Highlights

- A new Ebola case has been confirmed in Vuhovi Health Zone, North Kivu Province

- UNICEF and WHO have developed a joint strategy for Infection Prevention and Control with a focus on increasing coverage of health facilities (public and private) with health workers training and WASH facility installation

- A radio communication survey conducted by UNICEF in Butembo town revealed that 87% of participants responded that listening to local radio stations has positively changed their behaviour towards Ebola

**UNICEF’s Response**

<table>
<thead>
<tr>
<th></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>8,200,000</td>
<td>5,619,907</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>28,107†</td>
<td>26,463</td>
</tr>
<tr>
<td># of people with access to safe water in the affected health zones</td>
<td>952,946</td>
<td>844,637</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>7,200</td>
<td>3,929</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>355*</td>
<td>355</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 suspect case, and would be adjustment as the response matures

**UNICEF Ebola Response Appeal**

US$ 21.8M

**SITUATION IN NUMBER**

- Total reported cases: 305 (MoH, 5 November 2018)
- Confirmed cases: 270 (MoH, 5 November 2018)
- Deaths recorded: 189 (MoH, 5 November 2018)
- Contacts under surveillance: 5,165 (MoH, 5 November 2018)

**Ebola Response Funding Status 2018**

Total funding requirements*: $ 21,830,204

Funding Gap: 60%

Total funding available*: 40%

* Funding requirement includes budget for phase I ($ 8,798,899) and budget for phase II ($ 13,031,305)
Epidemiological Overview

Summary Table (05.11.18):

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Total Deaths Recorded</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>Mabalako</td>
<td>73</td>
<td>21</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>Beni</td>
<td>141</td>
<td>8</td>
<td>149</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>32</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Kalunguta</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mandima</td>
<td>9</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Komanda</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>TOTAL</td>
<td></td>
<td>270</td>
<td>35</td>
<td>305</td>
</tr>
<tr>
<td>Previous Total 28 October 2018</td>
<td>239</td>
<td>35</td>
<td>274</td>
<td>174</td>
</tr>
</tbody>
</table>

Humanitarian leadership and coordination

The Crisis Management Team continued to meet daily under the leadership of the Ministry of Health with all concerned partners and with the chairs of the different working groups providing thematic updates. UNICEF continues to participate actively in the coordination meetings at the national level and in Beni (operational headquarters) and co-leads the commissions on communication, WASH and psychosocial care; and active in the working groups on logistics and vaccination. A UNICEF security specialist is also deployed in the field to support security assessment and safety of the operations.
Beni and Butembo health zones are the most concerning areas for the response due to the high number of reported confirmed and probable cases. At the moment, UNICEF activities in risk communication and prevention, WASH, and psychosocial care are focused around five coordination hubs based in Beni, Butembo, Tchomia, and Mabalako Health Zone. And one sub-coordination hub is operational in Bunia city.

The coordination of UNICEF’s response is dynamic due to the identification of confirmed cases in Makeke, Mandima Health zone, Oicha Health Zone, Butembo, Masereka, and Tchomia Health Zone. UNICEF coordinates Makeke’s Ebola response from the coordination team based in Mangina Health Area and the coordination response for Oicha Health Zone. A coordination hub is put in place in Butembo Health Zone, which will also support the response in Masereka Health Zone. Due to the security access in Oicha and Masereka Health Zone, UNICEF works through local partners to implement its activities.

**Response Strategy**

The joint response plan of the government and partners has been revised to upscale the response and respond to the current epidemiology.

In support of the joint response plan, the UNICEF response strategy will continue to focus on communication, WASH, and Psycho-social care, nutrition and 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 5 pillars that include (i) community engagement; (ii) promotion of preventive behaviors; (iii) responding to resistance; (iv) advocacy and capacity building of actors and (v) communication in support of ring vaccination.

- **The WASH strategy**, as part of the Infection Prevention and Control (IPC), aims to stop the spread of the disease through the availability of 1) WASH in health care facilities, which includes providing water and WASH kits, 2) hygiene promotion and the provision of WASH kits in schools, including handwashing station and soap/temperature check points, and 3) WASH in communities, through mass outreach on hygiene promotion to vulnerable communities and the setup of handwashing stations/temperature control in strategic transit locations.

- **The child protection and psycho-social support** to EVD survivors and family members of EVD cases as well as contact families seeks to (1) provide psycho-social support; (2) establish or re-establish social and community networks and support systems; (3) provide social kits to EVD affected families (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic. The key element of the strategy includes (i) psychosocial support activities for children and their families; (ii) material assistance to affected families to better support children; (iii) facilitation of professions help to children and families with more severe psychological or social problems / needs; (iv) coordinate mental health and psychosocial support (MHPSS); (vi) psycho-social assistance, appropriate care and research of long-term solution to orphans and unaccompanied children.

- **The nutrition component** will focus on provision and pre-positioning of Ready for Use Therapeutic Food (RUTF), therapeutic milk and other drugs for systematic treatment of severe acute malnutrition (SAM) cases to the six health zones affected by Ebola or in situation of nutritional alert in North Kivu province. In addition, address young child and infant feeding practice that is impacted by the increasing number of women affected by the Ebola epidemic.

- **The cross-cutting education sector strategy** involve key EVD prevention measures on the school premises, include: (i) mapping of schools to identify its proximity with a confirmed case and the identification of schools in the affected health areas (ii) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces) on Ebola including WASH in school, psychosocial support and against discrimination, (iii) provision of infrared thermometers and handwashing facilities, clean water, soap, and capacity reinforcement on...
hygiene behaviours in schools (iv) provision of specific documentation and protocol for prevention, guidance and
management of suspected cases in school¹ (vi) provide key messages on Ebola prevention to families.

Summary Analysis of Programme Response

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

Communication and social mobilization (C4D)

Five dedicated C4D teams in Kinshasa, Beni, Mangina, Butembo and Bunia are actively involved in the response based on
daily adjusted communication planning guided by the social anthropological data and the following epidemiological trends.

Community Engagement

As part of the entire Ebola response, 8,970 (80% coverage) members of influential leaders have been reached through
advocacy, community engagement, and interpersonal activities, reaching 498 leaders during the reporting period. In addition,
401 frontline workers (RECOs) were mobilized in the affected zones on the Ebola response and participatory community
engagement, reaching 5755 (74% coverage) RECOs since the beginning of the response.

Communication highlights in Beni city include:

- 15 senior pastors, 33 influential women and 17 members of the Youth Parliament were accompanied to visit an Ebola
  Treatment Center. They were given a chance to openly express their concerns related to safe and dignified burials,
  and see for themselves body-bags and discuss how they can see the body prior to burial.
- In Malepe neighborhood, a workshop for 135 youth was organized to initiate a dialogue on Safe and Dignified Burials
  (SDB) and Ebola Treatment Centers. They were strongly influenced by other resistant groups claiming that the
deceased body is not in the bag, and that we are not telling the truth concerning Treatment Centers. After responding
to their concerns for over 2 hours, the group were finally happy with the responses and joined the response efforts.
- In the Butsili neighborhood, Beni health zone, another resistant youth group agreed to participate in a dialogue
  organized by the communication commission. Present were 110 youth, who viewed 2 Films, flyers were distributed,
and they heard a touching testimony from an Ebola survivor who came to speak to them. Despite initial resistance to
the facts around Ebola Treatment Centers, the two leaders of the group acknowledged that their concerns were
responded to, and that they will fully cooperate with the response teams.
- A resistant youth group from Beni’s Benegule neighborhood tried to stop a vaccination team from setting up their
equipment in their nearby neighborhood center. To cooperate, they placed a condition that they too will be allowed
  to receive the Ebola preventive vaccine. Community leaders and a communication team were called to help discuss
and sensitize the youth on vaccination protocols and provide answers to their concerns related to vaccination and
the Ebola outbreak. One hour later, they agreed to allow the vaccination team to continue their work.
- 11,343 church members were further sensitized on Ebola prevention, ETC and SDBs in 21 churches.
- Targeting women associations in Beni, 4,130 influential women were sensitized and given an opportunity to have
  their voices heard.
- A concert was organized by the Barca Football fan club, where they used testimonies from survivors as their key
  strategy to promote ETCs, SDBs and the importance for early testing and treatment.
- 160 community leaders from 28 communities in Beni signed their declaration and engagement to fight Ebola in their
  respective communities.

¹ Ebola concept note for Ebola prevention in schools was approved and will be presented to the national committee this week.
The communications team accompanied 2 survivors and 21 negative Ebola cases back to their households. This was very effective to encourage acceptance of their return without rejection, fear or stigmatization.

Responding to Rumors and Resistance

The response has seen a significant impact following the integration of C4D expertise into the surveillance teams. Personalized visits were jointly conducted with the surveillance team to persuade six contacts in Beneguli and seven family contacts in Rwangoma, Beni health zone, who refused to go to Ebola Treatment Centres (ETC) to seek treatment. Upon meeting with the contacts and discussing the risk of not getting tested, the six contacts finally agreed and went to the ETC the same day, sending a positive message to their neighbors. Furthermore, in Mandradele, a probable case ran away as the surveillance team approached. With immediate cooperation from the family, the C4D and Surveillance team were able to quickly find him and convinced him to go to the Ebola Treatment Units (ETUs) for testing. During the reporting period, 47 households received personalized visits to address misperceptions on Ebola vaccination, treatment, and SDBs, reaching a total of 558 (90% coverage) households since the beginning of the response.

A radio communication survey conducted in the city of Butembo among 435 households. Butembo is a city of over 1.2 million inhabitants, and has 27 local radio stations, which are all engaged in the fight against Ebola. Each radio station has agreed to broadcast over 20 Ebola messages each day, including coverage of activities in the field and testimonials of Ebola survivors and of participants in the response. Some results of the radio communication survey in Butembo include:

- 94% respondents actively listened to local radio stations. 68% respondents listened to the radio 1-3 days per day. Action: Radio plays a key factor in the Ebola response, we need to further reinforce their capacities and promote more interactive radio programming to gain more listeners and trust in the response teams.
- 64% respondents listened to the radio from 5-7 a.m., and from 7-11 p.m. Action: Continue to focus radio programing during these favorite time slots.
- 65% respondents listened to radio with family members. Action: Produce family-centered radio programs, and promoting a more collective approach to engagement.
- 16% respondents said social media is their preferred source for information on Ebola. Action: Further include social media programming in the response. An Ebola App ‘Epuka Ebola’, (in Swahili, ‘Avoid Ebola’) is being launched targeting the youth groups.
- 87% respondents said listening to local radio has positively changed their behavior towards Ebola. Action: Continue to promote individual positive behavior change communications through peer-to-peer testimonials.

Through mass communication approaches, 5,619,907 (69% coverage) at risk persons were reached on Ebola prevention messages, seeking treatment, and SDBs, reaching 435,000 persons during the reporting period.

However, certain challenges remain as field communication teams revealed an increasing trend of people hiding when they show signs and symptoms of Ebola, which is mainly due to the fear of being poorly treated at the Ebola Treatment Centres. The loss of credibility by ETCs through false negatives during Ebola testing further reinforced the trend of treatment seeking at private and informal health care levels. In the neighborhood of Buthili, religious leaders informed the communications team of a specific traditional doctor who was claiming to have a ‘magic ring’ to heal people with Ebola. The Ebola team has organized a meeting with the traditional doctor to discuss Ebola prevention mechanisms.

C4D Preparedness

An agreement with civil society groups was signed to cover preparedness activities in Goma city and Maniema province. Activities include Ebola awareness for all leaders in the communities and the broadcasting of radio programs in local languages. UNICEF partners, Search for Common Ground and Caritas, are also preparing to provide preparedness activities in the provinces of South Kivu, Haut Katanga, Tchopo, Ituri, and Tanganyika.
UNICEF and World Health Organisation (WHO) are collaborating to develop a strategy aiming to ensure the continuous supervision of activities in health structures and to provide a high quality services to break nosocomial infection transmission.

As of November 4, a total of 835 (93% coverage) community sites (ports, market places, local restaurants, churches) out of the targeted 900 were provided with handwashing facilities for Ebola infection control in Beni, Mandima, Mabalako, Butembo and Tchomia Health zones in partnership with Oxfam, Programme de Promotion des Soins de Sante Primaire (PPSSP), NGO MEDAIR, Action Contre la Faim (ACF) and Centre de Promotion Socio-Sanitaire (CEPROSSAN).

Since the beginning of the response, a total of 844,637 (89% coverage) persons have gained access to safe water in the affected health zones, out of the targeted 952,946.

Since the beginning of the response, 362 (100% coverage) health facilities have been provided with essential WASH services, reaching 38 facilities during the reporting period.

Key activities in the last seven days:

- In collaboration with WHO and World Food Programme (WFP), UNICEF finalized the distribution of WASH/IPC kits in 37 Formation Sanitaire (FOSA) located in areas who have reported high number of cases

- In Beni health zone, UNICEF is working with the REGIDESO to construct two waterpoints in the vicinity of the new Ebola Treatment Centers (ETCs) in order to provide access to safe water to local communities. Furthermore, 16 new chlorination points in Beni health zone have been set-up to provide safe water to communities who do not have access to REGIDESO infrastructures.

- In partnership with MercyCorps, UNICEF is constructing ten emergency latrines and ten showers at the Regional General Hospital in Beni Health Zone. As a temporary solution, UNICEF is also providing water to the ETC through water trucking.

- In partnership with NGO ACF and MUZAKA, UNICEF continues to implement WASH activities, with a focus on the sustainability of infrastructures developed during the response in Tchomia health zone.

- In Bukavu, Goma and Bunia, UNICEF is collaborating and coordinating with partners for the development of a preparedness plan and contingency supplies in health facilities, schools and communities.

**Education**

UNICEF has mapped 2,476 schools\(^2\) according to their proximity to confirmed cases to strengthen Ebola prevention measures. In Ituri and North Kivu province, 340 schools were identified around the EVD epicenter with substantial risk, 650 schools with medium risk and 1,486 with less significant risk.

In collaboration with the Ministry of Education, UNICEF set up a monitoring mechanism covering the 6 Sub Educational Provinces in North Kivu to help monitor confirmed cases near schools. A communication system is currently being developed to facilitate communication and discussions.

During the reporting period, UNICEF supported the briefing of 172 teachers from 16 schools in Butembo health zone. Follow-up on the use of handwashing kits was conducted in 7 schools in Luotu and Lubero and their students benefited from hand washing briefing. In addition, 35 handwashing kits were distributed in Masereka Health Zone, reaching a total of 419 (70% coverage) schools in all affected areas since the beginning of the response.

Since the beginning of the response, 3,929 (55% coverage) teachers and 77,558 (26% coverage) students were briefed with Ebola prevention messages.

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\(^2\) From preschool to secondary schools, including vocation centers
Despite the closure of schools in areas affected by high insecurities, UNICEF remains active in supporting schools, while ensuring an active surveillance in case of school reopening. UNICEF aims to cover the identified 900 schools mapped as high and medium risk with handwashing facilities, thermo-flashes, and educational and communication media on the EVD prevention. Finally, the DRC protocol of EVD prevention in schools has been validated and the protocol will presented to the national commission of crisis.

**Psychosocial and Child Protection**

During the reporting period, 47 children (7 confirmed, 40 suspects cases) went through Ebola Treatment Centers and received an individual psychological assistance. Among them, 37 children (4 confirmed, 33 suspects cases) were in the ETC of Beni.

A nursery was opened in the ETC of Beni. Three cured persons were assigned the responsibility to provide care for the children, whose parents are at the ETC. They are trained and supervised by a psychosocial agent. One newborn and two babies under 10 months are currently in this nursery (suspect cases).

In Mangina, one cured youth (18 years old) received school support through catch up classes.

59 new families affected by EVD received psychosocial support and/or material assistance in seven health zones in North Kivu Province and three health zones in Ituri Province. 67 hygiene kits and 51 food assistance have been distributed to discharged and cured patients, 11 families received funeral kits, 11 families received newborn kit and 32 families received NFI kits.

82 families affected by EVD (previously identified) received a continuous psychosocial support through regular visits of psychosocial agents in their communities.

The psychosocial commission was closely associated with the surveillance commission to provide psychosocial support to 35 suspected cases (15 of which were confirmed) in order to encourage them to join the Ebola Treatments Centers. The psychosocial commission has also prepared 4 families to accept the decontamination of their homes.

19 new orphans and 40 new separated children due to the Ebola epidemic has been identified and received appropriate care, reaching a total of 267 out of the targeted 300. The high number of separated children is linked to the increase of suspect and confirmed cases in the ETCs of Beni and Butembo. 13 children received a school support, 5 were supported with NFI kits and 8 received food assistance. 92 orphans and separated children, previously identified, received a follow up visits by psychosocial agents.

A total of 587 contacts families; 340 in Beni, 55 in Tchomia, 84 in Mangina and 108 in Butembo, received a psycho-social support, reaching a total of 5133 out of the targeted 5813.

**Nutrition**

During the reporting period, 263 children caretakers, including pregnant and lactating women, were sensitized on key Infant and Young Child Feeding practices in emergencies (IYCF-E) by three nutritionists in Mangina, Beni and Butembo ETCs, reaching a total of 1,460 (15% coverage) persons since the beginning of the response. Through implementing partners Danish Refugee Council (DRC) and the National Nutrition Programme (PRONANUT), UNICEF provided nutrition and infant food support to 11 separated/orphans under 6 months, of which two new cases were identified this during the reporting period. Nutritionists and psychosocial agents continuously provide support to these separated/orphaned children.

Through UNICEF’s technical and financial support, 97 hospitalized Ebola Virus Disease (EVD) patients received nutritional care during the reporting period.

Furthermore, with UNICEF’s advocacy efforts in Beni health zone, nutrition indicators were successfully included in daily reports developed by the EVD management care committee.
Supply & Logistics

Since the beginning of the response, $2,780,600.34 worth of items composed of WASH, C4D, Child Protection, Health, Education and finally ICT supplies have been procured for the Ebola response in Ituri and North Kivu province. Out of the total value of items, $163,983.00 are ICT equipment for staffs.

Offshore procurement represents a total value of $1,035,007.08 (37%) and local procurement represents a total value of $1,745,593.26 (63%).

UNICEF is processing supply orders worth $233,546.75, composed by Wash items (stand, sprayer, coat, calcium hypochlorite, plastics, etc).

Human Resources

As of 5 November, 72 UNICEF staff members have been deployed to the affected health zones in North Kivu and Ituri provinces.

Through the network of implementing partners mobilized by UNICEF for the response, a total of 389 personnel are currently deployed in the affected areas supporting the response.

External Communication

The CO issued two press releases in October highlighting the importance of washing hands to stop the spread of the disease and on the status of education in Ebola affected areas. Media coverage included Voice of America, VOA News, Europa Press, UN News, Forbes, Digital Congo and Radio Okapi.

New video material and photo material on UNICEF’s response has been regularly posted on WeShare. CO published in 13 articles on its blog https://ponabana.com/ in October 2018, as well as 22 Facebook posts, 7 pictures on Instagram and almost 100 tweets.

Funding

Based on the Joint Response plan of the Ministry of Health and partners, the total funding required for the response is estimated at USD 105 million (i.e. USD 43.8 million for August to October 2018; and USD 61.3 Million for November 2018 to January 2019). As part of the joint response plan, UNICEF response strategy focused on Communication, WASH and Psychosocial care, nutrition and cross-cutting education sector response is estimated at US$21.8 Million.

At present, the UNICEF response has a funding shortfall of USD 12.03 Million.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response plan and aligned to the UNICEF Humanitarian Appeal 2018)</th>
<th>Funds available Funds Received Current Year**</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>10,536,519</td>
<td>2,962,719</td>
<td>7,573,800</td>
<td>72%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>6,097,005</td>
<td>3,333,405</td>
<td>2,763,600</td>
<td>45%</td>
</tr>
</tbody>
</table>
## DRC EBOLA SITUATION REPORT

**5 November 2018**

<table>
<thead>
<tr>
<th>Category</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection and Psychosocial Support</td>
<td>1,851,200</td>
<td>648,800</td>
<td>1,202,400</td>
</tr>
<tr>
<td>Medical Care: Management of Severe Acute Malnutrition in Ebola Treatment Center</td>
<td>749,800</td>
<td>549,800</td>
<td>200,000</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>2,273,680</td>
<td>1,304,175</td>
<td>969,505</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><strong>21,830,204</strong></td>
<td><strong>8,798,899</strong></td>
<td><strong>13,031,305</strong></td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899) and budget for phase II ($ 13,031,305)

**Funds available include reprogrammed funds from Equateur Response**

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### Next Sitrep: November 12, 2018

**Who to contact for further information:**

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  UNICEF DRC  
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  E-mail: pbry@unicef.org
### Eagle Response Tracking Indicators (5 November 2018)

<table>
<thead>
<tr>
<th>Response Coordinators</th>
<th>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>5</td>
<td>5</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, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, and adolescents.)</td>
<td>11,200</td>
<td>8,970</td>
<td>498</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>7,800</td>
<td>5,755</td>
<td>401</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>8,200,000</td>
<td>5,619,907</td>
<td>435,000</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>620</td>
<td>558</td>
<td>47</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>28,107†</td>
<td>26,463</td>
<td>5,614</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>83%</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>362+</td>
<td>362</td>
<td>38</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>600</td>
<td>419</td>
<td>5</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>900</td>
<td>835</td>
<td>49</td>
</tr>
<tr>
<td># of people with access to safe water source in the affected areas</td>
<td>952,946</td>
<td>844,637</td>
<td>31,014</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>297,000</td>
<td>77,558</td>
<td>0</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>7,200</td>
<td>3,929</td>
<td>172</td>
</tr>
<tr>
<td>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>355*</td>
<td>355</td>
<td>59</td>
</tr>
<tr>
<td># of affected families, including children, with confirmed, suspects and probable cases who received continuous psycho-social support in their community</td>
<td>355*</td>
<td>355</td>
<td>59</td>
</tr>
<tr>
<td># of contact family members, including children, who receive psycho-social support and/or material assistance</td>
<td>5,110**</td>
<td>4,701***</td>
<td>0</td>
</tr>
<tr>
<td># of unaccompanied children and orphans* identified who received appropriate care and psycho-social support</td>
<td>300</td>
<td>267</td>
<td>56</td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counseling on IYCF in emergency</td>
<td>9,756</td>
<td>1,460</td>
<td>263</td>
</tr>
</tbody>
</table>

† The target is dynamic as listing of eligible persons is defined  
+ The target changes with changes in the epidemiology  
* The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response matures  
** The target is dynamic and 100% of listed contacts is the identified target  
*** Number of contact is on the decline as response proceeds