UNICEF’s Response

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* 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 cases, and is adjusted according to the response.

---

**Highlights**

- According to UNHCR, 300,000 internally displaced persons (IDPs) are reported to have fled inter-ethnic violence in North Kivu and Ituri and nearly 20,000 people have reached Bunia with the risk that these populations be exposed to Ebola Virus Disease (EVD). UNICEF is contributing to the overall response to this humanitarian situation, jointly with partners, and leading the community engagement component of their support and assistance.

- Following the confirmation of three EVD cases from the same family in Uganda since June 11th, UNICEF participated in the cross-border mission in the affected areas conducted by the Congolese and Ugandan Ministries of Health, World Health Organization (WHO) and partners.

- On June 14th, the Emergency Committee, led by WHO, expressed its deep concern about the ongoing outbreak but did not declare it as a Public Health Emergency of International Concern, partly thanks to the implementation of community engagement activities.

- The United Nations developed a scale-up strategy for ending the 10th Ebola outbreak in DRC. This United Nations scale-up strategy provides a framework for organizing the response by the United Nations system in support of the Government of the DRC’s public health response priorities as well as to enhance the overall enabling environment within which the response is situated.

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**UNICEF’s Response**

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**Democratic Republic of the Congo**

**Ebola Situation Report**

**North Kivu and Ituri**

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**SITUATION IN NUMBERS**

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**2,369** total reported cases

(Who, July 2nd 2019)

**2,275** confirmed cases

(Who, July 2nd 2019)

**614** children <18 among confirmed cases

(MoH, June 23rd 2019)

**1,504** deaths among confirmed cases

(Who, July 2nd 2019)

**16,813** contacts under surveillance

(Who, July 2nd 2019)

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**UNICEF Ebola Response Appeal US$ 50.15 million**

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**Highlights**

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**UNICEF’s Response**

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**Funding Status 2018 - 2019**

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**Ebola Response Funding Status 2018 - 2019**

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**Funding Gap**

19%

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**Ebola NK and Ituri Phases I, II & III Funding requirements**: $ 50,149,121

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**Total funding available**: 81%

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* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 13,031,305), phase II.1 ($ 3,933,000) and phase III ($ 24,385,917)

**Funds available include Reprogrammed funds from Equateur Response and funds received since August 2018**
## Epidemiological Overview

Summary Table (July 2nd, 2019)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td><strong>Nord-Kivu</strong></td>
<td></td>
<td>399</td>
<td>9</td>
<td>408</td>
</tr>
<tr>
<td>Beni</td>
<td></td>
<td>250</td>
<td>0</td>
<td>250</td>
</tr>
<tr>
<td>Butembo</td>
<td></td>
<td>123</td>
<td>15</td>
<td>138</td>
</tr>
<tr>
<td>Kalanguta</td>
<td></td>
<td>22</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Kyondo</td>
<td></td>
<td>330</td>
<td>16</td>
<td>346</td>
</tr>
<tr>
<td>Mabalako</td>
<td></td>
<td>46</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>Masereka</td>
<td></td>
<td>71</td>
<td>1</td>
<td>72</td>
</tr>
<tr>
<td>Musienene</td>
<td></td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Mutwanga</td>
<td></td>
<td>42</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Katwa</td>
<td></td>
<td>605</td>
<td>16</td>
<td>621</td>
</tr>
<tr>
<td>Vuhovi</td>
<td></td>
<td>88</td>
<td>13</td>
<td>101</td>
</tr>
<tr>
<td>Biena</td>
<td></td>
<td>14</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Kayna</td>
<td></td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Manguredjpa</td>
<td></td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Lubero</td>
<td></td>
<td>27</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Alimbongo</td>
<td></td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Ituri</strong></td>
<td></td>
<td>173</td>
<td>4</td>
<td>177</td>
</tr>
<tr>
<td>Mandima</td>
<td></td>
<td>31</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Komanda</td>
<td></td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nyakunde</td>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Tchomia</td>
<td></td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Bunia</td>
<td></td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Rwanpara</td>
<td></td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>2,275</td>
<td>94</td>
<td>2,369</td>
</tr>
<tr>
<td>Previous Total: June 9th 2019</td>
<td></td>
<td>1,968</td>
<td>94</td>
<td>2,062</td>
</tr>
</tbody>
</table>

1 Data source: Epidemiological table is based on WHO data as of July 02nd, 2019. The “key epidemiological developments” paragraphed is based on WHO for data as of July 02nd and on daily numbers by the National Coordination Committee (Comité National de Coordination, CNC) for data as of June 23rd.
Key Epidemiological Developments

The Ebola outbreak in the Democratic Republic of the Congo (DRC) continues to take place in the provinces North Kivu and Ituri, both affected by conflict and armed violence.

As of July 2nd, a total of 2,275 EVD confirmed cases and 94 probable cases have been reported. 1,504 persons died among confirmed cases and 94 among probable cases (global case fatality ratio 67 per cent).

During the reporting period (June 10th to 23rd), new 185 confirmed cases were reported, thus representing an increase from the previous two weeks (185 vs 142). New confirmed cases almost doubled between week 23 (June 3rd to 9th) and week 24 (June 10th to 16th) to gradually decrease during week 25.

The proportion of new confirmed cases listed as contacts remains low (56 per cent on average in the last three weeks).

During the last three weeks, the hotspots of EVD transmission were Mabalako (35 per cent of new confirmed cases), Beni (15 per cent) and Mandima (14 per cent). Collectively, these health zones account for the majority (64 per cent) of the 239 cases reported in the last 21 days.

Out of the 22 health zones affected by EVD since the beginning of the outbreak (August 2018), 16 health zones of North Kivu and Ituri reported at least one confirmed EVD case in the last three weeks, with 63 EVD affected health areas. A new confirmed case was reported in Alimbongo health zone, after 36 days without any new case notification.

The proportion of EVD deaths at community level remains significant, with more than one confirmed case out of four dying in the community.

Of the total cases with recorded sex and age, 56.7 per cent (1,221) are female, among these, 59 per cent (720) are women on reproductive age (15-49 years).

Healthcare workers continue to be affected by EVD: 10 new cases were reported in the last two weeks, with a total of 122 affected workers (5% of the total cases).

Humanitarian Leadership and Coordination

UNICEF continues to support coordination in all locations with functional strategic or operational commissions, and co-leads the commissions on communication and community engagement, WASH - IPC, and psychosocial care. UNICEF is also active in the working groups on logistics, vaccination and nutrition.

The strategic Ebola response coordination based in Goma maintains a strong support to active operational coordination in Butembo/Katwa, Mangina, Bunia, Beni and all active health zones. A multi-sectoral UNICEF Rapid response team is in place and deployed to new hotspots as required.

Following the detection of three EVD cases from the same family in Uganda, UNICEF participated in the cross-border mission in the affected areas conducted by the Congolese and Ugandan Ministries of Health, WHO and partners. The multisectoral response team met on June 12th and visited Bwera, in Uganda, and Mutwanga and Kasindi, areas bordering Uganda in DRC.

On June 14th, a meeting of the Emergency Committee was convened by the WHO Director-General under the International Health Regulations to discuss these cases. The Committee expressed its deep concern about the ongoing Ebola outbreak, which, despite some positive epidemiological trends, especially in the epicentres of Butembo and Katwa, shows extension and/or reinfection of disease in other areas like Mabalako.

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1 54 new confirmed cases in week 23, 106 in week 24 and 79 in week 25.
2 Health zone having reported at least 1 confirmed or probable EVD case.
3 26 per cent of confirmed cases during week 24 and 29 per cent during week 25.
It was the view of the Committee that the outbreak is a health emergency in the DRC and the region but does not meet all the criteria for a Public Health Emergency of International Concern, partly thanks to a great deal of progress in community engagement led by UNICEF. The Committee thus recommended to continue to strengthen community awareness, engagement and participation, especially in border areas.

During the reporting period, the number of new EVD cases increased by 23% in comparison to the previous two weeks. At the same time, the overall security situation has deteriorated. In Ituri’s provincial capital, Bunia, the several inter-community attacks and an increased level of tension resulted in decreased flexibility to implement the different activities. The coordination team continues to harmonize the response to decrease community resistance and ensure the security of response teams.

On June 18th, during the World Refugee Day, UNHCR stated that violence in north-eastern parts of the DRC is reported to have displaced more than 300,000 since early June. The situation in Ituri Province has deteriorated since beginning of June, with multiple attacks involving the Hema and Lendu groups. Nearly 20,000 people have reached Bunia city, where the incidence of new EVD cases increased during the past two weeks. UNICEF is supporting the Ministry of Health (MoH) to provide suitable assistance to Internally Displaced Persons (IDPs) in camps and ensure that they are hosted in a safe environment, where they will be less exposed to EVD.

UNICEF is actively taking part in the developing process of the new national Strategic Response Plan (SRP) IV against EVD in cooperation with government, WHO and other partners. SRP IV launch is expected during the week of July 8th and it will cover a six-months period until the end of December 2019.

In addition, The United Nations developed a scale-up strategy for ending the 10th Ebola outbreak in DRC. This United Nations scale-up strategy provides a framework for organizing the response by the United Nations system in support of the Government of the DRC’s public health response priorities as well as to enhance the overall enabling environment within which the response is situated. The implementation of this scale-up strategy will be directed by the Ebola Emergency Response Team (EERT) chaired by the Ebola Emergency Response Coordinator (EERC) with the ADG of WHO for Regional Emergencies serving equally as co-chair and the participation of all Heads of United Nations AFPs involved in the response and one representative of the INGOs.

The EERT will oversee the implementation of United Nations support across five main pillars identified as essential for an effective response to end the Ebola outbreak: (i) Strengthened public health response led by WHO in support of the Ministry of Health; (ii) Strengthened political engagement, security and operations support led by EERC; (iii) Strengthened support to communities affected by Ebola led by the EERC and supported by OCHA and UNICEF; (iv) Strengthened financial planning, monitoring and reporting, led by the World Bank and (v) Strengthened preparedness for surrounding countries led by WHO and supported by OCHA and IASC partner.

As part of this new Coordination Architecture and Scale-up Strategy of International Support, UNICEF is co-leading the pillar 3 with the Office for the Coordination of Humanitarian Affairs (OCHA). This pillar aims to strengthen the support to communities affected by Ebola, and thus, to address their essentials needs to allow the Ebola response to be more efficient. Indeed, the Ebola outbreak occurred in a strained humanitarian context that requires a strong partnership with humanitarian actors such as OCHA. During the reporting period, UNICEF and OCHA organized two workshops in Goma with senior managers and coordinators from partner agencies and international NGOs to discuss the community engagement orientations of the new document strategy. In the perspective of bringing community engagement to the fore in this strategy architecture, UNICEF remains an active leader in the designing process, building on its expertise and experience.

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5 See the paragraph Key Epidemiological Developments, page 3.
Response Strategy

The Ebola response is based on the joint national SRP against the EVD in North Kivu and Ituri provinces. The SRP aims at containing the transmission of EVD in the provinces of North Kivu and Ituri and to avoid the spread of the disease to new health zones as well as neighbouring provinces and countries. In support of the SRP, the UNICEF response strategy focuses on a cross-cutting Community Engagement approach including WASH/Infection, Prevention and Control (IPC), Psycho-social support, Risk Communication, Education and Nutrition interventions.

The national SRP was launched on August 1st 2018 and was revised three times. The current one, SRP III was launched in February 2019 and covers a six-months period until July 31st 2019. Through the broadening of the scope of the response to all 70 health zones in North Kivu and Ituri provinces to eradicate Ebola and due to the longer six-month time frame, in comparison with previous planning, SRP III allows for greater flexibility in adopting rapid, effective and needs-based response measures. The strategy further provides for a strong anchoring of the response in the local health system, the strengthening of the information management system, and a strong accountability framework.

The importance and efforts to be made in promoting community engagement in EVD response was reaffirmed on the preparatory works for the development of the SRP IV.

Summary Analysis of Programme Response

An overview of the key elements in the Ebola response, with a special emphasis on UNICEF’s interventions in the affected health zones, is detailed below.

Communication and Social Mobilization

The risk communication, social mobilization and community engagement aims to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviours, 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, and ETCs.

Implementing Partners (IP): Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground, 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

Risk Communication and Community Engagement (RCCE)

UNICEF conducted two crucial workshops on Community Engagement during this reporting period.

- The first workshop, held in Goma from June 11th to 13th and facilitated by UNICEF and the RCCE Commission, gathered all the stakeholders involved in Community Engagement in the field. Their presence was the opportunity to both take stock of the progress made under SRP III and to adopt recommendation for the

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6 The National Strategic Response Plan (SRP) was launched on August 1st and was revised three 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 II, 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. Finally, on February 13th 2019, the MoH launched the Ebola Response Plan III (Strategic Response Plan III, February – July 2019) for a total amount of US$ 147,875,000.
upcoming strategic plan SRP IV. The recommendations for the upcoming document include (i) immediate upscaling of community feedback mechanisms in all locations, (ii) creating and/or strengthening community animation cells (CAC) in all communities, (iii) putting in place an advanced capacity building mechanism that will benefit to all Health Zones in Ituri and North Kivu provinces, (iv) engage and train more radio stations to uphold their positive role in the epidemic prevention and response, and (v) monitor and evaluate activities in a more systematic manner. The second workshop on strengthening the support to communities affected by EVD, organized by UNICEF and OCHA, took place in Goma from June 20th to 21st. As the participants from the first workshop were RCCE practitioners, the latter participants were senior managers and coordinators from partner agencies and international NGOs. The aim was to present the recommendations from the first workshop and to create a mutual understanding of Community Engagement as an essential element for the SRP IV and the scale-up strategy. Participants discussed the importance of social research, practical integration of community feedback mechanisms (that benefit to all pillars), the role of community engagement in complementary humanitarian interventions and how to strengthen overall coordination mechanisms (e.g. clusters). Indeed, the Ebola outbreak occurred in a humanitarian context that requires a strong partnership with humanitarian actors such as OCHA. The overall idea is that a better response to essentials needs of the community will allow the Ebola response to be more efficient.

In addition, four local associations respectively conducted 4 community dialogues reaching out to 37 women and 96 men in the Health Areas of Kindia and Bora Uzima. All four associations reported a direct involvement of local institutions in these communication activities, significantly reducing community refusals and reluctance.

During the Seventh Day Adventist Children's Festival at the Goma Volcano stadium, UNICEF jointly with the Communication Commission took the opportunity to raise awareness among 2,500 children and deliver messages about the risks and ways of prevention against Ebola virus disease.

Upon request from the Mayor of Mbunya, the Communication Commission organized a briefing on the EVD for 19 politico-administrative authorities (heads of quarters, avenues and group leaders).

Besides, the Commission raised awareness at the Provincial Assembly of North Kivu in Goma in the presence of 24 provincial deputies and 53 additional participants. The aim was to inform them of the risks and means of prevention related to the EVD and, above all, to make sure they are involved in the community engagement.

Following the confirmation of three EVD cases from the same family in Uganda since June 11th, UNICEF participated in the cross-border mission in the affected areas conducted by the Congolese and Ugandan Ministries of Health, WHO and partners.

In addition, on June 21-22, during his visit to Bunia, the Minister of Health took part in a community dialogue organized by UNICEF and partners with 84 (including 10 women) leaders of the Yira/Nande community which particularly demonstrated its reluctance against the response in Bunia. The Ministry took the opportunity to emphasize the importance of the active participation of leaders in the management of reluctance among the communities. The Yira/Nande community leaders present at the event committed to facilitate the work of health workers and frontline respondents.

Responding to Refusals/Reticence and Rumors

In Bunia, UNICEF addressed and managed 100 per cent of refusals and reluctance from communities with regular home visits, sensitization, educational talks, community dialogues and one-and-one interviews.

During the reporting period, in Katwa HZ, the local authorities, supported by UNICEF, assisted young influencer groups of Makangala and Mukuna in organizing rumor and conflict management exchange sessions. During the workshop, participants listed some rumors that circulate in the community and that largely contribute to increasing the position of community resistance to the response.
Promotion of Preventive Behaviors

Since two EVD cases were confirmed in universities in Butembo, UNICEF (RCCE and Education teams) and partners involved in the Communication Commission established a prevention strategy involving 24 universities. In this line, they organized debate conferences in five higher academic institutions on the thematic "Know everything about Ebola" gathering a total of 723 participating students. As of now, 14 universities have already been reached out of 24.

Moreover, UNICEF and partners involved in the Communication Commission briefed 50 representatives of the Federation of Congolese Companies (FEC) on the preventive measures of the EVD. This briefing will trigger cascade briefings in the respective Associations of the FEC in Butembo.

Within one week, UNICEF jointly with WHO and the Commission raised awareness among 8,113 motorcycle taxi representatives and passengers on the importance of correct hand washing and screening at four points of entry in Komanda (Forner, Ituri, Loya and Luna).

Media activities

UNICEF supported the production and broadcast of one newspaper, one magazine and one radio spot on nosocomial infections in collaboration with the Mayor of Beni. These tools were used by 12 local radios from Beni, Oicha and Mangina.

The Commission is often issuing a special newsletter focusing on healed persons. During the reporting period, testimonials of 13 healed persons from CTE Katwa and Butembo were produced and broadcasted through the community radios of Butembo.

14 local radios covering Bunia area signed a partnership contract with the RCCE Commission and UNICEF to start producing a radio program on the importance of SWAB tests and safe and dignified burials. UNICEF will ensure the quality control of the messages broadcasted and will strengthen capacities among the local radios staff.

C4D Preparedness

EVD cases were not yet registered in Goma, but the coordination mechanisms of the response are being put in place to monitor the populations’ movements from EVD affected areas. The coordination is preparing for the establishment and revitalization of community-based structures and CACs to strengthen coordination of community initiatives at the village level.

Key Results

### COMMUNICATION AND SOCIAL MOBILIZATION

<table>
<thead>
<tr>
<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>47,695</td>
<td>45,685</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>32,821</td>
<td>28,525</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>21,500,000</td>
<td>17,790,173</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>8,481</td>
<td>7,592</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>143,436*</td>
<td>141,633</td>
</tr>
<tr>
<td>% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)</td>
<td>80%</td>
<td>73%</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from August 8th, 2018 to June 22nd, 2019

7 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 III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
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\(^8\) and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools\(^9\), (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\(^10\) supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

**Implementing Partners**: Mercy Corps, Red Cross, Danish Refugee Council (DRC), OXFAM GB, Action Contre la Faim (ACF), MEDAIR, Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA), Centre de Promotion Socio-Sanitaire (CEPROSSAN), Fondation des Aigles pour l’Encadrement des Vulnerables (FAEVU).

**Main activities during the reporting period**

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. The IPC/WASH task force forum is continuing to improve, meeting weekly with key partners to address technical issues. As of late, focus of the technical group has been centered around the development of SRP4. Indeed, all IPC/WASH partners attended a 2-day workshop (June 7\(^{th}\) – 8\(^{th}\)) to develop the key IPC components for this new strategic plan.

The UNICEF WASH information manager conducted a series of trainings on information management in each IPC sub-committee to introduce the improved data collection tool and to provide a consolidated overview of all activities in the health centers, schools and communities achieved along with the associated indicators. The tool for consolidating these databases has been fully tested and disseminated to all the IPC sub-committees. UNICEF will continue to support and brief new users such as partners along with ongoing support on the operation of the database.

Although the security situation is improving in Butembo health zone, caution remains. Access to Musienene, Vuhovi, Kalunguta, Masereka and Kayna continues to be only possible with security escorts thus limiting the response flexibility and increasing the distrust of communities towards the response efforts. Over the reporting period, UNICEF implementing partners CEPROSSAN and Mercy Corps conducted response activities in 10 affected health zones including the decontamination of 5 schools. These activities were accompanied by health messaging on EVD and IPC protocols and distribution of kits took place in 18 public places and 46 schools. To reinforce prevention procedures, 28 health facilities received IPC/WASH kits and 109 health personnel were briefed on EVD and IPC protocols. To ensure adequate supply and effective disinfection, 1,000kg of chlorine was donated to 20 health facilities and 350kg to the Butembo ETC. At this latter, drilling of the well was completed and water network supply is being connected by a local enterprise under the supervision of UNICEF.

UNICEF is working quickly to identify new partners (local associations and international NGOs) to cover areas now being affected by EVD (e.g. Lubero). Agreements with at least four new partners are in process. This will allow UNICEF to react and cover the needs more efficiently.

In Beni, in response to an increase of 31 confirmed cases in 12 health areas, 30 households and 17 health facilities were decontaminated. UNICEF implementing partner PPSSP distributed hygiene kits to 247 households (1,482 beneficiaries), 14 schools and 13 public places. UNICEF donated IPC/WASH kits to 13 health facilities. Prevention activities in schools continued with hygiene promotion sessions, attended by 4,830 students and 217 teachers. 72 religious leaders were briefed on Ebola prevention measures.

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\(^8\) 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

\(^9\) 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.

\(^10\) Multidisciplinary teams comprise health specialists from the MoH and/or Medical NGOs as well as WHO.
In Oicha health zone, UNICEF implementing partner, National Society of Rural Hydraulics (SNHR), has finalized the construction of a new borehole for the Oicha General Reference Hospital. Due to inaccessibility, the team has been unable to conduct a technical evaluation of the works completed and continue to negotiate an escort with MONUSCO. The IPC Sub-Commission distributed IPC/WASH kits to 18 health facilities and 38 health care providers were briefed on EVD preventive measures along with 24 teachers and 91 students.

In response to the continual cases being reported in the Mandima and Mabalako health zones (Mangina sub-coordination) 87 health facilities, 89 households and 1 school have been decontaminated. WASH kits were distributed to 87 health facilities, 17 schools and 51 public places as well as 831 households received hygiene kits. A main challenge remains the inaccessibility to Visiki, Vusairo, Ngiza and other health areas following the insecurity caused by armed groups and the resistance of some communities. Unfortunately, it is in these remote areas that many cases are being reported.

UNICEF in collaboration with WHO supported the Ministry of Public Health to conduct a training of 36 supervisors from Mabalako and Mandima on IPC principles to strengthen supervision of activities within the health zones.

A new partnership with local association FAEVU has reinforced distribution of hygiene kits in affected communities, especially in hard-to-access areas. The signing of a new agreement with implementing partner OXFAM also allowed the continuation of activities in the region.

Strengthening of EVD prevention activities continues in Komanda health zone. During the reporting period 408,895 liters of treated water were provided to 9 chlorination points, 137,919 liters of drinking water were supplied in 48 public places and 19,340 liters in 4 points of entry. 75,790 liters were supplied to 5 health facilities. National End of primary Studies Test (TENAFEP) Centers continued to be an ideal opportunity to sensitize 12,659 students (6,236 females) along with 522 teachers (152 female) on hand washing practices, Ebola awareness and prevention in schools. Monitoring on the use of WASH kits was conducted in 16 schools, 48 public places and 29 health facilities. As a result, donations were made of supplementary items (including soap and replacement of thermoflash) to 34 health facilities. Complete IPC/WASH kits were provided to 26 health care facilities, 7 traditional practitioners and 5 schools. 34 health facilities were equipped with incinerators for safe disposal of medical waste.

In Mambasa health zone, preparedness activities focused on schools with 522 teachers (152 females) and 12,659 students (6236 females) briefed on key EVD prevention measures including critical hand-washing, signs and symptoms. WASH kits and 600 liters of water were donated to 2 schools hosting the TENAFEP exams. In total, distribution of complete WASH kits was made to 7 schools and 20 health facilities. Monitoring is ongoing on the use and functionality of WASH kits in 61 schools, 24 health facilities and 24 public places.

In Mambasa town, 9,820 liters of chlorinated water was supplied to 24 public places and an additional 5,900 liters to 2 entry points. In Mambasa, limited water supply is a challenge to ensure that sufficient water is being supplied to these public handwashing points. WASH needs assessments were completed in 3 TENAFEP centers with WASH kits being donated to 2 centers and 1,820 liters of water being supplied to all 3 schools.

The security situation has deteriorated in Bunia with several inter-community attacks and an increased level of tension that also resulted in decreased activities. Several handwashing devices were vandalized and water storage tanks were burned or damaged beyond repair. In response to the increase of confirmed cases, hygiene kits were distributed to 156 households around the confirmed cases in the health zones of Bunia and Rwampara. IPC/WASH kits were provided to 54 health facilities. An estimated 221,845 liters of chlorinated water was supplied to 5 health facilities and 99 public places in Bunia and 2 health facilities and 10 public places in Rwampara.

WASH kits were distributed to 15 schools in the health zones of Bunia and Rwampara and 32 improved latrines were built in 16 schools in Bunia. 230 washbasins were distributed to 90 health facilities and 140 public places. A donation of 7 handwashing devices was made to the military camp in Rwampara.

In Goma, activities have reduced slightly as new agreements with UNICEF implementing partners are being finalized to extend and expand preparedness activities. A working session was held with the Chairs of the IPC Sub-Committee
to discuss how best to revitalize the Committee, strengthen coordination and encourage involvement of actors. Donations of IPC/WASH kits is ongoing to health facilities (45 out of 76 identified). Partner PPSSP has taken over the management and monitoring of public 20 handwashing points and is responsible for the water supply, maintenance and hygiene promotion messaging.

Key Results

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Target(^{11})</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>1,887</td>
<td>1,472</td>
<td>174</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,400</td>
<td>1,315</td>
<td>44</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with handwashing facilities in the affected areas</td>
<td>8,000</td>
<td>4,046</td>
<td>109</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>76%</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>15,000</td>
<td>4,840</td>
<td>945</td>
</tr>
</tbody>
</table>

Education

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)

Main activities during the reporting period

During the reporting period, over 175 new EVD cases were confirmed in different health zones in the North Kivu and Ituri Provinces, among which, six were students and one was a school director. Three students already passed away and their schools have been decontaminated (Vuyinga and Taha primary schools and Kirimavolo secondary school). Since the three other students have not been attending school during their symptomatic period, their school have not been decontaminated. However, the students from Vuyinga primary school and Kirimavolo secondary school were listed as contacts and received vaccine. Besides, the EPSP Inspectors briefed the teachers and school’s directors in these two schools on the Ebola Guidance Note and awareness raising activities on EVD prevention measures were conducted.

Kit distribution activities and awareness raising campaigns on EVD prevention measures were delivered by the UNICEF Education and WASH teams\(^{12}\).

\(^{11}\)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 III (February 1\(^{st}\) to July 31\(^{st}\), 2019), covering all health zones in Ituri and North Kivu province.

\(^{12}\) For more information, please see Section on WASH/IPC, page 7 - 9
In Komanda, Nyankunde and Mambasa Health Zones, ESPS Inspectors benefited from the support of UNICEF Education team in sensitizing 1,415 secondary school students (including 505 girls) preparing for the National Test, 30 schools directors and 56 teachers supervisors (including 13 women) on EVD prevention and hygienic practices.

In Butembo, the UNICEF Education and Communication team supported five debates on the EVD thematic that was held in five high schools and universities. In total, 723 students, academic staff and administrative staff attended the conference.

In Oicha and Mabalako, UNICEF and the Government have organized three training workshops on the appropriation of the EVD Guidance Note and WASH preventing measures in schools benefitting to 133 students (including 76 women), 24 teachers and 8 school parents’ committees.

In Lubero, Beni and Oicha, the psychologists of UNICEF implementing partner AVSI delivered one training-of-trainer to 8 EPSP Inspectors (including 2 women) on psychosocial support in Ebola context. Inspectors will then train more teachers and directors. During the implementation of psychosocial support activities, AVSI encountered some difficulties due to negative perceptions of the communities toward the Ebola emergency response interventions particularly in Lubero, Musienene, Maseraka HZ. As a mitigation measure, AVSI managed to address this issue by not focusing on Ebola but talking about protection and prevention against dirty hands’ relatedwell-known diseases such as cholera and typhoid.

Finally, AVSI testified that relying on the local authorities (i.e. the provincial Ministry of Education and the Provincial Ministry of Social Affairs) and being accompanied by the latter helped them in reaching health zones with high community resistance where humanitarians actors were facing humanitarian access issues.

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>1,090,006</td>
<td>831,699</td>
<td>9582</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>32,296</td>
<td>23,844</td>
<td>390</td>
</tr>
</tbody>
</table>

Psychosocial Support and Child Protection

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 Safe and Dignified Burials etc).

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13 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 III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.

14 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) for North Kivu and Caritas for Ituri. All results, unless otherwise stated, are UNICEF results with implementing partners.

15 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.

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

17 According to the local context and socio-cultural norms.
Implementing Partners: Danish Refugee Council (DRC) in North Kivu province and DIVAS (Division Provinciale des Affaires Sociales) in Bunia in Ituri province.

Main results during the reporting period:

- **In/around the Ebola Treatment/Transit Centers/Nursery**
  During this period, 178 children (91 girls, 87 boys), confirmed and suspected cases, were admitted at the different ETCs and Transit Centres and received psychosocial support, thus reaching 4,732 children since the beginning of the outbreak. In the same period, 18 children (12 girls, 6 boys) came out of the ETCs and Transit Centres. In addition, psychologic support was also provided to 580 EVD-affected families.

  UNICEF and its implementing partners provided material assistance to discharged and cured patients as well as affected families through the distribution of 411 kits including hygiene, NFI and funeral kits.

- **In communities**:
  In support to the activities implemented by the surveillance commission, the psychosocial agents organized psychoeducation sessions and focus groups with contacts around cases at the community level. This activity contributed to improve the comprehension by affected families on activities implemented in the ETC and transit centers and constituted a way for them to have access to real-time information about their family member hosted in the ETC and transit centers.

  Discharged cured cases followed during the reporting period evolve positively, despite certain problems of stigmatization at community level which require a continuous work from the different psychologists. In addition, despite the fact that discharged cured people are aware of the importance of follow-up visits, many of them are reluctant because they are not informed about the possibility of receiving a transport fee as well as food kits distribution. UNICEF is then working with the psychologists of the ETCs and transit centers to provide more complete explanations to people being discharged from the centers and their families.

  One of the strengths of the Psychosocial commission is the integration of activities with the other commissions active in Ebola response. During the reporting period, for example, the Psychosocial commission organized 225 sessions in support of the activities of the other commissions for the preparation of the psychologist in ETC, transit centers and the community for the announcements of EVD test results, in support of the preparation of vaccination rings, the transfer of suspects to ETC level and support for surveillance in active search and contact listing. Support to staff in charge of surveillance at entry points was also provided for the persuasion of some passengers refusing to wash their hands.

- **Coordination**
  As part of the reflections for the implementation of projects supporting RVD-affected communities and to define a common intervention strategy, a meeting was held with the members of the Beni Child Protection sub-cluster, 30 international and national organizations, including DIVAS, active in child protection in the region and the UNICEF coordination on the EVD psychosocial response. 3 axes of work were recommended: i) Capitalize on lessons learned and good practices of psychosocial response in Ebola interventions; ii) Strengthen the social link at the community level by improving community-based child protection interventions and iii) Improve prevention and response to child protection cases in affected communities.

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For the reporting period, data on identified and assisted orphans and separated children are not available.
**Key Results**

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target29</th>
<th>Total Result</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>6,000*</td>
<td>4,732</td>
<td>178</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>7,000*</td>
<td>6,097</td>
<td>580</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>16,714*</td>
<td>14,625</td>
<td>2791</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,000</td>
<td>1,775</td>
<td>32</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,400</td>
<td>1,103</td>
<td>45</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>814</td>
<td>10</td>
</tr>
</tbody>
</table>

* The figure has been adjusted in regard to the high number of persons joining every day the transit centers and ETCs as suspect cases. The figure includes the support provided to family having MVE probable, suspect and/or confirmed cases.  
** The target changes with changes in the epidemiology

**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.

**Main activities during the reporting period**

For the reporting period, UNICEF and its implementing partner, ALIMA, MSF and ADRA, together with the government program for nutrition (PRONANUT), provided nutritional care for 596 new confirmed and suspected cases admitted in the ETCs, including 9 children under 6 months, 99 children aged from 6 to 59 months, 16 pregnant women and 17 lactating women.

Supported by UNICEF, the nutritionists and psychosocial agents of the ECTs provided the Ready-to-Use Infant Formula (RUIF) to 59 infants less than six months old non-breastfed (19 in Mabalako, 21 in Beni, 13 in Butembo 4 in Katwa and 2 in Komanda) at community and household level. During the reporting period, 834 cartons of 24 units of RUIF (20,016 units) arrived at UNICEF office in Beni in order to support 100 children less than 6 months children who cannot be breastfed for a period of 4 months. The UNICEF implementing partner ADRA dispatched the RUIF in the ETCs, nurseries, orphanages and in the communities.

In the communities of Beni, Mabalako, Butembo, Katwa, Bunia and Komanda health zones, the nutritionists of the Health Zone and the psychosocial agents of the psychosocial commission of Ebola Sub-coordination monitored 78 separated children and orphans aged 6 to 23 months for their growth and health development.

Communication agents, health promotion workers and nutritionists sensitized 2,846 women caregivers on adequate infant and young child feeding practices (IYCF) in the Ebola context, mostly in Mabalako, Katwa and Butembo

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29 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 III (February 1st to July 31st, 2019), covering all health zones in Ituri and North Kivu province.
Mabalako, 708 in Katwa, 495 in Butembo, 261 in Beni, 195 in Komanda and 10 in Goma), both at ETCs and contacts families level.

1148 children under five suffering of Severe Acute Malnutrition were admitted for treatment in the OTPs (outpatients therapeutic programme) under the supervision of Health Zone nutritionists.

UNICEF nutritionists reinforced the capacities of ETCs and OPTs local nutritionists through regular technical supervisions of nutritional activities in the ETCs of Beni, Mabalako, Komanda, Katwa, Goma and Butembo.

### Key Results

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target20</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>35,262</td>
<td>2,846</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>5,000</td>
<td>4,721</td>
<td>596</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>392</td>
<td>59</td>
</tr>
</tbody>
</table>

### Social Science Research

**The formative research section** aims at increasing the accountability of those involved in the response to communities and to enhance community acceptance as well as their full and conscious participation in the Ebola response. Existing epidemiological and anthropological data is used to facilitate and adapt programme design and planning. UNICEF research involves the exploration of behavioural determinants and uses multiple methods to collect data. Formative research supports UNICEF programme teams to better understand the population and the factors that influence behaviour. Through providing a better understanding of community context, needs and behaviours, the research section guides UNICEF’s integrated communication, WASH, Psychosocial and Nutrition interventions toward a more effective response. Researches are conducted by the Social Science Research Group (SSRG) which includes anthropologists and researchers. Research themes are identified from metasynthesis of data and based on analysis of context, the epidemiological situation and programme interventions or from requests from the different Commissions. Data are collected using various questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated with community feedback and commission reports. Research results including recent perceptions and use of health services (triangulated with CAP data) are presented every week on Wednesday during the Emergency operations center (EOC) coordination meeting.

### Main results during the reporting period

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the Ministry of Health Epi Cell and together with WHO, Centers for Disease Control and Prevention, International Federation of Red Cross, MSF and Africa Centers for Disease Control and Prevention.

Recent research and data collection have focused on:

1. Conducting an in-depth context analysis in Mangina to understand barriers and enablers to engage the community in the response and how and with who response interventions should be working to ensure appropriate and accountable approaches. This is following the KAP study conducted with communities and health workers in April 2019 in Mandima and Mabalako;

2. Analysing and presenting the Knowledge, Attitude, Perceptions and Practice survey completed with community and health workers in Katwa and Butembo;

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20 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 III (February 1st to July 31st, 2019), covering all health zones in Ituri and North Kivu province.
Understanding the barriers and enablers to contact tracing and surveillance in Butembo and Katwa (research requested by the surveillance team and implemented by the SSRG) to inform the Surveillance Commission. The findings were presented to all sub-commissions as well as the Surveillance Commission at the EOC, that have already started re-training surveillance teams, addressing the key gaps in information (on the response, the role of surveillance, vaccination) which were identified during the study.

Besides that, the team in Mangina is currently recruiting local social sciences researchers to join the Social Sciences team and the team continues to have weekly capacity building and information sharing days (Thursdays) in Butembo for the local social scientists from Katwa and Butembo. The day is an opportunity to share and exchange results and identify recurrent themes as well as support learning on research tools and analysis.

Supply and Logistics
UNICEF regularly monitors the supply chain and discusses with the different involved actors in order to ever improve efficiency of the supply and services facilitation.

The total value of items composed of WASH, C4D, Child Protection, Health, Education and ICT supplies that were distributed for the Ebola response in Ituri and North Kivu provinces during the reporting period was US$ 180,264.86.

The total value of procurement orders during the reporting period was US$ 884,626.88. Offshore procurement orders amounted to a value of US$ 768,956.50 (87 per cent), while local procurement orders amounted to a value of US$ 115,670.38 (13 per cent).

Human Resources
UNICEF DRC continues to reinforce its staff presence on the ground to respond to the expanding outbreak in North Kivu and Ituri provinces. Goma has been established as a coordination hub to support the ongoing emergency response, with antennas established as sub-coordination hubs. For the Ebola response, 165 UNICEF staffs are currently working in the affected areas, with an additional 53 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 23 staffs in Goma (North Kivu) and 35 in Bunia (Ituri) to support the overall UNICEF operations in the region.

External Communication

Since the beginning of the outbreak, the CO published 83 content pieces on its website http://www.unicef.org/drcongo. The Ebola landing page is updated weekly, linking to key figures, press releases, situation reports and stories. To show the impact of the epidemic on children and UNICEF’s response, the CO published 83 Facebook posts, 47 pictures on Instagram, and more than 540 tweets.

Funding
Since the beginning of the Ebola outbreak in North Kivu and Ituri provinces in August 1, 2018, the national Strategic Response Plan (SRP) was revised three times. The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to July 2019 is estimated at US$ 276,188,187. As part of this joint response plan, the UNICEF response is estimated at US$ 50,149,121. To date, UNICEF was able to mobilize US$ 44,014,635 from different Donors and has a current funding shortfall of US$ 8,750,404 (17 per cent of the budget).
The launch of the SRP IV is expected the week of July 8th and will cover a six-months period until the end of December 2019. Eleven months following the declaration of the North Kivu Ebola epidemic, experts are increasingly concerned with the fragile and unpredictable expansion of the epidemic.

The United Nations developed a scale-up strategy for ending the 10th Ebola outbreak in DRC. This United Nations scale-up strategy provides a framework for organizing the response by the United Nations system in support of the Government of the DRC’s public health response priorities as well as to enhance the overall enabling environment within which the response is situated.

The scale-up strategy will be implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak. As part of the pillar one “strengthened public health response in support of the Ministry of Health” of this strategy, UNICEF will 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 will also continue to be responsible of improving infection prevention and control interventions in communities in affected areas, including the provisions of supplies and household decontamination for confirmed and probable cases. The Psychosocial support interventions will also be sustained and UNICEF will remain the lead agency 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.


### Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response Plan 2018 - 2019)

<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>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>23,543,036</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>4,939,947</td>
<td>21%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>13,172,505</td>
<td>371,558</td>
<td>11,028,698</td>
<td>11,400,256</td>
<td>1,772,249</td>
<td>13%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>3,474,300</td>
<td>100,000</td>
<td>5,253,900</td>
<td>5,353,900</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>949,800</td>
<td>0</td>
<td>1,686,118</td>
<td>1,686,118</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

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21 The five main pillars of the scale-up strategy are: (i) Strengthened public health response led by WHO in support of the Ministry of Health; (ii) Strengthened political engagement, security and operations support led by EERC; (iii) Strengthened support to communities affected by Ebola led by the EERC and supported by OCHA and UNICEF; (iv) Strengthened financial planning, monitoring and reporting, led by the World Bank and (v) Strengthened preparedness for surrounding countries led by WHO and supported by OCHA and IASC partner.
The document is a report on the DRC Ebola Situation for 23 June 2019. It details the operations support, security and coordination costs and information and communications technology budget, with the following breakdown:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations support, Security</td>
<td>7,167,480</td>
<td></td>
</tr>
<tr>
<td>and Coordination costs and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information and Communications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>53%</td>
</tr>
<tr>
<td>Prepartedness Plan</td>
<td>322,000</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>50,149,121</td>
<td>17%</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) and Phase III ($24,385,917)

** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak (August 2018)

*** The Appeal Sector is overfunded since the requirement was based on an estimated 4,980 individuals in households affected by EVD. To date, the target increased with changes in the epidemiology - See HPM.

**** The Appeal Sector is overfunded since the requirement was based on an estimated 2,500 individuals both in CTE and in the community. To date, the target increased with changes in the epidemiology - See HPM.

Next Situation Report: 7 July 2019

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