



Community screening of the film on Ebola, organized by UNICEF

20 Jun 2017

Democratic Republic of the Congo

Ebola Situation Report



SITUATION IN NUMBERS

Highlights

- As of 20 June 2017, the **total number of reported cases** remained 8, including 3 probable cases and 5 laboratory confirmed cases (2 confirmed cases by PCR - detection of viral DNA in the blood- and 3 cases with positive serology IgG -detection of antibodies in the blood).
- As of 20 June 2017, there were **4 recorded deaths**, including 1 confirmed Ebola case and 3 probable cases.
- **The last confirmed case** was reported and isolated on 11 May 2017 translating to 40 days without a PCR confirmed case as of 20 June 2017.
- Door-to-door **awareness activities** on Ebola prevention has reached 1,069 people through community screening of films on Ebola, session in churches, markets and schools and community dialogue sessions in Likati health zone. In addition, there were awareness sessions in the health facilities in Mobengue, Tobongisa and Azande health areas.
- **Water, sanitation and hygiene (WASH)** activities continue with the distribution of Aquatabs at the community level in health areas of Mobengue, Ngabatala and Azande, and at the Likati General Hospital to improve access to safe water. Sensitization sessions on hand washing and waste disposal activities are ongoing in the health areas of Mobengue, Ngabatala, Tobongisa and Azande as well as in Likati General Hospital. Other WASH activities include sensitization on handwashing at the voters' registration sites in Likati.
- **Healthcare services**, using the health kits supplied by UNICEF and other partners, continue to be provided **free of charge** in the Likati health zone with appropriate infection prevention and control measures. Following the provision of free health care, outpatient services in Likati saw a significant increase in the number of patients seeking care.
- The **Provincial Minister of Health** together with the Head of the Provincial Health Division visited the health areas of Nambwa and Muma on 12 and 13 June 2017 to assess the response.

8 reported cases, including **3** probable cases, **2** confirmed cases by **PCR** and **3** confirmed cases by serology **IgG** (MoH, 20 June 2017)

4 deaths were recorded (MoH, 20 June 2017)

Last confirmed case was reported and isolated on **11 May** (MoH, 20 June 2017)

40 Days since the last PCR confirmed cases

0 contacts being followed (MoH, 20 June 2017)

US\$ 14.7 million is the budget of the Ministry of Health National Ebola outbreak Response Plan (MoH, 20 May 2017)

US\$ 2.82 million is the budget of UNICEF's Response Plan in support of the national response

Epidemiological Overview

As of 20 June 2017 the total number of notified cases has remained 8, including 4 deaths

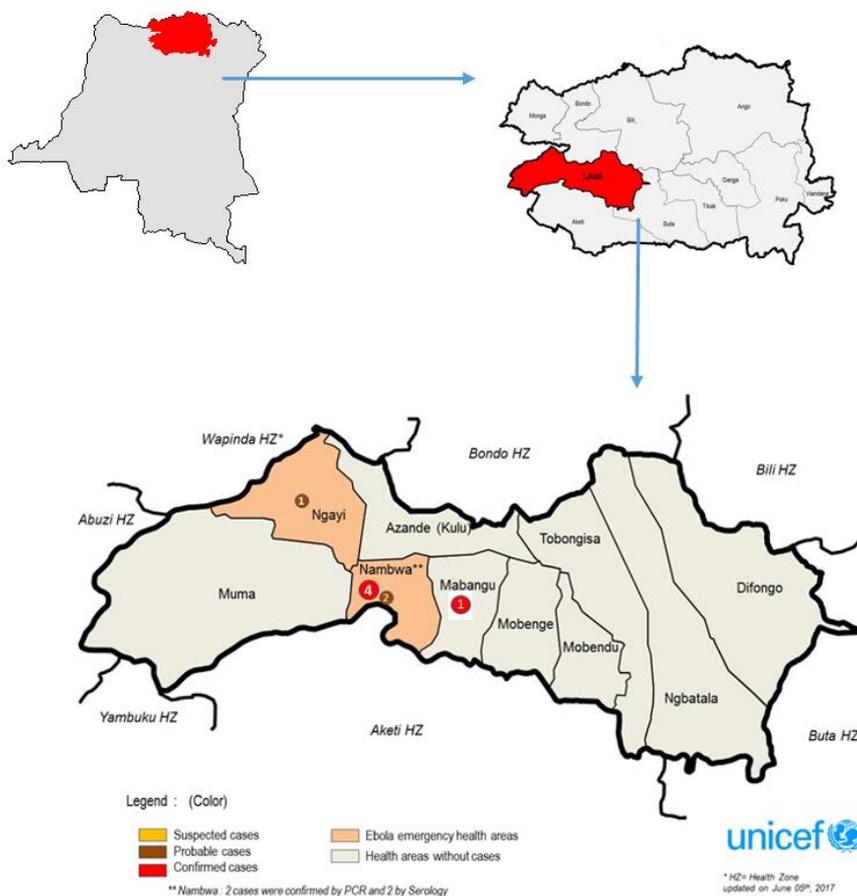
Summary Table

	Affected Health Areas in the Likati Health Zone of Bas Uele Province of DRC														TOTAL	
	Nambwa		Mouma		Ngayi		Azande		Mobengue		Mabangou		Ngabatala			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Confirmed by PCR	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Confirmed by Serology	2	0	0	0	0	0	0	0	0	0	1	0	0	0	3	0
Probable*	2	2	0	0	1	1	0	0	0	0	0	0	0	0	3	3
Suspected**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	6	3	0	0	1	1	0	0	0	0	1	0	0	0	8	4
Previous total (12 June)	6	3	0	0	1	1	0	0	0	0	1	0	0	0	8	4

* Assessed and confirmed by a clinician (clinical doctor) or cases with a clear epidemiological link with a confirmed case and cases that cannot be confirmed by laboratory test but that have been designated as such by the surveillance committee of the MoH

** Individuals presenting symptoms of high fever and that have been in contact with a probable, suspect or confirmed case or individuals suffering of brutal high fever with at least 3 other Ebola related symptoms (diarrhoea, headache, vomiting ...) or individuals with unexplained bleeding or cases of with unexplained sudden deaths or women experiencing sudden abortions

Ebola cases (suspected, probable and confirmed) in Likati health zone, Bas-Uele Province / DRC 20 Jun 2017



Humanitarian leadership and coordination

The National Coordination Committee (*Comité National de Coordination - CNC*) chaired by the Ministry of Health (MoH) and with the participation of UNICEF, WHO and other partners met on 16 June 2017 and received updates from all working groups.

The team of 8 staff (5 supported by UNICEF) from the Ministry of Health (MoH), will remain in Likati to oversee the implementation of the Response Plan until the 42nd day after the isolation of the last declared Ebola case (the end of the outbreak).

The Provincial Minister of Health together with the Head of the Provincial Health Division visited the health areas of Nambwa and Muma on 12 and 13 June 2017 to assess the response.

Summary Analysis of Programme Response

Overview of the key elements in the response with a special emphasis on UNICEF's response.

Coordination

UNICEF continues to participate actively in the discussions at the coordination meetings at national and provincial level and at local level in Likati, the epicenter of the outbreak, and is particularly active in the working groups on communication and social mobilization, WASH and logistics.

Communication for Development

Door-to-door awareness activities on Ebola has reached 1.069 people in churches, markets and schools and through community dialogue sessions in the Likati health zone, and in health facilities in Mobengue, Tobongisa and Azande health areas. Local communities in Likati continue to watch two documentaries (films) on Ebola, one by the Ministry of Health and UNICEF featuring experiences from DRC and one from WHO featuring experience from Mali. A meeting with traditional healers was held to sensitize them on the prevention of Ebola.

UNICEF is developing a partnership with civil society organizations and the Provincial Health Division in Bas Uele to maintain communication and social mobilization activities in the Likati health zone and in Buta. Those activities are based on data collected through focus groups and interviews. The focus group discussions and interviews used the methodology for rapid assessments on Knowledge, Attitudes and Practices.

For Likati, the results show that 84% of the population have heard about Ebola and 40.8% know that there are cases in the community. Respectively 27.5% and 15.7% mention fever and vomiting blood as symptoms. In terms of prevention 29.4% mention not eating meat (while for 49% of them the main food is monkeys and antelopes, and 69.4% confess their food includes animals found dead), 19.6% washing hands and 17.6% not shaking hands to greet as mean of prevention while only 5.9% mention not touching sick people dead or alive. 98% say that touching a dead body is a well rooted tradition. The survey in Buta indicates that almost the entire population have heard about Ebola and knows it is a serious disease. 84% say they know the symptoms and means of prevention, but only 50 to 55% of them can mention them. Only 17.5% know that a dead body is very contagious while 87% indicate it is a tradition for family members and leaders to manipulate the body during funeral. But, the same number of people say they are willing to adopt prevention practices if they are explained to them.

Thanks to door-to-door activities, sensitization sessions by leaders and facilitation of community dialogues on EVD by trained community workers, the knowledge, ownership and sense of emergency seem to increase amongst community members as the increasing numbers of alerts attest (improved community-based surveillance).

WASH

The distribution of Aquatabs has continued at community level in Mobengue, Ngabatala and Azande health areas, and in the Likati General Hospital to improve the access to safe water. Sensitization sessions on hand washing and waste disposal activities are ongoing in the health areas of Mobengue, Ngabatala, Tobongisa and Azande, and the Likati General Hospital.

Other WASH activities include awareness activities on Ebola prevention at the voters' registration sites in Likati.

Additional funds secured from UKAid to support WASH activities are being directed to support – within the context of the response plan - (i) the provision of a minimum WASH package in the health centers, (ii) the reinforcement of the access to safe water for the affected population, and (iii) the improvement of knowledge and practices on good hygiene practices in the affected population.

Health

The provision of free healthcare services with appropriate infection prevention and control measures, using the health kits supplied by UNICEF and other partners, continues in the Likati health zone. Health facilities are providing free services for maternal, neonatal and child health care including treatment of pneumonia, diarrheal diseases and malaria. Following the provision of free health care services, the outpatient services in Likati saw a significant increase in the number of patients seeking care.

The inventory of goods (motorcycles, laboratory equipment, etc.) is being reviewed in order to be allocated to the health zone and contribute to strengthening the health zone in the post-epidemic period.

Human Resources

UNICEF continues to maintain a strategic presence in Likati health zone for on-site technical assistance in the area of WASH and communication and social mobilization, with a rotation plan for the UNICEF staff on the ground in Likati, as necessary.

Funding

UNICEF Response Plan to the Ebola epidemic, aligned to the National Response Plan, **has a budget of USD 2.82 million**; and focusses on communication, WASH and health services as the primary response; and nutrition support for Ebola Virus Disease (EVD) patients and child protection planned for the second phase of the response.

UNICEF has mobilised GBP 580,000 from UKAid to support the WASH component of the UNICEF response to Ebola. **Additional USD 100,000 were allocated from CIDA humanitarian grant** to complement UNICEF's Regular Resources and prepositioned supplies and equipment already deployed to the response.

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