitization activities. 110 out of the 550 volunteers were trained on SDB (including donning, doffing, disinfection and chlorine solution preparation) and formed 11 SDB teams in all targeted districts and Kigali.

For SDB, there will be 2 frontline teams which will consist of volunteers from different districts. A 3-day training is planned for the 2 frontline teams that will be selected from the 110 trained SDB volunteers to make them efficient in terms of SDB processes and as ToTs. However, whether the trainings will be cascaded by ToTs will be reviewed to ensure quality assurance. There will also be one reserve SDB team in each of the high-risk districts identified in the contingency plan for Ebola preparedness plan in Rwanda (updated February 2019). Frontline teams will undergo refresher trainings in March, including full scale exercise with PPE every 2 weeks.


The frontline teams will take care of the first SDBs in the event of an EVD case in Rwanda and will be able go to any location in Rwanda to perform SDB. The Red Cross volunteer members of the frontline teams are on an alert list for fast mobilization. The frontline volunteers will work together with the Rapid Response Team in the affected district. The reserve teams will start with a basic full course on SDB and will continue with refresher trainings every 2 months together with the frontline teams. The frontline team will conduct the refresher trainings.

55 volunteers (5 per district in 11 districts) were trained on PSS and are to cascade the trainings to other volunteers to ensure even contact tracers will be able to perform PSS as well.

Radio shows on Ebola prevention and awareness have been very efficient and making an addition to the ones planned from the national coordination level. The TV/ Radio spots from the level have not been running since November 2018 due to lack of funds.

With regards to planning, monitoring, evaluation and reporting (PMER), the IFRC EA cluster will provide technical assistance through its PMER, communications and finance units. Additional technical support is available from the IFRC Africa Regional Office and IFRC secretariat health, PMER, communications, finance and administration units.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 1,250,000 Male: N/A Female: N/A</p>		
Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities (teaching and demo sessions)	1,250,000	2,808,090
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
# of volunteers trained in SDB and contact tracing and risk communication, social mobilization and community engagement	550	550 (plus 45 cascade sessions = 1,300 volunteers.)
# of volunteers having received refresher training on mobile cinema	110	10 (from Nyagatare district)
# of IEC materials produced and distributed	1,300	1,300
Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	1,250,000	2,808,090
# of mobile cinema sessions conducted	110	110
# of households reached with community engagement and social mobilization	250,000	416,018
# of community engagement teams set up in affected and surrounding villages (including within SDB teams)	11	11
Output 1.4: Epidemic prevention and control measures carried out.		
# of district branches supported in the planning and implementation of EVD prevention activities	13	13
# of people reached with community-based epidemic prevention and control activities	1,250,000	2,808,090
# of contact tracing and community surveillance teams set up	11	11
Output 1.5: Psychosocial support provided to the target population		
# of volunteers trained in psychosocial support	55	55
Progress towards outcomes		
<ul style="list-style-type: none"> 30 volunteers from 10 district branches (300 volunteers total) have been trained as ToT on community surveillance and contact tracing, and additional 250 volunteers from 13 districts plan to be trained in February, and 100 of them have been trained on SDB. 10 volunteers from Kigali will be added on the SDB teams and trained during the incoming training (delayed due to national coordination-IPC/CM activities). The 300 ToT are conducting community sensitization activities, through different meetings, mass sport events, house to house, and doing cascade information to the rest of the other volunteers with support of the 250 volunteers identified and briefed to come support the teams. 		

- 55 volunteers (5 in 10 districts and Kigali) have also been trained as ToTs on psychosocial support with current DREF funds. The volunteers are expected to conduct cascade training to 550 volunteers (50 per district).
- Each district team is currently comprised of 10 SDB volunteers and 5 PSS volunteers. But 2 teams are to be reinforced to be the 1st respondents or the frontline teams.
- All districts have volunteers trained on mobile cinema and they already completed their tasks of conducting mobile cinema sessions as per the DREF.
- Ebola prevention messages from Rwanda MoH have been shared with all local branches to inform the volunteers and community, and updates are being shared. The flyers and posters have been revised to include the SDB and ETC messages as well.
- 110 mobile cinema sessions have been conducted in the 13 districts with the DREF funds where around 81,238 people attended and asked different questions.
- The RRCS has committed 12 staff (district coordinators and focal points) to coordinate activities and supporting the volunteers implementing the activities. 3 RRCS HQ staff are also supporting the project (Health, Chief Finance and PMER). 4 NDRT members were mobilized to assess the activities' impact and train volunteers on EVD and reporting system.
- The national contingency plan was revised last week (29-31 January 2019) an updated plan for the next 6 months.

International Disaster Response

Outcome S1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
# of NS contingency and preparedness plans updated	1	1

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# of sessions conducted to review the contingency and preparedness plans	2	0

Progress towards outcomes

RRCS is part of the committee established by MoH that is currently reviewing the contingency plan. The process is still ongoing with coordination meetings still in progress.

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	1,250,000	2,808,090

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of volunteers trained in epidemic control	550	300 (250 volunteers to be trained second week of February 2019)

Output S2.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming

Indicators:	Target	Actual
# of monitoring missions conducted	1	1
# of evaluation and lessons learned reviews	1	0

Progress towards outcomes

IFRC cluster and regional office continue to monitor the situation in the region and provide technical guidance to RRCS. A FACT surge was deployed to support the trainings and activities. A lessons learnt workshop is planned for March towards the end of the operation.

D. BUDGET

The overall budget for this operation is CHF 188,638 as detailed in attached budget.

DREF OPERATION 13/02/2019 MDRRW017- RWANDA: EBOLA PREPAREDNESS

Budget Group	DREF Grant Budget
540 Medical & First Aid	30,500
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	30,500
590 Storage, Warehousing	117
593 Transport & Vehicle Costs	6,497
Total LOGISTICS, TRANSPORT AND STORAGE	6,613
662 National Society Staff	2,247
667 Volunteers	51,753
Total PERSONNEL	54,000
680 Workshops & Training	44,348
Total WORKSHOP & TRAINING	44,348
700 Travel	23,000
710 Information & Public Relations	15,618
730 Office Costs	674
740 Communications	371
760 Financial Charges	2,000
Total GENERAL EXPENDITURES	41,663
599 Programme and Services Support Recovery	11,513
Total INDIRECT COSTS	11,513
TOTAL BUDGET	188,638

Reference documents



Click here for:

- Previous Appeals and updates

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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 (NGO's) 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.