



## **NATIONAL PLAN FOR THE RESPONSE TO THE EBOLA VIRUS DISEASE EPIDEMIC IN NORTH KIVU PROVINCE**

Democratic Republic of the Congo  
Ministry of Health  
National Coordination Committee

## Acronyms

HC	Health centre
DCA	Disease Control Authority
DPS	Provincial Health Authority
DHMT	District health management team
EVD	Ebola virus disease
HGR	General referral hospital
INRB	National Biomedical Research Institute

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## CONTEXT

Since 1976, the Democratic Republic of the Congo has faced 9 epidemics of Ebola Virus Disease (EVD), the latest of which occurred in May 2018. All these epidemics have been characterized by high infectiousness, high mortality, and serious degradation of the socioeconomic situation of the population.

**Table 1 - Geographical distribution of EVD epidemics in the Democratic Republic of the Congo, 1976-2018, risk factors and response times**

YEAR	SITE (province/city/village)	CASES	DEATHS	CASE FATALITY %	RISK FACTORS (index case)	NOSOCOMIAL INFECTION	RESPONSE TIME
1976	Equador: Yambuku	<b>318</b>	<b>224</b>	<b>88</b>	Contact with bushmeat	++++	4 months
1977	Equador: Tandala	<b>1</b>	<b>1</b>	<b>100</b>	?	0	
1995	Bandundu: Kikwit	<b>315</b>	<b>256</b>	<b>88</b>	Agricultural work	++++	5 months
2007	Western Kasai: Mweka	<b>264</b>	<b>187</b>	<b>71</b>	Ate a bat ?	+	4 months
2008	Western Kasai: Kaluamba	<b>32</b>	<b>15</b>	<b>42</b>	Ate a bat ?	+	21 days
2012	Eastern province: Isiro	<b>52</b>	<b>28</b>	<b>53,8</b>	?	++++	4 months
2014	Equador: Boende	<b>66</b>	<b>49</b>	<b>74,2</b>	Contact with bushmeat	+++	15 days
2017	Bas Uélé: Likati	<b>8</b>	<b>4</b>	<b>50</b>	Contact with bushmeat	0	<15 days
2018 (May)	Equador: Bikoro	<b>54</b>	<b>33</b>	<b>61,1</b>	Contact with bushmeat	+++	<15 days
<b>TOTAL</b>		<b>1110</b>	<b>797</b>	<b>71,8</b>			

The Minister of Health of the Democratic Republic of Congo notified the World Health Organization on 1 August 2018 of an EVD outbreak in the Mabalako health district in North Kivu province in the east of the country, centred on Mangina.

The case that alerted the attention of the health authorities was that of a lady aged 65, living in the Masimbembe district of the city of Mangina, who on 19 July 2018 was admitted to Mangina referral health centre with heart disease. The Provincial Health Authority and the WHO sub office in Goma alerted the central authorities on Saturday 29 July 2018. A joint Provincial Health Authority/WHO mission visited Mangina on 31 July 2018 and found 6 patients hospitalized at the referral health centre who met the case definition for acute haemorrhagic fever.

The team took specimens from the patients and sent them to the National Biomedical Research Institute (INRB) the same day. Four of the six specimens tested positive using GeneExpert. Sequencing is in progress. On the basis of these first results, the Ministry of Health officially declared an Ebola outbreak in North Kivu province on 1 August 2018.

## CURRENT EPIDEMIOLOGICAL SITUATION

The EVD epidemiological situation as of 7 August 2018 is as follows:

**Table 2 - Epidemiological situation as of 7 August 2018**

The category of probable cases includes all reported deaths for which it was not possible to obtain biological specimens for laboratory confirmation. The investigations will determine whether these deaths are related to the epidemic or not.

PROVINCE	HEALTH ZONE	CASES CONFIRMED	PROBABLE	TOTAL	DEATHS CONFIRMED	PROBABLE	TOTAL
Nord Kivu	Beni	4	0	4	1	0	1
	Butenmbo	0	2	2	0	2	2
	Oicha	0	1	1	0	1	1
	Mabalako	13	21	34	8	21	29
	Musienene	0	1	1	0	1	1
Ituri	Mandima	0	2	2	0	2	2
<b>TOTAL</b>		<b>17</b>	<b>27</b>	<b>44</b>	<b>9</b>	<b>27</b>	<b>36</b>

## OPERATIONAL CONTEXT

The province of North Kivu is one of the most densely populated provinces of the Democratic Republic of the Congo (8 million people), it shares borders with four other provinces (Ituri, South Kivu, Maniema and Tshopo) and with the countries of Uganda and Rwanda.

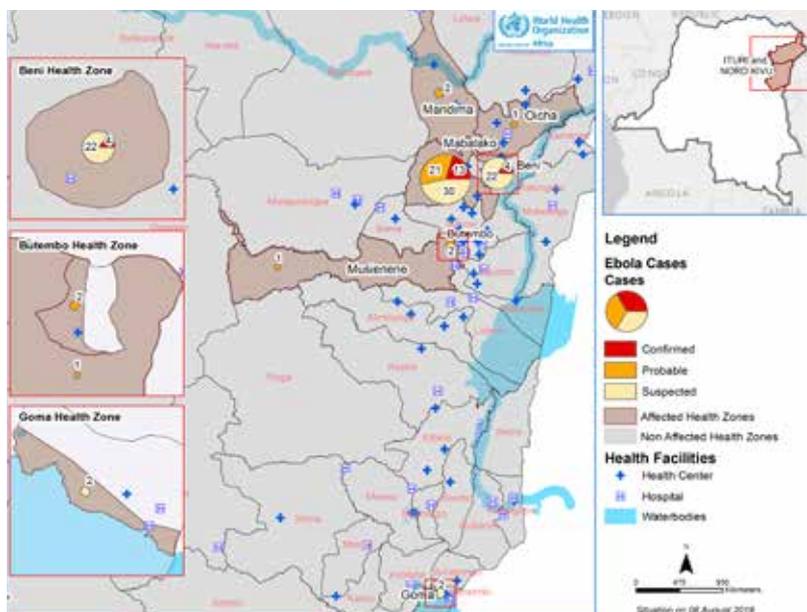
The far north offers a semblance of peace, but the current situation in this part of North Kivu Province is unpredictable and could have adverse security implications. It is an area dominated by armed conflict with a risk of deliberate attacks and acts of hostility against facilities, personnel and property during periods of tension.

The response teams must show considerable patience, as the situation in the region is very unstable.



**8 million people**  
IN THE AFFECTED AREA

**Figure 1 - Geographical distribution of cases in North Kivu and Ituri Provinces as of 8 August 2018**



## IMMEDIATE ACTION

National and local authorities and partners acted quickly to respond to this outbreak. The Minister of Health of the Democratic Republic of the Congo chaired a meeting between the Ministry of Health, WHO and partners to discuss the new strategy for coordinating the EVD response. An operational task force to address strategic issues and ensure the smooth work of the EVD response committees in North Kivu has been put in place.

On 3 August 2018, a laboratory installed at the general referral hospital in Beni health district became operational. All specimens from North Kivu province will be analysed on the spot pending the installation of new laboratories in affected health districts.

The Ministry of Health plans to begin vaccination of contacts and front-line staff on 8 August 2018. Over 3220 doses of vaccine are available at the central depot in Kinshasa.

The establishment of Ebola treatment centres has continued, and management of EVD positive cases in Mangina and the Beni general referral hospital has been initiated. Following the admission of ten patients to Mangina general hospital, there are now 16 inpatients.

Surveillance activities, including contact tracing, are in place in all affected areas, and Ebola treatment centres are being set up. Infection prevention and control measures are being strengthened in major hospitals and other health facilities, and social mobilization activities are under way. Port-of-entry (PoE) monitoring and other measures are being implemented at airports, on major waterways and at road crossings.

## RESPONSE PLAN

### Goal

To continue to reduce EVD-related mortality and morbidity in North Kivu Province (Mabalako health district) and limit its spread to neighbouring districts and countries (Uganda).

### RESPONSE OBJECTIVES

- Detect all suspected cases and collect samples for laboratory confirmation;
- Identify and track all EVD contacts;
- Organize medical and psychosocial case management including nutritional support;
- Reduce the risk of transmission of EVD in the community;
- Strengthen infection prevention and control measures at health facilities;
- Strengthen surveillance in health districts vulnerable to transmission of EVD because of population movement (PoEs to health districts, cities, provinces, countries and built-up areas);
- Strengthen community mobilization through participatory communication on social, behavioral change, and local community engagement and participation;
- Immunize at-risk groups (front-line staff, case contacts, and contact of contacts); and
- Support the management of severe acute malnutrition.

### RESPONSE STRATEGY

#### **Strengthening coordination of the multisectoral response through epidemic control committees at different levels.**

The following activities have been carried out to strengthen coordination among partners:

- Organize meetings of EVD control committees at national and provincial level;
- Revitalize technical committees at all levels: logistics, administration and finance, epidemiological and laboratory surveillance, research, communication, medical treatment, psychosocial care, water/hygiene and sanitation, vaccination and security;

- Organize the deployment of field teams by national and provincial coordination structures. A multisectoral team of experts for the national level (epidemiologists, biologists, community communicators and mobilizers, experts in hygiene and infection control, clinicians and emergency physicians, veterinary doctors, experts in psychosocial care, PoE specialists, immunization experts and security personnel);
- Publish daily situation reports to ensure uninterrupted access to up-to-date information;
- Set up a data bank; and
- Evaluate and document the management of the epidemic.

### **Strengthening surveillance, active case-finding and contact monitoring**

Early detection and isolation of new cases are essential to prevent further spread of the virus. Teams of epidemiologists and field-based contact tracers will be supported by laboratories that can analyse specimens quickly and safely.

The essential activities are:

- Establish rapid response teams in each operational cluster identified in the affected districts for rapid multisectoral assessment (health, protection, water and sanitation, education, etc.) of alerts transmitted by the monitoring mechanism;
- Clinical and community case definitions; traveller's health forms, contact tracking forms, case-by-case investigation sheets, linear lists, EVD management guides in the health district, community-based surveillance record;
- Organize monitoring of contacts in the community;
- Organize active case-finding at health facilities and in the community;
- Strengthen the capacity of clinical and community providers to monitor and follow-up contacts;
- Ensure the preparation of adjacent provinces and at-risk agglomerations; and
- Investigation of sources of transmission (funerals, health post).

### **Establishment of controls and targeted health measures at PoEs**

To prevent the spread of this epidemic, cross-border surveillance at PoEs in at-risk / neighbouring areas / provinces / countries and in major gathering places will be put in place.

The essential activities are:

- Conduct a rapid assessment of and map entry points;
- Identify mobilizable entry points and population movements;
- Establish health control points (prevention, surveillance and communication);
- Set up the PoE database; and
- Support a preparedness plan for neighbouring provinces based on assessed risk.

### **Strengthening diagnostic capacity at laboratories**

The diagnosis of the disease is definitive only if the specimens analysed at the laboratory test positive for the Ebola virus. The deployment of a mobile laboratory in the affected province will speed up the diagnosis and improve the effectiveness of epidemiological investigations.

The essential activities are:

- Deploy functional mobile laboratories;
- Acquire reagents, consumables and equipment for the diagnosis of EVD;
- Acquire reagents, consumables and equipment for the differential diagnosis of yellow fever, dengue fever, chikungunya;
- Acquire reagents, consumables and equipment for parasitology;
- Train providers (laboratory technicians) in the EVD laboratory monitoring protocol; and
- Organize a specimen management procedure (specimen-taking, storage, packaging and transport).

### **Medical treatment of patients and suspected cases**

In the case of EVD or other viral haemorrhagic fever, special care should be taken when treating patients to reduce the risk of subsequent spread of the virus, including to health workers. Ebola treatment centres, effective triage and infection control will ensure that persons affected are treated effectively and help maintain access to other health services despite the outbreak.

The essential activities are:

- Set up the protocol for the management of septic shock in adults and adolescents, the treatment regimen, EVD patient follow-up sheets (3 types of cards), contact list, discharge card, accident

- risk sheet in the case of exposure to blood or other body fluids, technical data sheets for specimen-taking;
- Set up Ebola treatment centres;
  - Equip transitional care structures;
  - Acquire and deploy case management kits;
  - Provide hospitals with reference, transfusion safety kits;
  - Train health care providers in EVD;
  - Monitor the payment incentives to health-care providers at the treatment centre level; and
  - Provide care for caregivers and other staff as needed.

### **Strengthen biosafety precautions at health facilities**

Infection control aims to stop the transmission of communicable diseases to other patients and health workers by quickly isolating suspected cases, creating isolation zones that ensure the flow of patients while keeping away suspected cases; and providing facilities for handwashing and waste management, as well as PPE for health workers.

The essential activities are:

- Organize the briefing and training of the providers in the different topics (burial teams, hospital hygiene / infection control / standard precautions, disinfection techniques, chlorination);
- Replicate the tools: protocols and training module;
- Provide general hospitals and health centres with PPE, equipment and inputs for infection control and hospital hygiene;
- Provide maternity wards, delivery rooms and antenatal and post-natal checkpoints with emergency reproductive health kits;
- Provide Ebola treatment centres with PPE, equipment and inputs for the infection control and hospital hygiene;
- Build emergency latrine batteries in health centres if necessary;
- Disinfection and maintenance of health facility premises (health centres and general referral hospitals);
- Supply health facilities with drinking water;
- Develop water points; and
- Provide health district with EHA kits (water quality control kits, chlorination kits, etc.)

### **Strengthening of community protection measures**

Infection control plays a crucial role in the containment of EVD. Strong anti-infective measures and practices must be in place in the community.

The essential activities are:

- Disinfecting the households of EVD cases and the surrounding area;
- Provide the community with EHA equipment, materials and inputs;
- Equip schools and youth and animation centers with WASH equipment, materials and inputs;
- Make the population aware of good hygiene practices (handwashing, etc.)
- Provide public places with hand washing facilities;
- Ensure the management of biomedical waste in case management centres and health facilities (general hospitals and health centres) (incinerators, training, equipment and inputs);
- Ensure safe and dignified burials (equipment, inputs, briefing providers);
- Develop water points; and
- Set up the chlorination points.

### **Risk communication, social mobilization and community involvement**

For every aspect of the response to have the maximum effect, it is necessary to be responsive to community concerns and provide communities with appropriate and targeted information.

The essential activities are:

- Conduct a rapid assessment of the social structure;
- Develop crisis communication and community mobilization guidelines;
- Conduct advocacy with opinion formers and community-based organizations;
- Adapt messages and replicate educational materials;
- Provide media coaching and monitoring;
- Produce and broadcast radio and TV programmes and spots (announcements) about preventing EVD;
- Support public communication (press briefings, public information forums);
- Intensify the SMS campaign;
- Brief members of community mobilization units and media presenters;

- Equip community mobilization units and other mobilizers with interpersonal communication materials and media (megaphones, batteries, posters, leaflets);
- Organize local awareness campaigns among households (educational talks, home visits, etc.);
- Organize the risk communication briefing for media professionals, provincial education authorities and sub-authorities, higher educational institutions and universities, markets, ports and airports, and other officials at PoEs (DGM, RVA, DGDA, Police, FARDC), associations, the Red Cross, faith-based networks, social partners, traditional healers and other community structures;
- Organize awareness campaigns in schools, barracks, markets, ports, airports, churches, mosques, bus stations, and other public places;
- Organize supervisory visits by community mobilization units involved in the response;
- Organize participatory theatres in communities and initiate community dialogues;
- Organize periodic mid-term evaluations and produce a final report; and
- Manage the database of communication activities.

## **Psychosocial care**

Psychosocial assistance is an essential element of the management of EVD cases. Survivors, and their family members, are often stigmatized and prevented from resuming their activities following recovery. It is therefore important to incorporate psychosocial care into the response as quickly as possible.

The essential activities are:

- Conduct a socioeconomic study to contextualize assistance needs;
- Provide written documentation of interventions;
- Train providers in techniques of psychological care for victims of EVD;
- Provide Psychological Care for victims of EVD;
- Acquire psychosocial reintegration kits for victims;
- Providing care for patients, contacts, suspected cases and families; and
- Conduct research on the psychosocial impact of the epidemic on populations.

## **Vaccination of at-risk groups**

This strategy aims to better control the risk of spread through the population by vaccinating high-risk individuals, specifically response teams, contacts and contacts of contacts.

The essential activities are:

- Deploy the vaccine, cold chain equipment, and inoculation and protection equipment;
- Update the EVD vaccination protocol;
- Train vaccinators on protection measures, techniques of administration and monitoring AEFI;
- Ensure the safe management of waste;
- Set up an AEFI tracking system; and
- Organize the management of vaccination data.

### **Free access to health services**

As part of the response to the EVD epidemic, free health care remains one of the most important pillars in the strategy for implementing an effective response.

To ensure affordability of health care in this epidemic situation, it is essential to provide free health care in affected health areas and to identify those at risk. In addition to providing people with access to quality care, this strategy will help stimulate interest in treatment and prompt people to seek help from specialists at hospitals and health centres.

The demand for health care will be stimulated by risk communication and phobia of the disease. Free treatment should cover consultations, hospitalization, paraclinical examinations and medication. The ultimate goal is to completely eliminate the direct costs of care in order to boost patient attendance, including people potentially infected with Ebola. As a result, more suspect and probable cases will be detected and the chain of transmission can be broken.

Free health care will be provided in the health districts of Mabalako, Beni, Oicha, and Mambasa (Ituri), covering an estimated population of 1 079 652. The minimum package of activities at health centre level will be free (including curative consultations, family planning, CPS, etc.), as will the complementary package of activities provided at general referral hospitals.

### **Operational and logistics support**

Key infrastructure, essential procedures and key operational

support mechanisms need to be put in place to enable a response on all fronts.

The essential activities are:

- Identify logistical needs for the response;
- Replicate logistics management tools;
- Set up a single repository for the storage of all inputs for the response;
- Acquire equipment and office supplies for the response;
- Ensure the mobilization, coordination and transport of personnel, office equipment, PPE, vehicles, generators, tents or the construction of temporary shelters, beds, etc.;
- Ensure the payment of an Ebola bonus for staff deployed and mobilized for the response;
- Support the operations of the committees;
- Ensure response personnel are fed and housed; and
- Ensure the use of resources (storage, handling, periodic and regular inventories).

## **Security precautions**

**Guarantee the security of human and material resources involved in the response effort.**

Security assessments are underway to identify interventions to support the security of the teams engaged in the response.

## SURVEILLANCE, REPORTING AND EVALUATION

All partners involved in the response must receive accurate and up-to-date information to drive response efforts for maximum effectiveness. Therefore, the goal of health information management and reporting will be to ensure that all partners involved in the response are kept informed of the latest health status information (i.e. epidemiology) as well as threats, availability of health services, use of health facilities, and results, in order to be able to guide subsequent response operations and planning. The Ministry of Health, in collaboration with its partners, will publish daily epidemiological updates, supplemented each week by comprehensive status reports and periodic reports on the response indicators. The Ministry will also support the production of ad hoc information materials to meet the needs of response stakeholders, donors and others.

**Table 3 - Principal performance indicators**

TYPE	INDICATOR	TARGET
General	Number of suspected, probable, confirmed cases	0
	Number of new health areas affected	0
Surveillance	% of inquiries completed within 24 hours of a verified alert	100%
Contact tracing	% of contacts completing 21-day surveillance period	100%
	% of registered contacts under surveillance during the preceding 24 hours	100%
	% of contacts lost to follow-up	0%
	% of new confirmed and probable cases previously registered as contacts	100%
Laboratory	% of samples received that have been tested	100%
	% of laboratory results for specimens from suspected cases available within 48 hours	100%
Case management	Fatality rate among confirmed cases admitted to Ebola treatment centres	<50%
Infection prevention	Number of newly infected health workers/patient carers	0
	% of deceased suspected and probable cases for whom safe and dignified burials have been carried out	100%
	% of persons with access to a source of drinking water in affected areas	100%
Vaccination	% of eligible individuals vaccinated against EVD	100%
Community involvement	% of respondents who know at least 3 ways of preventing EVD infection in the communities affected	80%
	% of school-age children who have received information about preventing EVD	100%
Psychosocial care	% of families of confirmed and probable cases affected, including children receiving protection and psychosocial support, including a support kit	100%

## PLANNING SCENARIOS

The complete planning scenario based on the current situation in 2018 is as follows:

- 200 to 300 cases.
- Emergency Operations Centre set up in Beni with 4 additional field offices.
- National Coordination Committee.
- 10 contacts per case in rural areas, 30 contacts per case in urban areas.
- Three months of operation (August-October 2018).
- Response in four geographical areas.
- Vaccination.
- Implementation of an iterative process for the evaluation and ongoing updating of planning.

## BUDGET

RESPONSE STRATEGIES	BUDGET	PRINCIPAL SUPPORT PARTNERS
<b>Strengthening coordination of multisectoral response with different committees at various levels</b> <ul style="list-style-type: none"> <li>• 1 x provincial emergency operations centre</li> <li>• 3 x field offices</li> <li>• 1 x national coordination committee</li> <li>• Monitoring and evaluation</li> </ul>	5 130 000	WHO; PDSS
<b>Surveillance, active case-finding and contact monitoring</b> <ul style="list-style-type: none"> <li>• 4 rapid intervention/case investigation teams</li> <li>• 40 x supervisors for surveillance</li> <li>• 800 x contact tracers</li> <li>• 21 x PoE monitored</li> </ul>	4 095 000	WHO, GOARN, MSF, IOM
<b>Strengthening diagnostic capacity of mobile laboratories</b> <ul style="list-style-type: none"> <li>• 1 x national reference laboratory</li> <li>• 7 x mobile laboratories</li> <li>• Logistics for transporting specimens</li> </ul>	612 000	WHO, EDPLN, PDSS
<b>Medical treatment of patients and suspected cases</b> <ul style="list-style-type: none"> <li>• 3 x EVD treatment centres (15-20 beds)</li> <li>• 52 x triage units in hospitals/health centres</li> </ul>	8 308 000	WHO, MSF, EDCARN, ALIMA, Emergency Medical Teams
<b>Strengthening infection prevention and control measures and water, sanitation and hygiene services in health facilities and communities</b> <ul style="list-style-type: none"> <li>• 52 x health facilities</li> <li>• 400 x schools</li> <li>• 200 x communities in affected districts</li> <li>• 8 x safe and dignified burial teams</li> </ul>	4 116 000	WHO, UNICEF, IFRC, UNFPA, Red Cross
<b>Strengthening communication and social mobilization</b> <ul style="list-style-type: none"> <li>• 4 x risk communication campaigns</li> <li>• 200 x community involvement teams</li> <li>• 4 x anthropological studies teams</li> </ul>	1 578 000	WHO, UNICEF, IFRC, UNFPA, Red Cross
<b>Psychosocial support</b> <ul style="list-style-type: none"> <li>• 4 x psychosocial support teams</li> <li>• 1 x nutrition and dietary support for persons affected</li> </ul>	711 000	UNICEF, WFP
<b>Vaccination of at-risk groups and research response</b> <ul style="list-style-type: none"> <li>• 10 x vaccination teams</li> </ul>	3 598 000	WHO, MSF, GOARN, UNICEF
<b>Support for free health services</b>	3 323 000	PDSS
<b>Operational and logistics support</b> <ul style="list-style-type: none"> <li>• 1 x operations base</li> <li>• 3 x field operations bases</li> <li>• 1 x national logistics base</li> </ul>	8 705 000	WHO, WFP, MONUSCO, UNICEF
<b>Security measures</b>	3 661 000	
<b>TOTAL</b>	<b>43 837 000</b>	

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