

Social Science in Humanitarian Action

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Key considerations: the context of Équateur Province, DRC

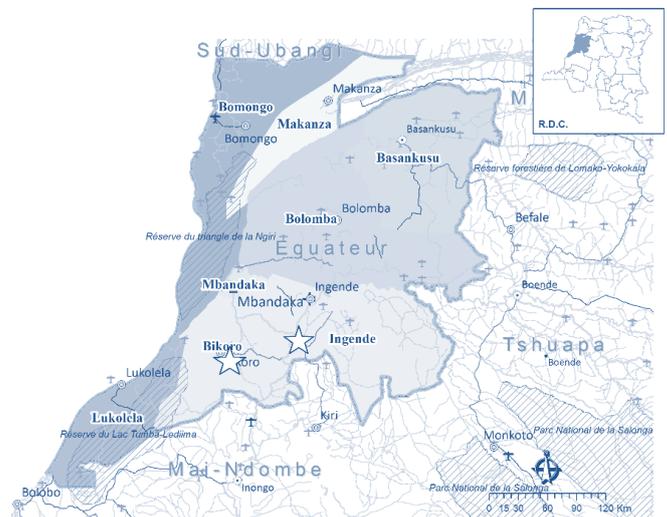
This brief summarises key considerations about the context of Équateur Province in relation to the outbreak of Ebola in the DRC, June 2018. Further participatory enquiry should be undertaken with the affected population, but given ongoing transmission, conveying key considerations for the response in Équateur Province has been prioritised.

This brief is based on a rapid review of existing published and grey literature, professional ethnographic research in the broader equatorial region of DRC, personal communication with administrative and health officials in the country, and experience of previous Ebola outbreaks. In shaping this brief, informal discussions were held with colleagues from UNICEF, WHO, IFRC and the GOARN Social Science Group, and input was also given by expert advisers from the Institut Pasteur, CNRS-MNHN-Musée de l'Homme Paris, KU Leuven, Social Science Research Council, Paris School of Economics, Institut de Recherche pour le Développement, Réseau Anthropologie des Epidémies Emergentes, London School of Hygiene and Tropical Medicine, University of Edinburgh, Stellenbosch University, University of Wisconsin, Tufts University, Institute of Development Studies, Anthrologica and others. The brief was developed by Lys Alcayna-Stevens and Juliet Bedford, and is the responsibility of the Social Science in Humanitarian Action Platform.

Overview

- **Administrative structure** – The DRC is divided into 26 provinces. In 2015, under terms of the 2006 Constitution, the former province of Équateur was divided into five provinces including the new smaller Équateur Province, which retained Mbandaka as its provincial capital.¹ The province has a population of 2,543,936 and is governed by the provincial government led by a Governor, Vice Governor, and Provincial Ministers (e.g. of agriculture).² Each province is subdivided into territories. Équateur Province has seven territories, of which Bikoro, has been most affected by the current outbreak of Ebola (see map below).
- **Climate and topography** – Équateur province has a tropical climate, with rainforests, wetlands, valuable peatlands to the west (along the border with the Republic of Congo) and some minor grasslands to the south. The Congo River runs through the west of the province, with several important tributaries originating in Tshuapa Province to the east, such as the Ruki and the Lulonga. In the south, Lake Tumba (estimated to be between 500-765 km²) is part of both Équateur and the bordering Mai Ndombe Province. The lake is surrounded by a large swamp forest in Bikoro Territory. Precipitation varies throughout the year (monthly rainfall is 80-210mm). Most rain falls between March-May (known as *Ikulu*) and during August-December (known as *Bongo*), although the seasons can vary in length and rain occurs throughout the year. During the current Ebola outbreak, rain has caused flooding in Bikoro Territory which has blocked roads and has hampered access to some areas.
- **Infrastructure** – There is a lack of basic infrastructure across Équateur Province including electricity and running water. SNEL (the national electricity company) only sporadically supplies electricity to certain parts of the city (for example, when a political leader is in town or during a major event). Increasingly, households, companies and institutions across the province produce their own electricity with diesel generators and solar panels. The province has a road network, but it is in poor condition and only 43 km of it is paved. Even in Mbandaka City, most streets and avenues are dirt roads. There are no railways and long-distance travel within the province relies on the river and other waterways. Many areas (e.g. the Ikoko Impenge health area) cannot be reached by motorbike. There are two usable air-strips in the province: Ntondo (12km south of Bikoro town) and Boteka (Ingende Territory). Normally there are regular flights between Mbandaka and the capital Kinshasa, and between Mbandaka and the capital of the Central African Republic (CAR), Bangui, although due to the current Ebola outbreak a number of flights have been suspended. Since the onset of the outbreak, a helicopter air bridge has been established by UNHAS. Mbandaka has mobile telephone networks (Airtel, Orange, Vodacom), but coverage is patchy in the city and poor or non-existent across the rest of the province. There are a number of internet cafes in Mbandaka City that provide online access. There are several financial service companies in Mbandaka (e.g. Western Union, BIAC, TMB), but limited to the city. Traders can sometimes exchange US Dollars (USD) for Congolese Francs (CDF), even in villages, but almost all transactions, including in Mbandaka, are in CDF.
- **Political context** – The Équateur region, particularly north of the Congo River, has been known as an opposition stronghold for its support of Jean-Pierre Bemba, leader of the rebel group turned political party, *Mouvement de Libération du Congo* (MLC). Bemba was forced into exile in 2007 after narrowly losing the historic 2006 post-war elections to Joseph Kabila, and the MLC's leadership of the opposition was short lived.³ In a move that many Congolese believe to be politically motivated, Bemba was arrested by the International Criminal Court shortly afterwards, and in April 2016, was found guilty of war crimes committed in the CAR.⁴ In a surprise development, however, he was acquitted

<https://www.caid.cd/index.php/donnees-par-province-administrative/province-de-equateur/?donnees=fiche>



by the ICC on 8 June 2018. He remains popular across the country and may return to challenge President Kabila or his successor, should elections be held in December 2018. Despite growing anti-Kabila sentiment, however, there are currently no political groups active in Équateur Province apart from the ruling People's Party for Reconstruction and Democracy (President Kabila's party) and the weakened and fragmented MLC. Elections have been delayed (since December 2016) and the Catholic Church has taken the lead in mediating a political consensus. Catholic laity have organised peaceful marches in major urban centres since December 2017. Anti-government protests by youth and other activists have led to hundreds of arrests, dozens of injuries and at least one death in Mbandaka City.⁵ Elections are currently scheduled to be held on 23 December 2018, but many Congolese doubt the government's sincerity in holding them and delivering a peaceful transition of power.^{6,7} Transparency International ranks DRC's public sector as highly corrupt, and corruption and state violence (particularly by police) have resulted in distrust of government in Kinshasa and state representatives in both rural and urban Équateur.⁸ Should the Kinshasa authorities block Bemba from returning to the country or standing for election, there will likely be public protests and unrest across the wider Équateur region where he is considered a *mwana mboka*, or son of the land.

- **Population and ethnicity** – Équateur Province is reported to have a population of 2,543,936. The majority are of the Mongo ethnic cluster, speaking related languages (e.g. Mongo, Ekonda, Nkundo, Ntomba) and originating in the equatorial region. The Mongo ethnic cluster is one of the most populous in the DRC, along with the Kongo and the Luba.⁹ Other prominent ethnic groups include the Ngombe in the north, and the Dzamba, Lobala, Baloi and Mabinza in the northeast of the province along the Congo River. There are also groups of Twa (e.g. Batswa, Balumbe, Basamalia, Bilangi) particularly in the territories of Ingende and Bikoro, to the east and south of the province. These communities were categorised as 'Pygmy' by early European ethnologists, although the term is now widely considered to be derogatory. In general, the Twa have few resources or rights to land, and are often marginalised or exploited by other ethnic groups. Tensions between ethnic groups, or even between villages of the same ethnic group, have not been well documented in the past, but should be further explored and taken into consideration during the response, particularly in relation to the distribution of resources.
- **Language** – French is the language of administration and is spoken by people with higher levels of education across Équateur Province. Lingala is the *lingua franca* used by most people, although those with lower education levels, including some women and some Twa communities may not speak Lingala. In the 1930s, the Catholic missionaries of the Sacred Heart introduced a formalised language, Lonkundo-Mongo, which is still used in schools and churches, but not at home. Équateur is an ethnically diverse province and many languages are spoken at the local level (see below).
- **Livelihoods** – The majority of the population relies on agriculture for subsistence and cash crops. People also hunt, fish and gather medicinal and edible plants from the forest, as well as wood for the production of charcoal. In and around the urban centres or larger rural centres, many people are involved in trade and commerce.
- **Civic work programme and associations** – Across the province, community members regularly perform construction and maintenance work including road clearing and bridge building as part of the obligatory national civic work programme (*salongo*) initiated by President Mobutu. In many communities, people form associations around religion, agriculture, livestock-rearing, development initiatives, gender and youth, and these associations can play an important role in engaging communities and raising awareness.
- **Youth** – The DRC has a markedly young population, with around 42% of the population under the age of 15 years, and 62% under the age of 25 years.^{10,11} Similar demographics are also reported in Équateur Province. Foreign actors and increased economic activity are seen by young people (particularly young men) as opportunities to find employment and piecemeal work. Many will look for opportunities to work for or alongside response teams (helping with logistics or manual work) and there have been reports of youth protesting in order to petition for jobs during the current outbreak. The response should positively harness youth groups and other associations to support and contribute to community mobilisation, contact tracing, and safe and dignified burials and to help with logistics including clearing access roads. All community members engaged in such activities should be adequately remunerated for their work.
- **Gender** – In general, women are more emancipated in Mbandaka City than in the villages (i.e. more likely to pursue an education or own small businesses), and several women's associations exist. Still, very few women hold government positions, and the majority are engaged in commerce (most market sellers are women) and unpaid domestic labour. Many women, in both rural and urban areas, also make and sell alcohol by distilling fermented maize and manioc (called *lotoko* in Lingala). To engage women effectively, sessions should be held in their natal language, and in a setting in which they feel comfortable seeking clarifications, which is not always the case in mixed-gender meetings. Women's associations and church groups can help mobilise women at the community level.
- **Religion** – Many Congolese, particularly in rural areas, combine Christianity with traditional beliefs centered on the importance of ancestors, who continue to play an active role in family life for generations. People often ask their ancestors for health, good crops, the solution to a difficult problem, or for help and luck with hunting, fishing, exams, football matches or long journeys, for instance. Religion is a central component of daily life in the DRC, and securing the support and cooperation of both the church and traditional leaders will be critical to the success of the response. In 2016, 52% of the Mbandaka-Bikoro Archdiocese was reported to be Catholic.¹² The Belgian colonial state authorised and subsidised the (predominantly Belgian) Roman Catholic missions to establish schools and hospitals throughout the colony, and the church continues to own and manage an extensive network of hospitals, schools, and clinics. Caritas is a formal structure of the Catholic Church in DRC. It supports logistics, emergency healthcare and sustainable development. It organises the transportation of salaries for government employees (including teachers and medical professionals) in the interior, and has been involved in the response to the current Ebola outbreak. The Catholic Church has been active in risk communication efforts and, as a precaution, churches have also suspended sacraments.¹³ Historically, protestant missions (primarily North American, British, and Scandinavian) also provided medical and educational services in the region. Denominations are now federated under the *Église du Christ au Congo* (ECC). Following the exodus of foreign missionaries during the wars of the 1990s, these are now led by Congolese pastors. Pentecostal churches (*églises de réveil*) have increased in number across the region and are not federated under the ECC. A small percentage of the

population in Mbandaka are Muslim. Small-scale and localised conflict between Muslims and Christians has been seen in the region recently, but its origins appear to have been in personal grievances rather than religious tensions.¹⁴

- **Local aetiologies** – According to local health beliefs, death and illness are seldom due to ‘natural causes’ alone. Even if it is accepted that an individual has a biomedical disease (e.g. tuberculosis), people will still search for the reason why that individual became sick with that disease. Underlying reasons for illness are often linked to the displeasure of ancestors, angry forest spirits (*bilima* in Lingala), diviners or ‘witch doctors’ (*féticheur* in local French, or *nganga* in Lingala) who have been paid to cause illness, or jealous ‘witches’ (*ndoki* in Lingala). People often seek both biomedicine and ‘traditional medicine’ (*nkisi ya bokoko* in Lingala) consecutively or in parallel influenced by issues of access and cost as well as local health beliefs. ‘Traditional medicine’ includes medicinal herbs, fumigation, scarification, massage, etc. It is increasingly common for people to also seek care from church leaders (see SSHAP brief on health seeking behaviours for further information).
- **Health system** – Équateur Province has 16 health zones and 284 health centres. Health zones (*zones de santé*) are typically organised around a general hospital. Health zones do not map directly onto territories. This explains why some cases of Ebola have been reported in the Bikoro health zone and others in the Iboko health zone, both of which are located in the Bikoro Territory. Health zones are subdivided into smaller health areas (*aires de santé*), which are organised around health centres (*centres de santé*), and may also contain one or more smaller health posts (*postes de santé*). It is rare for a doctor to be posted at the health zone level and most services are provided by nurses, midwives and auxiliary health workers. Health centers and health posts receive supplies from international bodies via the general hospital, but they experience frequent shortages and can be almost devoid of medicines, equipment and other materials. Salaries frequently arrive late or are unpaid, and health workers often engage in agricultural or other livelihood activities to supplement their income. Many health workers stationed at remote health posts lack formal medical training and learn by shadowing another health worker. Community health workers (*relais communautaires* or RECO), community animation units (*Cellule d’Animation Communautaire* or CAC) and local health committees (*Comité de Développement Sanitaire* or CODESRA) are important for risk communication and contact tracing, but have limited resources and lack forms of transport needed to complete their work effectively. As well as addressing immediate need therefore, the response should also aim to strengthen local capacity.
- **Areas of the current outbreak** – The epicentre of the outbreak is located in villages along or near the road between the two stars indicated on the map (see above). This area is 100-200km from Mbandaka, a journey time of up to 5 hours by road with a 4x4 vehicle, although many of the affected villages are inaccessible by road. At the time of writing, the primary focus of the response is to implement expeditionary surveillance, contact tracing and vaccination in the small market town of Itipo (Iboko health zone) and surrounding villages, including villages in nearby Ingende Territory. The other affected health zone is Wangata, which is one of two health zones in the city of Mbandaka. It is in the southern part of the city, on the road to Bikoro town and territory.

Provincial capital – Mbandaka City

- **Administrative structure** – Mbandaka has a population of 1,244,227.¹⁵ Mbandaka City itself is independent from the rest of the province’s territorial administration and comprises two communes: Wangata (population 646,228) and Mbandaka (population 597,999).¹⁵ Mbandaka commune has one general hospital and a university (UNIMBA) clinic, and Wangata commune has three general hospitals.
- **Ethnicity and language** – The population of Mbandaka City is ethnically diverse. The majority are of the Mongo ethnic cluster and moved to the city from elsewhere in the equatorial region. The original inhabitants of the land on which the city was built along the Ruki and Congo rivers, are called Ngele’a’ntando (‘downriver people’ in the Lomongo language) or ‘les Riverains’. There are dozens of other ethno-linguistic groups in Mbandaka originating from the equatorial region (e.g. Ngombe, Libinza), from Kinshasa, and, to a lesser extent, from elsewhere in the country and from neighbouring countries (e.g. Republic of Congo and the Central African Republic). Twa also live and work in the city, although they rarely own houses or land and are often marginalised or exploited by other ethnic groups. Although Lingala is the main language, more than 40 languages are spoken in and around Mbandaka City.¹⁶ People of the Mongo ethnic cluster speak related languages (e.g. Mongo, Mbole, Bongando, Ekonda, Nkundo, Ntomba). Speakers of a Mongo language understand other languages in the Mongo language group even if they do not speak them, and people often communicate in different languages across ethnic divides.
- **Livelihoods and local economies** – The majority of the population in Mbandaka work in commerce, as both registered and unregistered traders, selling food, clothes and household objects (buckets, pots and pans, stationery, furniture, etc.) in markets or small boutiques. People also work as tailors, mechanics, carpenters and painters. Others sell gasoline or mobile phone credit, or work in internet cafes, small-scale restaurants or the city’s four small hotels (Hotel Benghazi, Wimpey Hotel, Nina River Hotel, Afrique Hotel). Some collect and sell water from nearby rivers and streams. Others work for Bralima, a brewing company owned by Heineken International. The more educated work for the state (teachers, medical professionals and provincial government employees), and at the University of Mbandaka (UNIMBA) and University of Cepromad (UNIC), both of which have social science faculties who could contribute to the response. There are several international and national NGOs that have offices in the city and provide some employment opportunities for motorbike drivers, cooks and security guards. The Ngele’a’ntando or Riverains are the owners of agricultural land around the city, and the only people who grow crops (primarily manioc, maize and plantain). They employ agricultural labourers and sell their produce in Mbandaka’s markets. Many Twa who live in Mbandaka have no permanent houses, but find work constructing houses for others and move from construction site to construction site.
- **Mobility and movement** – There is a high degree of movement between Mbandaka and rural areas, with people undertaking frequent trips to the interior to buy and/or sell goods (palm oil, locally-produced alcohol, smoked fish, bushmeat, dried manioc), to attend ceremonies (such as funerals), visit relatives and undertake livelihood activities (such as collecting caterpillars, the season

for which coincides with school holidays in June-September). Mbandaka City is not linked to other towns and cities by road networks and whilst there are no buses and taxis within the city, there are taxi-motorbikes and taxi-bicycles (*tolekistes*) that should be directly targeted in risk communication and community engagement initiatives. Mbandaka City is an important river port and stopping point for the crowded boats going upriver to the city of Kisangani (population 1.6 million) and the eastern region, and downriver to the cities of Brazzaville (population 1 million) and Kinshasa (population 11 million). The river also connects Mbandaka to the northern part of the province, the Republic of Congo and the Central African Republic (CAR) (including Bangui, population 1 million). Since the publicly-owned transport company (ONATRA) ceased operations in the interior during the 1990 wars, boat journeys have been organised by individuals, and often result in accidents and fatalities (the most recent being on 25 May).¹⁷ Surveillance at Mbandaka's port and airport is ongoing, and the navy is being used to monitor river traffic. Given the intimidation and harassment that Équateurians sometimes associate with navy and army checkpoints along the river, this may not be welcomed by all travellers. Both CAR and the Republic of Congo governments have been working in close collaboration with the DRC since the current outbreak was declared, and remain on high alert.

Rural periphery – Bikoro Territory

- **Administrative structure** – Bikoro Territory has a population of 798,079 and Bikoro Town, situated on Lake Tumba, has a population of 7,426.^{16,18} Bikoro has three hospitals and 19 health centres. Rural areas have a parallel governance structure of both state and customary political leadership. The highest administrative authority at the territory level is the *Administrateur du Territoire*. Bikoro is divided into three *secteurs* (Lac Ntomba, Elanga and Ekonda), each governed by a *Chef de Secteur*. Within each *secteur* are several *groupements*, governed by a *Chef de Groupement* who is also a customary leader and can deal with both legal and customary matters at the *groupement* level. Within each *groupement* there are villages, each of which has a *Chef de Village* (also called a *Chef de Localité*) who is elected by the village to serve as the representative of the state for the village for several years (Lac Ntomba has 8 *groupements* and 88 villages; Elanga has 3 *groupements* and 83 villages; Ekonda has 6 *groupements* and 116 villages).
- **Customary leadership** – The *Chef de Groupement* is also a customary leader and can deal with both legal and customary matters at the *groupement* level. At the village level, each family or clan (*etuka* in Lomongo) has a patriarchal leader who is called upon to resolve disputes. The leader of the 'oldest' clan in the village is referred to as the *Notable* in French (*Nkumu* in Lomongo). These power structures vary between ethnic groups, and it should not be assumed that the *Notable* will be an elderly man. Competing power relations often occur between customary and administrative leaders, and/or between customary leaders and the police. As new employment opportunities for youth have led to greater financial emancipation from their elders, traditional leadership structures have been increasingly challenged, and inter-generational tensions may result in challenges for participatory decision-making (e.g. if elders reject the presence of foreigners whilst youth welcome them in the hope of more employment opportunities). Inadequate accountability mechanisms mean that elites may also monopolise political leadership and benefit from resources that were meant for community-based organisations.¹⁹ Political leadership in equatorial DRC can be transient and people tend to reject leaders when they are perceived to not consult with those they represent, or appear to be profiting more than others. Shifting authority is common, and responders should not be alarmed if they witness antagonism or group fragmentation, often with several people claiming to be leaders at the same time, particularly in Twa communities. It is important to be alert and sensitive to these local power dynamics when identifying entry points at the community level.
- **Ethnicity and language** – The two primary ethnic groups in Bikoro are the Ntomba (45%) and the Ekonda (30%). There are also some Ngele'a'ntando (15%) who are typically fishermen along the lake and river. While the Twa make up around 10% of the population, their number is difficult to determine as widespread discrimination may lead some to hide their ethnicity.²⁰ Twa share the language of their neighbours and often live in interdependence with another ethnic group. In one study, 97% of Twa households 'belonged to' the Ntomba, whereas 3% 'belonged to' the Ekonda.⁹ The nature of these relationships is not clear, and may vary from village to village. Mongo (Ntomba, Ekonda) people often claim that the Twa have been 'dependent' on them for thousands of years, and accompanied them (the Mongo) when they migrated from the northeast of the country. Others have suggested that the Twa were the 'original inhabitants' of the forests. Typically, the Twa have no land rights, but may hunt or work for one village or family, to whom they are connected by fictive kinship bonds (i.e. members of a Twa family may be referred to as the 'children' of the Mongo family who they labour for). Most Twa live either at the extremity of Mongo villages, or in temporary encampments on land belonging to Mongo people. The relationship between Mongo and Twa is hierarchical, although there is some intermarriage (primarily Mongo men marrying Twa women). Twa are often viewed as subservient to Mongo people, or are considered a separate or inferior caste, described as 'dirty' and prohibited from eating with other ethnic groups. Twa give the traditional respectful greeting (*Iosako*) to all Mongo men, women and children. The marginalisation of Twa people means that they are often illiterate, lack resources, and may be excluded from education and healthcare. In Bikoro Territory, most of the population speaks Lingala (90%), although those without primary school education (e.g. Twa and some women) may be more comfortable speaking their natal language(s) such as Lontomba, Lonkundo, and Lekonda. Those who have completed secondary school often speak some French.¹⁷
- **Livelihoods and local economies** – Nearly all households are engaged in agricultural production. Land ownership is patrilineal. Manioc is prioritised as a staple foodstuff, but many households also plant maize, sweet potato, yam, leafy vegetables, beans, rice, palm oil, sugar cane, peanuts, plantain, and various fruits (e.g. avocado, papaya, safu) for subsistence and to sell. Cash crops include coffee, cocoa and palm nuts (for oil). Over 70% of Mbandaka's food is supplied by Bikoro. Agricultural work is hard and labour intensive. Men typically cut and burn fields, and women sow seeds and harvest crops although work is done by both men and women as needed. People recruit family members, and if they can afford it, may employ people to help cut and burn fields. Many households also keep a small number of animals, mostly poultry, but also goats, pigs, and occasionally cattle. Animals are a resource that can be sold in times of need, but are highly susceptible to disease and infection that can ravage an entire *groupement's* livestock. People also spend considerable time in the forest to collect medicinal and edible plants and fruits, as well

as caterpillars and termites. Women cut firewood for household use, and both men and women chop wood to be sold as charcoal in Mbandaka and Kinshasa. They also collect the leaves of the *Gnetum africanum* vine (known as *fumbwa*) which is a local delicacy and sold in Mbandaka's markets. Women fish by making dams and bailing water in small streams and ponds during the drier seasons (January and June). Men hunt, primarily with guns and/or dogs in the forest, and also lay snare-traps in the forest and in fields. Bushmeat is either eaten or sold locally, or is smoked and sold in nearby urban centres including Mbandaka. The growing bushmeat trade means that wild animals are becoming increasingly rare, which in turn is contributing to malnutrition and poverty. Both Mongo and Twa hunt, but Twa have a reputation as hunters (and continue to use more traditional forms of hunting such as spears, and bow and arrows). Many live in temporary hunting encampments and exchange meat for agricultural produce, money or alcohol. Twa are also known as skilled honey-collectors. Lake Tumba is an important resource for local livelihoods and economies, and fishing is a common activity with nets, traps, line hooks and poison.²¹ Fish destined for commercial markets are transported by dugout canoe (*pirogue* in French) for sale at ports along the Congo River. Increasing demand in urban markets has prompted fishing crews from the south to travel upriver, bringing migrant fishermen to the Bikoro area. There is some evidence of artisanal mining activity in Bikoro Territory, as well as a number of palm oil operations. Formal and informal logging activities in the region (e.g. in Ingende Territory) have reportedly led to conflicts over land.²²

- **Mobility and movement** – There is frequent movement between Bikoro Territory and the adjacent territory of Ingende (Équateur Province), as well between Bikoro and the territories of Kiri and Inongo, in the Mai Ndombe Province to the south. In rural areas, people travel primarily on foot or by bicycle (sometimes up to 500km), or by dugout canoe along tributaries and rivers. Wealthier people travel by motorbike. These logistical challenges not only impact response operations, but must be taken into consideration when asking communities in more remote villages and forest camps to seek treatment or conduct safe burials. Whilst communities may want to seek care, they may not have the agency or ability to do so.

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Contacts

If you have a direct request concerning the response to Ebola in the DRC, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisors, please contact us.

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