



Democratic Republic of the Congo

Ebola Situation Report
North Kivu and Ituri

unicef

22 August, 2018

SITUATION IN NUMBER

Highlights

- 22 August, The European Union, UNICEF’s Representative, and Humanitarian Coordinator conducted a high level mission to Beni and Mabalako Health Zone
- 22 August, a confirmed case has been identified in Oicha Health zone
- 17 August, a delegation of Director of Centers for Disease Control and Prevention Atlanta, US Embassy and the Minister of Health visited Beni Health Zone
- The Ministry of Education in consultation with the Ministry of Health and partners have decided that the new school year would open on September 3, 2018 like in other parts of the Country. Preparations are ongoing to put in place Ebola prevention awareness raising activities and hygiene practices in schools in the affected areas.

103 total reported cases
(MoH, 21 August 2018)

76 confirmed cases
(MoH, 21 August 2018)

61 deaths recorded
(MoH, 21 August 2018)

2019 contacts under surveillance
(MoH, 21 August 2018)

UNICEF Ebola Response Appeal
US\$ 7.624M

UNICEF’s Response

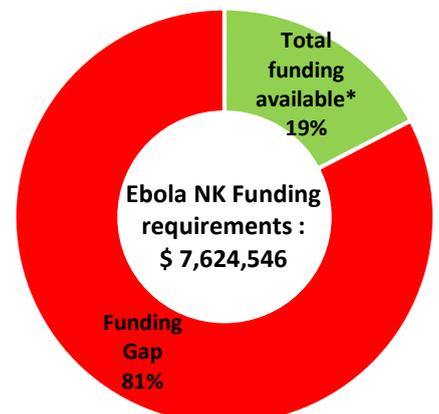
	Target	Result
# of at-risk people reached through community engagement and interpersonal communication approaches. (door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other)	3,600,000	2,070,000
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	3,706†	1,909
# of people with access to safe water in the affected health zones	681,649	189,739
# of school children reached with Ebola prevention information	82,500	0*
# of families with confirmed or probable cases who received psycho-social support and/or material assistance	103‡	62

† The target is dynamic as listing of eligible persons is defined

‡ The target changes with changes in the epidemiology

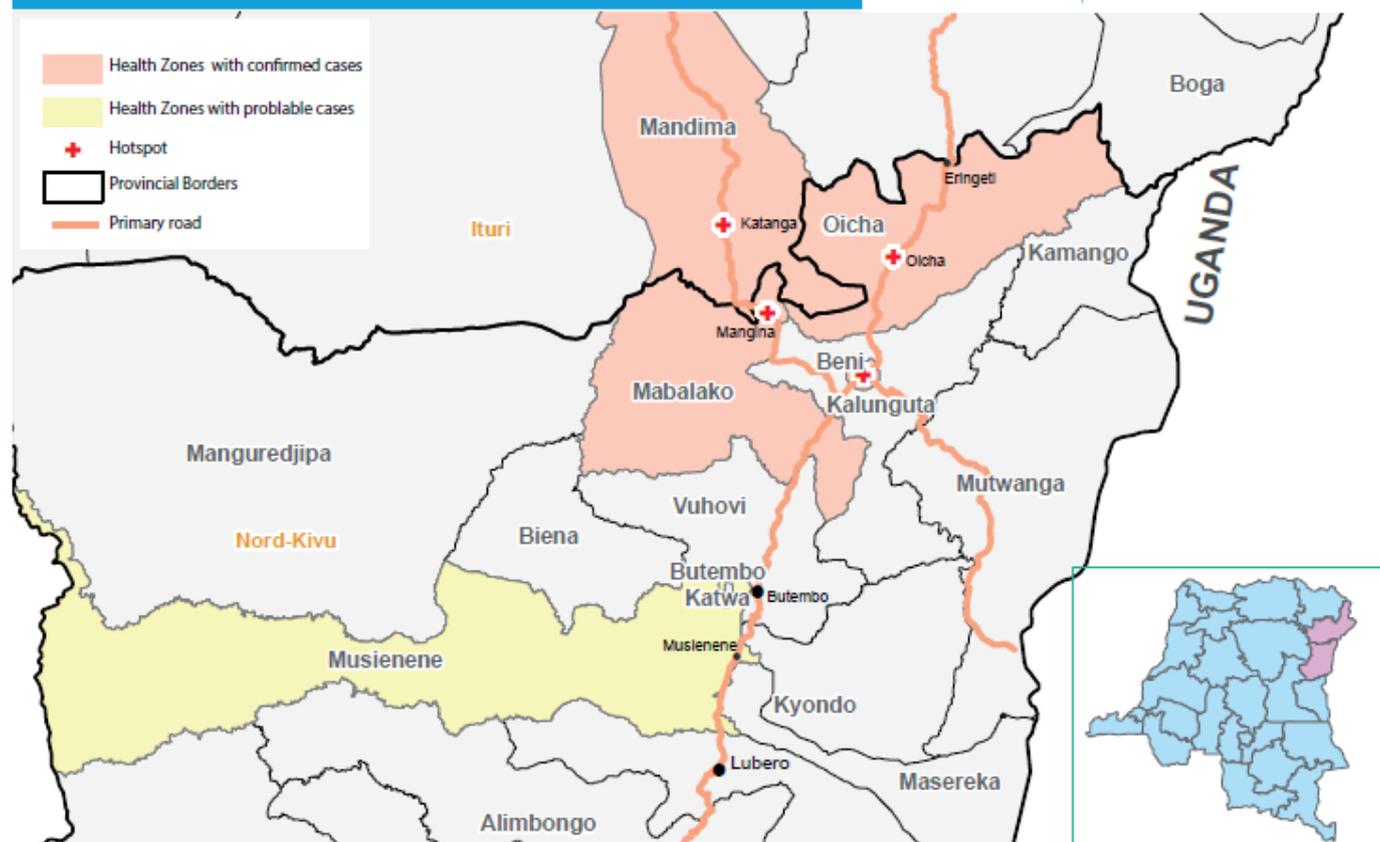
* schools are currently closed

Ebola Response Funding Status 2018



*Funds available include proposed funds to be reprogrammed from Equateur Response

EBOLA - AFFECTED HEALTH ZONES (as of 21st Aug 2018)

 for every child


Epidemiological Overview

Summary Table (21.08.18):

Province	Health Zone* ¹	Confirmed and Probable Cases			Deaths in Confirmed and Probable Cases			Suspect Cases under investigation
		Confirmed	Probable	Total	Confirmed	Probable	Total	
Nord-Kivu	Beni	6	0	6	4	0	4	0
	Butembo	0	2	2	0	2	2	0
	Oicha	1	1	2	0	1	1	1
	Mabalako	62	21	83	29	21	50	6
	Musienene	0	1	1	0	1	1	0
Ituri	Mandima	7	2	9	1	2	3	0
TOTAL		76	27	103	34	27	61	7
<i>Previous Total 15 August 2018</i>		39	27	66	15	27	42	36

Humanitarian leadership and coordination

The Crisis Management Team continued to meet daily under the leadership of the Ministry of Health with all concerned partners and with the chairs of the different working groups providing thematic updates. UNICEF continues to participate actively in the coordination meetings at the national level and in Beni (operational headquarters) and co-leads the commissions on communication, WASH and psychosocial care; and active in the working groups on logistics and

¹ With better access, the number of health zones with Ebola cases was reviewed by the Surveillance commission and revised from 7 reported in the last update to 6 in this report.

vaccination. A UNICEF security specialist is also deployed in the field to support security assessment and safety of the operations.

Mabalako health zone remains the most worrying area for the response due to the high number of reported confirmed and probable cases. At the moment, UNICEF activities in risk communication and prevention, WASH, and psychosocial are focused in Beni and Mabalako Health Zone, North Kivu province, however, UNICEF continues to implement prevention activities in other parts of North Kivu and Ituri provinces.

Response Strategy

The joint response plan of the government and partners has just been finalised based on the recent experience from the Equateur Ebola response. In support of the joint response plan, the UNICEF response strategy will focus on three key areas of communication, WASH, and Psycho-social care. Nutrition with a focus on management of severely malnourished children has been added to the plan (specific response is being developed by the nutrition team):

- Risk communication, social mobilization and community engagement with the 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 5 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.
- The WASH strategy, as part of the Infection Prevention and Control (IPC), aims to stop the spread of the disease through the availability of 1) WASH in health care facilities, which includes providing water and WASH kits, 2) hygiene promotion and the provision of WASH kits in schools, including handwashing station and soap/temperature check points, and 3) WASH in communities, through mass outreach on hygiene promotion to vulnerable communities and the setup of handwashing stations/temperature control in strategic transit locations, as well as the disinfection of households/neighborhoods of confirmed cases.
- The child protection and psycho-social support to EVD survivors and family members of EVD cases as well as contact families seeks to (1) provide psycho-social support; (2) establish or re-establish social and community networks and support systems; (3) provide social kits to EVD affected families (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic. The key element of the strategy will include (i) psychosocial support activities for children and their families; (ii) material assistance to affected families to better support children; (iii) facilitation of professions help to children and families with more severe psychological or social problems / needs; (iv) coordinate mental health and psychosocial support (MHPSS); (vi) psycho-social assistance, appropriate care and research of long term solution to orphans and unaccompanied children.

UNICEF and partners support the Government of DRC in the efforts to launch the 2018-2019 academic year in North Kivu, by equipping all schools with the minimum package for EVD prevention and mobilizing communities, teachers, and students in the importance to respect special protocols in 250 schools to benefit 82,500 number of children aged 3-17 years.

Interventions in C4D, child protection, and WASH with key EVD prevention measures on the school premises, include: (i) mapping of schools to identify its proximity with a confirmed case (ii) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces) on Ebola including WASH in school, psychosocial support and against discrimination, (iii) provision of infrared thermometers and handwashing facilities, clean water, soap, and capacity reinforcement on hygiene behaviours in schools (iv) construction of isolation rooms for suspected cases at school (v) provision of WASH kits and handwashing facilities in schools (vi) provision of specific documentation and protocol for prevention, guidance and management of suspected cases in school (vii) provide key messages on Ebola prevention to families.

Summary Analysis of Programme Response

Overview of the key elements in the response with a special emphasis on UNICEF's response in the affected health zones

Communication and social mobilization (C4D)

During the reporting period, additional 244 members of influential leaders and groups (religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, and adolescents) were reached with Ebola prevention information through advocacy, community engagement and interpersonal communication activities, reaching a total of 2,176 (62% coverage) out of the targeted 3,500 members. In addition, a total of 1,087 (35% coverage) out of the targeted 3,100 frontline workers (RECO) in affected zones were trained on Ebola prevention, interpersonal communications, safe burials, stigmatization of Ebola survivors and engaged in participatory community approaches, of which an additional 332 were reached during the reporting period.

Since the beginning of the response, 2,070,000 (58% coverage) at-risk population were reached with Ebola prevention and control messages through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces etc. During the reporting period, over 450,000 people were reached through public animation activities and communication by 16 community radio stations. In support of social mobilization, 4 well-appreciated mini-programs on Ebola prevention in Swahili and Nande languages were recorded, validated and distributed for broadcasts on all radio stations.

As of 22 August, a total of 67 (45% coverage) out of the targeted 150 households presenting resistance/hesitance to Ebola vaccination / wrong perception on Ebola vaccination benefited from personalized house visits to address their concerns including refusals to secure burials practices, of which 22 households were reached during the reporting period. Of these 22 cases reached during the reporting period, 7 strong resistance cases were neutralized by the Mangina communications commission. These resistance cases were prompted by poor perception of treatment of cases in the treatment centers and also from perceived disrespect of traditional burial rituals. Communication teams are deployed to different locations, sometimes remote, to respond to such emergency resistance cases on a daily basis. In addition, two health-worker who are Ebola survivors from Mangina Health Area (1 man, 1 woman) were recruited to join the communications commission and will soon be positioned within the surveillance and EDS teams to help address strong resistance cases and promote positive image of Ebola treatment centers.

As of the time of compiling this report, 1,909 (52% coverage) eligible people for the Ebola vaccination were informed about the benefits of the vaccine and convinced to receive the vaccine within required protocols, of which 1,693 were reached during the reporting period. Six dedicated communication teams continue to provide critical interpersonal communications to eligible contacts and greatly contribute to the avoidance of rumors and misunderstandings around vaccination protocols. As vaccination teams will increase by eight new teams this week, the number of UNICEF C4D officers will increase to provide communications support in each of the teams.

An initial Knowledge, Attitude and Practice (KAP) survey was conducted during the first week after the outbreak was declared by the Ministry of Health. The survey included 340 respondents i.e. 120 from the Epicenter in Mangina health area of Mabalako health zone (rural) and 220 respondents from Beni Health Zones (Urban), both in North Kivu Province. The results of this early survey indicate that only 55% (N=340) of the respondent have heard about Ebola prevention on Radio during the first few days following the declaration and only 15% (N=340) reported that they heard about Ebola prevention through other communication channels like flyers, from front line workers and churches. 17% (N=340) of the respondents were able to name 2 modes of transmission or prevention of Ebola; and 38% (N=34) were of the view that a person can be healed from Ebola. On Ebola transmission, about a quarter (25%) of the respondents noted that touching dead animal in the forest and touching/washing a person infected with Ebola can transmit the disease. Interesting, only 10% (N=340) of the respondents knew who is eligible for the Ebola vaccination.

Key activities in the last seven days:

- 8,077 families were reached with Ebola prevention messages in Beni, Mabalako, Oicha and Mandima Health Zones by members of the communications commission and UNICEF partners Caritas and Oxfam.
- Ebola prevention activities began in the surrounding 8 health zones by UNICEF's partner Caritas, focusing on main transportation routes towards Bunia, Kisangani and Goma.
- 60,000 Flyers and 20,000 posters in Swahili language were distributed in 6 health zones, including Mabalako and Mangina, and Beni Health Zones.
- As Beni is considered a hub of entrepreneurs between DRC and Uganda, a special workshop was conducted with 22 members of the Federations des Entrepreneurs de Congo (FEC). Their president assured engagement in the fight against Ebola, and distributed posters and flyers to the association members.
- Special focus is placed on youth engagement in Beni and the surrounding affected health zones. 78 scouts (ToT) have been trained and one youth association leader is now participating in daily commission meetings.
- The communications commission is considering increasing responsibilities of frontline workers to include surveillance, monitoring, and resistance reporting. This will require more in-depth training, provision of both surveillance and communication tools.

Water, Hygiene and Sanitation (WASH)

Since the beginning of the response, 23 (16% coverage) health facilities in the affected health zones in North Kivu and Ituri provinces benefitted from essential WASH activities; these include the provision of handwashing points, briefing of staff on hygiene promotion, and disinfection, and the installation of chlorination points, of which 11 were reached during the reporting period.

In the last seven days, additional 213 community sites (ports, market places, local restaurants, churches) were provided with handwashing facilities for Ebola infection control in Beni, Mandima, and Mabalako Health zones in partnership with Oxfam, reaching a total of 269 (135% coverage) out of the targeted 200.

During the reporting period, 146,059 persons gained access to safe water in Beni and Mabalako Health Zone, reaching a total of 189,739 (28% coverage) out of the targeted 681,649.

Key activities in the last seven days:

- 11 FOSA (Formations Sanitaires) received 6 thermoflash, 22 handwashing kits, 30kg of chlorine, 48 nose masks, 12 pairs of household gloves, 15 boxes of medical gloves, 35 disposable medical coats, 26 Individual Protection Equipment, 12 receptacles, 12 bars of soap of 400 grams each in Mangina Health Area of Mabalako Health Zone
- 100 WASH kits (1 bucket, 1 water container of 20 liters, 9 bars of soap of 400 grams each, 50 Aquatabs, 1 Ebola pamphlet) are pre-positioned in Mabalako Health Area by UNICEF for Ebola survivors
- A 3,000 liter water storage is currently being installed in Mangina Health Area, additionally, as well as 20 emergency latrines and 20 emergency showers for Ebola active sites
- 36 actors were briefed on Infection Prevention and Control (preparing chlorine solutions, Ebola case identification, precaution standards, information on Ebola virus) to support UNICEF's WASH activities in Mabalako Health Area
- UNICEF is developing a WASH REST (Rapid Ebola School Team) strategy with key partners to prepare for the new school year on September 3, 2018
- UNICEF is implementing an urban strategy to promote handwashing by setting-up handwashing facilities in public markets, point of entries and parking places. Additionally, UNICEF interventions highlights the importance of water

storage and the provision of chlorinated water to the population. As of today, 65,580 liters (65.58 m3) have been set-up in Beni Health Zone

Psychosocial and Child Protection

During the reporting period, 15 affected families by EVD received psycho-social support and material assistance including food assistance in Beni and Mangina; reaching a total of 62 (60% coverage) out of the 103 targeted families. Among them, 7 children have been discharged and received psycho-social support and appropriate assistance. In addition, 50 contacts families received a psycho-social support, reaching a total of 88 (4% coverage) out of the targeted 2,019 contacts.

In Mangina, 1 separated child (a 4 months' infant) due to the Ebola epidemic has been identified and received appropriate care; a total of 69 out of the targeted 150. Orphans/separated children previously identified continue to receive a psychosocial and daily food assistance directly provided by UNICEF.

Key activities in the last seven days:

- 86 psychosocial agents received a training on psychosocial support of children/families affected by EVD. Among them, 39 have been selected to work in the Mangina health area of Mabalako health zone and Makeke health areas of Mandima health zone.
- 187 persons, of which 37 women, 47 men, and 103 children, received psychoeducation sessions in Mabalako Health Area

Nutrition

Since the beginning of the response, UNICEF and implementing partner NGO MEDAIR provided treatment to 226 Severe Acute Malnutrition (SAM) cases with Ready to Use Therapeutic Food (RUTF) and essential medicines in the affected health zones in Nord Kivu.

A directive document is currently being developed and awaiting approval by the Minister of Health, with support of UNICEF and Nutrition Cluster to support the Ebola response.

One nutrition staff has been deployed to Beni Health Zone to support the implementation of nutrition activities promoted by the Minister of Health and the directive document. UNICEF is currently elaborating a nutrition response plan to ensure continuous presence of nutrition expertise to support the response team in the field.

Supply & Logistics

Since the beginning of the response, UNICEF has deployed 60,000 pamphlets on Ebola prevention in Swahili and Lingala, 500 infrared thermometers, 220 handwashing buckets, 28 drums of chlorine of 45 kg each, and 576 water buckets.

Human Resources

As of 22 August, 42 UNICEF staff members from C4D, Infocom, Child Protection, Health and WASH are currently deployed to the affected health zones in North Kivu province. 6 surge staff in C4D, WASH, health, and operations are currently under recruitment to support UNICEF interventions in North Kivu.

External Communication

The CO issued a new press release focusing on the [impact of the Ebola-epidemic on children](#). Media pick-up on this release as well as the previous one on the shipment of supplies to the affected areas include [BBC](#), [Reuters](#), [All Africa](#), [Le Monde](#), [Tribune de Genève](#), [Xinhua](#), [Euronews](#), [Mediapart](#), [UN news](#), [ABC online news](#), [VOA](#), [Le Point Afrique](#), [TV5](#), [Canal 24 horas](#), [NOS Jeugjournaal.nl](#), [Trouw](#) and Spanish National Radio.

Following the mission of the Chief of Communication of the CO and a videographer, additional stills and videos were posted on [WeShare](#). During the reporting period UNICEF and the CO posted several new stories on the Ebola epidemic, its impact

on children and UNICEF's response, including "[Vaccination, a central strategy in the fight against Ebola in DRC](#)" and "[Proud to help eliminate Ebola from my country](#)".

The CO has published 10 articles on its blog since the announcement of the epidemic, as well as 57 tweets, 8 Facebook posts and 8 pictures on Instagram.

Funding

The Response plan developed jointly with the MOH, United Nations Agencies and in coordination with other actors is estimated at US\$ 43.837 million. Based on the joint response plan, UNICEF estimated amount required for immediate response is estimated at US\$ 7.624 million. Funds available include **US\$ 1,324,614** reprogrammed from the Equateur Response, with approval from the World Bank (Pandemic Epidemic Fund), USAID, ECHO and Japan Government.

In addition, Gavi has reallocated **US\$ 120,000** to support risk communications for Campaign.

Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response plan and aligned to the UNICEF Humanitarian Appeal 2018)

Appeal Sector	Requirements	Funds available	Funding gap	
		Funds Received Current Year*	\$	%
WASH	2,346,521	723,290	1,623,231	69%
Communication for Development (C4D)	2,602,340	488,570	2,113,770	81%
Psychosocial Support	433,321	100,000	333,321	77%
Management of Severe Acute Malnutrition	500,000		500,000	100%
Operations support and Coordination costs + ICT	1,742,364	132,754	1,609,610	92%
Total	7,624,546	1,444,614	6,179,932**	81%

*Funds available include proposed funds to be reprogrammed from Equateur Response

** Does not include funds in the pipeline

Next Sitrep: August 29, 2019

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Ebola Response Tracking Indicators	Nord Kivu and Ituri Provinces, 2018 (22 August 2018)		
	Target	Total results	Change since last report ▲ ▼
RESPONSE COORDINATION			
# of affected localities with functioning partner coordination mechanism	3	2	
COMMUNICATION FOR DEVELOPMENT			
# 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.	3500	2,176	244
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	3100	1,087	332
# 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.	3,600,000	2,070,000	450,000
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	150*	67	22
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	3,706†	1,909	1,915
% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)	80%	26%***	26
WATER, SANITATION & HYGIENE			
# of <u>health facilities in affected health zones</u> provided with essential WASH services.	140	23	11
# of <u>target schools in high risk areas</u> provided with handwashing facilities	250	0	0
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	200	269	213
# of people with access to safe water source in the affected areas	681,649	189,739	146,059
EDUCATION			
# of school children reached with Ebola prevention information	82,500	0	0
# of teachers briefed on Ebola prevention information	1,750	32	0
CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT			
# of families with confirmed or probable cases who received psycho-social support and/or material assistance	103‡	62	15
# of contact family members, including children, who receive psycho-social support and/or material assistance	2,019**	88‡‡	50
# of unaccompanied children and orphans identified who received appropriate care and psycho-social support	150††	69	1
<p>* The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response mature</p> <p>† The target is dynamic as listing of eligible persons is defined</p> <p>*** Baseline result of the KAP study undertaken during 6 – 8 August, 2018 (the week following declaration of the epidemic)</p> <p>‡ The target changes with changes in the epidemiology</p> <p>‡‡ The results indicate number of families, not individuals</p> <p>** The target is dynamic and based on number of listed contacts</p> <p>†† The target is an estimation and dynamic based on field experience</p>			