**Highlights**

- The Strategic Response Plan (SRP) was reviewed by the Ministry of Health, leading to SRP 2.1 which covers the period up to 31 January 2019. Following this, the total budget required for the overall Ebola response in North Kivu and Ituri provinces for August 2018 to January 2019 is now estimated at USD 128.6 million, up from SRP 2’s USD 105 million.

- As part of the joint SRP 2.1, UNICEF’s budget requirement is now estimated at USD 25.7 million, an increase from USD 21.8 million in SRP 2. At present, UNICEF’s response has a funding shortfall of USD 3.9 million.

- The elections were postponed from 23 December to 30 December, with the National Election Commission further declaring that there will be no elections in Beni and Butembo in December due to the epidemic and instability. This has brought about pockets of civil unrest in affected areas, and the negative impact on the response is already being felt.

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**UNICEF’s Response**

<table>
<thead>
<tr>
<th># of at-risk people reached through community engagement</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>(door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other)</td>
<td>11,500,000</td>
<td>8,205,269</td>
</tr>
</tbody>
</table>

| # of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols | 54,028† | 53,031 |

| # of people with access to safe water in the affected health zones | 2,060,758 | 1,202,812 |

| # of teachers briefed on Ebola prevention information | 32,296 | 6,555 |

| # of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children | 659* | 659 |

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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 case, and is adjusted according to the response.

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**Democratic Republic of the Congo**

**Ebola Situation Report**

**North Kivu and Ituri**

**SITUATION IN NUMBERS**

- **585** total reported cases (MoH, 25 December 2018)
- **537** confirmed cases (MoH, 25 December 2018)
- **308** deaths recorded among confirmed cases (MoH, 25 December 2018)
- **7,428** contacts under surveillance (MoH, 25 December 2018)

**UNICEF Ebola Response Appeal**

**US$ 25.763M**

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**Funding Status 2018**

- **15%** Funding Gap

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* Funding requirement includes budget for phase I ($8,798,889), phase II ($13,031,305) and phase II.1 ($3,933,000)

** Funds available include Reprogrammed funds from Equateur Response
**Epidemiological Overview**

**Summary Table (25.12.18):**

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Total deaths recorded among confirmed cases</th>
<th>Suspect Cases under investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Nord-Kivu</td>
<td>Beni</td>
<td>211</td>
<td>9</td>
<td>220</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>39</td>
<td>0</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>37</td>
<td>12</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>85</td>
<td>16</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>77</td>
<td>4</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Biena</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mandima</td>
<td>17</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>27</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>537</td>
<td>48</td>
<td>585</td>
</tr>
<tr>
<td>Previous Total 10 December 2018</td>
<td>452</td>
<td>48</td>
<td>500</td>
<td>240</td>
</tr>
</tbody>
</table>

1 Data source: Epidemiological table based on daily CNC numbers
Key epidemiological developments

Key points in the evolution of the epidemic during the reporting period include a notable increase in confirmed cases reported in Oicha, Komanda, and Mabalako health zones, following a period with very minimal or no confirmed cases. In Komanda health zone, ramping up the response here has become a top priority. In Mangina, in Mabalako health zone, UNICEF is working with partners for the implementation of two mobile teams made up of WASH and communications staff to be rapidly deployed in locations with confirmed cases, working with communities and local actors to quickly scale-up control and prevention activities in the affected areas.

Beni, Butembo, Katwa, and Kalanguta health zones are also areas of concern for the epidemic due to the high number of reported confirmed and probable cases. This situation presents a high risk of the epidemic’s further spread to Goma due to high daily mobility from Butembo, particularly through the axe Butembo – Lubero – Goma. Although the epidemic seems to have stabilized in Beni, the risks still exist as surrounding geographical areas remain affected.

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 support coordination in all locations with functional strategic or operational commissions, and co-leads the commissions on communication, WASH, and psychosocial care. UNICEF is also active in the working groups on logistics and vaccination. A UNICEF security specialist is also deployed in the field to support security assessment and safety of the operations.

A recent development that is expected to have an important impact on the coordination and implementation of the response is the postponement of the elections, scheduled for 23 December 2018, to 30 December 2018. The National Election Commission further declared that there will be no elections in Beni and Butembo until March 2019, due to the epidemic and instability. This has brought about pockets of civil unrest in affected areas, and the negative impact of this development on the response is already being felt.

At the moment, UNICEF activities in risk communication and prevention, WASH, and psychosocial care are focused around five coordination hubs based in Beni, Butembo, Tchomia, and Mabalako health zones. One sub-coordination hub is operational in Bunia city.

The coordination of UNICEF’s response is dynamic due to the identification of confirmed cases and the geographical extension of the epidemic to newly affected health zones. UNICEF coordinates Musienene, Katwa, Masereka, Vuhovi, Kalanguta, and Kyondo’s response from the sub-coordination group based in Butembo health zone, and efforts are underway for a second coordination team to be based in Butembo. A UNICEF multi sectorial team was deployed on December 5th to respond to the extension of the outbreak in Komanda.

Response Strategy

In support of the joint response plan, the UNICEF response strategy will continue to focus on communication, WASH, and psychosocial care, nutrition, and a cross-cutting education sector response. As the epidemic continues into its fifth month, an operational review of the response led by the Ministry of Health is currently being carried out. The Ebola strategic response plan (SRP) was reviewed jointly by the MoH, WHO, UNICEF, and partners, leading to the development of SRP 2.1. The main goals of this revision include broadening the geographic scope of the response by deploying teams in geographic rings ahead of the virus, as follows: full response teams in health zones with confirmed cases at present; active response (mobile teams) in regions with contacts or within population movement routes leading to or out of zones with active cases; and stand-by teams in peripheral regions within eastern DRC for preparedness activities. Beyond January 2019, a longer-term perspective of a six-month response up to June 2019 is also being discussed.

- 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, surveillance, safe and dignified burials, and Ebola treatment centers

• **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 public and private health care facilities, as well as reinforcement of basic WASH services and awareness with traditional practitioners, which includes providing water and WASH kits, (2) hygiene promotion and the provision of WASH kits in schools, including handwashing stations and soap/temperature check points, (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, and (4) joint supervision of health infrastructures to ensure quality and efficient sustainability of programs are developed

• **The child protection and psychosocial support** to EVD confirmed and suspect cases and their family members as well as contact families seek to (1) provide psychosocial support, (2) establish or re-establish social and community networks and support systems, (3) provide social kits to EVD-affected families, and (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic. The key elements of the strategy include (i) psychosocial support for EVD confirmed and suspect cases, including children; in the Ebola treatment centers (ETC), psychosocial activities for children and their families, (ii) material assistance to affected families to better support children, (iii) the facilitation of professional help for children and families with more severe psychological or social problems/needs, (iv) the coordination of mental health and psychosocial support (MHPSS), and (vi) psychosocial assistance, appropriate care, and research of long-term solutions for orphans and unaccompanied children.

• **The nutrition component** will provide the appropriate nutritional care for EVD patients including children. The nutrition component will also promote and protect infant and young child feeding practices in the EVD context, in both the ETCs and in communities, with a special focus on orphans, separated, and other vulnerable infants and young children such as children with lactating mothers with a high risk of contact, or lactating mothers identified as frontline health workers, among others. The early detection of acute malnutrition cases and the adequate management of severe acute malnutrition in the affected health zones will also be supported. UNICEF will support the government in strengthening the coordination of the nutrition response through the cluster coordination mechanisms.

• **The education sector strategy** involves key EVD prevention measures on the school premises, including: (1) mapping of schools to identify its proximity with a confirmed case and the 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 suspected 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
Summary Analysis of Programme Response

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

Communication and social mobilization (C4D)

Community Engagement

C4D teams in Beni, Mangina, Butembo, Bunia, and Komanda health zones have continued their efforts to strengthen community engagement and community-based surveillance of the epidemic. The teams are now supported by ten additional UNICEF C4D Officers in Komanda and in newly affected health zones around Butembo, namely Katwa, Masereka, Lubero, Kyondo, Vuhovi and Kalunguta. A C4D Manager, based in Butembo, leads the coordination of C4D interventions.

In Komanda, with the support of UNICEF and its partner, Caritas, 167 community leaders were actively involved in mobilizing their communities’ efforts to curb the epidemic. Community dialogue sessions are conducted in villages in and around the epidemic’s epicenter. For example, the chief of Wales Vonkutu, a chiefdom located near Komanda, mobilized all 18 village and community leaders who were then briefed by UNICEF’s C4D Officer on the risks of Ebola disease and preventive measures. Community actors engaged in community mobilization activities are identified using a participatory “village” approach, where community influencers and social mobilizers are chosen by members of the village, with the participation of the village chief. The Caritas Bunia team regularly ensures monitoring missions to the health areas.

To further strengthen community engagement, community platforms that have already been implemented in the neighborhoods of Beni health zone were reorganized according to the health areas, conforming to the DRC’s health system. Various youth groups are now engaged in Butembo health zone to participate actively in the Ebola response. With the support of Caritas, at least 110 representatives and leaders of the youth groups of Butembo evaluated progress in the levels of awareness and engagement of young people. These groups also put in place measures to improve the impact of their interventions.

Responding to Resistance and Rumors

A study on knowledge, attitudes, and practices (KAP), using both quantitative and qualitative methodologies, was conducted in the Komanda health zone on 20 to 24 December 2018, with UNICEF support. The study aims to determine the level of knowledge, attitudes, and practices of the population following four weeks of the Ebola response in the zone, and analyze community perceptions. The information collected will enable the fine-tuning of the C4D strategy to meet the specific needs of the response in the zone. A total of 19 villages were randomly selected in eight health areas, including four EVD-affected health areas and four unaffected health areas. Four-hundred household heads were interviewed.

The survey results show that due to the outbreak, the community no longer perceives the hospital as an environment that can give them hope of recovery. Given this, some care structures are reporting only five patients per day seeking services, compared with more than 50 patients a day before the epidemic. The community members interviewed say they are afraid to go to the health center because they might be identified as a suspected Ebola case. Others believe that health workers "report suspected cases that are then brought to Beni to die". The indigenous peoples of Komanda health zone, who represent about 30% of the zone’s population, consider EVD as a "Bantu people disease", or a disease of the people who are not indigenous to the area.

To avoid the frustration of patients, prevent resistance, and address the community’s fears, the investigation team recommends that the Ebola treatment center (ETC) and laboratory be made functional in Komanda as soon as possible.
The recommendations also state that the response team must strengthen their relationship with the leaders of the indigenous populations of Komanda, involving them as mediators and in community engagement efforts.

The KAP survey also highlighted low awareness in the health zone on the importance of safe and dignified burials (SDB). Only 21% of respondents in the affected areas know that SDB are organized to prevent the spread of the epidemic, not significantly higher than in the non-affected health areas at 19%. Regarding the Ebola vaccine, 76% of those interviewed in the affected health areas are aware of its existence, compared to only 42% in the unaffected health areas.

Resistance in Komanda health zone was found to be mainly related to rumors about the vaccine and safe SDB. A vaccination team was attacked two weeks ago in a village of Komanda by the indigenous people.

To better manage this situation, UNICEF and its partners have supported the organization of a traditional ceremony in Idowu health area, with the participation of all the elders of the village, indigenous peoples, and other groups. Commitments were made by indigenous peoples, village leaders, and other influential community members to accept response teams and engage in the fight against EVD. In other health areas, communication teams doubled up efforts to coordinate with authorities of the villages where incidents of resistance have been reported. Teams also supported the organization of community dialogue sessions. The C4D UNICEF team made two visits to the villages on the Bwanasura – Kazaroho axis, where strong reluctance was noted. Awareness-raising sessions and dialogues are continuing in these villages to facilitate immunization and decontamination activities.

Despite extensive efforts carried out by C4D teams, incidents of rumors, reluctance, and resistance were noted during the reporting period in the other health zones. For example, in Mangina health zone, the primary reason for resistance is the community’s belief that “the Ebola epidemic is already over”, negatively affecting the level of community engagement in the response.

In Beni health zone, neighborhood leaders accompany the teams of the different commissions to manage resistance, and a positive impact in most neighborhoods has been observed. In Rwangoma health area, the youth gathered to address resistance, with more than 15 community leaders visiting the ETC to familiarize themselves with procedures in this structure so that they can educate members of their communities. Reinforced efforts continue to be made in more challenging neighborhoods that express stronger resistance towards the response.

**Promotion of Preventive Behaviors**

To strengthen community awareness of preventive behaviors, over 3,800 factsheets with information on Ebola in Swahili and in French, were disseminated in the affected areas of North Kivu and Ituri provinces. This tool was developed by the National Communication Commission with the support of UNICEF, and includes the contributions and feedback of field teams.

In Komanda health zone, after the capacity-building of various actors, sensitization on preventive behaviors continued through door-to-door visits, religious leaders in churches and mosques, community leaders, and mass media. According to the KAP study, these activities reached at least 85% of the population in all health areas included in the survey, with this percentage reaching 93% in affected health areas compared to 76% in the non-affected health areas. The survey also found that community-based workers and churches were the main sources of information for the population in the affected health areas, with 63% and 44% of the respondents identifying them as their main information source, respectively.

Despite the high percentage of the population receiving information, the KAP study shows that knowledge levels on preventive practices remain low. Only 54% of respondents in the affected health areas know at least three methods of EVD prevention. This number is much lower in non-affected health areas, with only 33%. This highlights the need to further strengthen communication interventions on preventive behaviors. For example, through mobilizing more
influencers including village and neighborhoods chiefs, youth and women leaders, and local social networks such as churches, women’s and youth associations. Interactive programs in local radios will also be multiplied.

**C4D Preparedness**

To prepare surrounding provinces for the possible spread of EVD to their areas, reinforced efforts were made to prepare local leaders and communities in vulnerable zones for a potential response. In Kisangani, opinion leaders and pastoral workers were trained by Caritas in communication approaches and essential messages for Ebola prevention. Trained youth groups are also taking action to raise awareness for several target audiences. In addition, at least four local radio stations are engaged in Kisangani and Isangi to educate people about the risks of Ebola disease and prevention measures.

**Water, Hygiene and Sanitation (WASH)**

During the reporting period, the health zone of Komanda in nearby Ituri province continued to report EVD cases. The health zone has now reported a total of 27 confirmed cases. To quickly address the emerging needs, UNICEF WASH specialists have been deployed and directly support the Ministry of Health (MOH) to provide 20 health facilities in affected areas with handwashing stations and infection prevention and control (IPC) materials. During distributions, training is provided by WHO and medical NGOs on IPC, triage, case detection, and referrals.

Forty schools and 103 public places in locations close to confirmed cases were also provided with handwashing stations. In addition, UNICEF providing all the WASH facilities to contribute to the set-up of a local Emergency Operations Center (EOC). UNICEF WASH has signed a small-scale funding agreement with the local NGO MUSAKA to scale-up activities in affected communities around Komanda. Discussions are ongoing with other potential partners to work along the road between Komanda and Bunia, and accelerate the IPC work in health facilities in the area.

As a consequence of the increase in cases in Komanda health zone, the road between Bunia and Beni has become a hotspot with several locations affected: Nyakunde between Komanda and Bunia, and Otomaber and Oicha between Komanda and Beni. UNICEF WASH, together with the education teams, are planning to work with local partners to increase prevention activities in schools surrounding the location of confirmed cases. Churches and public places will also be targeted. However, some of the locations are challenging to reach; for example, Oicha is difficult to access due to insecurity.

As new cases continue to be identified in Butembo and Katwa health zones every day, UNICEF WASH supported the prevention commission in adjusting the response strategy by improving the monitoring of activities done for each case, particularly in the surroundings of the homes of the confirmed cases, considering the short-cycle transmission mode of the disease and the worrying low proportion of known contacts among the last confirmed cases (20%, according MOH/World Health Organization). Key activities to be done around the location of each confirmed case include decontamination, the distribution of household prevention kits, distribution in schools of handwashing and cleaning/disinfecting kits with briefing sessions for the teachers and students, and the distribution of handwashing kits to public areas such as churches, markets, and moto taxi parking lots with public awareness sessions.

The performance-based payment system in Beni health zone is ongoing for 72 health facilities. The number of facilities decreased from the previous Situation Report after eight facilities were dropped out of the performance-based financing program following evaluations showing ineligibility. After the distribution of IPC kits to the facilities during the reporting period, a first post-distribution evaluation will be conducted this week to measure the progress made by each facility. UNICEF WASH and the Research Unit is planning to conduct a formative research study in mid-January with the staff of a sample of targeted health facilities to better understand their perception of the project, its acceptance and level of implementation, and the Ebola response as a whole. This study will be conducted together with WHO.
Key activities in the reporting period

- In Komanda, 20 health facilities in the four most affected health areas were provided with handwashing stations in clinical areas and near toilets; 236 health staff were trained in IPC; and 40 schools benefitted from a WASH intervention. In addition, UNICEF is directly supervising the building of eight toilets and four showers for the local EOC. UNICEF is also overseeing the installation of a ten-cubic meter water storage unit and is looking for prospective areas for a borehole to be drilled soon.

- In Butembo, 14 health facilities were equipped with toilets and showers; 107 handwashing stations were distributed; 20 health facilities received a complete IPC kit; 68 handwashing stations were distributed to 13 schools; and one orphanage was supported with the construction of two toilets and two showers. In addition, the WASH team is contributing to building toilets at the coordination center in Butembo and is supporting the construction of the nursery at the ETC.

- In Beni, two public water taps with water storage are 90% completed and are already delivering drinking water to the population nearby the hospital and Ebola transit center. Ten of the biggest churches in the city were equipped with handwashing stations prior to the Christmas gathering, and four orphanages are being supported to improve sanitary conditions.

Education

Over the past two weeks, 13 new EVD cases, including 11 confirmed, were reported in 11 primary and secondary schools in Butembo, Mabalako, and Komanda health zones, impacting school attendance negatively. The number of schools with confirmed cases represents an increase of more than five times from the last Situation Report, with only two schools.

Specific interventions are being implemented focusing on schools with confirmed cases. Seven of the 11 schools with confirmed cases are located in Butembo health zone. Of these seven schools, five benefitted from sensitization activities to ensure that the EVD prevention protocol is well implemented. Four schools were decontaminated, with all students also receiving vaccinations. Sensitization activities were also conducted in the three affected schools in Mabalako health zone and in the one affected school in Komanda health zone. The process of decontamination and vaccination is ongoing for these schools, as well as for the remaining three schools in Butembo health zone. Six additional schools in Beni health zone also benefitted from sensitization activities. It was observed that students as well as teachers and school directors are becoming more conscious and aware of the danger of EVD. They are therefore accordingly applying the prevention protocol.

To address this worrying development, UNICEF and its partners scaled up activities and were able to reach 20,089 children and 151 members of Parents’ Committees in Beni, Butembo, Komanda, and Bunia health zones with information on EVD prevention and on prevention measures taken specifically in the schools. The number of children reached represents a 19% increase from the results of the last reporting period. As reported in the WASH section of the Situation Report, UNICEF WASH teams and their partners also provided handwashing facilities and thermoflashes to several schools in the affected health zones.

Since the beginning of the response, a total of 125,694 children in 645 schools have been reached out of the over one million children targeted by the response, 12% of the target. Ebola prevention information for schools using the Guidance Note for EVD Prevention in Schools, and posters and banners with Ebola prevention messages were provided to 1,678 teachers and heads of schools, including 24 heads of non-formal education institutions who were reached in collaboration with UNESCO.

To enable the scaling up of the implementation of the EVD protocol in schools, in line with the new targets of the response, 25 master trainers made up of inspectors and school directors were trained on the Guidance Note for EVD

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2 Non-contact thermometers
Psychosocial and Child Protection

**Key results**

- During the reporting period, 112 children admitted to ETCs and received individual psychological assistance. Of this number, 48 were confirmed EVD cases while 64 were suspected cases. This number is more than two times the number of children admitted to ETCs in the last Situation report. This can be attributed to the increase in areas affected by EVD and in more cases being alerted in the areas. With these results, UNICEF has reached a total of 635 children in the ETCs and the nurseries children since the beginning of the response.
- One-hundred fifty-six families newly affected by EVD, including both confirmed and suspected cases, received psychosocial support and/or material assistance in all the affected health zones of North Kivu and Ituri Provinces. The assistance provided includes 125 hygiene kits and 385 food assistance packs distributed to discharged and cured patients. Eighteen families also received funeral kits, while 59 families received NFI kits.
- 92 children, including 44 orphans and 48 separated children, were identified. These children have been orphaned or separated due to the Ebola epidemic. A total of 497 orphans or separated children have been identified since the start of the response. They were all provided with appropriate care, including NFI kits and food assistance. The number of orphans and separated children identified during this reporting period represents an increase of 22% from the last Situation Report. As with the number of children passing through ETCs, this increase is attributed to the increase areas affected by EVD as well as the increase in cases.
- 1,365 contact persons received a psycho-social support in the EVD-affected health zones of North Kivu and Ituri provinces reaching a total of 7,428 persons.

**Other activities and needs/gaps identified**

- Two contact families who were identified as high risk were located en route to Goma from Beni after having been in Kisangani. They are being supported in their return to Beni.
- Forty-eight psychosocial assistants and nine psychologists were trained in case management and how to deal with community resistance, specifically relating to challenging contexts in Katwa following increased community reticence in recent weeks. In all affected areas, teams of psychosocial assistants and psychologists continue to work face-to-face daily with community members to deal with resistance and reticence.
- In Bwanasura/Komanda in Ituri province, 75 new psychosocial agents were trained to meet the additional needs for psychosocial assistance linked to the increase of Ebola cases.
- Following the situation in Komanda health zone, with the increasing number of confirmed cases, 687 contacts in Komanda and 181 contacts in Nyankunde received psychosocial support and food assistance. In addition, a joint psychoeducation activity was organized by the psychosocial and communication commissions for 13 traditional healers and 349 persons.

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1 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.

2 This figure is issued from data collected by the psychosocial commission.

3 Non-food items provided under the response’s psychosocial component are customized according to the specific needs of the target beneficiaries. Items can include mattresses, sheets, kitchen utensils, baby items, etc.
Nutrition

For the reporting period, 277 patients in ETCs received adequate nutritional care. Of this number, 29 were infants less than six months old, including 18 newborns.

In the communities and at the household level, the nutritionists and psychosocial agents supported by UNICEF provided adequate feeding care to 29 infants less than six months old. They also sensitized 1,229 women caregivers on adequate infant and young child feeding practices (IYCF) in the Ebola context.

Following efforts to monitor the use of breastmilk substitutes (BMS), the 29 infants at the community-level, including 18 newborns, were identified as being unable to breastfeed. These infants, from Ebola-affected zones, are in orphanages or separated from their mothers, while some are being treated in the ETCs together with their mothers who are too weak to nurse. Others are infants of frontline health workers, at high risk of contact and needing vaccination. The infants are reported to have received BMS, highlighting the crucial need to promote and protect IYCF practices. A new strategy for supporting IYCF in the community needs to be put in place, in coordination with the psychosocial commission.

PRONANUT, the national nutrition program, has requested UNICEF to procure RUIF (ready to use infant formula), to be used as a last resort for infants unable to breastfeed. The first quantities will arrive by 10 January 2019 in the country. As needs are expected to be high, new orders need to be placed.

In addition to the above, the following activities were carried out by the UNICEF nutrition staff during the reporting period:

- New UNICEF nutrition staff were deployed in Beni.
- An informative sheet on IYCF in the Ebola context and the use of BMS was developed by staff and the nutrition cluster, targeting other response actors and donors.
- A meeting with implementing partners, Alima, Médecins Sans Frontières, and the Danish Refugee Council, was held to advocate for the strict application of the guidelines on limiting the use of BMS and the code of marketing of breastmilk substitutes.
- Specific information sheets on cup-feeding was developed, targeted to health workers in ETCs. Cup-feeding is an alternative to using bottles and teats, that is in compliance with IYCF guidelines.
- The supervision of nutritional activities in the ETCs and the supply of 2,600 cartons of ready-to-use therapeutic food (RUTF) and essential medicines for the treatment of severe acute malnutrition cases in the affected health zone are ongoing.

Supply & Logistics

Since the beginning of the response, USD 3,355,266.97 worth of items composed of WASH, C4D, child protection, health, education, and ICT supplies have been procured for the Ebola response in Ituri and North Kivu provinces. Offshore procurement represents a total value of USD 1,310,256.71 or 39 %, and local procurement represents a total value of USD 2,044,993.26 or 63%.

Human Resources

As of 23 December, 81 UNICEF staff members are deployed to the affected health zones in North Kivu and Ituri provinces. In preparation for a scenario where the epidemic persists and/or intensifies, efforts are underway to increase UNICEF’s surge capacity.

External Communication

The CO issued a new press release focused on the number of Ebola-cases among children, linked to the visit of UNICEF’s Regional Director for West and Central Africa to the affected zone. The press release was picked-up widely by international media, including by Mail Online UK, CGTN News, ABC.es, All Africa.com, Europa Press, Deutsche welle, Channelafrica.co.za, ENCA, New York Times, Iv.com, Prensa Latina and Mail Online UK. The CO also facilitatated a press
mission to the affected region for ITV, NRC Handelsblad/NOS, De Volkskrant, and Frankfurter Randschau. A videographer for UNICEF travelled during the reporting period to Beni and Butembo, gathering photo and video material that are being posted on WeShare and are accessible to all.

The UNICEF CO published 53 articles on its blog since the beginning of the crisis, as well as 52 Facebook posts, 33 pictures on Instagram, and almost 350 tweets. Recent stories posted on digital platforms include Ebola: inform to better vaccinate and Getting back to normal after Ebola strikes.

**Funding**

On 20 December 2018, following the strategic and operational review of the response conducted in Beni and Butembo from 8-10 December, the MOH updated the Ebola Response Plan (Strategic Response Plan 2.1, November 2018 – January 2019) to include assumptions and additional needs until 31 January 2019. The needs therein are estimated at USD 23,506,000.00. With this, the grand total of the budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to January 2019, including the initial budget and the additional budget needed, is now estimated at USD 128,617,545.

As part of the joint response plan, UNICEF’s response strategy focusing on communication, WASH, psychosocial care, nutrition, and a cross-cutting education sector response is estimated at USD 25.7 million. At present, UNICEF’s response has a funding shortfall of USD 3.9 million.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* $</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>12,320,519</td>
<td>10,136,819</td>
<td>2,183,700</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>6,841,005</td>
<td>5,963,389</td>
<td>877,616</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support</td>
<td>2,251,200</td>
<td>1,854,000</td>
<td>397,200</td>
</tr>
<tr>
<td>Medical Care : Management of Severe Acute Malnutrition in Ebola Treatment Center</td>
<td>749,800</td>
<td>750,800</td>
<td>0</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>3,278,680</td>
<td>2,856,585</td>
<td>422,094</td>
</tr>
<tr>
<td>Preparredness Plan</td>
<td>322,000</td>
<td>300,000</td>
<td>22,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25,763,204</strong></td>
<td><strong>21,861,593</strong></td>
<td><strong>3,902,610</strong></td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,889), phase II ($ 13,031,305) and phase II.I ($ 3,933,000)
** Funds available include reprogrammed funds from Equateur Response

Next Sitrep: 06 January 2019

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<table>
<thead>
<tr>
<th>Tracker</th>
<th>New Target</th>
<th>Total Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESPONSE COORDINATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of affected localities with functioning partner coordination mechanism</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>15,500</td>
<td>14,360</td>
<td>1,551</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>10,200</td>
<td>8,644</td>
<td>712</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>11,500,000</td>
<td>8,205,269</td>
<td>652,692</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>900</td>
<td>889</td>
<td>55</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>54,028†</td>
<td>53,031</td>
<td>8,584</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>91%</td>
<td>0</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>857†</td>
<td>506</td>
<td>49</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,476†</td>
<td>565</td>
<td>88</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>1,848†</td>
<td>1052</td>
<td>104</td>
</tr>
<tr>
<td># of people with access to safe water source in the affected areas</td>
<td>2,060,758†</td>
<td>1,202,812</td>
<td>95,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,090,006</td>
<td>125,694</td>
<td>20,089</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>32,296</td>
<td>6,555</td>
<td>1,678</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</strong></td>
<td></td>
<td></td>
<td></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>659*</td>
<td>659</td>
<td>79</td>
</tr>
<tr>
<td># of affected families, including children, with confirmed, suspects and probable cases who received continuous psycho-social support in their community</td>
<td>659*</td>
<td>659</td>
<td>79</td>
</tr>
<tr>
<td># of contact family members, including children, who receive psycho-social support and/or material assistance</td>
<td>8128**</td>
<td>7428</td>
<td>1107</td>
</tr>
<tr>
<td># of separated children and orphans identified who received appropriate care and psycho-social support</td>
<td>600</td>
<td>501</td>
<td>92</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counseling on IYCF in emergency</td>
<td>9,756</td>
<td>4,786</td>
<td>1,229</td>
</tr>
</tbody>
</table>

† The target is dynamic as the listing of eligible persons evolves
+The target changes with shifts in the epidemiology
* This target is estimated based on the number of confirmed, probable, and suspected cases, and is adjusted as the response progresses.
** The target is dynamic and 100% of listed contacts is the identified target