








Chirac, 4, and Felix, 7, lost their mother to Ebola in Mbandaka, DR Congo. Twice a day, a UNICEF-supported psychologist, visits the family and plays with the children. "For children of this age, it is difficult to understand the sudden disappearance of their mother," explains the psychologist.



**UNICEF DRC EBOLA**  
**Ebola Situation Report #5**  
 Period covered:  
 18-25 May 2022

**Epidemiological Situation**  
 as of 25 May 2022

-  5 cases (4 M, 1 F)  
4 confirmed, 1 probable
-  5 deaths
-  100 % case fatality
-  2 children under 18 (2 M)  
1 confirmed, 1 probable
-  1 province affected

## Highlights

- Home visits provided 541,873 individuals (including 294,932 women) with lifesaving information on Ebola Virus Disease (EVD) prevention.
- 45 of the 70 priority healthcare facilities have received critical water sanitation and hygiene/infection prevention and control materials to reduce risks of nosocomial infection; this includes buckets, chlorine, and soap as well as 86 protected mattresses which can be easily cleaned between patients to reduce infection risks.
- 351 healthcare workers have received training and supervision to set-up and manage triage as well as stop nosocomial infection within their facility.
- The Analytics Cell has presented a comparative analysis of the 11<sup>th</sup> and 14<sup>th</sup> EVD outbreak in Equateur, which has been used by the Ministry of Health (MoH) to develop specific recommendations to improve response strategy.

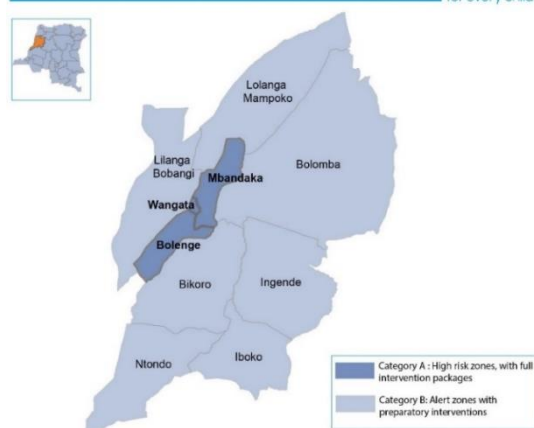
## Situation Overview

- A new case (12-year-old male) was confirmed on 19 May 2022. The case was not listed as a contact and was not under surveillance nor vaccinated; it was linked to another child (9-year-old male) who died on 6 May 2022 with EVD-like symptoms but had not been tested. Both children were buried without a safe and dignified burial (SDB).
- Following case mapping and investigation, the case of the 9-year-old male has been deemed a probable case. Families and contacts of both cases have been listed and are under surveillance as vaccination efforts are ongoing.
- As of 25 May 2022, there are 594 contacts currently being followed-up. 1,311 individuals have been vaccinated, including 715 healthcare workers.

## UNICEF's Response

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

### Health zones – EVD Response Plan



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

### Community Infection Prevention

- All 20 of the prioritized "at risk" schools in affected areas have received handwashing supplies and posters.
- 15 public places have received handwashing supplies and posters.

### Healthcare facility support

- Distribution of WASH kits to cover 45 of the 70 priority healthcare facilities, this includes 31 healthcare facilities of categories 3 and 4 (smaller facilities), which have been identified as those with greatest risk of nosocomial infection.
- 47 healthcare facilities have received supported supervision during the reporting period; this has included the briefing of 351/358 healthcare workers on triage, isolation as well as on how to reduce risks during waste management.
- Six new healthcare facilities have been evaluated (using scorecards) to develop appropriate support plan (training, materials).
- 86 protected mattresses have been provided to priority facilities to reduce risks of nosocomial infection.

### WASH interventions around confirmed EVD cases

- Evaluation of community and healthcare facility risks and decontamination of households and bio-cleaning of healthcare facilities around confirmed cases.
- Provision of household WASH kits (bucket, chlorine, disinfectant, etc.) to support decontamination in affected households. The families also received 11 new mattresses to replace those destroyed during decontamination.

## Risk Communication and Community Engagement (RCCE)

### Community Based Surveillance (CBS)

- 1,356 alerts have been raised via community surveillance.

### Feedback

- 4,740 feedback were received via community healthcare workers. The most frequent topics are grouped in three categories:
  1. Rumors, beliefs, observations including that EVD does not exist, and fear around the Ebola Treatment Center (ETC)
  2. Questions were raised notably on fatigue from daily visits
  3. Suggestions and requests focused on the need for more handwashing and free healthcare services

### Mass and digital media

- Continued broadcasting of radio spots and microprograms on EVD and PSEA across ten partner radio stations. This includes 20 broadcasts per day (morning and evening) reaching an estimated 140,222 people each day.
- Child reporters have written eight articles on the UNICEF platform “PO NA BANA” covering EVD symptoms, contamination, and participation in the response.
- Key messages on EVD awareness have been shared via Facebook and 21 WhatsApp groups.

### Community Engagement and support to EVD response pillars

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

## Health and Nutrition

UNICEF actively participates in the planning and monitoring of activities related to the medical management of EVD. In partnership with UNICEF, the National Nutrition Program (MSP) and the partner IMC are organizing nutritional care in ETCs.

- Six suspected patients were admitted to the Wangata ETC and received adequate nutritional management, including one child aged 12 years, one adult with cardiac disease, and one adult with diabetes who received specific dietary treatment.

## Psychosocial Support and Child Protection

### Activities at the Ebola Treatment Center

- 20 women and 20 men (including nine children) have been isolated as suspected cases either in the ETC or in healthcare facilities. During their period in isolation, they all have received psychological support.
- 22 people who accompanied or visited suspected cases in the ETC or in transit centers have received psychological support and practical advice to provide moral support those awaiting their EVD results.

**Psychological support to affected families:**

- To date eight children (four boys and four girls) have been orphaned from the EVD outbreak. These children continue to receive psychological assistance, as well as the 51 members of the affected families related to the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> cases (27 men and 24 women).
- An in-depth social survey was organized by para-social workers to respond to community needs beyond EVD. 32 vulnerable children (21 men and 11 women) were identified and solutions via social support networks are being identified

**Awareness sessions (individual and group):**

- Individual and mass sensitization and psychosocial support sessions were organized: Para-social workers held 238 psycho-education sessions reaching 3846 individuals on topics including, vaccination, overcoming the stress of the ETC and the importance of safe burials during the EVD outbreak.

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

- GBV support is also being provided beyond the EVD response. This has included the support to recent incidents.
- During the reporting period, six PSEA briefing sessions were organized for 270 participants (125 men and 145 women). In addition, a large awareness-raising meeting was organized by the Association of Young Women for Sustainable Development at the University of Mbandaka.

## Integrated Outbreak Analytics (IOA) (report from April [available online here](#))

- Comparative analysis between the 2020 (11<sup>th</sup>) and 2022 (14<sup>th</sup>) outbreaks in Equateur Province has been completed and shared with coordination and key partners. [The presentation is available online here.](#) The analysis highlights similarities between the two outbreaks in terms of (1) potential risks in case investigation and contact listing; (2) low levels of alerts on deaths; (3) more than 2/3 of alerts being raised from community-based surveillance and healthcare workers. The analysis also highlights much lower levels of vaccination among contacts (28 per cent as of 13 May 2022) in the 14<sup>th</sup> compared to 64 per cent of contacts at the end of the 11<sup>th</sup> outbreak. Key recommendations developed with partners include:
  - Improving communication to explain vaccination strategy.
  - Reinforcing existing alerts mechanisms with trusted healthcare workers and communities (CAC).
  - Supporting community structures to raise alerts of community deaths.
  - Reinforce communication on early treatment-seeking to improve survival rates.
- Support to the coordination on data entry and presentation for new dashboard and key indicators surrounding new cases.

## UNICEF Response Plan & Funding Overview

- UNICEF's response plan, in support of the Government's response, was published with last week's SitRep. UNICEF estimates the amount needed for an immediate response (3 months) to be US\$3,050,000, within UNICEF's areas of responsibility.

## External Media

- During the reporting period, UNICEF [shared an overview of its interventions in the Ebola response](#) and [highlighted the central role of young people](#). UNICEF-supported Child Reporters also [reiterated the importance of putting in place new mechanisms in schools](#) and [discussed the involvement of communities in the fight against Ebola](#). They also called for a [broad vaccination of the population living in Mbandaka](#). New multimedia material was uploaded on [WeShare](#).

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