

DEMOCRATIC REPUBLIC OF CONGO

On Life Support

A battered health system
leaves DRC children
at the mercy of killer diseases

unicef 
for every child

Cover photo: 10 year-old Raissa cradles her baby brother, Dieu Merci, at their home in N'Sélé district, near Kinshasa. Two of the children's siblings died in November 2019 during a severe measles outbreak – the worst in DRC's history. 319,000 measles cases were recorded across all of DRC's 26 provinces, causing well over 6,000 deaths, most of them children aged 5 years or younger.

© UNICEF/UNI312429/Brown

Published by
UNICEF DRC
www.unicef.org/drcongo

© United Nations Children's Fund (UNICEF)
March 2020

On Life Support

A battered health system leaves DRC children
at the mercy of killer diseases

Teacher Edouard Kabukapua accompanies his students to their class in a temporary tent school in Mulombela village, Kasai region. The provinces of North Kivu and Ituri, Kasai, South Kivu, Tanganyika and Kasai-Central account for nearly 56 per cent of the number of people with severe overall needs in DRC, or nearly 7.6 million people in all.

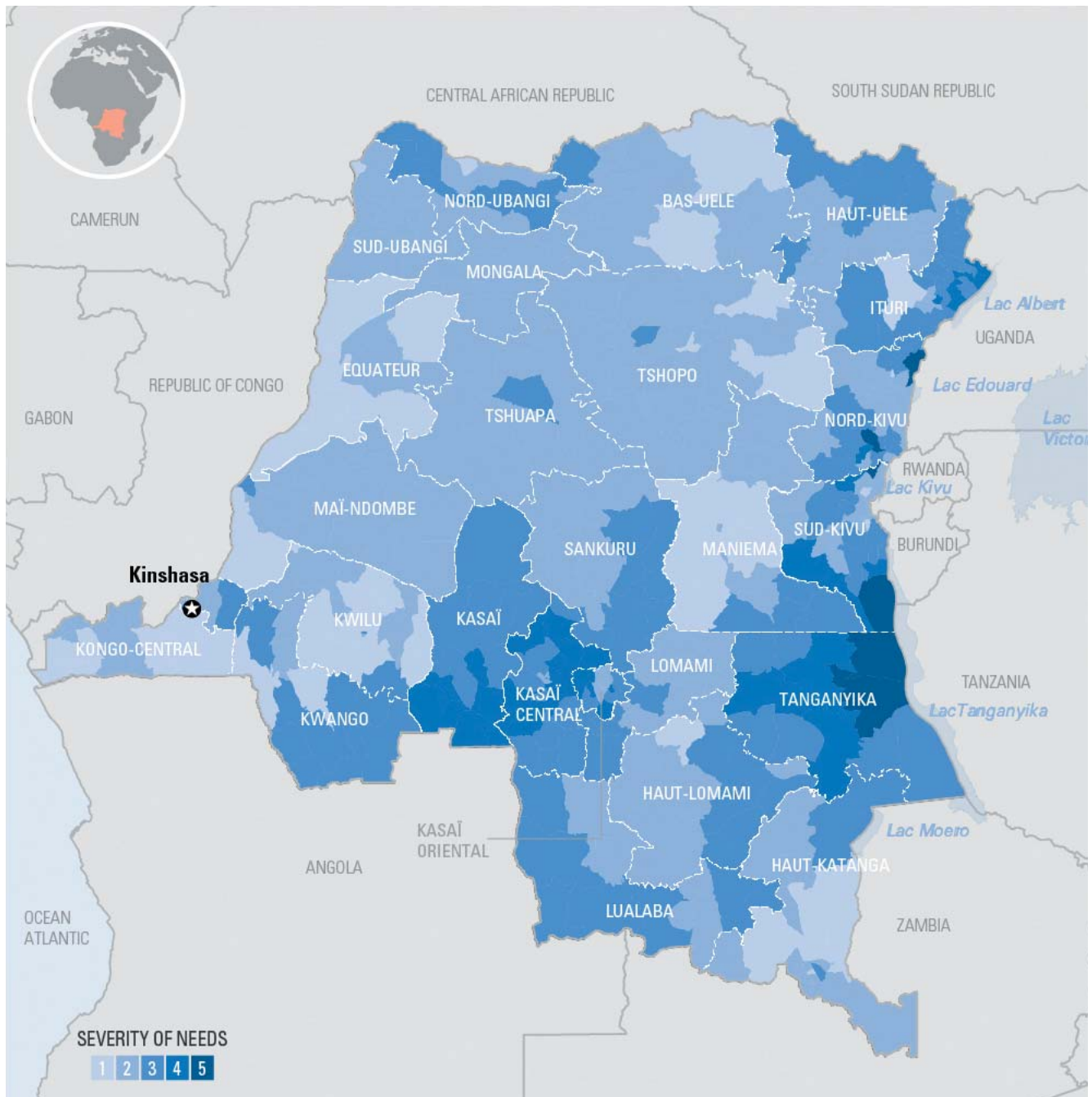


The Democratic Republic of Congo's Ebola outbreak has been contained, but conflict and under-development leave over three million children at risk from measles and other killer diseases.

The country's medical services – ill-equipped and under-resourced – are on life support and in no condition to protect children unless urgent measures are taken.



Democratic Republic of Congo: Overall Humanitarian Needs



Source: OCHA Humanitarian Needs 2020

The Democratic Republic of Congo continues to face an acute and complex humanitarian crisis. Ongoing violent conflicts, population displacement, poverty, and other challenges, mean that a total of 15.6 million people -

including 9.1 million children - are in need of humanitarian assistance. The provinces with the highest number of people in need are in the eastern regions of the country and Kasai.

Contents

6	Introduction
---	--------------

11 EBOLA VIRUS DISEASE

12	A determined response in a hazardous setting
14	Limiting Ebola's impact on vulnerable children
16	Engaging the support of communities
18	Finding a long-term fix for a health system in dire need

21 MEASLES

22	Immunization offers protection against a perennial killer
24	Towards a viable vaccine "cold chain"

27 CHOLERA

28	A new strategy against a well-established threat
31	Safe drinking water scarcity
33	Raising community awareness around cholera

34 Call to Action

38 UNICEF Response highlights

39 UNICEF Funding needs



A plastic sheet separates five-month-old Guerrishon from his mother, Collette, who is a patient at an Ebola Treatment Centre in Beni, North Kivu province. While Collette recovers, Guerrishon is being cared for at a UNICEF-supported nursery next door. UNICEF has provided medical and nutritional assistance to over 7,300 children as part of its contribution to the Ebola outbreak response.



Introduction

Like the rest of the world, the Democratic Republic of Congo is grappling with a lethal new enemy. The coronavirus, COVID-19, poses a major threat to a country identified as one of the most at risk in Africa.

The arrival of COVID-19 comes as DRC is close to ending the world's second largest outbreak of Ebola virus disease. Between August 2018 and mid-March 2020, Ebola killed at least 2,264 people, including some 630 children.

The Ebola outbreak captured global headlines,

not least because it was the first to occur in a warzone. But it had unfortunate side-effects, diverting attention and precious resources from efforts to stem epidemics of measles, cholera and malaria that are responsible for the deaths of thousands of children. These killer diseases menace children right across a vast country struggling with poverty, malnutrition and under-development.

Out of more than nine million children in need of humanitarian assistance, some 3.3 million have unmet vital health needs. Many live in eastern areas of the country where violence

Loda camp is one of around 87 displacement camps in Ituri province. The population includes around 1,500 children. Access to health services is limited in such camps, especially those in rural areas. Poor hygiene and malnutrition compound the risk to children.



involving brutal militia groups continues unabated.

Besides direct attacks on health centres and medical personnel, the violence drives families from their homes, and leaves them even further from medical assistance.

- **Measles** cases surged in 2019, to reach 332,000, making it the worst outbreak worldwide. Out of more than 6,200 fatalities, around 85 per cent were children under the age of five.

- **Cholera** is endemic, the consequence of poor sanitation and unsafe water that many families rely on for drinking and washing. In 2019, more than 31,000 cholera cases (and

around 540 fatalities) were recorded, the vast majority in the same eastern provinces that were hit by the Ebola outbreak.

- **Malaria** is a threat across the country, with around 16.5 million cases reported in 2019, and nearly 17,000 deaths. Typically, children under the age of 5 are the most severely affected by the disease.

- **Circulating Vaccine-Derived Polioviruses type 2 (cVDPV2)** outbreaks are becoming endemic, the consequence of poor immunisation coverage, and other factors, including insecurity and poor sanitation. In 2019, 85 cases were reported among children aged 0-5 years in 10 provinces and Kinshasa.





© UNICEF/UNI218252/Nybo

Confronting public health threats of such magnitude would stretch the best-resourced medical services. But in the DRC, health facilities often lack even basic infrastructure. Equipment, trained staff and funds are all in desperately short supply. Around 50 per cent of health centres function without basic water supply or sanitation.

Inadequate health services leave people in rural communities particularly exposed. A 2014 survey showed that 48 per cent of women in rural areas had to walk for more than an hour in order to reach a health facility. For pregnant women, among others, that would be a major impediment.

Staffing is another huge challenge, worsened in eastern provinces, where many nurses and health centre personnel left to take better-paid jobs with the Ebola response. One outcome was a sharp drop in the number of children being vaccinated. North Kivu province, for example, saw a decline in immunization coverage of between 20 and 25 per cent from 2018 to 2019.

Immunization should provide a critical first line of defence for children, protecting them against many lethal diseases. But vaccination rates in DRC are dangerously low. Only 35 per cent of children aged 12-23 months are fully vaccinated before their first birthday.

Lucie Kavira's baby daughter, Judith, is about to be vaccinated at a UNICEF-sponsored immunization clinic in the village of Kuka in North Kivu province. UNICEF provides the vaccines, cold storage, transport, and logistical and technical support so that health workers can administer the vaccines.

20 per cent of children in DRC receive no vaccinations at all.

The reasons are multiple, including the inability of vaccination teams to reach remote communities, and community mistrust towards vaccines.

The opening of a new refrigerated warehouse outside Kinshasa, supported by UNICEF and GAVI, marks an important step towards establishing a nationwide vaccine 'cold chain'. But effective delivery networks and storage facilities at provincial and district level are still needed.

"Strengthening the DRC's basic healthcare system is absolutely vital," said UNICEF DRC Representative Edouard Beigbeder.

"Unless health facilities have the means to deliver immunization, nutrition and other essential services, including in remote areas of the country, we risk seeing the lives and futures of many Congolese children scarred or destroyed by preventable diseases."

In this report (see Call to Action pp 36-37), UNICEF calls on the Government to allocate more of its budget for vital health care services supporting pregnant women, newborn and young children, and to prioritise the strengthening of routine immunization.

We urge international donors to commit generous multi-year support to the government's efforts.

Staff at a new government-run vaccine warehouse on the outskirts of Kinshasa. From here, temperature-sensitive vaccines are despatched all over the country.



Cleaners at an Ebola treatment centre on the outskirts of the town of Beni in North Kivu province. Treatment centres and their staff have been the target of numerous attacks since the beginning of the Ebola outbreak in August 2018.



EBOLA VIRUS DISEASE

COMMUNIQUE
LA COMMISSION
PSYCHO-SOCIALE INFORME A
TOUS LES INTERVENANTS DE
LA RIPOSTE CONTRE LA MALADIE
A VIRUS EBOLA QU'APRES
DE JANVIER 2014, LES PSYCHOLOGUES
REFERENTS DES A.S. ORGANISENT
UNE SÉRIE DE 25 DEBATS
PUBLIQUES A L'EGARD DE
LA MALADIE A VIRUS EBOLA
LE BUT: PREVENIR LES
TROUBLES PSYCHOLOGIQUES POST-
EBOLA.
POUR LA COMMISSION PSYCHO-
SOCIALE DE L'ARE DE SANTE A NGONG'HO
TSI DECENTRAL MUMBERE
TEL: 03254 77 76
(Psychologue)



A determined response in a hazardous setting

Mangina, North Kivu province: There is a serenity about Sister Annonciata Kamavu, a calm resolve that guides her work for some of the youngest children affected by the Democratic Republic of Congo's deadly Ebola outbreak.

The creche that she manages is in Mangina, North Kivu province. It was here that the DRC's latest Ebola outbreak - the second largest on record - was officially declared in August 2018.

At the creche, female staff dressed in yellow protective gowns tend to around a dozen babies and small children. The youngest is only three weeks old. Their mothers are being tested for Ebola at the treatment centre nearby, and the children themselves may be carrying the virus. The women looking after

them all survived Ebola and so are at low risk of contracting the virus a second time.

A greater danger to the children and their caregivers is the attitude of local people.

"Sometimes they come and insult us," says Sister Annonciata. "But I know it's because they don't know anything about Ebola. If people say something bad it doesn't disturb me."

The flare-up of the deadly Ebola virus in the forested mountains of eastern DRC added fuel to a brutal decades-old conflict involving dozens of armed groups who fight over territory and control of the area's rich mineral resources. Armed conflict and intercommunal violence displaced nearly a million people in 2019 alone.

Caregivers look after the children of mothers suffering from the Ebola virus at the UNICEF-supported creche in Mangina, North Kivu province.



Sister Annonciata Kamavu is the senior nun in charge of the creche in Mangina. "One of my primary tasks in the Ebola response is dispelling the myths surrounding the virus," she said.



© UNICEF/UNI312442/Brown

Against this troubled backdrop, the arrival of teams of health workers focused on tackling a disease few locals had heard of prompted fear and suspicion.

"People said it was something satanic," said church pastor Maisha Lunga Elonga. "They believed that the doctors who were treating patients were actually going to kill them."

Others questioned why there was such a large mobilisation of medical staff and resources for Ebola, while so little had been done to tackle the region's other problems.

Before long, violence against Ebola treatment facilities and their staff became a regular occurrence. The deadliest of several hundred attacks occurred in late November 2019, when four aid workers were killed and seven others were injured.

Efforts to win community support for the Ebola response have taken time. But by early March 2020, case numbers had dwindled, and officials overseeing the Ebola campaign expressed hope that the outbreak would soon be brought to an end.



© UNICEF/UNI312452/Brown

Limiting Ebola's impact on vulnerable children

When the Ebola outbreak was declared, Asumani Mbida, the director of Bandikindo primary school in Ituri province, reassured parents and children that everything possible had been done to keep students and teachers safe from the disease. But soon came the news he dreaded.

A second-year student fell sick, and by the time she was taken to hospital, the disease had progressed. She died three days later.

"When news spread, other parents immediately decided to withdraw their children from class," said Mbida. "The school lost almost all its students."

Several months later, over seventy students

had still not returned. Persuading families to allow their children back to school has not been easy.

"We told them about the hygiene precautions we were taking," said Mbida. "Those who understood allowed their children to return."

It was not only in schools that the critical need for better hygiene was evident. Ebola infections were even reported among staff in health centres where people sickened by the virus were taken.

As a result, Infection Prevention and Control (IPC) measures became the focus of the response provided by UNICEF and its partners. By late February 2020, some 14,000

Everyone passing through this checkpoint located between Beni and Butembo must wash their hands and get their temperatures taken as part of efforts to isolate and stop the spread of Ebola within the province of North Kivu. This is one of 14,000 public handwashing stations installed by UNICEF and its partners.



handwashing stations had been installed, and WASH kits distributed to nearly 3,000 schools. 22,000 households had received hygiene kits.

With children making up around 28 per cent of Ebola cases, other interventions were scaled up. Creches were established outside each Ebola treatment centre to care for the young children of Ebola sufferers. Paediatric and nutritional support was provided to over 19,000 newly confirmed or suspected cases among children and adults.

◀ A boy at a roadside handwashing station in North Kivu province.

▼ A water tank provides safe drinking water to a community on the outskirts of Beni, North Kivu province. Despite being a water-rich country, 67 per cent of Congolese lack access to basic water resources.



Engaging the support of communities

Separated from visitors by twin chain-link fences and a strip of ground several metres wide, Faradja Kabugho, 24, reflected on the three weeks she has spent at Mangina Ebola Treatment Centre. She believes she contracted the disease from her own 11-month-old daughter, who died of the virus.

"I am getting healed, I feel good," she said. Uppermost in her mind is the prospect of being reunited with her husband and their two-year-old son Elisha, who is being cared for at the nearby creche.

"My family is waiting for us to go home. I hope it will be soon," she said.

But for many Ebola survivors, reintegrating into their home communities can be problematic.

"When a survivor is rejected by their family or community, the survivor will isolate him or herself," said UNICEF child protection officer,

Alex Kapalo. "These problems can last for months."

To address this, child Ebola survivors and their families are provided with psychological support and care, from the moment they begin treatment and until they are settled back home.

17-year-old Elise is one of some 14,500 children to receive support of this kind. She and her 10-month-old baby daughter, Christelle, caught Ebola in November 2019. They made a swift recovery. But by the time they were ready to go home, Elise's twin sister and the grandmother who had cared for her had both succumbed to the disease.

"We were very concerned about Elise and the difficulties she might face on returning to her village," said Kapalo. Even though Elise seems to have been accepted by the community, she still needs regular psychological support.

Ebola survivor Huguette Mulyanza speaks to school students in Buntembo, North-Kivu province, part of efforts to strengthen awareness about the disease among children.





Without support from agencies like UNICEF, Ebola survivors like Elise and her daughter, Christelle, can face problems in reintegrating into their local community due to the stigma attached to the disease.

Addressing the stigma experienced by Ebola sufferers has been a key challenge for the communication and community engagement work done by UNICEF and partner organisations around the Ebola outbreak.

This approach involves reaching out to women's groups, traditional leaders and other influential individuals as well as local radio stations and journalists. Grassroots support is vital to the success of efforts to contain the disease, including the promotion of vaccinations, and the rapid identification of new Ebola cases.

Central to the task are some 4,000 Community Animation Cells (CAC). Staffed by volunteers, the CAC combine open meetings and house-to-house visits to get their messages across. Families who have been

displaced by the violence that is rife in the region are one key audience.

"Sometimes as many as one hundred people a day come here to escape armed groups," said Marie Jeane Kyavaranga, who works with a CAC on the outskirts of Beni, an Ebola hotspot in North Kivu province.

Kyavaranga estimated that her team has persuaded some 35 per cent of the local population to get vaccinated against Ebola. But she admits that some people are still unconvinced that Ebola is a real danger.

"We need funds for staff and for training," she said. "The government and partners need to help us more, because it's an approach that could eradicate not just Ebola but other diseases too."

Finding a long-term fix for a health system in dire need

Traditional leader Pascal Munande represents the locality of Butungi where hostility towards the Ebola response has been strong. He said many local people are more concerned about long-neglected social problems, like the scarcity of safe drinking water, and the poor quality of the local school building, than they are about Ebola.

"If there was help to create a new water point then people would be glad to help," said Munande.

Addressing issues identified by local communities, and tackling some of the unintended negative consequences of the Ebola response (such as drops in routine

Health centres like this one, on the outskirts of Kinshasa, often lack the equipment and trained staff needed to dispense effective health care.



© UNICEF/UNI312445/Brown



Nurse Jeanne Maskia administers polio drops to a young girl during a UNICEF-supported vaccination event in the village of Kuka, North Kivu province.

vaccination coverage) is now seen as a priority.

"If we can address the very real needs of the local population we will also increase community acceptance of the Ebola response," said UNICEF senior Ebola coordinator, Guido Cornale.

A longer-term objective is coming into view as well. The DRC's latest and most deadly experience of Ebola has exposed a public health system that has long been starved of adequate funding and, even in normal times, struggles to meet the needs of many communities.

Currently, the Government allocates just 5.8 per cent of its annual budget to the health services – far short of what is needed to cover the cost of qualified staff, infrastructure and equipment.

"This really must change. Instead of expending huge efforts and resources on an ad hoc response to individual health emergencies, those same resources should be directed towards strengthening the national health system," said UNICEF DRC Chief of Health, Xavier Crespin.

"That means a big investment in routine immunization, in adequate staffing and salaries, and in equipment that is currently in extremely short supply, especially outside urban areas."

The argument is all the stronger now that Ebola itself has been demonstrated to be a manageable disease, thanks to improved treatment methods and immunization.

A UNICEF vaccination team makes a stop on the Kasai River in central DRC. Delivering temperature-sensitive vaccines to children living in remote communities is often a real challenge in a vast country with poor road and rail infrastructure.



MEASLES



Immunization offers protection against a perennial killer

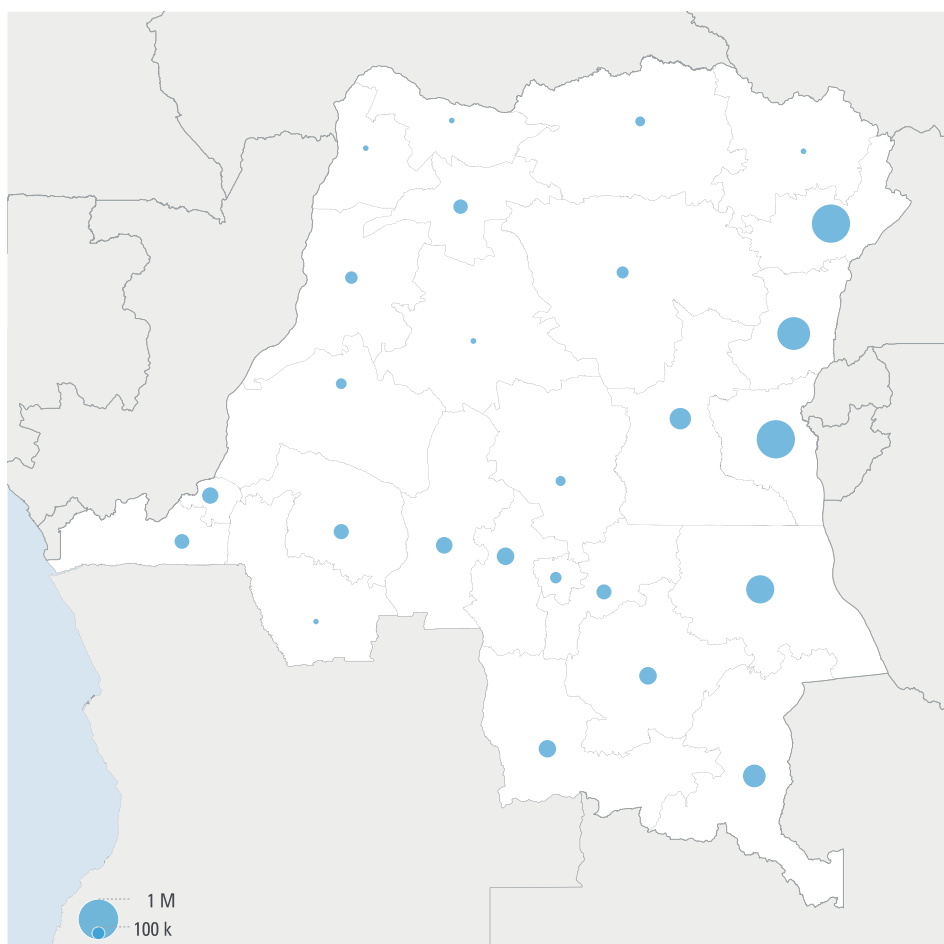
N'Sélé district, near Kinshasa: A bubble of impatient chatter rises above a crowd of women and their young children gathered in the waiting area at a health centre in N'Sélé, a locality some 50 kilometres east of Kinshasa.

Mama Bwanga, 25, was among the first to arrive this morning, carrying her one-month-old son, Dieu Merci. Now, she and the other women try to catch the eye of the white-uniformed nurses who are dispensing

vaccinations and other paediatric services provided by the centre.

For Bwanga, this moment has special poignancy. Last November, two of her older children died after falling victim to the world's worst outbreak of the disease. During 2019, 319,000 cases of the disease were recorded across all 26 provinces, causing well over 6,000 deaths. 72 per cent of cases were among children aged 5 years or younger.

SEVERITY OF HEALTH NEEDS BY PROVINCE



Source: OCHA Humanitarian Needs 2020

Nationwide, an estimated 5.6 million people have unmet vital health needs. 58.5 per cent – or nearly 3.3 million – are children. The most affected provinces are in the east and the central Kasai region.



At a health centre near Kinshasa, Mama Bwanga (second left) holds her baby son, Dieu Merci, who is about to receive a measles vaccination. Two of her other children died from the disease last year.

"It was my four-year-old daughter, Mireille, who fell sick first," said Bwanga. She recalled her horror as the little girl was wracked by an intense fever and a rash spread across much of her body.

"We took her to a local clinic, a private one, and they gave her some medicine. But after a few days, she died," said Bwanga tearfully.

By then, her 21-month-old son, Prince, was also ill, suffering from the same soaring temperature and scarlet rash as his sister. In a panic, Bwanga and her husband rushed the boy to a different, larger clinic, that offered more services. But the couple were unable to pay the clinic's fees, and were turned away. Prince died on the way home.

"I already lost two children because they were not vaccinated," said Bwanga. "That is why I have come to vaccinate Dieu Merci

today. So that disease doesn't claim my children again."

According to nurse David Kasardi, such tragedies are commonplace in N'Sélé district, a straggle of impoverished communities not far from Kinshasa international airport. This area became a hotspot for the 2019 measles epidemic, with a total of 8,221 cases and 137 deaths.

"When we go to visit families, we find that many parents don't want their children vaccinated," said Kasardi. "They prefer traditional cures and herbal medicines. It's so frustrating for us."

"We try to get the message across to parents so that they bring their children to the health centre for the weekly vaccination sessions. But it's not easy."



© UNICEF/UNI215711/Nybo

Towards a viable vaccine “cold chain”

Data from the 2018 Multiple Indicator Cluster Surveys (MICS) suggest that immunization coverage in the DRC has actually deteriorated since 2014.

Logistics are a significant obstacle in a vast country, nearly one quarter the size of the United States. It can take days for vaccination teams to reach remote areas, making the delivery of heat-sensitive vaccines extremely challenging.

In eastern provinces where the Ebola response is still underway, the situation is particularly difficult. The frequent displacement of communities as a result of violence makes it even harder for them to access health care. According to MONUSCO*, 100,000 people fled violence in

the area around Beni, Nord Kivu province, in January and February 2020 alone.

According to Dr Stefan Mustafa, who supervises the Government's vaccination efforts in 34 health zones in North Kivu and Ituri provinces, better security is fundamental to establishing a properly-functioning health service.

“The activities of armed groups complicate things,” said Mustafa. “If the situation was controlled, life could return to normal.”

Even so, the nationwide measles campaign launched last year by the Government and its key health partners produced significant results. By early October, UNICEF had supplied over 8.6 million doses of measles vaccine.

A health worker visits homes as part of UNICEF-backed efforts to vaccinate children against Polio in North Kivu province. While the response to Ebola has dominated media attention, work to combat other diseases has continued, including outbreaks of Circulating Vaccine-Derived Polioviruses.

* United Nations Organization Stabilization Mission in the DR Congo



In late 2019, a major follow-up vaccination campaign targeted 19 million children aged 6 to 59 months, as well as providing medical kits with antibiotics and other supplies sufficient for 111,000 people.

Further evidence of the DRC's poor immunization record emerged in 2019 when cases of Vaccine-Derived Poliovirus (VDPV) showed an increase, affecting twelve provinces. Such cases occur when routine or supplementary immunization activities are poorly conducted and a population is left susceptible to poliovirus.

▲ One month old Dieu Merci is vaccinated against measles at a health centre on the outskirts of Kinshasa. Vaccination rates in DRC are dangerously low. Only 35 per cent of children aged 12-23 months are fully vaccinated before their first birthday.



Mothers listen to a class on child health issues delivered by a nurse at a health centre near Kinshasa. A 2014 survey showed that 48 per cent of women in rural areas had to walk more than an hour to reach a health facility.

Community health worker Madeleine Kabondia (left) explains to Mujinga Félie why good hygiene practice is so important for her and her young children. Kananga, in Kasai-Occidental province, is one of many regions of DRC where cholera is endemic. Around 31,000 cases were recorded nationally in 2019, with over 540 deaths.



CHOLERA



A new strategy against a well-established threat

Goma, North Kivu province: Bora Mobalay stands in the yard outside her home, still visibly shaken by the events of the previous night. At 2 am she had been woken by her 25-year-old daughter, Toumali, who was suffering acute diarrhoea and vomiting.

Fearing the worst, Mobalay and her husband managed to carry their sick daughter to the nearest public health centre, which was fortunately located only a few hundred metres away.

Some hours later, Toumali was in a ward

with four other suspected cholera patients, a saline drip attached to her arm.

Cholera has been endemic in the DRC since the 1970s, although the scale of the outbreaks has varied. Around 31,000 cases were recorded nationally in 2019, with over 540 fatalities.

"We currently have a cholera epidemic in six provinces, and children make up 45 per cent of cases," said Dr Placide Okitayemba, the director of the National Programme for the Elimination of Cholera. According to

Red Cross worker Yamin Bambo sprays chlorine-laced water on the latrine of a home belonging to a woman who contracted suspected cholera earlier that day. Rapid decontamination reduces the risk that the disease will spread further.





Mado Tshiabo comforts her three-year-old son, Costa Tshimenga, as he recovers from cholera at Tshilenge Health Centre, in Mbuji-Mayi, Kasai-Oriental province.

Okitayemba, without treatment, the fatality rate among children who contract cholera is more than 45 per cent.

It is cholera's lethal threat which Giselle, a mother of five young children living not far from Mobalay's home, is struggling to come to terms with. That same week, two of her children were diagnosed with suspected cholera, and sent to a nearby health centre. And this morning, her youngest child, a six-month old baby girl, has suffered multiple bouts of diarrhoea.

"My neighbour said I should take the baby to the clinic, but I don't have any money," an anguished Giselle told members of a UNICEF-supported rapid response unit visiting the locality. Reassured by team members that the health centre's services are free of charge, Giselle hurried away with her sick baby.

The team, mostly trainees from the Red Cross, is implementing a new strategy to tackle cholera across DRC. Minutes after

Giselle's departure, a decontamination team is already at work, spraying chlorine-laced water on the family's small cinder-block house and the open latrine in the yard.

Other members of the unit are meanwhile informing neighbours about the suspected cholera cases, advising them about the precautions they should take. Each household is given a month's supply of soap together with water purification tablets.

"After decontaminating the house where the suspected case is, we establish a 'cordon sanitaire' (safe zone) around the 15 houses nearest to the infected dwelling," explained Joseph Kasumbo, provincial director of the DRC Red Cross, UNICEF's key implementing partner on cholera.

"The people living there are informed about the threat of cholera, and provided with water purification tablets and other supplies so that they can better protect themselves."



Safe drinking water scarcity

▼ Kamini Nfuumba carries a container to fill at a nearby water source in Benakuna village, Kasai region, central DRC.

The origin of any cholera outbreak is often the local water source, which, for Bora Mobalay, is the tap stand situated about 500 metres from her home. It is here that she waits in line with other villagers, up to three times a day, to fill a yellow 20 litre plastic container. Each filling costs 100 Congolese Francs (about 5 US\$ cents).

According to the NGO which operates the tap stand, the water has some level of chlorination. The same cannot be said for the water that comes from Lake Kivu, a short distance away, which is known to be badly contaminated.

Mobalay admits that when she doesn't have

money to buy water, the lake is her only option, despite the risk to her family's health. Many families find themselves in the same dilemma.

Unsurprisingly, outbreaks of cholera are a regular occurrence in this part of the DRC. In the first four weeks of 2020 alone, the province of North Kivu reported 1,084 cholera cases and three deaths.

"We're focussing on four 'hotspots' around Goma," said Samuel Beaulieu, who heads UNICEF's cholera programme in North Kivu. "The crucial thing is to respond quickly to each and every suspected cholera case. This must be combined with ongoing surveillance

▼ Eight-year-old Blandine Kabanga recovers from cholera at a UNICEF-supported treatment unit in Mbuji-Mayi, Kasai-Oriental province.





© UNICEF/UNI308115/Ingram

and monitoring so we can track exactly where the disease is coming from, and where it is spreading. Then it can be contained and dealt with.”

Eliminating cholera from the DRC would benefit 5 million people living in areas affected by the disease. But success will depend on the required investment in decentralised laboratory services, extra staffing at provincial level, and increased treatment kits for cholera patients.

More fundamentally, the battle against cholera and other water-borne diseases is linked to efforts to provide more people with access to safe water, sanitation and hygiene services. Despite being a water-rich country, 67 per cent of Congolese lack access to basic water resources. An even larger proportion – 86 per cent – has no access to basic sanitation. Around 12 per cent of the population defecate in the open - a figure which is growing as the population expands.

“With statistics like these, it’s not hard to see why diarrhoea – and in its worst form, cholera – remain one of the leading causes of child mortality in the DRC,” said UNICEF DRC Chief of WASH, Nick Rice Chudeau.

“Equally, improving these services, working through communities to make people more aware of their importance, can have the biggest impact on public health, especially for children.”

One initiative that has produced positive results is the Healthy School and Village National Programme (PNEVA), implemented by the Government with UNICEF support. Since 2008, PNEVA has provided sustainable access to safe drinking water, adequate sanitation and proper hygiene to 10,000 villages and 2,600 schools, benefiting over 8 million people in all. The scope of the programme is now being narrowed to several priority provinces, partly due to funding constraints.

Employees of a private water company fill their tanker with untreated water from Lake Kivu, in eastern DRC. They sell the water to operators of tap stands where people from local communities collect their daily needs. The lake’s water is known to be heavily contaminated, but for many poor families, its the only option.

Raising community awareness around cholera

Bangata Karine holds her malnourished son Wazeya, 3, who is undergoing treatment at Kanzala Hospital, Tshikapa, Kasai-Occidental province. After the family fled their village due to violence, the children developed fever and diarrhea. 13 days later, they are beginning to recover.

In a small, dimly-lit ward in Kiziba Health Centre on the outskirts of Goma, Alice Furaha waits nervously at the bedside of her ten-month-old baby, Archilene.

"A few days ago, we were very worried about her," Furaha said. "Her face changed colour and she developed a high temperature. I brought her here for treatment on the same day she became ill."

Furaha says messages she heard on community radio alerted her to the possibility that cholera was behind the baby's symptoms, which by then included vomiting, diarrhoea and a high temperature.

"Alice's prompt action probably saved the

baby's life," says Dr Dan Kayembe, the government medic in charge of Nyiragongo district – which includes the Kiziba area.

"In the Health Centre, child patients like Archilene are usually rehydrated and given penicillin," he said.

Community engagement is critical to getting key health messages across, to the community, according to Kayembe.

"That is why we have a team of 12 health volunteers at the centre who patrol the area nearby daily to warn people about the dangers of cholera, measles and Ebola, in addition to malaria, typhoid and other illnesses."



Call to action

Despite its immense natural resources and potential for economic development, the Democratic Republic of Congo remains one of the poorest countries in Africa. Beyond the challenges of long-term development, it confronts one of the world's largest and most complex humanitarian crises. In order to protect and guarantee the rights of children in the DRC, and to preserve their hopes of a better future in accordance with the Convention on the Rights of the Child, UNICEF makes the following Call to Action.

We call on all parties to the conflict in eastern Congo:

- to adhere to international humanitarian law and ensure the safe and unrestricted access of humanitarian actors to children, especially during periods of conflict
- to end the killing, maiming and sexual assaults which have led to the displacement of civilian populations in many areas
- to cease all attacks and threats against health care facilities and their staff, and to ensure that children's access to services is safe
- to end the recruitment and use of children and to hold perpetrators accountable.



A girl brings her younger sister to be screened for malnutrition at the Mama Mwilu Health Centre in Kananga, Kasai-Occidental province.

UNICEF calls on the Government of DRC to:

- Redouble efforts to bring peace to the eastern provinces and all areas affected by ongoing violence
- Allocate increased resources from the national budget to extend the provision of essential health care services for pregnant women, new-born and young children
- Prioritise the strengthening of routine immunization and other primary health services in every province of DRC
- Take additional steps to improve the training and remuneration of frontline medical staff as a step towards creating a motivated workforce for the health service
- Prioritize the birth registration of all children as a critical step towards guaranteeing their access to basic health, education and protection services

UNICEF calls on the Ministry of Health to:

- Sustain and amplify measures to strengthen the provision of essential health services at provincial and health zone level
- Provide leadership to strategies reinforcing the provision of quality immunization services across the country through the establishment of a comprehensive and effective 'cold chain' mechanism
- Continue its lead role in the ongoing response to the Ebola Virus Disease (EVD) epidemic in eastern DRC, while ensuring that mainstream health services are not undermined as a consequence
- Promote efforts to secure community participation and engagement in the Ebola response
- Continue to work with partners in implementing the Strategic Plan for Cholera Elimination, as well as efforts to combat measles and malaria
- Support efforts to address the current outbreak of vaccine-derived Poliovirus (VDPV)

UNICEF calls on the international community to:

- Commit generous, multi-year resources to the Government of DRC's efforts to revamp and strengthen the provision of routine basic health care services for every child and family
- Demonstrate solidarity with DRC and other developing countries fighting COVID-19 by ensuring that the global prices of vital medical equipment and supplies are not distorted by price-gouging and similar practices.
- Provide continued funding to the emergency Ebola response and other major health challenges facing children and their families

UNICEF has been active in the DRC since 1963. We reiterate our commitment to realizing these critically important priorities and to working in partnership with the Government of the DRC and civil society partners to achieve common goals for children, women and vulnerable groups – regardless of ethnicity, religion or any other status.

UNICEF Ebola Response highlights*

Since the start of the current Ebola outbreak UNICEF and its partners have:



SET UP **4,197 COMMUNITY ANIMATION CELLS (CACs)** IN DIFFERENT HEALTH ZONES

CONDUCTED **INTERVIEWS WITH 42,330 PEOPLE** ON THE IMPORTANCE OF EARLY TREATMENT

HELPED **REINTEGRATE 1,167 EBOLA SURVIVORS** IN THE COMMUNITY

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



DISTRIBUTED **WASH KITS TO 2,949 SCHOOLS**

SENSITIZED 884,700 STUDENTS ON EBOLA PREVENTION MEASURES

SUPPLIED **8.4 MN LITRES OF CLEAN WATER** TO EBOLA-AFFECTED COMMUNITIES

WASH



PROVIDED **PSYCHOLOGICAL SUPPORT TO 14,500 CHILDREN**

PROVIDED **MEDICAL AND NUTRITIONAL ASSISTANCE TO 7,352 CHILDREN** IN UNICEF-SUPPORTED NURSERIES WHILE THEIR PARENTS WERE UNDER TREATMENT

PSYCHOSOCIAL SUPPORT AND CHILD PROTECTION



PROVIDED **NUTRITIONAL SUPPORT TO 19,101 NEW CONFIRMED AND SUSPECTED CASES**, INCLUDING 239 CHILDREN UNDER SIX MONTHS

HEALTH AND NUTRITION



SENSITIZED 1,241,509 PUPILS IN 4,138 SCHOOLS, ON EBOLA PREVENTION MEASURES IN SCHOOL SETTINGS

BRIEFED 47,709 SCHOOL MANAGERS AND PARENTS' ASSOCIATIONS MEMBERS ON EBOLA VACCINATIONS

EDUCATION

* as of end February 2020

UNICEF Funding needs*

EBOLA RESPONSE FUNDING STATUS

PROGRAMMES	FUNDING REQUIREMENTS (USD)		FUNDING GAP (USD)
Water, Hygiene & Sanitation	14.726.917		89% 13.099.517
Community engagement and Communication for Campaigns	11.316.745		73% 8.285.945
Child protection / Psychosocial Support	2.784.657		74% 2.051.257
Nutritional Care and Counselling	1.875.813		100% 1.875.813
Operations support, Security etc	4.662.300		68% 3.181.818
Support to communities affected by Ebola	64.100.900		61% 38.868.177
TOTAL	99.467.332		68% 67.362.527

HUMANITARIAN RESPONSE FUNDING STATUS

PROGRAMMES	FUNDING REQUIREMENTS (USD)		FUNDING GAP (USD)
Health	14.200.000		95% 13.420.432
Nutrition	132.585.000		89% 117.706.129
WASH	33.487.000		84% 28.238.132
Child Protection	9.600.000		74% 7.121.701
Education	43.000.000		97% 41.617.289
Communication for development	7.240.000		99% 7.190.100
Rapid response	21.000.000		69% 14.500.627
Cluster/Sector Coordination	1.621.000		58% 947.680
TOTAL	262.733.000,00		83% 217.321.656,67

* as of January 2020
Source: UNICEF

Dr. Elvis Badianga Kumbu holds a young patient who has completed treatment at the Presbyterian Hospital in DRC's Kasai province. Although the security situation has improved, more than 1.5 million children in the Kasai region are in need of humanitarian assistance.



Author

Simon Ingram

Reporting

Alastair Lawson-Tancred

Photography

Patrick Brown, Vincent Tremeau,

Thomas Nybo, Simon Ingram,

Sibylle Desjardins

Layout and design

Giovanna Burinato

For further information, please contact:

Jean-Jacques Simon

UNICEF DRC

jsimon@unicef.org

+243 826541004

Marixie Mercado

UNICEF Geneva

mmercado@unicef.org

+41 22909 5744

Joe English

UNICEF New York

jenglish@unicef.org

+1 917 893 0692