19 August 2019

**Highlights**

- On 15 August, two confirmed Ebola cases were reported for the first time in South-Kivu province, in Mwenga health zone (Chowe). The same health zone reported a third confirmed case on 17 August. On 17 August, one confirmed Ebola case was recorded in a new health area located 150 km North-West of Goma in Pinga health zone. To date, 29 health zones in three provinces have been affected by the Ebola outbreak.

- In Mangina, UNICEF took the opportunity of the Yira/Nande International Conference that took place from 10 to 18 August to mobilize the community and share Ebola prevention messages. Moreover, an agreement between Mangina response teams and the Yira/Nande community was signed during the closing ceremony.

- Since 12 August, UNICEF provided summer school centers with 20 recreational kits, reaching 11,876 children, including 3,980 girls, with Ebola prevention messages in Nyankunde, Komanda, and Mambasa health zones, Ituri province.

**UNICEF’s Response**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td># of at-risk people reached through community engagement and interpersonal communication approaches (door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other)</td>
<td>26,500,000*</td>
<td>22,894,908</td>
</tr>
<tr>
<td># of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols</td>
<td>199,533*</td>
<td>198,076</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>36,437</td>
<td>14,000</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>32,253</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>22,939**</td>
<td>9,273</td>
</tr>
</tbody>
</table>

*The target is dynamic as listing of eligible persons is defined.
**The target is estimated based on both the number of confirmed, probable and suspected case, and is adjusted according to the response.

**SITUATION IN NUMBERS**

- **2,888** total reported cases (MoH, 18 August 2019)
- **2,794** confirmed cases (MoH, 18 August 2019)
- **776** children <18 among confirmed cases (MoH, 11 August 2019)
- **1,844** deaths among confirmed cases (MoH, 18 August 2019)
- **16,231** contacts under surveillance (MoH, 18 August 2019)

**UNICEF Ebola Response Appeal**

US$ 126.03 million

**Ebola Response Funding Status 2018 - 2019**

- **Funding Gap**: 61%
- **Total funding available**: 39%

*Funding requirement includes budget for phase I ($8,798,899), phase II ($16,964,905), phase III ($24,385,917) and phase IV ($75,890,041)
**Funds available include Reprogrammed funds from Equateur Response and funds received since August 2018
Epidemiological Overview

Summary Table (18 August 2019)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Number of days without confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Ituri</td>
<td>Ariwara</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>40</td>
<td>9</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Lolwa</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mambasa</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>249</td>
<td>4</td>
<td>253</td>
</tr>
<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>North-Kivu</td>
<td>Alimbongo</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Beni</td>
<td>638</td>
<td>9</td>
<td>647</td>
</tr>
<tr>
<td></td>
<td>Biea</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>272</td>
<td>0</td>
<td>272</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>144</td>
<td>15</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>636</td>
<td>16</td>
<td>652</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>20</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>31</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>366</td>
<td>16</td>
<td>382</td>
</tr>
<tr>
<td></td>
<td>Manguredjipa</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>49</td>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>78</td>
<td>1</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Nyiragongo</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>51</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Pinga</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>103</td>
<td>13</td>
<td>116</td>
</tr>
<tr>
<td>South Kivu</td>
<td>Mwenga</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,794</td>
<td>94</td>
<td>2,888</td>
</tr>
<tr>
<td>Previous Total 11 August 2019</td>
<td>2,737</td>
<td>94</td>
<td>2,831</td>
<td>1,798</td>
</tr>
</tbody>
</table>

Key Epidemiological Developments

Since August 2018, confirmed cases of Ebola Virus Disease (EVD) continue to be reported both in North Kivu and Ituri provinces. During the reporting period, an additional province, South Kivu, was reached by the EVD for the first time.

As of 18 August, a total of 2,888 EVD cases were reported, among which 2,794 confirmed and 94 probable cases. More than two thirds of EVD confirmed cases have died: 1,938 deaths, among which 1,844 confirmed and 94 probable cases (global case fatality ratio remains 67 per cent). During the reporting period (week 33), the number of new reported

---

1 Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).
confirmed cases continued to decrease slightly from 68 cases in the previous week to 57 confirmed cases\footnote{This decrease could be partially due to security constraints in some hotspot health areas which could have slowed down the response activities, including surveillance.}. However, while the intensity of transmission may have reduced, there has been geographic expansion.

South Kivu province was newly affected by the EVD outbreak with three confirmed cases in the health area of Chowe in Mwenga health zone, 150km South-West of the provincial capital Bukavu. The first two cases were a mother and her child who had been in contact with a confirmed case in Beni before travelling back to South Kivu. Both victims have died. The third case is a contact of the first case. EVD has also spread to an additional health zone in North Kivu, Pinga, in the territory of Walikale.

The cumulative number of health zones that have reported at least one confirmed and/or probable case of EVD since the beginning of the epidemic has increased to 29\footnote{Mangina is a city located in Mandima Health Zone.} since the beginning of the outbreak. Eighteen of them (62 per cent) have reported at least one confirmed EVD case in the last three weeks. A total of 220 health areas have reported at least one confirmed or probable case of EVD since the outbreak began, of which 65 have been active in the past three weeks.

Beni and Mandima health zones remained the hotspots of the epidemic, with respectively 33 and 20 per cent of 215 confirmed cases reported during the last three weeks.

Among the new confirmed cases listed as contacts, the proportion of contacts followed on a regular basis in week 33 (31 per cent) decreased significantly compared to the week before (74 per cent), partly due to security constraints. The proportion of community deaths among all confirmed cases of EVD continued to increase (26 per cent in week 32 vs 32 per cent in week 33).

Two additional health personnel have been infected by EVD during the last week, thus reaching 154 health staffs since the beginning of the outbreak.

Of the total confirmed and probable cases with reported sex and age, 58 per cent (1,672) were female.

**Humanitarian Leadership and Coordination**

Under the Strategic Response Plan (SRP) 4, UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. UNICEF leads the Commissions on Risk Communication and Community Engagement (RCCE) and Psycho-social Support and co-leads Infection Prevention and Control (IPC)/WASH Commission with World Health Organisation (WHO). The strategic Ebola response coordination maintains a strong support to active operational sub-coordinations in Butembo/Katwa, Mangina, Bunia, Goma, Beni, Komanda and Mambasa, a new UNICEF operational hub. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

Following the confirmation of three cases in South Kivu, two UNICEF multisectoral teams have been simultaneously established to support the activities in Chowe and Bukavu. As the first confirmed case travelled through Bukavu and remained in the city during 24 hours after having developed Ebola symptoms, the city is considered at risk of additional EVD cases.

In the meantime, in the remote area of Pinga, a multisectoral team was sent from Goma, via helicopter, to set-up local teams on 19 August. This unsecure health zone is not covered by telecom and is very difficult to access. In addition, the epidemiological chain is not yet known, and investigations are ongoing.

The spread of the virus to a third province requires the upscale of UNICEF’s response and significant efforts in terms on human resources and logistics capacities.

Beni and Mangina\footnote{Mangina is a city located in Mandima Health Zone.} remain as outbreak hotspots and important traveling hubs as affected cases travel through these cities to new health zones. For instance, on 11 August, the confirmed case in Lolwa Health Zone, which was the first confirmed case in that health zone to date, travelled from Mandima to Lolwa, where the case then became symptomatic.
Response Strategy

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the EVD in North Kivu and Ituri provinces. The national SRP was first launched on 01 August 2018 and was revised four times. The SRP IV will cover the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces.

As part of the Pillar I “Strengthened public health response in support of the Ministry of Health”, UNICEF continues to scale-up its RCCE interventions to enhance dialogue and partnerships between Ebola response teams and individuals or communities in affected areas enabling community ownership in the response and real time exchange of information. UNICEF also continues to work on improving IPC interventions in communities in affected areas, including the provisions of supplies and household decontamination for confirmed and probable cases. The Psychosocial support interventions is another key area of focus, and UNICEF continues to provide patients with EVD and their families psychosocial support through direct psycho-social care and provision of social support and food assistance to affected individuals and households.

In support of the Pillar I of the SRP 4, the Pillar III co-led by UNICEF and OCHA aims to strengthen community ownership and support programs in response to community needs to enable Ebola control activities (UNICEF) and strengthen multi-sectorial humanitarian coordination (OCHA). Indeed, after one year, the situation in the Ebola-affected areas of DRC is deteriorating and the number of Ebola cases continues to increase. Many people continue to die in the community – either at home or in general healthcare facilities – and significant numbers of new confirmed cases cannot be traced to an existing contact with Ebola. Responding to the Ebola outbreak in the DRC thus requires a focus beyond specific Ebola prevention, care and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected areas. Approaches that strengthen the community resilience and the restoration of health system are critical to sustain the gains beyond the current Ebola Outbreak.

In this line, to date, a measles campaign was organized in Bunia, in July, specifically in displacement camps and a second one is about to start in the same area, with partners like Médecins Sans Frontières (MSF). The campaign also incorporates additional measures to protect against Ebola transmission including the use of thermoflash and hand-washing stations.

Summary Analysis of Programme Response

Risk Communication and Community Engagement

The risk communication and community engagement aim to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviors, and (3) address community concerns and rumors. The strategy is implemented through five pillars that include (i) community engagement; (ii) promotion of preventive behaviors; (iii) responding to resistance; (iv) advocacy and capacity building of actors and (v) communication in support of ring vaccination, surveillance, safe and dignified burials (SDB), and Ebola Transit Centers (ETCs).

Implementing Partners (IP) : Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground (SFCG), Caritas Congo, Réseau des Medias pour le Développement (ReMed), Association Medias Auto Centré pour le Développement du Maniema (MEDAM)

Main activities during the reporting period

In Mangina, an international cultural conference Yira/Nande took place from 10 to 17 August and brought together more than 5,000 participants. RCCE partners - UNICEF, WHO, Feavu, Oxfam, Red Cross- and the organizers of the conference took this opportunity to discuss ongoing Ebola activities. On the last day, an agreement, including ten recommendations for the community and ten for the response actors, was signed between highly influential Yira/Nande traditional leaders and the Ebola response Coordination Committee to collaborate on the fight against

---

4 The National Strategic Response Plan (SRP) was launched on August 1st and was revised four times. The initial Response Plan (SRP I, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified. On October 19th, 2019, the MoH released the revised Ebola Response Plan (SRP III, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545. On December 20th, 2018, the MoH updated the Ebola Response Plan II (SRP II-I, November 2018 – January 2019) to include assumptions and additional needs until January 31st, 2019, estimated at US$ 23,506,000 million. On February 13th, 2019, the MoH launched the Ebola Response Plan III (SRP III, February – July 2019) for a total amount of US$ 147,875,000. Finally, on July 15th, 2019, The MoH released the Ebola Response Plan IV (SRP IV, July – December 2019) for a total amount of $ 287,590,149.
Ebola. Among the recommendations for the community is the improvement of its engagement in the EVD response and encouragement of the population to go to the closest ETC or transit centers (TC) in case of first EVD symptoms. At the same time, the response engaged itself to build essential facilities like schools and roads in the villages affected by Ebola and to hire more local staff to work on the response.

In South Kivu, following the identification of the first three EVD cases, the RCCE team deployed one staff that was able to spread prevention messages during the Sunday mass on 18 August. Moreover, UNICEF also sent 474 flyers and 235 posters to support RCCE activities in the city.

On 13 August, newspapers, TV and radio media covered the celebration of the release of the first two Ebola survivors in Goma and their social reintegration in their village. In total, 42 journalists were present to cover this event.

Risk Communication and Community Engagement (RCCE)

In Mutwanga health zone, RCCE partners organized 51 raising awareness campaigns and individual briefings in public areas reaching out to 727 persons on EVD, vaccination, hygiene practices and SDB.

In Butembo, UNICEF strengthened the capacities of 221 participants including teachers, students and students’ committees representatives from three universities on risk communication and on the different topics to develop in audiences and classrooms to fight against Ebola virus.

In Mangina, in the context of the Yira conference, UNICEF and partners took the opportunity of this major gathering to brief 128 traditional healers, community workers and 40 young people from five different neighborhoods on RCCE, Ebola prevention, and response measures while 68 community workers were trained on community-based surveillance and risk communication.

Responding to Refusals/Reticence and Rumors

During the past weeks, Beni, Mabolio and Mukulia health zones, that reported an increase in the number of confirmed. In these affected health zones, the youth continued to threaten response teams. UNICEF RCCE and communication sub-commission partners thus continued negotiations and community dialogues with community leaders, youth and religious entities to resolve residual pockets of reluctance against response activities.

In Goma, communicators resolved 212 cases of handwashing and screening refusal at 12 points of entry (PoE) and points of control (PoC) and out of 63 rumors, 53 were clarified by the teams. In Butembo, 70 per cent (210/301) of refusals namely 63 per cent on vaccination (24/38), 71 per cent (134/189) on referrals to ETC, 74 per cent (32/43) on SDB and 65 per cent (20/31) on decontamination were resolved with the support of the communication teams. In Mangina, communication teams managed to resolve 81 per cent (250/306) of community incidents related to Ebola response and 96 per cent (236/246) of hand washing refusals.

In Mambasa, out of 119 cases of refusals to wash hands, 89 per cent were resolved, together with 72 per cent out of 78 refusals of screening, 30 per cent out of 16 SDB, and 40 per cent out of 12 refusals to go to the ETC. In Bunia, among 119 refusals for handwashing – 79 per cent were resolved, together with 51 per cent of the 111 refusals of screening, 50 per cent of 18 refusals of SDB and 20 per cent of 12 refusals to visit the ETC. In Ariwara, the communication teams helped resolve 306 cases of refusal of hand washing at PoC/PoE and 36 per cent (5/14) related to SWAB and SDB.

Promotion of Preventive Behaviors

In Goma, UNICEF with the support of Nyiragongo territorial authorities raised awareness to about 600 people in 6 villages on Ebola prevention, symptoms, transmission chains, testing and treatment options. In Oicha, 447 people (including 220 women) took part in 186 individual discussions to raise awareness on EVD prevention measures. In Butembo, UNICEF raised awareness among 5,381 Catholics and Adventists on EVD while 1,154 people were briefed on Ebola related to public health interventions.

In Mambasa, 20,779 people were also made aware of EVD prevention and response actions during educational talks and further 22,063 people were reached through home visit dialogues. In Bunia, UNICEF raised awareness of 21,297 people on EVD and promotion of hygiene measures in 5,126 households while Caritas/Procaire trained 45 community workers on RCCE.

Media

UNICEF and the Sub-Commissions translated key messages on EVD symptoms and prevention measures for new leaflets and posters in local Kinande and Swahili and finalized the pre-testing of new communication tools in Beni, Butembo, Mangina and Makangala. Students, women, community leaders were targeted. On the basis of the community feedback, the revised communication tools have been validated and will soon be distributed. In addition,
in Beni and Butembo, 38 radio stations continued to disseminate messages on EVD preventive measures, interviews with Ebola survivors and testimonies of individuals and families who benefited from the response activities. In Mangina, 3 radio stations broadcasted 42 spots and messages in Swahili and Kinande (6 per day for 30 min) on EVD preventive measures and the importance of Ebola screening and handwashing.

In Ituri, three community radios continued to broadcast the interactive and participatory programs on the importance of community-based surveillance, of the prompt transfer to the ETC in case of EVD-related symptoms and of correct handwashing. In order to pass these messages, few Ebola survivors were already identified to testify.

Goma radios continued to broadcast 15 programmes and rebroadcast Ebola prevention and response related messages. In addition, on 14 August, UNICEF and the Communication sub-commission published the #6 “Stop Ebola” newsletter.

On 15 and 16 August, the Commission organized two meetings with the UNPC (National Union of the Congo Press) and media program implementing partners (SFCC, InterNews, Coracon, Remed and Mercy Corps) and, on the other hand, Goma media managers and media professional associations. The aim of both meetings was to engage Goma media in covering Ebola response activities and in supporting the work of the response teams. During the meetings, stakeholders discussed the modalities of such involvement in the response.

In total, about a hundred local radios are currently broadcasting Ebola prevention messages on a regular basis.

**Key Results**

<table>
<thead>
<tr>
<th>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).</td>
<td>67,695</td>
<td>59,328</td>
<td>1,069</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>40,321</td>
<td>34,174</td>
<td>549</td>
</tr>
<tr>
<td># of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces.</td>
<td>26,500,000</td>
<td>22,894,908</td>
<td>795,074</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>12,981</td>
<td>11,251</td>
<td>1,175</td>
</tr>
<tr>
<td># of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.</td>
<td>199,533*</td>
<td>198,076</td>
<td>6,839</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 17 August 2019

**Infection Prevention and Control (IPC) and Water, Hygiene and Sanitation (WASH)**

The Water, Sanitation, and Hygiene (WASH) strategy, as part of EVD Infection Prevention and Control (IPC), aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits\(^6\) and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools\(^7\), (3) WASH in communities through mass outreach on hygiene promotion and the setup of handwashing stations/ temperature check points in strategic transit locations, and (4) joint\(^8\) supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

**Implementing Partners:** Mercy Corps, Red Cross, OXFAM GB, MEDAIR, Action Contre la Faim (ACF), Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA) and Centre de Promotion Socio-Sanitaire (CEPROSSAN).

**Main activities during the reporting period**

---

\(^5\) Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

\(^6\) For IPC/ WASH kits for health centres, items are provided in accordance with four areas of support: (1) Triage and case identification, (2) handwashing, (3) individual protection equipment, (4) waste management, (5) cleaning and decontamination supplies

\(^7\) For IPC/ WASH kits for schools, items are provided in accordance with three areas of support: (1) Screening (thermoflash), (2) handwashing (with soap), (3) cleaning and decontamination supplies.

\(^8\) Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
As the outbreak evolves and with the spread of the virus to a third province, response measures continue to adapt to the context. At the Ebola Coordination Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination. In preparation of the transition of decontamination activities from WHO to UNICEF as of 01 September, the handover of HR, materials and resources are being finalised along with inter-sectional meetings to ensure a common approach is in place.

To share IPC/WASH experiences and review approaches and tools that are implemented in the various sub-coordination, UNICEF organized a 3-day workshop in Goma gathering 31 UNICEF WASH Supervisors from the EVD affected zones. The workshop was also an occasion for a joint discussion on the future decontamination activities to be supervised by UNICEF.

According to the new Strategic Response Plan, nosocomial transmission of EVD is considered one of the key challenges to stop the chain of transmission with the number of health workers affected at 154. To prevent infection in health facilities and protect staff, UNICEF and its partners Ministry of Public Health, WHO and Africa CDC have initiated the Integrated Capacity Enhancement Project (Projet Intégré de Renforcement de Capacités or PIRC), an innovative approach to health system strengthening that incentivizes providers based on their achievement of agreed-upon and measurable performance targets. The PIRC is implemented in Butembo and Katwa health zones since April 2019 and its duplication in Mabalako and Mandima health zones is currently under assessment.

With a slight increase in cases in Butembo, activities were launched around 19 confirmed cases (including 2 health personnel). Partners Mercy Corps and CEPROSSAN provided hygiene kits to 209 households and 14 health facilities received IPC/WASH kits along with briefings of 28 health care staff. Handwashing devices were installed in 52 public places.

In Katwa, partner OXFAM construction of latrines and waste management facilities continues in several health facilities. And in Butembo, Musienene, Kyondo and Vuhovi health zones, partner CEPROSSAN has several construction projects in progress for improving water storage, WASH facilities and waste management in health facilities.

In response to the 15 reported confirmed cases in Beni, partner PPSSP distributed hygiene kits to 131 affected households and IPC/WASH kits to 68 health facilities. UNICEF provided 1,350 kg of chlorine to WHO for decontamination activities. Local partner association Organisation de Développement d’Oicha supplied 317 public handwashing points with 95,235 litres of chlorinated water with follow up and monitoring of activities along with PPSSP. To ensure handwashing is available at the mobile vaccination sites, ten WASH kits were provided by UNICEF to a local first aid association.

The coordination of activities around seven confirmed cases in the Mandima health zone between the new Mambasa and Mangina Sub-Coordination continued to improve the response to new cases. Although access to some health areas remains a challenge due to insecurity and pockets of community resistance, response activities were implemented by partners OXFAM and local association FAE Vu and hygiene kits were distributed to 346 households surrounding confirmed cases. An increase of donation of IPC/WASH kits was completed in 70 health facilities and 42 public places along with Ebola prevention messaging to 2,204 people.

In Mabalako health zone, where fewer cases are being reported, the focus remains on community awareness on hygiene practices, training of water management committees, supporting health facilities and the ongoing construction of WASH infrastructure by partner Oxfam. In Mangina, support was provided to the one-week Nandés Yira cultural conference that was attended by over 5,000 people. UNICEF provided materials for 15 handwashing points and 21 thermoflash for screening of attendees along with the briefing of 71 staff of the organising committee on EVD prevention measures by 4 IPC/WASH Supervisors made available throughout the event.

A slight increase in cases was reported in Komanda with four new confirmed cases in three affected health areas: Komanda, Lolwa and Idohu. In Lolwa health zone, partner MUSACA distributed IPC/WASH kits to seven health facilities. A meeting was held with the Surveillance, Psychosocial and IPC teams to improve the sharing of contact household information to ensure that delays are avoided in the allocation of household hygiene kits. IPC/WASH Commission Supervisors supported by UNICEF provided hygiene kits to 156 households and kits to three health facilities and a traditional practitioner. New handwashing devices were installed in 50 public places along with Ebola and hand hygiene awareness sessions, reaching 372 people. Ongoing support was provided with the monitoring of the use of IPC/WASH kits in five health facilities along with the briefing of nine healthcare providers in Idohu and Mangiva health areas.
Partner MUSACA supplied 32,140 litres of chlorinated water to 67 public places in the Komanda and Irumu health areas and 207,560 litres of drinking water were provided to the community serving approximately 2,500 people daily.

In response to two confirmed cases reported in Mambasa, partner MUSACA provided hygiene kits to 31 households, installed handwashing devices in 32 public places and provided 109,460 litres of water of which 94,740 litres was treated for handwashing points serving approximately 600 people daily. Activities continued around the cases from the previous week with the distribution of hygiene kits to 49 households and IPC/WASH kits to three health facilities and one school.

As there have been no new cases reported, Bunia remains in prevention mode. To improve the access to water, UNICEF supplied 55,505 litres of chlorinated water in three health facilities and 91 public places in Bunia and two health facilities and 14 public places in Rwampara health zone. An assembly of Jehovah’s Witnesses was supplied with 1,400 litres of water and two handwashing devices to provide facilities for 3,000 attendees. In preparation of an upcoming measles vaccination campaign, UNICEF provided 110 WASH kits to the Ministry of Health (MoH) to ensure handwashing is available at the vaccination sites.

Partner ACF supplied 52,300 litres of chlorinated water to 60 public places in Ngezi, Bora-Uzima and Adventist health areas of Bunia. Partner MUSACA supplied 2,840 litres of chlorinated water for 8 tanks in public places in Shari in the Rwampara health zone and continued monitoring of hand-washing devices installed in public places in Bunia (19) and Rwampara (22).

No new confirmed cases have been reported in Goma, however, the city remains on alert until the end of the 21-day incubation period. To reinforce preventative measures in the affected health zones, partner OXFAM continued to ensure access to water with the supply of 30,330 liters of water in 8 health facilities in Himbi, 48,900 liters in 6 health facilities and 381,000 liters in the community of Kiziba. To develop a more sustainable option for Kiziba, UNICEF initiated discussions with the national company Régideso for the implementation of a water supply system.

UNICEF partner PPSSP supported handwashing points in 26 public places, supplying 92,460 liters of chlorinated water in Goma, Karisimbi, Nyaragongo and Kirtothse health zones.

In Karisimbi health zone, prevention activities continued with partner Medair that held briefings on Ebola transmission, hand hygiene and prevention measures within the health centers of Hebron and Methodiste. Ebola information sessions were held with 1,377 community members (247 men, 144 women and 986 children).

In response to a confirmed case reported in Pinga, a multisectoral rapid response team was deployed from Goma to conduct the initial assessment.

In South Kivu, UNICEF deployed a WASH/IPC officer to respond to the three confirmed cases in Mwenga region. Based on the identified places around the cases, handwashing points were installed in the community and supplied with chlorinated water. In Bukavu the IPC sub commission was reactivated, and WASH actors briefed about the needs in terms of IPC activities in Mwenga and Bukavu. Handwashing stations at entry points and public places that were already in place have been reinforced.

**Key Results**

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Targeta</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services</td>
<td>3,884</td>
<td>2,597</td>
<td>30</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,332</td>
<td>0</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with handwashing facilities in the affected areas</td>
<td>11,750</td>
<td>7,004</td>
<td>67</td>
</tr>
<tr>
<td>% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized</td>
<td>100%</td>
<td>87%</td>
<td>0</td>
</tr>
<tr>
<td>Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>36,437</td>
<td>14,000</td>
<td>516</td>
</tr>
</tbody>
</table>

---

9 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
The education strategy involves key EVD prevention measures on schools, including (1) the mapping of schools to identify their proximity to a confirmed case and identification of schools in the affected health areas, (2) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces, parents’ association) on Ebola prevention in schools including WASH in school, psychosocial support in classrooms, and against discrimination, (3) provision of infrared thermometers and handwashing kits in schools including clean water, soap, and capacity reinforcement on hygiene behaviors, (4) provision of school cabins for school entry checking, (5) provision of specific documentation and protocol for prevention, guidance, and management of EVD suspect cases in school, (6) provision of key messages on Ebola prevention to families, and (7) close monitoring of the effective use and implementation of the protocol of prevention of EVD in schools.

Implementing Partners: Enseignement Primaire, Secondaire et Professionnel (EPSP), Associazione Volontari per lo Sviluppo Internazionale (AVSI), Femmes Congolaises pour le Développement (FECONDE)

Main activities during the reporting period
To anticipate for the 2019-2020 school year starting in September, UNICEF prepared a specific strategy on EVD prevention in schools including activities implemented by IPC/WASH, Education and Communication teams. It will be presented on 23 August 2019 to the Ebola General coordination /EOC-Goma for validation.

From 16 to 18 August, in Butembo, the Ministry of Education organized a workshop to share experiences on the prevention and control of EVD in schools. The workshop gathered 25 participants, including six women, among which representatives from the Provincial Ministry of Education EPSP North Kivu 2, the Educational Sub-provinces of Butembo I and II, Education Inspectors, Coordinators of Catholic and Protestant Conventional Schools, representative of the association of private schools, parents' associations, social affairs services, NGOs, UNICEF and UNESCO, were present. Participants discussed key field results, challenges and proposed solutions and new operational approaches to improve EVD prevention measures and related awareness raising activities in schools. In addition, the training module for teachers on the Guidance Note on prevention and control of the EVD was finalized during the workshop and the new picture box on Ebola validated. They will serve as a sensitization tool for younger pupils.

Since 12 August, with the support of the UNICEF’s implementing partner AVSI, EPSP inspectors organized extracurricular activities in ten school structures, used as play centers, and equipped the centers with 20 UNICEF recreational kits in Nyankunde, Komanda and Mambasa health zones, Ituri province. About 11,876 students including 3,980 girls, coming from 60 schools participated to these recreational activities and were sensitized on key EVD prevention and control measures to be observed both in schools and in their family setting.

In addition, partner AVSI distributed recreational, expressive and psychosocial kits in 83 different structures (kindergarten, secondary primary and school catch-up centers) in Beni, Oicha and Mabalako health zones (North Kivu).

Key Results:

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000*</td>
<td>928,565</td>
<td>11,876</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>32,253</td>
<td>25</td>
</tr>
</tbody>
</table>

---

10 This tool box contains key images and messages on EVD and prevention measures. It is used for awareness raising activities organized in schools by teachers and targeting younger pupils. It serves as pedagogical and didactic material during class teaching.

11 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
The Child Protection and Psycho-Social Support (CPPSS) strategy seeks to respond to the specific needs of EVD confirmed and suspect cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support for EVD confirm and suspect cases, including children, in the ETCs; (2) material and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in the follow up to contacts; (4) psycho-social assistance, socio-culturally appropriate care and research for long-term solution to orphans and unaccompanied children; and (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of SDB etc).

Implementing Partners: Danish Refugee Council (DRC), Alliance for International Medical Action (Alima), Division Provinciale des Affaires Sociales (DIVAS), Division de l’Interieur (DIVInter)

Main activities during the reporting period
During the reporting period, UNICEF and its partners provided psychological support to 254 children, including 253 suspected cases and one confirmed case (in total, 119 girls and 134 boys) admitted to the TC/ETC and to 313 newly affected families. 1,113 contacts were followed by the psychosocial team. About 181 new separated children (87 boys and 94 girls) identified during the reporting period received appropriate care and support.

Activities in ETC, TC and nurseries
During the reporting period, UNICEF and its partners provided psychological support to 212 children, including 204 suspected cases (109 boys and 95 girls) and 8 confirmed cases (3 boys and 5 girls) admitted to the TC/ETC.

Following the epidemic transmission trend, UNICEF psychosocial team reinforced its presence in the field. In Mambassa, where a surge of new confirmed cases has been observed, two new psychologists have been deployed. In Pinga health zone following a first confirmed case notification, a multisectoral team has been sent with one psychologist and one psychosocial agent.

In South Kivu, following confirmation of new Ebola cases, a rapid response team composed of a child protection specialist, four psychologists and three psychosocial agents has been deployed to respond to the urgent psychosocial needs of the EVD affected family including the 7-months orphaned baby. Among the three psychosocial agents, two are Ebola survivors coming from North Kivu and Ituri and they are providing psychosocial care of patients including EVD suspects or confirmed children cases currently placed in the TC of Chowe and the ETC of Bukavu (two suspects cases are in this ETC). The two EVD affected families in Chowe, including the family of the baby, received appropriate emotional and food assistance from the Psychosocial Commission.

The team also supported the Surveillance and Vaccination Commissions for the listing of contacts as well as the opening of a vaccination ring. 124 (72 men, 31 women, 5 girls and 16 boys) benefited from psychoeducation in the health structures to reduce fear and anxieties associated with the EVD.

In addition, ten psychosocial agents and six psychologists have been locally identified and will be trained soon to set up psychosocial commissions in South Kivu.

Activities in communities
As a way to support affected families so that they continue to have the emotional and material capacity to care for their children, a total of 346 newly affected families received psychosocial support and material assistance in all Ebola-impacted health zones during the reporting period. A total of 1,698 kits of material assistance (hygiene, funeral, NFI, new-born kits and food assistance) were distributed to discharged and recovered patients as well as affected families. Recreational kits have been distributed in the ETC of Mangina and in the new nursery. Twelve Ebola survivors have been trained and recruited as care givers for children in the nursery.

---

12 The UNICEF Child Protection team in DRC co-leads the psycho-social pillar of the Ebola response with the Ministry of Health. The implementing partners are Danish Refugee Council (DRC), Alima and DIVAS. All results, unless otherwise stated, are UNICEF results with implementing partners.

13 Psychosocial support is comprised of daily individualized household visits to break stigmatization and identify any social problems which may result following the case of Ebola.

14 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.

15 According to the local context and socio-cultural norms.
In addition, a total of 1,650 contacts were followed by the psychosocial team. About 164 new separated children (87 boys and 77 girls) and 42 new orphans (29 boys and 13 girls) were identified during the reporting period and received appropriate care and support.

Regarding follow-up of vulnerable children, UNICEF Child Protection Team of Katwa and Butembo conducted a rapid assessment on birth registration rate and possession of official certificates. It appeared that 34 children cured of Ebola lost their documents during decontamination operations. 54 children (30 girls and 24 boys) of cured parents or orphans were not yet registered. Similar assessment will be conducted in other health areas to implement a rapid and adequate response (such as registration and negotiations with appropriate authorities to obtain new documents) on a case by case basis.

Follow up activities with Ebola survivors showed that some of them suffer from severe behavioral problems following the disease and must be referred to mental health centers. During the reporting period, two cured patients have been referred to mental health structures in Beni. In addition, psychologists conducted couple’s therapies to address sexual disorders (such as sexual impotence, reticence for condom use, rejection by spouse etc) as a direct consequence of the EVD.

**Key Results**

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target*</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>10,312*</td>
<td>6,428</td>
<td>212</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>22,939*</td>
<td>9,273</td>
<td>346</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>16,231**</td>
<td>13,531</td>
<td>0</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,950</td>
<td>2,633</td>
<td>164</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,960</td>
<td>1,424</td>
<td>42</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>918</td>
<td>12</td>
</tr>
</tbody>
</table>

* This figure has been adjusted in regard to the high number of persons being admitted daily to the transit centers and ETCs as suspect cases.

** The target number has been changed in relation to the evolution of the epidemic.

**Nutrition**

The nutrition strategy seeks to provide appropriate nutritional care for EVD patients, including children. UNICEF contributes to the promotion and protection of infant and young child feeding practices in Ebola contexts, including ETCs and communities. UNICEF strategy addresses orphans, separated, and other vulnerable infants and young children such as children with lactating mothers who are at high risk of contact with EVD infected individuals, e.g. lactating mothers engaged as frontline health workers. Early detection of acute malnutrition cases and the adequate management of severe acute malnutrition in the affected health zones is a strong focus of UNICEF’s work. UNICEF supports the Government in strengthening the coordination of the nutrition response through the cluster coordination mechanisms.

**Implementing Partners:** ALIMA, Adventist Development and Relief Agency (ADRA), Programme National de Nutrition (PRONANUT)

**Main activities during the reporting period**

During the last week, UNICEF and its partners scaled up their nutritional activities in the ETCs, households and community.

Following the increasing trend in the epidemic, new suspected and confirmed cases admitted in the ETC receiving nutritional support increased from 370 to 456, including six children under six months, 59 children aged from 6 to 59
months, four pregnant women and six lactating women. Among these, more than two third were admitted in the ETC of Butembo (170 cases) and Katwa (138).

At communities and household level nutritional support activities for separated infants non-breastfeed also increased during the last week: in comparison to 24 infants supported in the previous week, 94 separated infants non-breastfeed received nutritional support (Ready-to-Use Infant Formula - RUlF) from nutritionists and psychosocial agents of the ETCs, supported by UNICEF, at communities and household level (13 in Butembo, 36 in Katwa, 26 in Beni, 9 in Mabalako, 7 in Komanda and 3 in Bunia). Among these, 20 are children less than six months old and 74, six to twenty-three months.

In addition, 47 children under five suffering of Severe Acute Malnutrition were admitted for treatment in the Outpatients Therapeutic Programme (OTPs) under the supervision of health zone nutritionists.

Nutritional assistance was accompanied by awareness raising activities on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context: UNICEF and its partners, such as communication agents, health promotion workers and nutritionists sensitized 1,767 women caregivers (421 in Butembo, 319 in Katwa, 124 in Beni, 449 in Mabalako, 230 in Komanda, 191 in Bunia and 33 in Goma) both at ETCs and contact households level.

**Key Results**

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target17</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>51,865</td>
<td>49,289</td>
<td>1,767</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>8,750</td>
<td>7,990</td>
<td>471</td>
</tr>
<tr>
<td># of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery’s, orphanages and in the communities</td>
<td>600</td>
<td>757</td>
<td>94</td>
</tr>
</tbody>
</table>

**Social Science Analysis Cell (CASS)**

The formative, social sciences analysis section seeks to increase the accountability to affected populations through the provision of social sciences analysis to inform response interventions. Social sciences research agenda and themes are primarily developed from epidemiological and context analysis as well as directly from response interventions and via requests from the Commissions.

Social sciences analysis supports UNICEF programme teams and the overall response to better understand and engage the communities with which we work. UNICEF’s Social Sciences team contributes to the integrated Analysis Cell which includes Epi and Social Sciences work.

UNICEF’s Social Sciences teams includes local, national and international researchers specializing in epidemiology, health demography, anthropology and social sciences health studies. The team involves the exploration of behavioural determinants of health and uses multiple methods to collect data such as questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated and mapped by area and group to ensure saturation and representation.

Research results are presented at Commissions and weekly in Sub-Coordinations (or in ad hoc requests) to facilitate access. The UNICEF’s Social Sciences team have ensured that all raw data, presentations and reports as well as workshop tools and training modules are available openly for everyone in the response.

**Main results during the reporting period**

**General activities & programmes**

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the MoH Epi Cell and together with WHO, CDC, IFRC, MSF and Africa CDC.

In Goma, the CASS team presented during a WASH workshop held from the 14 to 16 August. During this workshop, WASH related CASS results were discussed with WASH teams and recommendations were modified and validated in collaboration with WASH teams. This included recent recommendations from the hygiene kit community perceptions

---

17 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
study as well as those from previous studies which recommended the inclusion of women in WASH activities related to the response.

Ongoing social sciences analysis
A comparative study on treatment seeking behaviors was implemented in Beni, Mabalako and Mandima to understand barriers, motivators and other potential factors which could contribute to delays from onset of Ebola symptoms to admission to the Ebola Treatment Centre (ETC). The objective was to identify factors behind the different delays in seeking treatment among communities. Given the link between increased chance of survival with early treatment, learnings from communities who showed up with a short delay (0 to 3 days) will be used to inform programs in areas where the average delays are longer. The areas selected for the study were based on an epidemiological micro analysis of median delays over the last 3 months (May-July). Analysis is currently underway.

A similar comparative qualitative study on treatment seeking behaviors was implemented in Butembo and Katwa from 14 to 18 August. The objective of the study was to better understand motivators and barriers related to the delay between onset of symptoms and admission to the ETC.

From August 15 to 18, a quantitative KAP study was conducted with 400 households and health care workers together with a qualitative study with religious leaders in Goma. The objective of these studies is to better understand knowledge, attitudes, practices and perceptions of Ebola among men, women and health care workers in recently affected areas. Moreover, given the key role that religious leaders can play in the community, the qualitative study looked at their perceptions and willingness to be engaged in Ebola response activities. Study results and recommendations will be used to inform programs currently being implemented in Goma.

Supply and Logistics
UNICEF regularly monitors the supply chain and discusses with the different involved actors to ever improve efficiency of the supply and services facilitation for the Ebola response in Ituri and North Kivu provinces.

During the reporting UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 86,347. The total value of procurement orders was US$ 703,513. Offshore procurement orders amounted to a value of US$ 467,626 (66 per cent), while local procurement orders amounted to a value of US$ 235,887 (34 per cent).

Human Resources
UNICEF continue to strengthen its presence on the ground to better respond to the expanding outbreak in North Kivu and Ituri provinces. The number of staff dedicated to the Ebola response scaled up to 215 persons already working in the affected areas, with an additional 49 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 35 staffs in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication
The Country Office (CO) continued to focus its external communication activities on the consequences of the Ebola epidemic on children and UNICEF’s response. During the reporting period, the CO issued a press release Number of children orphaned or left unaccompanied by Ebola in the Democratic Republic of the Congo rising fast and pitched it to the media at the Biweekly Geneva Press Briefing. Press coverage included VOA, New Delhi Times, NHK, NY Daily News, BBC, Repubblica, Il Corriere della Sera and Citizen Digital. Following the announcement of two cases of Ebola in South Kivu province, the CO issued a statement distributed through social networks.

Since the beginning of the outbreak, the CO published 98 content pieces on its website https://www.unicef.org/drcongo/ and the Ebola landing page is updated weekly, linking to key figures, press releases, situation reports and stories. The CO also posted more 850 messages on Facebook, Instagram and Twitter. Several tweets were amplified by UNICEF’s global Twitter account. A videographer recruited by the CO is travelling across the affected areas to gather new material on the impact of Ebola on children and UNICEF’s action.
Funding

The SRP4 provisional funding requirement for the public health response is US$ 287.6 million for activities until end December 2019. The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to December 2019 is estimated at US$ 563.8 million. As part of this joint response plan, the UNICEF estimated public health response requirements stands at US$75.9 million, out of a total of US$ 126 million. To date, the UNICEF response is 39 per cent funded.

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF's actions in favour of the Ebola response: The World Bank Group’s Pandemic Emergency Financing Facility (PEF), The European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, The Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government United Kingdom and the Paul G. Allen Family Foundation.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements*</th>
<th>Reprogrammed funds from Equateur Response</th>
<th>Funds Received for North Kivu Phase I &amp; II</th>
<th>Funds available **</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>47,951,276</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>29,348,187</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>51,440,240</td>
<td>371,558</td>
<td>13,356,698</td>
<td>13,728,256</td>
<td>37,711,984</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,344,617</td>
<td>7,444,617</td>
<td>1,957,773</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>4,336,536</td>
<td>0</td>
<td>2,136,118</td>
<td>2,136,118</td>
<td>2,200,418</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>11,067,320</td>
<td>132,761</td>
<td>6,619,369</td>
<td>6,752,130</td>
<td>4,315,189</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
</tr>
<tr>
<td>Preparadness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>126,039,762</td>
<td>1,327,614</td>
<td>48,378,597</td>
<td>49,706,211</td>
<td>76,333,551</td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 13,031,305), phase II.I ($ 3,933,000), Phase III ($ 24,385,917) and Phase IV ($ 75,890,041)
** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak (August 2018)

Next Situation Report: 25 August 2019

Who to contact for further information:

Edouard Beigbeder  
Representative  
UNICEF DRC  
Tel: + (243) 966 050 399  
E-mail: ebeigbeder@unicef.org

Pierre Bry  
Deputy Representative ai  
UNICEF DRC  
Tel: + (243) 837 045 473  
E-mail: pbry@unicef.org

Xavier Crespin  
Chief Health  
UNICEF DRC  
Tel: + (243) 846 058 830  
E-mail: xcrespin@unicef.org