**UPDATE 15 JUNE**

**Challenges:**

**Activities:**

* Workshop for the adjustment of the RCCE plan and update of key messages with 30 multi sectorial actors.
* 40 journalists from 17 organisations participated in a briefing on EVD and the role of media in the response

**UPDATE WEEK 30 MAY**

**UNICEF**

**Challenges:**

* Strike of health staff (barrier for data collection and/or management)
* Lack of availability of the different pillars of the response for the media briefings

**Activities:**

* 3 Ws mapping by the RCCE WG
* Vaccination: mobilization/demand creation at school level (over 12 years old), 50 students vaccinated in one single day
* Over 30,000 reached daily through HH visits, community dialogues, briefing sessions, schools and churches visits, etc
* 20 radio programmes per day in the 10 partner community radios (estimated audience: 140,222 people)
* Feedback received by the local health staff at FOSA level (around 10 per day), mainly rumors and requests: “Ebola it’s a business;” “Ebola doesn’t exist”. Demand for free care services.

**UPDATE WEEK 23 MAY (by Wednesday 25 May)**

* 7 neighboring Health Zones to Mbandaka have been considered priority for preparedness activities . These are Bikoro, Iboko, Ntondo, Lolanga Mampoko, Ingende, Lilanga Bobangi, Bolomba. The objective is to strengthening operational preparedness capacities in at risk Health Zones.
* Some presence of **youth networks opposing response**  actions in Mbandaka II neighborhood . Concertations are ongoing within the coordination platform to develop a strategy to address the situation.
* Level of alerts are good at community level ( either through FOSA or CBS, Active search ) . FOSA have improved contribution to alerts . 73% of alerts are coming from FOSA and CBS / active search systems which are all considered as originating from communities .
* However less than **50% of contacts have been vaccinated** . Harmonized communication around vaccination should be strengthened and shared in local languages through trusted communication channels .
* **Women and children** not included often in contract tracing. Need renewed attention/communication and engagement of mothers and children/surveillance system
* For suspect cases , swabs should be conducted immediately . However it is important **for healthcare workers to be able to explain contact tracing and medical care procedures in case a contact becomes a suspect case.**

**Update from from 25 May**

**· Educational talk with family members of the last confirmed case and the probable case on the importance of 21-day follow-up.**

**· Facilitation of vaccination of listed contacts and contacts of contacts around the last case.**

**· Advocacy sessions with school officials where the probable and the last confirmed were attending with regards to public health interventions (awareness raising, vaccination and follow-up of contacts).**

**· Awareness-raising in 3207 households in Mbandaka, 10900 in Wangata and 2000 in Bolenge.**

**· 100 community alerts notified in Mbandaka zone, 146 in Wangata, and 84 in Bolenge.**

**IFRC: around 19K people reached**

* Continuity in outreach activities through interactive radio shows , household visits , Public places ( markets , schools, places of worship ) ) community dialogues **with youth networks, minority groups , religious and traditional leaders .**
* An average of 304 direct interactions are recorded weekly for radio broadcasts . These radio shows are produced in partnership with two most trusted community radios in Mbandaka.
* RCCE volunteers are supporting ongoing ring activities in Wangata and Bolenge conducted around the M9 and M12 cases. These activities are focussed around vaccination , outreach messages around vaccine uptake, PSS for affected families
* **MoH and community structures ownership of feedback approaches**: An online capacity building session has been conducted around the feedback tools for RCCE coordination and Red Cross branch level community engagement and IM focal points. Similar sessions have been scheduled to take place every two days to ensure a better ownership of the tools by the MoH RCCE lead. A presentation of the last feedback report / dashboard will be facilitated by IFRC within the RCCE network in the coming days. Logistic arrangements are ongoing for the deployment of the DRC RC IM from Beni to support the Mbandaka operation.

[**Feedback data covering 3 Zones**](https://docs.google.com/presentation/d/1__cDGLioHR6J1AP5i5Azil7hwngw9XXzDFcD1xNVXd8/edit#slide=id.p1) **8-14 may - #3278**

**Top 3 categories:** Vaccine, suspicious around vaccine and non acceptance, Ebola and its consequences - **Vaccines: emerging feedback areas**: vaccines efficacy, iniquity, sûspicious about vaccines., expand/change vaccination approach

Illustrative quotes:

* « Ce gens là aussi de la vaccination n'ont pas une place fixe pourquoi ,ils se déplacent a tout moment (AS. Wangata)
* « Ce vaccin a une durée de combien de temps dans le corps humain pour être renouveler ? » (As. wangata)
* « Les pygmées ne sont pas vaccinés mais il ne tombent jamais victimes d’Ebola » As. De la rive
* « il faut que les corps soignant se fasse vacciner avant la communauté » As. Mambenga 2
* « nous voulons que les sites de vaccination soient proches de nous . » As. Elikya
* « ceux qu'ils viennent nous enseigner par raport a la maladie a virus Ebola doivent se faire vacciner avant de venir chez nous. » As. Mambenga 2

**UPDATE WEEK 9 MAY**

<https://docs.google.com/presentation/d/1EqNyOxIhhVzMV8sP5yPgYQnAFAjPTNQMM2Bw2Oub9f4/edit#slide=id.p1>

UPDATE MAY 5th GOARN WEEKLY CALL

-11 individuals deployed to Mbandaka to support the commissions.

- Many challenges, incl. logistical (many teams dont have comms or credit for the phones or gas for motorbikes to be able to move. Things done on own finances).

- Still working on making a clean and usable database.

- Epi situation and health operations: see slide.

- More timely data management and information sharing highlighted as a key priority to improve upon.

- RCCE seems well coordinated and supporting all the pillars

- Coordination: key need to align on payments to avoid issues on “Ebola business”. Important for partners to align on what to pay and how much.

- IOM in discussion with Congo for cross-border joint surveillance.

UPDATE MAY 3rd 2022 - EMAIL UPDATE FROM NAUREEN/HAWA

**General information :**

No new cases confirmed on 02 May.

Total 2 confirmed cases, all deceased

- ZS affected: 1 (Mbandaka);

- Health areas affected: 1

- **Contacts:** total: 356 contacts, report 345, 11 new contacts saved;

- Cumulation of contacts who have become suspicious and are transferred to the ETC: **4**

**DRC-Mbandaka-RCCE activities:**

*CAC : Community Action Cells including community health workers.*

**RH:** 2 SBC staff on site. One staff of the zonal office, Modestine Amboko and KOMI VEWONYI HOTOWOSSI, consultant for polio on support. Ghaffar once back from leave will join.

* 7227 households visited by 602 community relays. Result: 32189 people sensitized including 17222 women;
* Escalation of alerts: 171 community alerts reported in the 2 ZS (Mbandaka and Wangata), including 4 community deaths;
* Continued broadcasting of the Official Message of the Governor and the MVE, Covid-19 and PSEA spot in the 10 partner radio stations at the rate of two broadcasts per day/media;
* Sensitization of 17 contacts for vaccination. Following the session, 16 people were vaccinated against EVD;
* Supervision of CAC activities in AS LIBIKI;
* Briefing of 18 CAC members in the 3 ZS (Bolenge, Mbandaka and Wangata);
* Registration of two community feedbacks: "Why there is no longer free care"; "Ebola is business."

**Support from RO to National and Mbandaka based on needs expressed.**

1. **Mapping :** Review and finalization with CO.
2. **Coordination :** Support on positioning and finalization of the coverage map(4W). Need to advocate at regional or global level if local solution on positioning of RCCE partners not found. Hawa is following with colleagues. Sharing also some documents from previous response (lessons learned).
3. **RCCE plan :** Mbandaka will share RCCE approved plan. They will specify where they need help. Hawa can identify some actions or opportunities to be supported also based on sitereps. It will be great if we could advocate for indicators that show our added value.
4. **Community feedback/capacity reinforcement :** RCCE pillar members briefing planned on May 5, 2022 of RCCE commission with IFRC on community feedback and sharing of tools. Next steps to be defined during tomorrow briefing session.
5. **Support on knowledge management:** Remotely, Hawa has started supporting colleagues for the set up and update of the local document repository.
6. CO need some funding to ensure training of Community Action Cells on community feedback.
7. The CO has also request an IM support.

29 APRIL UPDATE - MEETING IFRC/UNICEF/WHO

UPDATES FROM AGENCIES :

-WHO IMST activated. WHO Regional office likely to be deploying someone to Mbandaka. SPRP: not much activation at regional level, mostly handed at district level.

- IFRC: call with country and regional offices.

* Resistance to vaccination (Died person vaccinated in 2020; some close contacts that have been vaccinated had side effects).
* Efforts on vaccination outreach networks.
* From an RCCE perspective, need to handle some previously existing issues (contact tracing; people to adhere to preventive measures beyond hand washing).
* Skilled volunteers from prior outbreaks employed.
* Health workers haven’t been paid from previous outbreak.
* Feedback work started. Possible deployment from Goma to support Mbandaka.
* Amadou (CS ESAR/WCAR) to start working on the DRC [data dashboard](https://www.rcce-collective.net/data/community-feedback/drc-community-feedback-dashboard/), particularly on vaccination issues.
* Local-interagency CFM group led by the RCRC movement to be possibly deployed with similar model.
* Minority ethnic groups are present in the district and often stigmatized. Red Cross to hire volunteers from these groups.
* Coordination: timid steps; embryonic.

-UNICEF: Reluctance from governor to support EVD response. Contact cases refused to be followed. Risk of delayed publication of EVD plan by the government. For the moment, it seems they want to manage a localized response, more details from Hawa on Tuesday, May 3rd.

NEXT STEPS:

* CS prepared to provide IM support (Amadou, Vincent), starting from dashboard update
* EVD resource bank re-activated <https://drive.google.com/drive/folders/1bQ5uF4ysOUIR1h9UabUpOxwMqwmMDdC8>
* WA group created