**Highlights**

- Out of 20 affected health zones, Katwa remains the current epicentre of the Ebola outbreak, reporting 62 per cent of all cases, followed by Butembo reporting 24 per cent of cases.
- Insecurity, combined with resistance and refusals against the response, remain high in current hotspots: in Katwa health zone, the Ebola Treatment Centre (ETC) was burned down and the ETC in Butembo was attacked by armed men.
- Having passed the 42-day threshold without cases, Komanda health zone celebrated its success in having currently contained the disease.
- 9 out of 20 affected health zones did not report any new cases.
- One EVD case in Beni (female) is suspected to be the result of sexual transmission through a recovered EVD survivor.
- The overall strategic coordination of the response has moved to the city of Goma. UNICEF relocated a number of senior staff to support the Ministry of Health accordingly.

**UNICEF’s Response**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td># of at-risk people reached through community engagement and interpersonal communication approaches (door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other)</td>
<td>19,500,000</td>
<td>12,333,560</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>86,984*</td>
<td>85,375</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>15,000</td>
<td>229</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>32,296</td>
<td>12,742</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>1,068*</td>
<td>1,068</td>
</tr>
</tbody>
</table>

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

Summary Table (03/03/19)

<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>226</td>
<td>9</td>
<td>235</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>81</td>
<td>0</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>45</td>
<td>13</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>15</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>90</td>
<td>16</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>245</td>
<td>11</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Biena</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mangurujipa</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mandima</td>
<td>21</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>28</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>832</td>
<td>65</td>
<td>897</td>
</tr>
<tr>
<td><strong>Previous Total 17 February 2019</strong></td>
<td></td>
<td>775</td>
<td>65</td>
<td>840</td>
</tr>
</tbody>
</table>

1 Data source: Epidemiological table based on daily numbers by the National Coordination Committee (Comité National de Coordination, CNC)
Key Epidemiological Developments

Being the second largest known Ebola outbreak in history, the outbreak in the Democratic Republic of Congo (DRC) has reached a total of 832 confirmed cases up to date. Children and women continue to be disproportionately affected by the outbreak, with children under 18 accounting for 30 per cent of confirmed and probable cases. Approximately half of cases among children are under age five.² While women have accounted for 57 per cent of EVD cases in average since the start of the outbreak, sex distribution among EVD cases has become more balanced in the recent period as EVD cases among women were reduced to 51 per cent during February 2019.³ According to WHO, since the start of the epidemic, at least 36 women with EVD were pregnant, which represents 12 per cent of cases in women aged 15-49 years (total 299 women) and 4 per cent of all EVD-infected women. At least 18 women were breastfeeding, which accounts to 6 per cent of cases in women aged 15-49 years and 2 per cent of cases overall.⁴ The outbreak is currently taking place in the provinces North Kivu and Ituri, both affected by conflict and armed violence. In accordance with WHO risk assessments, the risk of EVD spreads to other areas remains very high, due to frequent travels between affected areas as well as travels to the rest of the country and neighbouring countries.

During the reporting period, a total of 57 newly confirmed EVD cases were recorded, which is a 29 per cent increase of newly confirmed cases compared to the previous reporting period in which 44 newly confirmed cases were recorded. With the total number of confirmed cases reaching 832, there is an overall increase of cases by 7.3 per cent since the last report (775 confirmed cases). Among the confirmed cases is also the first suspected EVD case (female) of sexual transmission through a recovered survivor.⁵ The total number of deaths among confirmed cases reaches 494 individuals, an increase of 4.4 per cent since the previous report (total of 473 deaths among confirmed cases). The case fatality rate among confirmed cases has decreased from 61 to 59 per cent since the last report. Since the beginning of the response, a total of 531 orphans and 624 children separated from their EVD-infected mother and/ or father were identified and assisted by UNICEF. According to WHO, a total of 72 health care workers have been infected with Eboa since the start of the epidemic, which is 8 per cent of all cases, and 24 of them died. During the reporting period, 4 health workers were newly infected with EVD. A total of 304 individuals with confirmed EVD infection have recovered from the disease, 10 of those during the reporting period. The recovery rate is currently at 36.5 per cent.

Katwa health zone remains the hotspot of the epidemic having reported 62 per cent of all cases during the past 21 days. In the past two weeks, the number of affected health areas have increased from 9 to 14 out of a total of 18 health areas in Katwa health zone. Butembo, as a bordering health zone, has registered 24 per cent of all cases in 9 out of 15 health areas during the reporting period so that EVD cases are largely concentrated in and around the two health zones of Katwa and Butembo. While community resistance and refusals of response measures remain a major challenge in those hotspot areas, insecurity is the number one concern – both for the responders and the communities. The ETC in Katwa health zone was burned down on 24/25 February and on 27 February the Ebola Treatment Centres (ETC) in Butembo was attacked by unidentified armed men. Both attacks are still under investigation. One health worker died during the attack in Katwa, while the 15 unharmed patients (11 suspected and 4 confirmed cases) were relocated to the CTE in Butembo, where they survived a second attack. In Butembo, one policeman died and three health workers got injured. Among the 50 patients at the ETC in Butembo were 12 confirmed EVD cases and 38 suspect cases. Out of the confirmed cases, 4 patients fled from the CTE and out of the suspected cases, 32 fled and have partly not been found yet. The other patients from the CTE in Butembo were temporarily moved to the closest Transit Centre (TC). Three days after the

² According to WHO, as at 24 January 2019 “among cases with a reported age and sex, 59% (420/710) of cases were female, and 30% (214/708) were aged less than 18 years, including 108 infants and children under 5 years: https://www.who.int/csr/don/24-january-2019-ebola-drc/en/
³ WHO assessment as of 17 February 2019
⁴ It has to be noted that data on pregnancy and lactation are not systematically captured during case investigations. Therefore, the presented data are likely to be an underestimation of the real occurrence of EVD among these groups.
⁵ For WHO interim advice on the sexual transmission of Ebola virus disease, see https://www.who.int/reproductivehealth/topics/rtis/ebola-virus-semen/en/
incident, the CTE Butembo was reopened to manage patients under the leadership of the Ministry of Health in cooperation with WHO and UNICEF. The reconstruction of the CTE in Katwa has begun.

In Komanda health zone, no more cases were recorded since 10 January 2019. Not having had any cases for 53 days and thus having passed the 42-day threshold, Komanda health zone celebrated the containment of the disease under the motto that “this battle has been won but that the war is not over yet, the fight continues”. The celebrations were used to raise further awareness about EVD and to encourage the community to remain engaged and to continue to take precautions. In total, 9 out of 20 affected health zones did not report any new cases during the reporting period (Tchomia (since 161 days), Nyakunde (73 days), Komanda (52 days), Mutwanga (28 days), Mangurejipa (27 days), Mabalako (26 days), Oicha (25 days), Bunia (18 days), Vuhovi (16 days).

In accordance with the new strategy regarding epidemiological surveillance at entry points, a total of 322 alerts were issued so far. Among the 145 valid alerts 6 EVD cases have been confirmed up to date.6

Since the beginning of vaccinations against Ebola on 08 August 2018, a total of 85,989 individuals at increased risk of EVD infection (health workers, persons who had contact with EVD infected individuals, contact of contacts, and EVD frontline workers) have been vaccinated in North Kivu and Ituri provinces, reaching 98.1 per cent of the current target of 86,984 individuals to be vaccinated.7

Humanitarian Leadership and Coordination

The Crisis Management Team continued to meet daily under the leadership of the Ministry of Health (MoH) 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 and community engagement, WASH, and psychosocial care. UNICEF is also active in the working groups on logistics and vaccination. A UNICEF security specialist is deployed in the field to support security assessment and safety of the operations.

The overall strategic coordination of the Ebola response was moved to Goma on 25 February. UNICEF relocated a number of senior staff to support the Ministry of Health accordingly, while reinforcing its team on the ground, with a strong focus on Butembo.

UNICEF response activities are currently focused around 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.

A multi-sectoral UNICEF Rapid response team is in place and deployed to new hotspots as required. The team is usually based in Beni but currently deployed to support the response in Butembo, Komanda and in the recently affected health zone Bunia. UNICEF is also maintaining its current presence in Oicha health zone to reinforce the multi-sectorial response accordingly.

Response Strategy

The National Strategic Response Plan (SRP) III against the Ebola Virus Disease (EVD) in North Kivu and Ituri provinces, covering a six-months period until 31 July 2019, was launched through a conference in Goma on 26 February. The

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6 National Coordination Committee (Comité National de Coordination, CNC): Epidemiological EVD Situation Report of 03 March 2019, covering period until 03 March 2019

7 National Coordination Committee (Comité National de Coordination, CNC): Epidemiological EVD Situation Report of 04 March 2019, covering period until 03 March 2019
conference was opened by the Minister of Health and attended by all national and international actors involved in the coordination of the response. SRP III 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. 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 time frame of a six-months period, in comparison with previous planning, SRP III will allow for greater flexibility in adopting rapid, effective and needs-based response measures. The new strategy further provides for a stronger anchoring of the response in the local health system, the strengthening of the information management system, and a stronger accountability framework. In support of SRP III, the UNICEF Ebola response strategy continues to focus on communication and community engagement, WASH, and psychosocial care, nutrition, and a cross-cutting education sector response.

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 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 Ebola Treatment Centers (ETCs).

- **The Water, Sanitation, and Hygiene (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 schools⁸, 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 specialized support to children and families with more complex 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** seeks to provide the appropriate nutritional care for EVD patients including children. This includes the promotion and protection of infant and young child feeding practices in the EVD context, in both, the ETCs and in communities. A special focus is, among others, 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. The 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.

- **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,  

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⁸ IPC/ WASH kits in schools include the provision of a handwashing station per class, thermoflashes, and information leaflets.
(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.

- **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.

**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 (C4D)**

As the reporting period was marked by the attacks on the ETCs in Katwa and Butembo, C4D implemented a Knowledge, Attitudes and Practice (KAP) survey as well as a socio-anthropological study in the health zones of Masereka, Kiondo and Musienene in order to assess the perception, attitudes as well as behaviour in the communities with regard to EVD. The communications sub-commissions of Butembo and Katwa have generally been confronted with increased community incidents and resistance against the response, which could partly not be addressed due security reasons.

**Risk Communication and Community Engagement (RCCE)**

In Butembo/ Katwa/ Vihovi, an action plan has been developed by the Communication sub-commission which resulted in a number of meetings with different social groups to support them in taking more ownership of the response.

A map of community incidents and resistences as well as a daily workplan has been developed between the strategic sub-communication commission Butembo and representatives of the health zones of Katwa, Butembo, Kyondo and Vuhovi in order to harmonise and coordinate action.

In Butembo, three meetings were held with 38 religious leaders of 5 major religions, 44 leaders of women’s associations, and 16 leaders of challenging neighbourhoods with high community resistance towards the response to discuss the concerns raised by the population and gain their support for awareness raising about EVD risks and prevention.

The Communication sub-commission prepared a message signed by the mayor of Butembo which is being distributed at worship places, in the media and via associations to encourage the EVD (suspected) patients who fled from the attacked ETC in Butembo to return and to continue their recovery. The communities are called to accept and support the response measures and to ensure the security of the response teams as well as the health centres. Through this, the community mobilizers of the health area M. Musayi were able to find six of the ETC patients who are suspected to be EVD infected and brought them to the TC in Butembo. The community mobilizers and the neighbourhood chiefs in Katsya and Vulindi health areas continue looking for three other EVD suspect cases who had fled from the attacked ETC.

Awareness raising messages about EVD as well as cholera risk and prevention measures reached masses in Catholic churches in Bolotwa, Moghola, Vuvogho and Kavingu in ZS Kayna health zone.
**Promotion of Preventive Behaviours**

**Butembo and Katwa health zones**

- Community dialogues and awareness raising sessions were held with 92 parents and further family members around cases to allow the listing of persons who had contact with EVD infected individuals.
- Negotiations and awareness raising activities in the health area of Kihinga successfully resulted in the return of two suspected EVD cases to the TC in Butembo.
- The engagement of civil society through an elective assembly allowed the awareness raising of 129 participants about EVD risks, prevention and the response challenges, in particular with regard to the fierce community resistance against ETCs.
- Triggered by the recent attacks on the ETCs and other incidents of violent community resistance against the response, the response coordination team managed to engage 45 local political leaders to appeal to the population to support the crucial EVD response activities.
- A community dialogue session was held with 82 leaders in the hotspot health area Kivika to urge the prevention of further incidents in Katwa health zone.
- The awareness of a minimum of 150 youth about EVD risks, prevention and control measures were raised in the health area Vutsundo.

**Beni and Goma health zones**

- The communication sub-commission organised EVD awareness raising sessions with young motorcyclists and shopkeepers about the importance of vaccinations, the follow-up with persons who had contact with EVD infected individuals and the issuance of alerts.
- Thanks to the strategy of active research of cases which has been implemented during the past two weeks, a strong increase in alerts by the communities have been noted.
- Dialogue sessions about the importance of vaccination resulted in convincing 24 participants about the necessity of vaccinations and to convince 4 resistant cases to be vaccinated.
- In Goma, EVD awareness raising activities targeted predominantly groups who are especially at risk due to their travels towards EVD hotspot areas, including 300 military and police officers from Rumangabo /Rutshuru health zones

**Responding to Community Incidents and Rumours**

The areas of Mutsanga, Mavono and Wayene in Katwa health zone continue to be inaccessible to response teams due to security reasons. The strategic commission, the communication commission and the sub-coordination commission of Butembo currently work together to identify specific actions to take to address community incidents such as resistance, refusals and rumours in the mentioned insecure health areas as well as in all health areas in the vicinity of the CTE in Butembo. Rumours are monitored through community feedback dashboards developed by the Butembo Risk Communication and Community Engagement (RCCE) Commission.

Despite the continuous increase of strong resistance and refusals against the response, 88.8 per cent of specific cases of refusals, e.g. against decontamination, vaccination, safe and dignified burials, follow-up of persons with EVD contact, could be resolved. This was possible thanks to the action taken by women who use picture boxes during their visits of women whose families have been affected by the disease and thanks to the implication of religious and community leaders in certain cases.

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9 Community incidents include the following categories of gradual severity with regard to the EVD response: EVD response - related reluctance, refusal, resistance and violence.
Social Research and Capacity Building

According to the findings of a research team of 20 socio-anthropologists about the socio-cultural dynamics in Butembo and Katwa health zones, the communities are aware about the necessity to take ownership of the response. However, the communities expressed that it would be important for the response team to recruit local people who speak the local language. It was further noted, that Butembo and Katwa communities share development challenges that they would like to be considered as part of the Ebola response. Those include better access to water, employment generation, erosion control, and construction of schools, health centers, and roads, etc.

The capacities of 300 response team members were built to better humanize the response in accordance with local contexts and cultures.

Water, Hygiene and Sanitation (WASH)

WASH activities remain largely challenged due to community resistance towards the response and the increase in violence and aggression towards humanitarian actors despite the valuable contributions of the communication and psychosocial teams. The spread of rumours that WASH kits might be infected with the Ebola virus has prevented a number of schools in the recently affected health zone Bunia from accepting WASH kits to be set up for the benefit of school children. The education authorities have initiated visits to the schools in order to raise awareness about EVD risks and preventive measures.

Due to the volatility of the working environment, movement restrictions to critical locations of intervention persist. Consequently, only four rings\(^\text{10}\) out of ten could be covered in Katwa/Butembo health zones during the reporting period.

A total of 152,772 liters of chlorinated water were supplied to 110 handwashing points located in Beni and Oicha health zones while 1,596,440 liters of safe drinking water were provided.

Infection Prevention and Control (IPC)/WASH packages were provided to a total of 58 health centers in 8 health zones as well as to 182 households and 231 public sites throughout EVD hotspot locations.

Water access has been improved in two schools and two health centers through the construction of four rain water harvesting infrastructures.

During the reporting period, a total of 74 health centers were evaluated in accordance with the Performance-based Funding (PBF) approach, revealing an improvement of the IPC score of at least 54 per cent with regard to all health centres.

Based on the recommendation of the Minister of Health during his visit in Komanda in January 2019, latrines were built in the camp of displaced persons of Bey in Komanda health zone and officially handed over during the reporting period. The targeted 172 internally displaced households were further provided with handwashing points.

Education

EVD Awareness Raising, Prevention, and Control at School

Over the past two weeks, four children from four primary and secondary schools, including Kyuhu and La Victoire primary schools in Butembo health zone of North Kivu province, and Newton Secondary School in Beni health zone as well as Etoile du Ciel Secondary School in Mandima health zone of Ituri province, were confirmed EVD positive. Even though the infected children were identified in the community (and not at the schools) and although they stayed at home for 21 days after their treatment at the ETC, the response protocol was implemented at their schools as a preventive measure. This included the temporary closure of classrooms for decontamination and vaccination of all children at the four schools.

\(^{10}\) The ring approach includes intensive EVD prevention and control activities around a confirmed case up to seven days.
were implemented, focusing on those schools with confirmed cases. Due to mistrust and resistance by the community to cooperate with the Ebola Response Teams in Butembo health zone, in particular with regard to EVD prevention and control measures around the two confirmed cases in Kyuhu and La Victoire primary schools, the respective Provincial Minister of Education of North Kivu engaged himself in raising awareness among parents and teachers about the importance of their children to be vaccinated. Thanks to this action, parents agreed to accompany their children to the health centre for vaccination.

During the reporting period, UNICEF and its partners reached 43,877 children and 1,276 teachers and school directors with EVD prevention information. Awareness raising focused on the measures to be taken in the schools, such as handwashing as well as the routine use of thermoflashes to prevent the spread of the disease in schools. A total of 111 schools were reached in Beni, Oicha, Mabalako, Butembo, Kyondo, Kayna, Mandima and Bunia health zones.

As a response to the confirmed case in Bunia health zone in Ituri province, UNICEF Education, Communication and WASH teams in cooperation with the Government and implementing partners, provided handwashing devices and thermoflashes as well as information on their usage for EVD prevention to 35 schools in the ring around places where the confirmed case had travelled through. In total, 124 schools were provided with handwashing devices during the reporting period.

**Monitoring of EVD Prevention and Control Measures at School**

In order to ensure that the EVD prevention protocol is well implemented, UNICEF jointly with the inspector of the Provincial Ministry of Education of Komanda health zone conducted monitoring and awareness raising visits in three primary and secondary schools (Tusonge Mbele and Tuungane primary schools, and Simbiliyo secondary school). It was observed that all three schools visited used the hand-washing devices placed in front of the classroom entrances. However, thermoflashes were only used when a student was not feeling well. The schools were requested to keep tracking records on the use of thermoflashes that the school division inspectors would check during routine school monitoring missions in accordance with the mandatory requirements by the Provincial Ministry of Education.

It was noted that the secondary school visited in Komanda health Zone had not been equipped with hygiene kits and respective action is being taken to provide those. Overall, the students, teachers and school directors of the schools visited were generally well informed about EVD and prevention measures. Those who have already benefited from the ‘Clean School Programme (Programme Ecole Assainie)’ were very appreciative of this support. The desire was expressed that the provision of hygienic kits would continue even after Ebola to strengthen hygienic practices in schools.

Since the beginning of the outbreak, the Education response has reached a total of 316,650 children (29 per cent of the current target) and 12,742 teachers (39 per cent of the target) in 1,413 schools out of 2,476 targeted schools (57 per cent) with awareness raising messages about the EVD prevention and control protocols. Among those, a total of 900 schools have received the complete package, including thermoflashes, handwashing devices and the protocol information document.

**Psychosocial Support and Child Protection**

**Key results during the reporting period**

- During the reporting period, 301 children\(^\text{12}\), of which 10 confirmed (4 girls, 6 boys) and 291 suspect cases (164 girls, 127 boys)\(^\text{13}\) were admitted to the different ETCs and/ or TCs and received individual psychological assistance, reaching a total of 1,949 children since the beginning of the outbreak. A large proportion of children continue to be affected by EVD-related deaths in their families and communities.

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\(^{11}\) 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.

\(^{12}\) The figure includes data from Goma

\(^{13}\) This figure is issued from data collected by the psychosocial commission.
• In Komanda, an increasing number of suspect cases were admitted to the ETC, of which 54 per cent were children during the reporting period. Beyond the psychological support, a specific follow-up is made to facilitate the reintegration of these children into the school system and to provide specific assistance as, for example, the provision of school uniforms.

• For the improved support of children, 450 families\textsuperscript{14} newly affected by EVD (confirmed and suspect cases) received psychosocial support and material assistance in all affected health zones of North Kivu and Ituri provinces. A total of 1,148 material assistance kits (hygiene, funeral support, NFI, newborn kits and food assistance) were distributed to discharged and recovered patients as well as to affected families.

• A total of 26 newly identified orphans (15 girls and 11 boys) and 72 children (37 girls and 35 boys) newly separated due to the Ebola epidemic have been identified, reaching a total of 531 orphans and 624 separated children since the beginning of the response. All of them received appropriate care, including NFI kits and food assistance. Due to insecurity and tensions in the communities, in Butembo/Katwa the identification and follow-up of the new orphans has been particularly challenging.

• A total of 818 persons who had contact with EVD-infected individuals received psycho-social assistance in the EVD affected health zones of North Kivu and Ituri provinces, reaching a total of 2,999 contacts assisted during the last 21 days.

Other activities and needs/ gaps identified

• The reporting period was marked by the recent attacks against ETCs in Butembo and Katwa health zones, which prevented the Psychosocial Commission from conducting appropriate follow-up of the affected children and their families and from supporting the reintegration of discharged and recovered patients into their communities.

• Due to the increasing tensions in these areas, the persons with EVD contact as well as affected families and especially recovered persons feel more stigmatized in their communities. For example, the psychosocial commission had to intervene on several occasions to prevent homeowners from evicting tenants who had recovered from EVD as they were accused of spreading the disease. Furthermore, it is becoming increasingly difficult for psychologists and psychosocial agents to convince people to be admitted to a CTE: beyond fears and rumours that "the ETC is a place where we die" and where "the virus is directly injected into our bodies", the ETCs are now also seen as an unsafe place where patients can be attacked.

• In Beni and Mangina health zones, the Psychosocial Commission focused its interventions around the newly confirmed cases. The Commission played an active role in facilitating the listing of the contacts as well as in the ring vaccination.

• In Mangina, the UNICEF child protection team advocated in favour of EVD-related orphans vis-a-vis the local social affairs administration to obtain certificates facilitating free access to basic social services.

• In Goma, the Psychosocial Commission supported the training of the WHO Rapid Intervention Teams by providing specific sessions on psychosocial first aid.

• To improve the follow-up of pregnant and lactating women, the capacities of psychologists and psycho-social workers need to be reinforced. In this regard, training activities will be organized during the month of March.

Nutrition

During the reporting period 416 patients (suspects and confirmed) in ETCs received adequate nutritional care, including 64 children under age five, 8 pregnant women and 15 lactating women. In the communities and at household level, the nutritionists and psychosocial agents supported by UNICEF provided support to 22 infants less than six months old who could not be breastfed due to their men.

\textsuperscript{14} The figure includes data from Goma
In the communities and at household level, the nutritionists and psychosocial age deceased or EVD infected mother (7 in Mabalako, 7 in Beni, 3 in Butembo and 5 Katwa including 2 newborns).

47 separated children and orphans aged from 6-23 months in the communities of Beni, Butembo, Katwa, Bunia, Komanda health zones were monitored for growth and health monitoring by the nutritionists.

Around 1,363 women caregivers were sensitized on adequate infant and young child feeding practices (IYCF) in the Ebola context.

The guidelines and tools on infant feeding in EVD have been widely disseminated in Bunia, Beni, Butembo and Komanda health zones to 480 persons from UN agencies, government and members of communication, psycho-social and surveillance commissions.

UNICEF nutrition staff organized briefings for caretakers of infants in nurseries as well as nutritionists who support nutrition activities in ETCs and nurseries on the use and management of infant milk formula for infants that cannot be breastfed as well as on the stimulation of early childhood. They further conducted technical supervision of nutritional activities in the ETCs of Mangina, Beni, Komanda, Katwa, Goma and Butembo and contributed to strategic planning.

Supply & Logistics

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$ 1,284,726.50, while the total value of items supplied under the overall UNICEF humanitarian response was US$ 3,186,494.23.

The total value of procurement orders during the reporting period was US$ 1,722,438.75. Offshore procurement orders amounted to a value of US$ 682,732.52 (39.64 per cent), while local procurement orders amounted to a value of US$ 1,039,706.23 (60.36 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. There are 122 UNICEF currently working staff in the affected areas15, with an additional 62 persons under recruitment. Over 450 individuals are deployed through the network of implementing partners mobilized by UNICEF.

External Communication

The CO prepared a statement for the Executive Director of UNICEF following the attacks on the Ebola Treatment Centres in Butembo that was issued on 28 February: Statement by UNICEF Executive Director Henrietta Fore on the recent attacks against Ebola treatment centers in the DRC. Following the donation of shirts by the FC Barcelona to the Barca Fan Club of Beni as an appreciation for its involvement in the Ebola-response put in place by UNICEF and its partners, the CO posted a story and video on its website: Fighting Ebola with unity, solidarity and a team spirit. During the reporting period media coverage on the Ebola-response include El Pais, Europa press, El Mundo, Reliefweb and Forbes. Since the beginning of the crisis, the CO published 66 articles on its website www.unicef.org/drcongo since the beginning of the crisis, 64 Facebook posts, more than 39 pictures on Instagram, and almost 450 tweets.

Implementing Partners

Response activities are jointly conducted by UNICEF in cooperation with the Government of the Democratic Republic of the Congo, other UN Agencies and several international and national implementing partners in North Kivu and Ituri provinces. WASH response activities are effectively implemented through the support by Mercy Corps, Red Cross DRC,

15 Of the 104 UNICEF staff on ground, 35 are in Beni, 36 are in Butembo, 8 are in Goma, 5 are in Mangina, 5 are in Kinshasa, 4 are in Komanda, and 8 work along the Bunia-Komanda route.
OXFAM GB, Action Contre la Faim (ACF), MEDAIR, Programme de Promotion des Soins de Sante Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA), and CEPROSSAN. Communication and community mobilization activities are implemented in cooperation with Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground, Caritas Congo, Réseau des Medias pour le Développement (ReMed), and MEDAM. Child protection activities are carried out in collaboration with the implementing partners Danish Refugee Council (DRC) in North Kivu province and Caritas Bunia in Ituri province.

Funding

As part of the joint Strategic Response Plan for Ebola, UNICEF’s response strategy focuses on Community engagement, IPC/ WASH, psychosocial care, nutrition and a cross-cutting education sector response.

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, UNICEF response is estimated at US$ 50,149,121.

To date, UNICEF was able to mobilize US$ 24,961,593 from different Donors and has a current funding shortfall of US$ 25,187,527.

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s action in favour of the Ebola response: World Bank, European Commission – European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, United States Agency for International Development (USAID), Central Emergency Response Fund (CERF), Government of Japan and the German Committee for UNICEF.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* US$</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>23,543,036</td>
<td>11,586,833</td>
<td>11,956,203</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>13,172,505</td>
<td>6,833,389</td>
<td>6,339,116</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support</td>
<td>3,474,300</td>
<td>2,354,000</td>
<td>1,120,300</td>
</tr>
<tr>
<td>Medical Care: Management of Severe Acute Malnutrition in Ebola Treatment Centre</td>
<td>949,800</td>
<td>950,800</td>
<td>-1,000</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>7,167,480</td>
<td>3,236,571</td>
<td>3,930,908</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>0</td>
<td>1,520,000</td>
</tr>
<tr>
<td>Preparedness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50,149,121</td>
<td>24,961,593</td>
<td>25,187,527</td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 13,031,305), phase II.1 (US$ 3,933,000) and Phase III (US$ 24,385,917)
** Funds available include reprogrammed funds from Equateur Response

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UNICEF still has a funding gap of 3.9 million in SRP II.1

Next Situation Report: 17 March 2019

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### Ebola Response Tracking Indicators (03 March 2019)
#### Strategic Response Plan (SRP) III

<table>
<thead>
<tr>
<th>RESPONSE COORDINATION</th>
<th>New Target</th>
<th>Total results</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td># of affected localities with functioning partner coordination mechanism</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>COMMUNICATION FOR DEVELOPMENT</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, women and women's organisations, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, adolescents and private sector).</td>
<td>37,632¹</td>
<td>21,137</td>
<td>1,544</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>13,200¹</td>
<td>9,964</td>
<td>0</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>19,500,000¹</td>
<td>12,335,560</td>
<td>787,265</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>4,350¹</td>
<td>2,015</td>
<td>164</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>86,984²</td>
<td>85,375</td>
<td>4,386</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>90%¹</td>
<td>91%</td>
<td>0</td>
</tr>
<tr>
<td>WATER, SANITATION &amp; HYGIENE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>1,8871</td>
<td>867</td>
<td>66</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,400¹</td>
<td>900</td>
<td>124</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>8,000¹</td>
<td>1,951</td>
<td>231</td>
</tr>
<tr>
<td>% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized</td>
<td>100%¹</td>
<td>91%</td>
<td>54%</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>15,000¹</td>
<td>229</td>
<td>152</td>
</tr>
<tr>
<td>EDUCATION</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>316,650</td>
<td>43,877</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>32,296</td>
<td>12,742</td>
<td>1,276</td>
</tr>
<tr>
<td>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>5,000¹</td>
<td>1,949</td>
<td>301</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>1,068³</td>
<td>1,068</td>
<td>43</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>5,673⁴</td>
<td>4,765</td>
<td>0</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,700¹</td>
<td>624</td>
<td>72</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1400¹</td>
<td>531</td>
<td>26</td>
</tr>
</tbody>
</table>
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families | 1300¹ | 734 | 241

**NUTRITION**

# of < 23 months children caregivers who received appropriate counselling on IYCF in emergency | 24,756¹ | 11,141 | 1,363

# Ebola patients who received nutrition support during treatment according to guidance note | 3000¹ | 938 | 416

# 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 | 190¹ | 28 | 8

¹ This target covers the beginning of the outbreak and also includes new ones based on the Strategic Response Plan III (February 1st to July 31st, 2019), which covers all the health zones in Ituri and North Kivu province.

² The target is dynamic as the listing of eligible persons evolves

³ This target is estimated based on the number of confirmed, probable, and suspected cases, and is adjusted as the response progresses.

⁴ The target is dynamic and 100% of listed contacts is the identified target