



### Strengthening community ownership and preventing the infection of more children

**The Ebola outbreak in three eastern provinces of the Democratic Republic of the Congo is now in its second year, with no sign that it is losing ground. It is the world's second largest and deadliest Ebola outbreak on record and the first in an active conflict zone,** with over 3,000 confirmed cases, including more than 900 children, and over 2,000 deaths. In the context of ongoing conflict, insecurity and dynamic population mobility, the geographic expansion of the epidemic – both within the Democratic Republic of the Congo (29 health zones are now affected, including cases recently confirmed in Goma and Bukavu city in the South Kivu province) and beyond national borders (cases are confirmed in Uganda) – is challenging the response. Collective efforts must now be made to scale up the response and mitigate the risk of further spread into neighbouring provinces and countries.

**This disease continues to ravage families.** Women, the primary caretakers of the sick and the dying, are at greater risk of contracting the virus from family members and infecting those they comfort, care for and feed, notably their children. In the Democratic Republic of the Congo, women represent 57 per cent of the cases and children represent 28 per cent, which is significantly higher than the 20 per cent average in previous outbreaks.

**The risk of spread to neighbouring countries also remains high.** The World Health Organization (WHO) has categorized **Burundi, Rwanda, South Sudan and Uganda** as Priority 1 risk countries for Ebola preparedness due to their proximity to outbreak-affected areas and the high degree of population movement across borders. The already weak public health infrastructure and insecure operating environments in some of these countries has further increased the complexity and costs of implementing minimum prevention and preparedness actions.

## Ebola outbreak response in the Democratic Republic of the Congo and neighbouring countries

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### Snapshot

- 3,157 Ebola cases reported, including more than 900 children
- 2,108 Ebola deaths in the Democratic Republic of the Congo
- 12.5 million people at risk in Burundi, Rwanda, South Sudan and Uganda
- US\$191.5 million funding requirements for the response across five countries

### 2019 programme targets

#### Risk communication and community engagement

- 40 million people reached with Ebola messages through community engagement and interpersonal communication
- 12,390 community health workers trained in risk communication and community engagement for Ebola preparedness<sup>1</sup>

#### Infection prevention and control

- 218,622 people<sup>1</sup> reached with hygiene and prevention kits<sup>1</sup>
- 24,551 health facilities provided with interpersonal communication/water, sanitation and hygiene supplies in at-risk areas<sup>1</sup>

#### Psychosocial support

- 149,440 affected people received psychosocial support

#### Education

- 1.4 million students reached with Ebola prevention information in schools

**The public health tools required to defeat the outbreak, including an effective vaccine that prevents infection, and new, potentially game-changing therapeutics to treat the disease, are at hand.** These recent breakthroughs will not end the epidemic, if armed conflict and insecurity continue to hamper access and suspend life-saving response activities, or if people in affected communities remain too scared, skeptical or slow to seek treatment. **Effective community engagement – a sector led by UNICEF – is widely recognized as key to ending the outbreak.** It is also one of the most challenging elements of the response.

In the Democratic Republic of the Congo, UNICEF is mobilizing all available resources to control, reduce and ultimately eliminate Ebola. UNICEF<sup>1</sup> is implementing interventions focusing on:

- **Risk communication and community engagement** to reinforce and increase the awareness, acceptance, involvement, investment and, ultimately, community ownership in all aspects of the Ebola response;
- **Infection prevention and control** with, as the epidemic evolves, a focus on training more health workers and better assessing and equipping health facilities, as well as on decontamination interventions in households, health facilities and other spaces with confirmed Ebola cases;
- **Psychosocial support and protection** to provide support for survivors and alternative care for separated and orphaned children; and
- **Nutrition services** to provide appropriate medical and nutritional care to Ebola patients.

The public health response to the Ebola epidemic cannot be effective without a wider, complementary response that addresses the significant social and humanitarian problems of the communities affected by the crisis. As such, **Pillar 3<sup>2</sup>** (community ownership and basic services) is critical to creating **an environment of trust with affected communities by addressing pressing needs and providing essential services** that did not exist or were interrupted by the Ebola response, particularly in areas where there is lack of access or communities are unwelcoming. The aim is to address pressing social, humanitarian and infrastructure needs identified by Ebola-affected communities, and to gain the trust, buy-in and community engagement needed to end Ebola. These needs include pre-existing humanitarian problems, as well as negative consequences of the Ebola response, such as the deterioration of regular health services. Based on extensive community outreach and feedback, the priorities of families in Ebola-affected and at-risk communities include: access to clean water and decent sanitation, uninterrupted routine medical care, especially vaccinations, food support, assistance for crisis-affected children, including children orphaned by Ebola, alternative care for separated and orphaned children, regular access to education, affordable school fees and small infrastructure improvements. By creating this trust, UNICEF can not only address real needs but also enhance the chances that the public health response (Pillar 1) will be accepted and owned by communities to facilitate the critical work being undertaken to interrupt transmission and end the outbreak.

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<sup>1</sup> Interventions under Pillar 1 of the fourth Strategic Response Plan for the control of the Ebola outbreak in the Democratic Republic of the Congo. The five main pillars of the scale-up strategy are: 1) strengthened public health response led by WHO in support of the Ministry of Health; 2) strengthened political engagement, security and operations support led by the Emergency Ebola Response Coordinator; 3) strengthened support to communities affected by Ebola led by the Emergency Ebola Response Coordinator and supported by the Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF; 4) strengthened financial planning, monitoring and reporting, led by the World Bank; and 5) strengthened preparedness for surrounding countries led by WHO and supported by OCHA and Inter-Agency Standing Committee partners.

<sup>2</sup> Interventions under Pillar 3 of the fourth Strategic Response Plan.

Since the start of the outbreak in the Democratic Republic of the Congo, **UNICEF has scaled up preparedness efforts in all four high-risk neighbouring countries, focusing on the following four priority areas:**<sup>3</sup>

- Leadership and coordination in prevention and preparedness;
- Risk communication, social mobilization and community engagement to inform and protect local populations;
- Infection prevention and control, access to safe water and sanitation in communities, health facilities and schools, access to health services and Ebola-related supplies and health worker training;
- Psychosocial support and child protection interventions.

While considerable progress has been made, **significant funding is still required** to implement the critical activities needed to stop the spread of Ebola. In the Democratic Republic of the Congo, UNICEF funding requirements stand at US\$175.7 million to implement critical activities needed to stop the spread of the outbreak and support communities. In the four countries that neighbour the Democratic Republic of the Congo (Burundi, Rwanda, South Sudan and Uganda), UNICEF funding requirements in 2019 stand at US\$15.8 million to support the implementation of preparedness actions.

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<sup>3</sup> Interventions under Pillar 5 of the fourth Strategic Response Plan.