




Sandrine, a UNICEF-supported community outreach worker, tours her neighborhood in Mbandaka, Equateur Province, to raise awareness about Ebola.






  
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**UNICEF DRC EBOLA**  
**Ebola Situation Report #4**  
 Period covered:  
 12-18 May 2022

**Epidemiological Situation**  
 as of 18 May 2022

## Highlights

- 8.5 tons of IPC-WASH materials (soap, buckets, and chlorine) were received for healthcare facilities, schools, and public spaces.
- 32 per cent of alerts were reported by the community, which is the second most recurrent source of alerts following healthcare workers at facilities. This demonstrates a positive engagement both from healthcare workers and community members in Ebola Virus Disease (EVD) prevention.
- 3,205 feedback messages received have been translated directly into radio messaging and community healthcare worker training to respond to key questions on EVD vaccination.
- Lifesaving EVD detection and prevention information was provided to 541,873 individuals (including 294,932 women) via home visits organized by 245 Community Action Cells and 43 church events.

-  3 confirmed cases (1F, 2M)
-  3 deaths
-  100 % case fatality
-  0 cases of children
-  1 province affected

## Situation Overview

- No new cases were recorded from 12 to 18 May 2022. High-risk contacts, including three healthcare workers who become suspected cases, were negative. Of the contacts listed and followed up around the three confirmed cases, 208 were out of follow-up after 21 days on 13 May 2022, followed by 228 on 17 May 2022. Three contacts remain never seen and 67 contacts from the third confirmed case remain in follow-up.
- 1,726 alerts were reported from 12 to 17 May 2022, of which 1,688 (98 per cent) were investigated, and nearly 10 per cent (161) validated.
- From 27 April to 17 May 2022, 811 people were vaccinated, including 144 high risk of the 509 contacts listed (representing 28 per cent of contacts). 63 per cent of those vaccinated were front-line staff.

## UNICEF's Response

- As in previous outbreaks, UNICEF's response is in support to the Government of the DRC, in coordination with partners.



## Infection Prevention and Control (IPC)/Water, Hygiene and Sanitation (WASH)

UNICEF in collaboration with its partners has:

- Received 8.5 tons of IPC-WASH materials (soap, buckets, and chlorine) for healthcare facilities, schools, and public spaces.

**Supported healthcare facilities**

- Decontamination of two healthcare facilities following suspected cases.
- Identification of 70 priority healthcare facilities (of the 192 facilities within the three health zones) for targeted support to reduce the risk of nosocomial infection/transmission.
- Assessment of IPC/WASH level in 19 healthcare facilities: the means scores is under 34 per cent.
- Revitalization of the hygiene committees in 39 healthcare facilities.
- Reestablished triage in 21 health facilities.
- Supervision and coaching to 333 healthcare workers within 59 different facilities on the use of triage and isolation, as well as chlorine preparation, infection prevention control and waste management.
- Provision of IPC-WASH kits in 15 healthcare facilities.
- Replacement of four mattresses in two healthcare facilities that were burned during decontamination.

**Supported Community Infection Prevention**

- Identified public places which needed handwashing facilities: 100 schools, 134 places of worship and 12 markets.
- Provision of WASH kits to 80 households, nine places of worship, four schools and two public services in the four rings around the three confirmed cases.


**Risk Communication and Community Engagement (RCCE)**

UNICEF in collaboration with its partners reached communities across the following areas:

**Community Based Surveillance (CBS)**

- Training of 162 Community Action Cell (CAC) members from 17 health areas in the three health zones on CBS and EVD prevention.
- 1,204 individuals were encouraged to seek care via community-based surveillance activities.

**Feedback**

- 3,205 feedback were received during the reporting period, the key questions were regarding vaccine eligibility and most common suggestions and requests were regarding access to water and free healthcare. Distrust regarding Ebola related activities was also raised.

**Mass media**

- Responding to community feedback questions, two interactive radio programs were broadcast on two stations regarding the importance of vaccination and safe and dignified burial (SDB).
- Broadcasting on EVD prevention and PSEA continues across ten radio stations, 210 broadcasts were made in the week, reaching an estimated 140,222 individuals.
- The governor's message regarding EVD continues to be broadcasted, reaching 43 churches during the reporting period.

**Digital**

- Child Reports submitted ten articles on EVD via the UNICEF platform "PO NA BANA". The articles covered key topics on hygiene measures, healthcare seeking and school director's commitment to ED prevention.
- Youth Reporters developed four audio segments which were broadcast on partner radios.
- Five key messages on vaccination were shared by 23 Youth Bloggers on social media.

**Community Engagement and support to EVD response pillars**

- Organisation of a guided Ebola Treatment Centre (ETC) visit for seven community leaders to improve trust and willingness to seek care.
- Organisation of three awareness sessions to support ring vaccination.
- Provision of information on EVD response mechanisms to 541,873 individuals (including 294,932 women) via home visits (provided by 8,804 community healthcare workers from the 245 CACs) and via 43 church events.
- Eight child reporters supported by local committees provided information on the EVD response and EVD prevention to 4,078 students including 2,425 girls in 13 schools.

## Health and Nutrition

UNICEF actively participates in the planning and monitoring of the activities of the medical management of EVD. In partnership with UNICEF, the National Nutrition Program (MSP) and the partner IMC are organizing nutritional care in the context of EVD at the ETC and in the community:

### Community

- 16 children under 24 months of age continued to receive follow-up and support, including 11 children under 6 months of age who are exclusively breastfed with Breast Milk Substitute (BMS) and three other children who have resumed breastfeeding after a course of BMS.
- 16 mothers and guardians of children under 24 months of age received training on infant and young child feeding in the context of the EVD.

### ETC and Healthcare Facilities

- One pediatrician from the Wangata General Hospital has been designated by the health zone to provide specialized support to children in the healthcare facilities and ETC with support from UNICEF.
- Six suspected patients, including one 6-year-old child and two adult women, received EVD nutritional care and one patient received additional nutritional assessment and evaluation.

## Psychosocial Support and Child Protection

### Activities at the ETC/CT/Nursery

- Psychological support activities for those affected by EVD continued to be provided.
- 25 individuals accompanying a suspected case as well as visitors to the ETC received counselling.
- 10 suspects, including a 6-year-old child who were in isolation at both healthcare facilities and the ETC received psychological support while awaiting negative test results.
- The nursery set-up has been completed (including water and hygiene facilities). Staff, including two EVD survivors, have been deployed to the nursery.

### At the community and health facility level, child protection response activities focused on three main components

- **Psychological support to affected families:** The para-social workers under the guidance of psychologists organized four sessions of psychological support to 22 members of the families of the three deceased positive cases. In addition, psychological follow-up and support continue to be provided to eight orphans. The children received individualized psychosocial support. In collaboration with DIVAS, they will be provided with medical, psychosocial and reintegration assistance according to their needs.
- **Follow-up and psychosocial support for contacts:** 82 contacts listed by the surveillance pillar received preliminary counselling before being listed as a contact and vaccinated.
- **Awareness sessions (individual and group):** More than 259 sessions were held for 3,934 persons in the three health zones covering issues such as vaccination, fear, and stress surrounding EVD.

### Support to response pillars

- **IPC-WASH:** para-social workers supported 68 people including 33 front line responders and 35 contacts to be vaccinated.
- **Safe and Dignified Burials (SDB):** 12 family members received psychological support while waiting for testing of deceased.

## Gender Based Violence (GBV)/Gender/Prevention of Sexual Exploitation and Abuse (PSEA)

- UNICEF supported 483 persons to access safe mechanisms for reporting SEA.
- Two GBV cases were registered and assisted.
- 14 service providers including seven men and seven women were briefed on GBV and SEA case management.
- Young bloggers of Mbandaka started developing and posting PSEA messaging on Facebook, Twitter, and Instagram.
- PSEA focal points of 11 UNICEF implementing partners, including nine men and two women were trained on their roles and responsibilities.
- The first monthly meeting of community-based complaint mechanisms (CBCM) focal points was held, with a major recommendation aimed at ensuring free services for survivors, even when they chose other public hospitals that are not part of the identified network for CBCM.

## Integrated Outbreak Analytics (IOA) (most recent report: [available online here](#))

- Support to the health zones for data entry and database management.
- Ongoing support to the RCCE pillar to review management of feedback (ongoing).
- Ongoing analyses to review alert trends to support and guide both surveillance and RCCE teams during community engagement.



## UNICEF Response Plan & Funding Overview

- In response to the Ebola outbreak in Equateur, and in line with the DRC Government's Provincial Response Plan, UNICEF estimates the amount needed for an immediate response (3 months) to be US\$3,050,000, within UNICEF's areas of responsibility.
- UNICEF has already allocated US\$450,000 to meet critical needs until additional funding is secured. This is in addition to US\$900,000 to be received from the CERF Rapid Response Mechanism. With thanks to the flexibility from the World Bank and the Ministry of Health, funding from the Regional Disease Surveillance Systems Enhancement (REDISSE) Project is also being reprogrammed towards the Ebola response in Mbandaka.
- Flexible and timely funding will continue to play an important role in this response as it enables UNICEF and its partners scale up its response, as well as act rapidly and strategically to quickly contain the epidemic.



## External Media

- During the reporting period, digital communication has mainly highlighted UNICEF's work in [infection control and prevention](#), including [handwashing](#). A video also illustrated the [establishment of a nursery for children separated from their parents because of Ebola](#). Several articles published by the [Child Reporters](#) on the [Po Na Bana blog](#) were shared, highlighting the importance of [raising awareness in schools](#) and [involving children in the response](#). New multimedia material was uploaded on [WeShare](#).

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