Highlights

- On June 23rd, in Butembo, UNICEF celebrated the International Widows' Day by raising awareness among 3,000 widows and orphans on preventive measures against Ebola Virus Disease (EVD).

- On June 30th, a case who had travelled overland from Beni was confirmed in Ariwara, close to the borders with Uganda and South Sudan. This is the first confirmed case in this health zone. UNICEF immediately deployed a rapid response team.

- On July 13th, the Ebola Strategic Response Plan 4 covering the period from July to December 2019 was finalized in Goma and validated by the Minister of Health.

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>24,500,000</td>
<td>18,636,000</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>156,530 *</td>
<td>155,027</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>10,101</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>32,296</td>
<td>31,577</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>7,000**</td>
<td>6,636</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

UNICEF Ebola Response Appeal
US$ 50.15 million

Democratic Republic of the Congo
Ebola Situation Report
North Kivu and Ituri

2,522 total reported cases
(WHO, July 16th 2019)

2,428 confirmed cases
(WHO, July 16th 2019)

684 children <18 among confirmed cases (MoH, July 14th 2019)

1,604 deaths among confirmed cases
(WHO, July 16th 2019)

18,676 contacts under surveillance
(MoH, July 16th 2019)

UNICEF Ebola Response Appeal
US$ 50.15 million
## Epidemiological Overview

### Summary Table (July 16th, 2019)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Nord-Kivu</td>
<td>Beni</td>
<td>481</td>
<td>9</td>
<td>490</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>255</td>
<td>0</td>
<td>255</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>128</td>
<td>15</td>
<td>143</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>22</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>349</td>
<td>16</td>
<td>365</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>47</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>71</td>
<td>1</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>11</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>45</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>621</td>
<td>16</td>
<td>637</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>91</td>
<td>13</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Biena</td>
<td>15</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Manguredjipa</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>28</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Alimbongo</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mambasa</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>181</td>
<td>4</td>
<td>185</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>32</td>
<td>9</td>
<td>41</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>
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<tr>
<td></td>
<td>Bunia</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Arwiara</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2428</td>
<td>94</td>
<td>2522</td>
</tr>
<tr>
<td>Previous Total July 7th 2019</td>
<td>2324</td>
<td>94</td>
<td>2418</td>
<td>1536</td>
</tr>
</tbody>
</table>

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1 Data source: Epidemiological table is based on WHO data as of July 14th, 2019. The “key epidemiological developments” paragraphed is based on WHO for data as of July 14th and on daily numbers by the National Coordination Committee (Comité National de Coordination, CNC) for data as of June 7th.
**Key Epidemiological Developments**

With more than 1,500 deaths among confirmed cases since the declaration of the outbreak in August 2018, the Ebola virus continues to spread within several health Zones of North Kivu and Ituri provinces, both affected by conflicts and humanitarian crisis.

As of July 16th, a total of 2,522 EVD cases were reported, among which 2,428 confirmed and 94 probable cases. More the two third of EVD confirmed cases died: 1,698 deaths, among which 1,604 confirmed and 94 probable cases (global case fatality ratio 67 per cent).

During the reporting period (June 24th to July 07th), 171 new confirmed cases were reported, thus representing a feeble decrease from the previous two weeks (171 vs 185)\(^3\).

The proportion of new confirmed cases listed as contacts remained low and slightly decreased in comparison to the previous period (54.8 per cent on average in the last three weeks\(^4\) against 56 per cent during the previous three weeks).

During the last three weeks, Beni passed to be the major hotspot for EVD transmission (36 per cent of new confirmed cases, in comparison to 15 per cent of the previous three weeks) followed by Mabalako (22 per cent in comparison to 35 per cent of the previous three weeks). Collectively, these two health zones account for the majority (58 per cent) of the 250 new cases reported in the last twenty-one days.

On June 30th, a new confirmed case who had travelled overland from Beni was confirmed in a health area of Ariwara, a newly affected health zone in the Ituri province, more than 460 kilometres north of Beni, close to borders with Uganda (20 km) and South Sudan (70 km). In addition, on July 14th a confirmed case coming from Beni was reported in the city of Goma.

Out of the 23 health zones affected by EVD\(^5\) since the beginning of the outbreak (August 2018), 17 health zones of North Kivu and Ituri reported at least one confirmed EVD case in the last three weeks, with 70 EVD affected health areas (among which 7 new health areas where affected during the last two weeks).

Despite a slight decrease during the last two weeks in comparison to the previous two weeks (25.7 per cent vs 27.5 per cent), the proportion of EVD deaths at community level remains significant, with more than one confirmed case out of four dying in the community\(^6\).

Disaggregated data by gender and age shows that, out of the 2,321 total cases recorded, 56.5 per cent (1,313) are female, among these, 59 per cent are childbearing age (15-49 years); and fifteen (15) per cent are children under 5 (346 children).

Six (6) healthcare workers were affected by EVD during the last two weeks, reaching a total of 128 health personnel affected since the beginning of the epidemic outbreak (5 per cent of total cases).

**Humanitarian Leadership and Coordination**

UNICEF continues to support coordination in all established Coordination (EOC; Emergency Operations Center) and Sub-Coordination with functional strategic or operational commissions. Based on the accountability framework, UNICEF is co-leading the commissions on Risk Communication and Community Engagement (RCCE), WASH – Infection

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\(^2\) Except for paragraph on total number of cases and sentence on the case reported in Goma, all other paragraphs refer to the reporting period from June 24th to July 07th.

\(^3\) New confirmed cases: 91 in week 26 and 80 in week 26.

\(^4\) Week 25, 26, 27 for the period June 17th to July 07th.

\(^5\) Health zone having reported at least 1 confirmed or probable EVD case.

\(^6\) Proportion of death at notification: 27 per cent of confirmed cases during week 26 and 24 per cent during week 27.
Prevention and Control (IPC), and psychosocial care. UNICEF is also active in the working groups on logistics, vaccination and nutrition.

The strategic Ebola response coordination based in Goma maintains a strong support to active operational coordinations in Butembo/Katwa, Mangina, Bunia, Beni and all active health zones. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

As soon as the new case was confirmed in Ariwara\(^7\), UNICEF deployed a multisectoral team and immediately after this reported case died, the team was ready to support the entire family and provide psychosocial support, raise awareness among the community, as well as to implement IPC/WASH activities.

In addition, following the deterioration of the security situation in Ituri Province with multiple attacks involving the Hema and Lendu groups, 20,000 displaced persons have reached Bunia. In the displacement camps, the threat of Ebola is combined with measles. Thus, on July 11\(^{th}\), UNICEF launched a measles campaign led by the Ministry of Health, in collaboration with MSF already present on the ground. The campaign targeted 4 displacement camps in 7 health areas of the city. In total, 40,629 persons were vaccinated, including 9,055 IDPs. Among them, 6,357 children between 6 and 59 months were vaccinated since July 11\(^{th}\). The boundary of one camp, located alongside Bunia’s General Hospital, is less than 100 metres away from an Ebola treatment center, thus the campaign incorporates additional measures to protect against Ebola transmission. In addition, UNICEF is also developing a multi-sector response to address the other IDPs humanitarian needs.

Furthermore, on June 28\(^{th}\) and 29\(^{th}\), the Minister of Health chaired a two-days experts’ meeting in Kinshasa that aimed at creating a consultative framework to transparently share the latest scientific and technical information on existing experimental Ebola vaccines to facilitate the Ministry of Health’s decision-making on their use in the response. After this conference, it was decided that the only vaccine to be used in this outbreak is the rVSV-ZEBOV vaccine.

On June 30\(^{th}\), when celebrating the Independence Day, Felix Tshisekedi, the President of the Democratic Republic of the Congo (DRC) travelled to Bunia on official visit in order to asses on the humanitarian situation. He also took this opportunity to visit an Ebola Treatment Center (ETC).

**Response Strategy**

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the EVD in North Kivu and Ituri provinces. The SRP aims at containing the transmission of EVD in the provinces of North Kivu and Ituri and to avoid the spread of the disease to new health zones as well as neighbouring provinces and countries. The national SRP was launched on August 1\(^{st}\) 2018 and was revised four times\(^8\). In support of the SRP, the UNICEF response strategy focuses on a cross-cutting Community-based approach including WASH/Infection, Prevention and Control (IPC), Psycho-social care, Risk Communication and community engagement, Education, Child Protection, Nutrition interventions and pediatric clinical care in ETC.

During the week between July 8\(^{th}\) and 14\(^{th}\), the MoH, UNICEF and partners gathered in Goma and finalized the new SRP IV through an inclusive and participative approach. On July 14\(^{th}\), the new SRP IV was validated by the Ministry of Health. This document represents a « final push » for all the stakeholders for ending EVD epidemic.

\(^7\) See Key Epidemiological Developments, page 3.

\(^8\) The National Strategic Response Plan (SRP) was launched on August 1\(^{st}\) and was revised three times. The initial Response Plan (SRP I, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified. On October 19\(^{th}\) 2019, the MoH released the revised Ebola Response Plan (SRP II, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545. On December 20\(^{th}\) 2018, the MoH updated the Ebola Response Plan II (SRP II-I, November 2018 – January 2019) to include assumptions and additional needs until January 31\(^{st}\) 2019, estimated at US$ 23,506,000 million. Finally, on February 13\(^{th}\) 2019, the MoH launched the Ebola Response Plan III (Strategic Response Plan III, February – July 2019) for a total amount of US$ 147,875,000.
In support of implementing the SRP, the United Nations also developed a scale-up strategy for ending the 10th Ebola outbreak in DRC. This United Nations scale-up strategy provides a framework for organizing the response by the United Nations system in support of the Government of the DRC’s public health response priorities as well as to enhance the overall enabling environment within which the response is situated. The scale-up strategy will be implemented across five main pillars\(^9\) identified as essential for an effective response to end the Ebola outbreak. As part of the pillar one “strengthened public health response in support of the Ministry of Health”, UNICEF will scale up its RCCE interventions to enhance dialogue and partnerships between Ebola response teams and individuals or communities in affected areas enabling community ownership in the response and real time exchange of information. UNICEF will also continue to be responsible of improving infection prevention and control interventions in communities in affected areas, including the provisions of supplies and household decontamination for confirmed and probable cases. The Psychosocial support interventions will also be sustained, and UNICEF will remain the lead agency to provide patients with EVD and their families psychosocial support through direct psycho/social care and provision of social support and food assistance to affected individuals and households.

Together with OCHA, UNICEF is also co-leading the pillar 3 aimed to strengthen community ownership and support programs in response to community needs to enable Ebola control activities (UNICEF) and strengthen multi-sectorial humanitarian coordination (OCHA). In particular, UNICEF and its partners will promote community ownership and implement social and humanitarian programs to respond to critical community needs, mitigate the adverse effects of the response, and strengthen community systems to enable sustained community engagement.

**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.

**Risk Communication and Community Engagement**

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

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

**Main activities during the reporting period**

Under UNICEF’s lead, RCCE partners developed new key messages on the EVD response according to the community feedback mechanism. During the reporting period, the government validated and disseminated these messages in the 7 sub-coordination’s of the two affected provinces. The messages were developed by thematic (surveillance, IPC, Ebola survivors, safe and dignified burials, vaccination, nutrition, medical care, entry points) and for the intend of specific group such as families, teachers, politico-administrative authorities, health workers, religious leaders, traditional healers, community members, contacts. The harmonization of these messages was crucial to move forward with the

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9 The five main pillars of the scale-up strategy are: (i) Strengthened public health response led by WHO in support of the Ministry of Health; (ii) Strengthened political engagement, security and operations support led by EERC; (iii) Strengthened support to communities affected by Ebola led by the EERC and supported by OCHA and UNICEF; (iv) Strengthened financial planning, monitoring and reporting, led by the World Bank and (v) Strengthened preparedness for surrounding countries led by WHO and supported by OCHA and IASC partner.
scale up strategy and its pillar III on strengthening communities affected by Ebola. They will be updated as needed based on regular feedback from community members.

Moreover, on June 28th, the opinion leader who belongs to the Rally for Congolese Democracy party, Antipas Mbusa Nyamwisi, visited Butembo for the first time after 7 years of exile. In his address, he called on the people of Butembo to collaborate and trust the teams fighting EVD. He sent a strong message to the reluctant population as he got vaccinated against Ebola.

**Responding to Refusals/Reticence and Rumors**
The RCCE Commission and community animators took the opportunity of the social reintegration of two Ebola survivors in the health areas of Kasebere to organize a raising awareness activity and convince the community of the importance of timing treatment of Ebola. During the event, where 200 people were present, the family, community and local authorities warmly welcomed and reintegrated them into their community.

In Butembo, UNICEF and the civil society organized a community dialogue that started with an animation and a short play on the EVD response and related rumors. After this opening, experts answered a total of 23 questions from the public. The aim was to encourage people to express themselves on the Ebola response. About 800 people attended, including 650 women.

Mangina remains a hotspot for EVD transmission and for community resistance too. UNICEF and partners are increasingly engaging with the community and with potential allies among local leaders including the religious ones. Upon their request, singers from Linzo Adventist Church visited the Mangina ETC. Then, they involved in awareness activities in the community during which they explained to the worshippers that the ETC are not a place where people die but a place where people can be saved through Ebola treatment.

**Promotion of Preventive Behaviors**
On June 23rd, in Butembo, UNICEF celebrated the International Widows’ Day by raising awareness among 3,000 widows and orphans on preventive measures against EVD. Moreover, in Butembo and Katwa, 7,241 teachers, including 2,534 women, were briefed on the EVD prevention during a 2-day-training workshop in 8 sites. This activity took place at the end of the school year to encourage teachers, as well as students and their parents, to adopt prevention measures along the holidays. The purpose was also to make these teachers real ambassadors in the fight against EVD in the community during the school holidays, with the aim to get rid of EVD by the beginning of the school year. This awareness raising activity was made possible thanks to the collaboration of WHO, educational government bodies, the MoH, Red Cross and the NGO SFCG, PPSSP and Food for the Hungry International (FHI) 360. UNICEF’s support included provision of 8 trainers, 8 video projectors, 8,000 French EVD leaflets and 8 handwashing kits.

In the health area of Hoho, Rwampara HZ, UNICEF briefed 50 local leaders including 12 women on the importance of the community engagement during the response. During this session, the team in charge of safe and dignified burials presented their work.

In Komanda health zone, UNICEF raised awareness among 612 children on the EVD preventive measures including the promotion of correct hand washing in schools on the closing of the school year.

UNICEF organized two community dialogue sessions on the implementation of community engagement actions. The first one gathered 292 leaders of Mangina commune and the second one, all the health care providers of the Mabalako health zone (traditional healers, nurses and pharmacists).
Media activities

With UNICEF and SFCG, two newspapers about testimonies of Ebola survivors French, Swahili and Kinyande were produced and broadcasted on 26 radio stations in Butembo. In addition, 2 spoken newspapers and a magazine on the testimony and discharge of three cured pastors were produced and broadcasted on 12 radio stations in Beni.

Key Results

<table>
<thead>
<tr>
<th>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).</td>
<td>47,695</td>
<td>49,138</td>
<td>▲ 3,453</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>32,821</td>
<td>29,404</td>
<td>▼ 3,417</td>
</tr>
<tr>
<td># of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces.</td>
<td>21,500,000</td>
<td>18,626,000</td>
<td>▼ 845,827</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>8,481</td>
<td>8,744</td>
<td>▼ 263</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>156,530*</td>
<td>155,027</td>
<td>▼ 5,843</td>
</tr>
<tr>
<td>% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)</td>
<td>80%</td>
<td>73%</td>
<td>▼ 0.7%</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from August 8th, 2018 to July 6th, 2019

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

**The Water, Sanitation, and Hygiene (WASH) strategy**, as part of EVD Infection Prevention and Control (IPC), aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits12 and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools13, (3) WASH in communities through mass outreach on hygiene promotion and the setup of handwashing stations/temperature check points in strategic transit locations, and (4) joint14 supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

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

**Main activities during the reporting period**

At the Ebola Operation Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination. The IPC/WASH task force forum is continuing to improve, meeting weekly with key partners to address technical issues. The finalization of a complete training module on WASH/IPC in Ebola response by the IPC commission is ongoing and expected to be finalized by the end of July.

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11 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.

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

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

14 Multidisciplinary teams comprise health specialists from the MoH and/or Medical NGOs as well as WHO.
After the series of trainings conducted during the past weeks by UNICEF WASH information manager team for all the members of the IPC sub-committee, a first dashboard was created with display of results for each IPC/WASH key component at health centers, schools and communities level. During the reporting period, and despite accessibility constraints due to the security situation, prevention activities, implemented by UNICEF partners CEPROSSAN and Mercy Corps continued in all the Butembo sub-coordination health zones through the distribution of 343 hygiene kits to households, 519 handwashing stations in public places and IPC/WASH kits in 34 schools and 159 complete or supplementary kits to health facilities.

In Kalunguta health zone, some areas where several suspected cases are reported, remain hardly accessible and the response limited. In Kayna and Alimbongo health zones as well access remains a challenge, despite the set-up of local teams for delivering the first response. In these areas, population mainly relies on traditional practitioners, who are barely informed and briefed on EVD symptoms and treatment protocols.

Works were completed in the Butembo health zone for a decontamination area: WASH facilities such as drilling, provision of hydraulic items (reservoir, pipes and fittings), 4 latrines and 4 showers have been constructed by UNICEF and its partners. In addition, an integrated transit center is now operational in Vuhovi health zone, thus facilitating the reference and treatment of EVD-suspected cases. In the same health zone, WASH/IPC teams noted a slight decrease in community resistance through a series of community dialogues aimed at stimulating the community engagement in the Ebola response.

During the reporting period, the Beni health zone reported 76 new EVD confirmed cases (including 19 cases in the Mandradele health area), more than the double of the previous reporting period. This is mainly due to the resistance of the population to the response and resulting difficulties in accessing these areas. After the attack of June 24th to the EVD response teams, activities were temporary interrupted with a consequent negative impact on the timely identification, treatment and follow up of cases.

Despite the security and accessibility conditions, UNICEF implementing partner PPSSP distributed hygiene kits to 364 households (2,184 beneficiaries) and 7 schools. In these latter, prevention activities continued with hygiene promotion sessions, attended by 1,202 students and 109 teachers. 19 public places and 6 schools were supplied with handwashing devices and 182 handwashing devices in other public places were daily supplied with treated water and their functionality regularly monitored. About 1,021,580 liters of water treated with chlorine and other 400 kg of chlorine were donated to the WHO for water treatment in the ETC of Beni. In the Mabolio health area, UNICEF partner SNRH started the construction of a drilling in order to alleviate water shortage in the neighborhood. Hygiene promotion sessions were attended by 1,253 persons. At the same time 300 community sensitization workers coming from local organizations were briefed on EVD prevention measures as well as on the use and management of hygiene kits. In addition, UNICEF teams involved 1,040 women in a series of dialogues around EVD protection and prevention measures. In Oicha health zone, 208 handwashing devices were installed in public places together with treated water provision, and their utilization monitored. Security access in Oicha remained volatile and only possible with armed escort, thus limiting the response rapidity and flexibility.

To enhance capacities of local actors and IPC/WASH commission as a whole, 90 focal points issued from the different health areas of Mandima and Mabalako health zones (Mangina sub-coordination) started a training on IPC/WASH prevention measures.

For routine activities, WASH kits were distributed to 34 health facilities, 6 schools and 27 public places. At the same time 1,024 households received hygiene kits (54 households with EVD cases and 970 around EVD cases). Kits distribution in households, schools and public places was accompanied by sensitization activities touching 2,121 persons. The number of inaccessible health areas more than doubled in comparison to the previous report: 7 health areas, as well as a part of Mabalako town, were inaccessible during the reporting period because of the insecurity caused by armed groups and the resistance of some communities. In these areas many cases are being reported.
In Komanda health zone a new confirmed case was reported on July 1st. Around this case, IPC/WASH kits were distributed in 4 health facilities (one each) and 18 health workers were briefed on IPC/WASH kit use. In addition, hygiene kits were distributed to 16 households around this confirmed case and 254 people (92 male, 135 female and 22 children) received instruction on the use of the kit and sensitized on good handwashing practices.

During the reporting period, EVD prevention activities continued to be strengthened. About 382,660 liters of drinking water were provided to 9 chlorination points (with a daily average of 2,500 beneficiaries) and 70,946 liters of water for handwashing supplied in 68 public places. Complete WASH kits were distributed in 5 schools (one kit per school) and supplementary items (including soap and replacement of thermostick) donated to 10 schools (including 2 National End of primary Studies Test (TENAFEP) centers). In Komanda and Nyankunde centers, the organization of the TENAFEP was also the occasion to sensitize 855 students and 69 adults (of which 33 supervisors, 30 directors and 6 exam organizers) on hand washing practices and Ebola prevention in schools. In addition, 766 students, 33 teachers and 200 parents were sensitized on handwashing and EVD prevention measures in 7 schools of Komanda center and other 4,266 students and parents sensitized during the presentation of the end of the year results.

In health facilities, 40 health workers were briefed on IPC/WASH kit use and one health facility was supplied with a IPC/WASH kit. The IPC/WASH teams monitored the use of kits and the functioning of handwashing devices in 32 health facilities and 15 public places. The soap was distributed in 36 public places.

The International Organization for Migration (OIM), in charge of the health screening and prevention activities at entry points, received 2 sprayers by UNICEF to be installed at Bunia key-entry points.

Reinforcement of EVD preparedness activities continues in Mambasa health zone, specifically with the supply of chlorinated water to 24 public places (8,800 liters) including 2 centers for the high school final test (EXETAT) and to 2 entry points (6,350 liters) and to the Mambasa General Hospital (16,800 liters). In addition, UNICEF partners installed 5 chlorination points and distributed Aquatabs tablets to 12 health facilities. The health workers distribute these tablets during the anti-natal and pre-school consultations and the community health workers monitor their adequate utilization through regular household’s home visits. A WASH kit was donated to one health facility. Based on the monitoring results on the use and functionality of WASH kits in 29 health facilities and 2 centers hosting the high school final test, these latter and 15 health facilities were supplied with complementary WASH items. Hand washing points were installed in 2 public places and 2 churches and monitoring on their functionality was conducted in 24 public places. UNICEF supported IOM activities with the distribution of chore to 2 entry points.

To strengthen local capacities and promote community engagement, 4 members of the local association « MAOSHO » charged of burials of muslim-faith death cases participated in a training on EDS in Bunia, led by the IPC/WASH Commission, and are now operational on the ground.

A new EVD confirmed case was reported in a new health zone, Ariwara, under the Bunia sub-coordination. Access to Ariwara is possible by flight only, because of the insecurity in the Djugu area. The health zone was supplied with WASH/IPC and health workers briefed on IPS/WASH prevention measures.

In Rwampara and Bunia health zones, 52 IPC/WASH kits were distributed in 31 schools and 21 health facilities. In addition, 45 households around the confirmed cases received hygiene kits. About 234,099 liters of chlorinated water were supplied to 5 health facilities and 143 public places in Bunia and 2 health facilities and 11 public places in Rwampara. 7 handwashing devices were distributed in Bunia public places (2 for the Governorate, 4 for child-friendly spaces and 1 for the parking of the Reference General Hospital) and 2 distributed to a local church in the Hoho health area, together with 10 boxes of soap.

In order to receive the beneficiary feedback on the assistance they had received, the IPC/WASH commission conducted a post distribution monitoring surveys with 58 households.

In Goma, new agreements with UNICEF implementing partners are ongoing to extend and expand preparedness activities. A series of local associations were also identified in order for them to start a collaboration with UNICEF.

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15 Data analysis is ongoing.
under the SRP IV. A working session with all partners working in Goma health zone, the IPC\WASH sub-commission supervisors and the Health Zone was held to discuss about updated need assessment, mapping of actors and remaining gaps to be covered.

UNICEF implementing partner installed 20 handwashing devices in several public places such as markets, parkings and travel agencies. Provision of handwashing devices was accompanied by the sensitization on WASH prevention measures: 251,939 people (99,131 women, 65,987 men, 41,912 boys and 44,909 girls) were sensitized. About 6,371 people (2,373 women, 1,531 men, 732 boys and 1,735 girls) showed their refusal for handwashing. About 154,800 liters of water were provided in the different health zones: 12,000 liters in Kirotshe, 60,000 liters in Goma, 79,920 liters in Karisimbi et 2,880 liters in Nyragongo.

On July 02nd, the WASH/IPC commission organized a workshop in Goma on existing sectorial operational procedures and standards connected to each IPC/WASH response components. A total of 65 people participated, such as implementing partners, president, vice-presidents and supervisors of the PCI/WASH sub-commission and health zone teams.

**Key Results**

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Target</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>1,887</td>
<td>2,678</td>
<td>1,206</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,400</td>
<td>2,124</td>
<td>809</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>8,000</td>
<td>5,155</td>
<td>1,109</td>
</tr>
<tr>
<td>% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized</td>
<td>100%</td>
<td>89%</td>
<td>13%</td>
</tr>
<tr>
<td>Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>15,000</td>
<td>10,101</td>
<td>5,261</td>
</tr>
</tbody>
</table>

**Education**

The education strategy involves key EVD prevention measures on schools, including (1) the mapping of schools to identify their proximity to a confirmed case and identification of schools in the affected health areas, (2) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces, parents’ association) on Ebola prevention in schools including WASH in school, psychosocial support in classrooms, and against discrimination, (3) provision of infrared thermometers and handwashing kits in schools including clean water, soap, and capacity reinforcement on hygiene behaviors, (4) provision of school cabins for school entry checking, (5) provision of specific documentation and protocol for prevention, guidance, and management of EVD suspect cases in school, (6) provision of key messages on Ebola prevention to families, and (7) close monitoring of the effective use and implementation of the protocol of prevention of EVD in schools.

**Implementing Partners**: Enseignement Primaire, Secondaire et Professionnel (EPSP), Associazione Volontari per lo Sviluppo Internazionale (AVSI)

**Main activities during the reporting period**

During the report period, the Ebola Operations Center (EOC) reported 7 students and 3 teachers among the confirmed cases. Among the 7 students (3 girls), 4 are dead cases. Moreover, among the 3 teachers, one was a woman dead case. All the cases reported were respectively from primary and secondary schools from Butembo, Vuhovi, Beni, Biena and Rwampara.

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16Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (February 1st to July 31st, 2019), covering all health zones in Ituri and North Kivu province.
In Beni health zones, the WASH/IPC teams have decontaminated all the 6 schools. The other cases (both alive and dead ones) in the three health zones of Butembo, Vuhovi and Biena were community contamination. All the cases did not attend school during their symptomatic period. In the health zone of Rwampara, the student from the Leopoldville Primary school dead at the ETC did not attend school during his symptomatic period either as the school was already closed. However, prevention measures have been taken around his school including the ring vaccination of around 100 students and neighbors.

**Awareness raising activities on EVD prevention measures:**
To ensure that the fight against the EVD doesn’t slow down during the holidays, the RCCE Commission team in collaboration with the Education Department (EPSP) have distributed 376,800 pamphlets on EVD prevention measures messages in French, Swahili and Nande during the end-of-school-year activities and exams in 1,060 schools in the Butembo, Katwa, Musienene, Kyondo, Vuhovi, Kalunguta health’s zone.

These same pamphlets were distributed to 1,219 students (700 girls) and 30 teachers (20 females) in Butembo Health zone. In this health zone, additional raising awareness activities were also organized in 16 primary and secondary schools reaching 3,947 students (1,732 girls). 40 WASH kits and 38 Thermoflashs have also been distributed in 19 schools. In addition, 16 exams centres for the Tests National de Fin d’Etudes Primaire (TENAFEP) received additional IPC/WASH kits and Thermoflash.

In the health zones of Nyankunde, Komanda and Mambasa, school authorities jointly with the Ebola team took advantage of the end-of-school-year graduation ceremony to raise awareness among more than 10,000 people (students, teachers and parents) on EVD prevention measures in 19 schools. Several students performed poems as part of the community awareness on preventive measures against EVD.

**Psychosocial support activities in classroom**
Prior to the end of the school year, UNICEF partner AVSI jointly with the provincial education governmental partners have organized recreational, expressive and psychosocial activities for 26,489 students (13,506 girls and 12,983 boys) from 80 school structures in Lubero, Musienene and Masereka health zones and raised awareness on the protection, hygiene, water, diseases and other related dirty hand diseases. In addition, 4,132 parents (2,512 males and 1,620 females) benefited from awareness raising activities on the importance of education, child protection and the prevention of EVD. During the same period, AVSI distributed 80 recreational and expressive kits in the 80 targeted schools. However, in Lubero, Masereka, and Musienene, AVSI has suspended recreational, expressive and psychosocial activities in schools that are now on holidays. AVSI will resume with those activities in September at the opening of the school year 2019-2020.

322 teachers and the heads of non-formal 66 education structures in Beni, Oicha and Mabalako health zones benefited from psycho-social support in classroom trainings. Thus, a total of 1,021 teachers school principals and heads of non-formal education centers have been trained (419 females).

During this reporting period, an additional 41,199 students (15,948 girls) and 7,733 teachers (3,113 females) have been reached with Ebola prevention information in schools.

**Key Results**

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,090,006</td>
<td>872,898</td>
<td>41,199</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>32,296</td>
<td>34,577</td>
<td>7,733</td>
</tr>
</tbody>
</table>

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

Implementing Partners: Danish Refugee Council (DRC) in North Kivu province and DIVAS (Division Provinciale des Affaires Sociales) in Bunia in Ituri province.

Main results during the reporting period:

- In/around the Ebola Treatment / Transit Centers and nurseries
  Since the beginning of the epidemic a total of 5,164 children were admitted to the different ETCs or Transit Centers (TCs) and received individual psychological support. During the reporting period, 610 children, including 15 (10 girls, 5 boys) and 595 suspect cases (207 girls, 388 boys) were assisted. The high number of suspect cases is due to an increase of referrals to TCs or ETCs of sick children presenting EVD-like symptoms, particularly from Beni, Oicha, Mangina and Bunia.

  In the ETC of Mangina, psychologists have faced difficult some cases affecting children. Two siblings who tested EVD positive (a boy and girl, of 12 and 17 respectively) were severely affected by the loss of 9 members of their family. Their distress and anxiety combined with the rumors they had heard about food poisoning in the ETCs resulted in their refusing to take medicines and food. After discussions and dedicated psychological support, the children began to let go of their fears and started to accept food and treatments, finally believing in the possibility of recovery.

  A total of 13 new children (8 girls) received full time care from UNICEF nutritional and psychosocial team in the temporary residential nurseries of Beni, Butembo and Katwa.

- In communities:
  As a way to support affected families so that they continue to have the emotional and material capacity to care for their children, 427 affected families received psychosocial support and material assistance in all Ebola-impacted health zones of North Kivu and Ituri Provinces. A total of 902 kits of material assistance (hygiene, funeral, NFI, new-born kits and food assistance) were distributed to discharged and recovered patients and affected families.

  A total of 1,378 persons who had contact with EVD-infected individuals received psycho-social support. Contact tracking for the purpose of providing psychosocial support remained a challenge, partly due to coordination difficulties experienced with Surveillance Commission about the quality and timing of the release of the contact lists (delay and unclear addresses). It should be noted that when contact persons need longer psychological support, psychosocial agents continue to provide such for a period that extends beyond the 21 days of EVD incubation period.

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18 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.
19 Psychosocial support is comprised of daily individualized household visits to break stigmatization and identify any social problems which may result following the case of Ebola.
20 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.
21 According to the local context and socio-cultural norms.
22 This figure is issued from data collected by the psychosocial commission.
During the month of June, 385 pregnant and 253 breastfeeding women – all contact persons - received specific psychosocial support.

A total of 82 newly orphaned children (43 girls and 39 boys) and 147 children (53 girls and 94 boys) newly separated due to the Ebola epidemic were identified and assisted, bringing a total of 1,185 and 1,890 the number of orphans and separated children identified and assisted since the beginning of the response. All of them received appropriate care, in addition to NFI kits and food assistance. The high number of orphans and separated children for this period is due both to the addition of figures from the last reporting period and an increase in community EVD deaths.

All identified EVD orphans and separated children form Bunia and Komanda who received school support (11 orphans and 8 separated children) passed their end-of-year exams with success. In Butembo and Katwa, a rapid assessment by UNICEF child protection staff of 36 randomly selected orphans (among the 114 who have received educational assistance, such as payment of schools fees and/or uniforms/school supplies, and psychosocial support), revealed that 32 of them (89%) had excellent school results. Four are still seriously affected and continue to be regularly followed up and supported by psychologists and psychosocial agents.

UNICEF gives particular attention to the regular follow-up of vulnerable orphans. For example, in Butembo, an 8-year-old child who lost his father from EVD, was placed in the nursery and referred to the hospital for intensive nutritional care (the child was suffering from acute malnutrition). Once his health stabilized, he was reintegrated into his family and is receiving regular joint visits by UNICEF child protection and nutrition teams. The relationship of trust built by the psychosocial agent with his mother greatly contributed to a better nutritional and emotional care of the child.

Coordination/ needs and gaps identified
In Goma, no Ebola survivor is present and available for working as a care giver. As a result, EVD-suspected children at the ETC often stay alone, without being in close contact with their families. Discussions between the ETC health team and psychosocial agents are ongoing to rapidly find a solution in order for children to have the appropriate psychosocial and emotional support.

Human resources and capacity building
In Beni, a training was conducted for Ebola Survivors who were going to be recruited as care givers of infants, children and adults in ETCs. 11 persons have been recruited. The training, conducted by UNICEF, its implementing partner and the international NGO Alima, was focused on their own experience when they were themselves in the ETCs, how to give emotional support to children, specific needs of sick infants, children and adolescents separated from their families as well as medical care and pathways for confirmed cases.

For surviving Ebola children, life continues!
UNICEF’s child protection teams, in close collaboration with psychosocial agents, regularly conduct follow-up visits of children and adolescents who are Ebola survivors.

In Beni, E., 12 years old, lives with his mother and 3 brothers. Due to the fragile socio-economic situation of his family and the social impact of the EVD, he continues to receive psychosocial support as well material assistance, particularly to cover his school fees and those from his brothers.

In Butembo, R., 18 years old, was tested EVD positive and treated at the time he was supposed to pass state exams to finish his school cycle. Since the exam session in Butembo was already over once he was discharged by the ETC, UNICEF’s child protection and education teams jointly carried out successful advocacy with the local education authority, to authorize R to take his exams in Beni where the exam session was still open. In addition, R received specific psychosocial support to facilitate his reintegration into his family and to help him to pass his exam.

In Mangina, M. was declared EVD survivor at 3-month-old. Unfortunately, his mother died from EVD and his father refused to take him back. UNICEF and psychosocial agents conducted a family mediation to reunify him with his extended family. Today, M is 6 months old and his extended family is taking good care of him, thanks to the psychological and material support provided by UNICEF and its partners. Psychosocial agents continue to regular visit him to decrease stigmatization by the surrounding neighborhood.

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23 The first part of the case of M. was reported in Ebola SitRep 29 (April 28th, 2019), page 11. UNICEF and psychosocial agents are continuing to follow up the case.
On June 24th, PSS and nutrition teams organized a workshop to make a point on ongoing activities of nutritional assistance and psychosocial support in the nurseries, follow up of children in the community and nutritional care to children with severe acute malnutrition as well as on data collection tools.

In Goma, 9 psychologists and psychosocial agents received training by WHO to be part of rapid intervention teams. Additional psychologists have been deployed in Bunia (3) and Mangina (2) to cover increasing needs in those areas. New psychosocial agents (5) have also been recruited.

**Key Results**

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target**</th>
<th>Total Result UNICEF</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>6,000*</td>
<td>5,180</td>
<td>448</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>7,000*</td>
<td>6,636</td>
<td>539</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>18,998 **</td>
<td>17,050</td>
<td>2,425</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,000</td>
<td>1,939</td>
<td>164***</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,400</td>
<td>1,185</td>
<td>82***</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>845</td>
<td>21</td>
</tr>
</tbody>
</table>

* This figure has been adjusted in regard to the high number of persons being admitted daily to the transit centers and ETCs as suspect cases. It includes support provided to families with suspect, probable or confirmed EVD members.
** The target number has been changed in relation to the evolution of the epidemic.
*** For this reporting period, the figures for separated and orphan children included the preceding period.

**Nutrition**

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

**Implementing Partners:** ALIMA, ADRA, PRONANUT

**Main activities during the reporting period**

During the reporting period, nutritional activities in the ETCs, community and households increased considerably in comparison to the previous reporting period.

UNICEF and its implementing partners provided adequate nutritional care for 870 new suspects and confirmed cases admitted in the ETC, with a significant increase from the 594 cases assisted during the previous reporting period. Among the 870 cases, 8 were children under six months, 89 children aged from 6 to 59 months, 3 pregnant women and 4 lactating women. In the ETCs of Butembo and Mabalako nutritional care is provided on more than one hundred

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24 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (February 1st to July 31st, 2019), covering all health zones in Ituri and North Kivu province.
patients per day. In Butembo ETC, for example, nutritional care got to touch 120 patients in one single day, July 4th 2019.

At communities and household level, the nutritionists and psychosocial agents of the ETCs, supported by UNICEF, provided nutritional support (Ready-to-Use Infant Formula - RUIF) to 58 infants less than six months old non-breastfed (9 in Mabalako, 11 in Beni, 17 in Butembo 17 in Katwa, 2 in Komanda and 2 in Bunia).

In the communities of Beni, Mabalako, Butembo, Katwa, Bunia and Komanda health zones, the nutritionists of the Health Zone and the psychosocial agents of the psychosocial commission of Ebola Sub-coordination monitored 126 separated children and orphans aged 6 to 23 months for their growth and health development, thus resulting in a significant increase from the previous report (78).

Sensitization activities on adequate infant and young child feeding practices (IYCF) in the Ebola context at ETCs and contacts household level also increased, passing from 2,846 women caregivers sensitized by the communication agents, health promotion workers and nutritionists during the previous reporting period to 3,101 (101 in Beni, 1083 in Mabalako, 871 in Butembo, 730 in Katwa, 104 in Komanda, 195 in Bunia and 17 in Goma).

114\textsuperscript{25} children under five suffering of Severe Acute Malnutrition were admitted for treatment in the OTPs (outpatients therapeutic programme) under the supervision of Health Zone nutritionists.

In addition, UNICEF nutrition staff conducted technical supervision of nutritional activities in ETCs of Beni, Mabalako, Komanda, Katwa, Goma and Butembo.

During the reporting period, the nutrition team organized a meeting with PSS teams at the presence of the health zone teams for the planning of future activities and data collection tools\textsuperscript{26}. This meeting was a good opportunity for nutrition teams for better understand PSS norms and standards and link them with nutritional assistance. In addition, on June 29th, the WFP organized a meeting for the review of SOPs on nutritional and food assistance for EVD discharged cases and contacts.

On June 29th, a Department for international Development (DFID) delegation visited the ETC and the nursery in Katwa and appreciated the holistic, including nutritional, care provided by UNICEF and its partners.

### Key Results

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target\textsuperscript{27}</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>51,865</td>
<td>38,363</td>
<td>3,101</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>5,000</td>
<td>5,591</td>
<td>870</td>
</tr>
<tr>
<td># of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery’s, orphanages and in the communities</td>
<td>600</td>
<td>450</td>
<td>58</td>
</tr>
</tbody>
</table>

\textsuperscript{25} Data for Komanda and Katwa health zones only. All other health zones did not report data because of administrative issues. These missing data will be reported in the next SitRep.

\textsuperscript{26} See the Psychosocial Support and Child Protection paragraph, pag. 12-14.

\textsuperscript{27} Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (February 1st to July 31st, 2019), covering all health zones in Ituri and North Kivu province.
The formative research section aims at increasing the accountability of those involved in the response to communities and to enhance community acceptance as well as their full and conscious participation in the Ebola response. Existing epidemiological and anthropological data is used to facilitate and adapt programme design and planning. UNICEF research involves the exploration of behavioural determinants and uses multiple methods to collect data. Formative research supports UNICEF programme teams to better understand the population and the factors that influence behaviour. Through providing a better understanding of community context, needs and behaviours, the research section guides UNICEF’s integrated communication, WASH, Psychosocial and Nutrition interventions toward a more effective response. Researches are conducted by the Social Science Research Group (SSRG) which includes anthropologists and researchers. Research themes are identified from metasynthesis of data and based on analysis of context, the epidemiological situation and programme interventions or from requests from the different Commissions. Data are collected using various questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated with community feedback and commission reports. Research results including recent perceptions and use of health services (triangulated with CAP data) are presented every week on Wednesday during the Ebola operations center (EOC) coordination meeting.

Main results during the reporting period

During the reporting period, key activities conducted by the research team, as part of the SSRG under the Ministry of Health and together with WHO and partners, include:

- On June 24th, the Social Sciences Research Group organized a one-day workshop in Goma. The 56 attendees which included the commission presidents, NGOs and key focal points from the CDC, NGOs, UN and donors, worked together to plan agreed actions aiming at strengthening the dissemination of study results and the development, monitoring and evaluation of resulting recommendations. Workshop report and action plan were developed and shared widely.
- In Beni, the team continues the recruitment of 10 local social science researchers (together with WHO). The team should be in place by July 15th.
- In Butembo, Thursday capacity building and information sharing days for the local research teams continue. This day is an opportunity to share and exchange results and identify recurrent themes as well as to support learning on research tools and analysis.

Research – studies & results

1. Socio-cultural in-depth analysis has been completed, analyzed and presented in Mangina. The objective of this study was to understand barriers and enablers in engaging the community with the response. It also allowed to know how and with whom the response interventions should be working to ensure appropriate and accountable approaches.

2. Key results reinforce the critical role of effective community engagement as greater reported reticence was found in areas where communities reported lower perceived inclusion and participation in the response. As an example, in Vusayiro (Mabalako health zone), the level of engagement of the community was self-reported as high and respondents felt sufficiently engaged in the response. This area also self-reported less resistance towards the response teams and even expressed gratitude towards them. Comparatively, in Aloya (Mabalako health zone), respondents reported feeling insufficiently engaged in the Ebola response and also explained various ways in which their communities were resistant and untrusting towards the response workers. This study also showed that rumors related to safe and dignified burials (SDB) remains, as it includes actions which are contrary to many ritualistic funeral practices in the area.

3. The Knowledge, Attitude, Perceptions and Practice survey with community and health workers in Katwa and Butembo has been analyzed and presented as part of the weekly Epi presentations at the EOC coordination meeting (on June 19th and July 3rd). The main results show the persistence of misunderstanding of some
symptoms of the EVD (including highly reported symptoms such as joint and muscle pain, asthenia, anorexia) and persistent lack of knowledge of transmission risks (especially risks linked to contact with deceased persons) among community and health workers. There is a crucial need to revise and renew training curricula for health workers and deliver communication messages related to EVD symptoms at both the community and health center levels.

4. The Briefing Note on “Misunderstanding Ebola Symptoms: Causes and Impacts” (developed under the SSRG together with the CDC, IFRC and Medair) was approved by the MoH and shared widely. The objective of this meta-synthesis was to show the causes of misunderstandings and misbeliefs regarding Ebola symptoms and highlight potential and reported impacts these may cause. The note also provides some key recommendations and a case study from Medair.

5. The study about the impact of the Ebola Response on maternal and child health and practices in Butembo and Katwa has been completed and analyzed. The main results indicate some potential or perceived (self-reported) disruption in maternal and child health practices mainly explained by a fear of EVD and lack of trust between health workers and the community.

6. The qualitative study looking at proximity to health centres in Butembo and Katwa has also been completed and analyzed. The main results show the importance of including the community at all stages in the process of setting up access to new health services within the Ebola response and the need to integrate other healthcare services (treatment of all the other common diseases) within future new centers (including ETCs). Involving local health staff (those currently employed by the regular communities’ health facilities) in health care services delivery is also a crucial point to maintain the confidence in health services throughout the Ebola response.

Supply and Logistics
UNICEF regularly monitors the supply chain and discusses with the different involved actors in order to ever improve efficiency of the supply and services facilitation for the Ebola response in Ituri and North Kivu provinces.
During the reporting UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 3,459.61. The total value of procurement orders during the reporting period was US$ 991,881.32. Offshore procurement orders amounted to a value of US$ 215,810.03 (22 per cent), while local procurement orders amounted to a value of US$ 776,071.29 (78 per cent).

Human Resources
UNICEF DRC presence on the ground continues to be strengthened to better respond to the expanding outbreak in North Kivu and Ituri provinces. Goma remains the coordination hub to support the ongoing emergency response, with antennas established as sub-coordination hubs. The number of staff dedicated to the Ebola response slightly increased up to 176 persons already working in the affected areas, with an additional 72 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 23 staffs in Goma sub-office (North Kivu) and 35 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication
Since the beginning of the outbreak, the CO published 84 content pieces on its website http://www.unicef.org/drccongo and the Ebola landing page is updated weekly, linking to key figures, press releases, situation reports and stories. To show the impact of the epidemic on children and UNICEF’s response, the CO posted

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28 The relative low amount in comparison to previous reports is due to the fact that, during the reporting period, UNICEF proceeded to its warehouses physical inventory and items distribution was concentrated in the period before and after the inventory period.
more than 700 messages on Facebook, Instagram and Twitter. During the reporting period, several tweets were amplified by UNICEF’s global Twitter account and by Executive Director Henriette H. Fore.

**Funding**

Since the beginning of the Ebola outbreak in North Kivu and Ituri provinces in August 1, 2018, the national Strategic Response Plan (SRP) was revised three times. The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to July 2019 is estimated at US$ 276,188,187. As part of this joint response plan, the UNICEF response is estimated at US$ 50,149,121. UNICEF was able to mobilize US$ 49,265,494 (98 per cent of the total requirement) from different Donors. However, some sectors remained underfunded such as WASH / IPC (21 per cent gap) and Surveillance (53 per cent GAP)

Eleven months following the declaration of the Ebola epidemic, experts are increasingly concerned with the persistent EVD transmission in both Nord Kivu and Ituri provinces, with new areas recently affected and ongoing conflicts causing security challenges and humanitarian crisis. At the same time, the expansion of epidemic to other provinces and States remains unpredictable.

The SRP4 provisional funding requirement for the public health response is US$287 million for activities until end December 2019.

Responding to the Ebola outbreak in the DRC requires a focus beyond specific Ebola prevention, care and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected areas. Approaches that strengthen the community resilience and the restoration of health system are critical to sustain the gains beyond the current Ebola Outbreak. Indeed, these approaches will reinforce those of the Ebola outbreak response and bring a medium to long term perspective to reduce population vulnerability, increase resilience and strengthen primary health care. In addition, these approaches will also strengthen the humanitarian-development continuum linking the outbreak response to the long term sustainable development. Rough estimate for beyond Ebola activities (pillar 3 as per the UN scale-up strategy) at this point is US$120 million.


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

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* $</th>
<th>Reprogrammed funds from Equateur Response $</th>
<th>Funds Received for North Kivu Phase I &amp; II $</th>
<th>Funds available ** $</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>23,543,036</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>4,939,947</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>13,172,505</td>
<td>371,558</td>
<td>13,356,698</td>
<td>13,728,256</td>
<td>0</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>3,474,300</td>
<td>100,000</td>
<td>7,053,900</td>
<td>7,153,900</td>
<td>0</td>
</tr>
</tbody>
</table>
**DRC EBOLA SITUATION REPORT**

**07 July 2019**

<table>
<thead>
<tr>
<th>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</th>
<th>949,800</th>
<th>0</th>
<th>1,686,118</th>
<th>1,686,118</th>
<th>0</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>7,167,480</td>
<td>132,761</td>
<td>6,919,369</td>
<td>7,052,130</td>
<td>115,349</td>
<td>2%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>0</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
</tr>
<tr>
<td>Preparadness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50,149,121</strong></td>
<td><strong>1,327,614</strong></td>
<td><strong>47,937,880</strong></td>
<td><strong>49,265,494</strong></td>
<td><strong>5,855,296</strong></td>
<td><strong>12%</strong></td>
</tr>
</tbody>
</table>

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

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

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

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

**Next Situation Report: 21 July 2019**

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