

Rapid Response Fund (RRF)

Section 1: Overview of response													
REPUBLIC DEMOCRATIC OF THE CONGO	Ebola Outbreak in Beni Territory, North Kivu Province												
<table border="1"> <thead> <tr> <th>Summary</th> <th>BOAD</th> </tr> </thead> <tbody> <tr> <td>Implementation period</td> <td>15 November 2018 15 February 2019 3 (months)</td> </tr> <tr> <td>Geographical area</td> <td>The project will be Implemented in Beni Territory, North Kivu</td> </tr> <tr> <td>Sectors of response</td> <td> <input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Protection/ psychosocial <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Food Security </td> </tr> <tr> <td>Targeted beneficiaries (per sector)</td> <td>17,000 HH</td> </tr> <tr> <td>Requested budget (USD)</td> <td>60 000 (USD)</td> </tr> </tbody> </table>		Summary	BOAD	Implementation period	15 November 2018 15 February 2019 3 (months)	Geographical area	The project will be Implemented in Beni Territory, North Kivu	Sectors of response	<input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Protection/ psychosocial <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Food Security	Targeted beneficiaries (per sector)	17,000 HH	Requested budget (USD)	60 000 (USD)
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Is there an updated ACT Forum EPRP?	No												
Section 2: Narrative Summary													
<p>Background</p> <p>On 1st August 2018, an outbreak of Ebola was confirmed in Mabalako Health Zone in Mangina village situated in Beni Territory, North Kivu Province of the Democratic Republic of Congo. The official declaration of Ebola epidemic by DRC National Ministry of Health initiated a response from WHO and other organizations from the health sector to attempt to stop the further spread of the disease and treat the affected. Unfortunately, these attempts have not been totally successful as Ebola continues to spread to several locations within the Beni territory region and Ituri Province. According to the WHO report on 30 October 2018, 244 persons have contracted Ebola and 144 deaths have occurred.</p> <p>Members of the Health Cluster in Beni and Goma have formed committees that meet daily to update and reflect on ways to respond to the Ebola outbreak. As a result, vaccination systems have been reinforced and sensitization activities intensified in affected regions. Poor hygiene, poor vaccination uptake and false traditional beliefs on the cause of Ebola are contributing to spread. There are fears that the epidemic might spread towards Goma because of trade movements between Beni and Goma.</p>													
<p>Humanitarian Needs</p> <p>There remains an urgent need to intensify efforts to prevent and treat Ebola. One common effective way preventing its further spread is by placing hand washing points at strategic places to give opportunities for people to wash hands frequently and thus avoid spread of the virus. In addition, by increasing sensitization on how the disease is spread, it is believed that fewer people will get the infection.</p> <p>By involving community leaders, it is possible that community hygiene habits can be improved. As a response to Ebola, DRC ACT Forum members desire to train community leaders in affected regions to understand the causes and spread of the Ebola virus as an attempt to reduce its spread. In addition, local members of DRC Forum are planning to provide psychosocial support especially to those who have</p>													

lost close relatives. For those who have been treated successfully, DRC Forum members will provide basic non-food items to replace those that were disposed while at Ebola Treatment Centres.

Capacity to Respond

Bureau Œcuménique d’Appui au Développement (BOAD), a local DRC ACT Forum member and currently DRC ACT Forum convener, will respond to the Ebola epidemic, given BOAD’s experience in implementing humanitarian programs over the past several years. While BOAD will play a leading role in the Implementation of Ebola response project in DRC, the Church of Christ in Congo (ECC) and Evangelical Lutheran Church in Congo (EELCO), both national/local ACT members, will contribute to the response by giving their respective expertise as they have also implemented similar projects in the past. An added value for both ECC and EELCO is that they have constituencies spread all over North Kivu Province and both organizations have context knowledge of the people living within affected areas. In addition, ECC has a roster of staff with high capacity and who can leverage their technical expertise in humanitarian response and long-term community livelihoods development programming.

Proposed response

The context of response is very complex. Ebola epidemic, being a rare and deadly disease is very severe and fatal with 50 % fatality rate. In addition, within affected areas, there is politically instigated propaganda around the sources or motives of the Ebola epidemic. These complexities, along with extreme poverty and multiple lethal attacks perpetrated by Allied Democratic Forces (ADS) rebels who are still very active in the area, make this a very complex response.

The proposed response has aims to raise awareness on prevention of the spread of Ebola by discussing the ways Ebola can be transmitted and encourage improved hygiene practices by the community through Ebola prevention sensitization, establishment of hand wash kits in strategic locations, and conducting trainings for community and religious leaders.

Sitreps issued by WHO suggest that gaps still exist in preventing the spread of Ebola. The WHO encourages that all kind of mechanisms to prevent further spread of Ebola be established or reinforced and sensitization on the disease intensified.

It is worth mentioning that the area has no previous history of Ebola and since the disease is not well understood within the local community, the population is doubtful about the cause of the disease. Many community members still think that Ebola might be supernaturally instigated. Unfortunately, socio-cultural considerations of communities in the areas affected cause people to still hold on to beliefs and practices related to death, burial and funerals rites which continue to encourage the spread of Ebola.

The project aims to support general community members and particularly target affected families of the suspected, probable or confirmed Ebola cases. Information will be shared to community members, so they may know how best to support and handle the death of close family members due to Ebola. To minimize transmission of the disease, this intervention will sensitize community members on the various ways Ebola is spread.

During this response, ACT DRC members also plan to support the psychosocial well-being and resilience of persons and families affected by Ebola, as part of social protection. This will be done through family counselling and community based psychosocial support. This support will go out especially to those who have lost close relatives, as well as Ebola survivors through the provision of non-food items. Further support will be provided through community based psychosocial support.

Does the proposed response honour ACT’s commitment to Child Safeguarding? Yes No

Problems	Ebola virus being a highly infectious, rare and deadly disease is spreading and causing death community members of all ages.
Target beneficiaries	The response targets communities living in Beni city and its outskirts. The total number of the people in the town is 103,000 persons, who will also be indirectly targeted by the response. Although data breakdown by gender and age is currently not available, according to available statistics, children under 18 years represent 55 % of the population, women 23 % and men 22 % of the population targeted. The average size of a household is about 6 persons.
Main activities	<p>Activities will include awareness raising campaigns on Ebola transmission, training community/religious leaders and health agents on appropriate hygiene and sanitation practices and highlighting traditional practices that may be affecting the spread the virus.</p> <p>In addition, posters with messages on Ebola symptoms and setting up hand washing kits at churches, markets and schools will be done. Media messages (broadcasting) on how to prevent the spread of Ebola will also be released.</p> <p>Psychosocial support and counselling to affected persons and provision of non-food items will be done through a cash transfer program.</p> <p>To avoid exposing staff to the virus, staff working on the project will be trained on Ebola prevention.</p>
Specific objective(s)/ Outputs	Reduced spread of Ebola epidemic through sensitization is expected at the end of the project period.
Overall objective / Outcome(s)	ACT DRC local/national members plan to bridge the gaps to prevent further spread of Ebola within affected regions and to other regions within DRC.

Reporting Schedule

Type of Report	Due date
Situation report (once a month)	15 December 2018
Final narrative and financial report (60 days after the ending date)	14 April 2019
Audit report (90 days after the ending date)	14 May 2019

Monitoring and evaluation

Staff hired for the program will be monitoring closely for better efficiency by keeping close contact with beneficiaries. BOAD along with ECC and EELCO will reactivate a sub-office in Beni city and staff in Beni city will work closely with local authorities, health centers and local coordination clusters. In consultation with Health Zones and State agencies present in this area, the three local/national agencies will provide daily updates within the health cluster, along with other humanitarian actors working towards stopping further spread. The sub-office will allow the three ACT agencies to be able to respond rapidly to urgent needs as they connect daily with affected people and support the work of local authorities.

Section 3: ACT Alliance coordination

Coordination

BOAD will play a lead role in this response following discussions held by ACT DRC Forum. Throughout this process, BOAD will be the organization responsible for coordination, information sharing and assisting in quality assurance and implementation, in addition to consolidating reports on this response including submission of financial and narrative reports.

In addition, to complement the leadership of BOAD, local/national members ECC and EELCO will work closely with BOAD on project implementation and will jointly re-open a joint office in Beni.

The three ACT DRC Forum local/national organizations will continue to participate in weekly coordination meetings by OCHA and attend WASH, HEALTH and Protection Cluster meetings led by UNICEF and UNHCR respectively.

ACT DRC Forum members in this response will also cooperate with other NGOs who are actively working on Ebola response to avoid duplication of efforts.

Implementation arrangements

The response will be implemented by BOAD in collaboration with the Church of Christ in Congo (ECC) and Evangelical Lutheran Church in Congo (EELCO). While BOAD will have the leading role in the implementation, ECC and EELCO will be contributing to the effort by bringing their respective expertise in terms of human resources and their capacity to mobilize communities around sensitization activities in the area of implementation. An MoU will be elaborated to determine the role of each organization in the implementation of the response.

ECC will be dealing with the psychosocial support component, including social and economic reintegration of persons affected by Ebola virus such as survivors and those who have lost close relatives. EELCO will be dealing with sensitization monitoring through different hand wash points to ensure knowledge and skills provided to community members aiming at stopping further transmission diseases cases are applied.

Human resources and administration of funds

WASH project staff members (1 Hygiene Promoter and 4 Community mobilizers) will be involved in sensitization. Hygiene awareness campaigns will be conducted in project sites.

Staff conducting Psychosocial support (1 experienced supervisor and 1 psychosocial monitor) will visit families where persons affected by Ebola will be identified. Trauma counselling sessions will also be provided by the psychosocial team, who will also play the role of counsellors. Community counsellors will be recruited from the affected community members to provide adequate support and transfer of skills.

Funds will be transferred directly to BOAD bank account and will be managed using its financial systems, in line with ACT's and international procedures. All the procurement of supplies and services will be done locally. BOAD will be responsible for procurement, making sure that items are purchased in line with international standards as stipulated in the ACT Alliance procurement manual.

Communications

The three local/national members of ACT DRC Forum under the leadership of BOAD will provide visibility of ACT Alliance through T-shirts and banners displaying ACT Alliance logo. Reports to authorities will be co-branded as ACT Alliance/BOAD. Local media will broadcast sensitization messages to remote communities and to communities outside Beni city.

Section 4: Budget Summary

ACT RRF BUDGET TEMPLATE						
Requesting ACT member:		Ecumenical Office for Support to Development (BOAD)				
RRF Number:		RRF No. 18				
RRF Title:		Ebola virus outbreak in Beni Region, North Kivu Province, DRC				
Implementing Period:		From 01 November 2018 -31 January 2019				
		Type of Unit	No. of Unit	Unit Cost	RRF	RRF
					Budget	Budget
				USD	USD	USD
DIRECT COSTS						
1	PROGRAM STAFF					
1.1.	Project manager	Month	3	900	2,700	2,700
1.2.	1 Supervisor	Month	3	500	1,500	1,500
1.3.	1 Financial officer	Month	3	500	1,500	1,500
1.4.	1 Assistant Psychosocial	Month	2	475	950	950
1.5.	1 Hygiene promoter officer	Month	3	475	1,425	1,425
1.6.	Logistician/Procurement	Month	1	160	160	160
1.7.	5 Community Mobilizer	Month	10	80	800	800
	TOTAL PROGRAM STAFF				9,035	9,035
2	PROGRAM ACTIVITIES					
2.3.	Water, sanitation & hygiene (WASH)				22,550	22,550
2.3.1.	Awareness mass campaigns (including sound equipment) for the prevention to stop Ebola virus progress.	Session	12	600	7,200	7,200
2.3.2.	Broadcasting, sensitization messages on mass media (Radio) on disease transmission pattern	broadcast	24	50	1,200	1,200
2.3.3.	Community discussion (15 persons x 36 sessions discussion).	Session	36	50	1,800	1,800
2.3.4.	Posters with message on the symptoms and awareness campaigns on the main ways of the transmission of Ebola virus (Churches, markets and schools)	Piece	13	100	1,300	1,300
2.3.5.	Training staff and 5 community Mobilizers on main public health Ebola measures.	Session	1	250	250	250
2.3.6.	Training of 30 community leaders, religious, Health agents on main public health measures to prevent people against Ebola virus deceases	Session	1	600	600	600
2.3.7.	Purchase and setting up of hand wash kits in front of Churches, market, and school of Beni city and its outskirts	Kit	170	50	8,500	8,500
2.3.8.	Community mobilizer equipment (megaphone, visibility, sacks)	Kit	20	60	1,200	1,200
2.3.9.	Knowledge, Attitude and Practice survey (KAP)	Surveys	2	250	500	500
2.4.	Health / Nutrition				0	0
2.5.	Protection / Psychosocial support				11,450	11,450
2.5.1.	Socio-economic reinsertion of 100 survivors affected by Ebola virus deceases	Cash	100	100	10,000	10,000
2.5.3.	Counselling session for Ebola affected people	Session	2	300	600	600
2.5.4.	Training 30 community leaders, religious, Health agents on holistic psychosocial and health mental support	Session	1	600	600	600

2.5.5.	Identification survey for the persons affected by Ebola virus deceases	Surveys	1	250	250	250
	TOTAL PROGRAM ACTIVITIES				34,000	34,000
3	PROGRAM IMPLEMENTATION					
3.2.	Visibilities (T-shirt, caps, waistcoat, stickers)	Piece	30.00	20	600	600
3.3.	Communication / Internet, camera, video camera	Piece/Month	2.00	250	500	500
3.40	Purchase and setting of Solar equipment for EELCO in Lusenda refugees camp South Kivu Province	Kit	1.00	2,000	2,000	2,000
3.50	Complaint mechanisms	H/day	10.00	10	100	100
3.60	Baseline / End line Assessment	H/day	10.00	10	100	100
3.70	Meals and Drinks.	Month	3.00	50	150	150
3.80	Monitoring & evaluation	H/day	2.00	500	1,000	1,000
3.90	Translation	Month	3.00	150	450	450
4.00	Audit	Mission	1.00	1,000	1,000	1,000
	TOTAL PROGRAM IMPLEMENTATION				5,900	5,900
4	PROGRAM LOGISTICS					
Transport (of relief materials)						
4.1.	Hire/ Rental of 3 Motorbikes	day	55	30	1,650	1,650
	Office Utilities/Office furniture	Kit	1	300	300	300
4.2.	Fuel	Litres	300	2	600	600
Warehousing						
4.3.	Rental of warehouse	Month	3	150	450	450
Handling						
4.4.	Wages for Security/ Guards	Month	1	100	100	100
4.5.	Travel	Travel	12	250	3,000	3,000
4.6.	Accommodation	Night	45	30	1,350	1,350
4.7.	Salaries / Office cleaning	Month	3	155	465	465
	TOTAL PROGRAM LOGISTICS				7,915	7,915
	TOTAL DIRECT COST				56,850	56,850
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
e.g.	<u>Staff salaries</u>					
	Coordinator 20%	Month	3	900	2,700	2,700
	<u>Other</u>					
	Insurance	Lumpsum	3	150	450	450
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				3,150	3,150
					5%	5%
	TOTAL EXPENDITURE				60,000	60,000
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date						
	<u>ITEM - (List each over US\$500)</u>		<u>Actual cost</u>		<u>Disposition</u>	

ACTION

The ACT Secretariat has approved the use of US\$ 60,000 from its Rapid Response Fund and would be grateful to receive contributions through the Global RRF Appeal 2018 (GRRF18) to wholly or partially replenish this payment. Should there be an appeal for this emergency, the RRF payment will be considered as an advance.

For further information please contact:

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