**Highlights**

- Following the persisting insecurity in Lwemba (Mandima health zone), UNICEF has established a sub-office and deployed a team to Biakato village, near Lwemba. UNICEF teams have started to resume dialogue with the local community.

- Mambasa, Mandima, Kalunguta and Beni health zones remained the hotspots of the epidemic with 72 per cent of 129 confirmed cases reported during the last three weeks.

- In Kalunguta, UNICEF distributed 242 school-in-cartons kits, 590 hands washing kits and 124 thermoflashes in 117 primary and secondary schools, reaching 22,314 children.

- As part of the transition of decontamination activities from WHO to UNICEF, UNICEF supervisors and hygienists decontaminated 84 households, 55 health facilities and five public places during the reporting period.

- Under the roll-out of Pillar 3, UNICEF, in collaboration with the Government, and local Community Animation Cells (CAC) reinforced key messages on the upcoming deworming, vitamin A supplementation and polio vaccination campaigns.

<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 inter</td>
<td>34,000,000</td>
<td>27,431,492</td>
</tr>
<tr>
<td>personal communication approaches (door-to-door, church meetings, small-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>group training sessions, school classes, briefings with leaders and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>journalists, other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of listed eligible people for ring vaccination informed of the</td>
<td>228,448*</td>
<td>226,722</td>
</tr>
<tr>
<td>benefits of the vaccine and convinced to receive the vaccine within</td>
<td></td>
<td></td>
</tr>
<tr>
<td>required protocols.</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of</td>
<td>36,437</td>
<td>16,611</td>
</tr>
<tr>
<td>confirmed cases who received a hygiene and prevention kits with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adequate messaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>38,224</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases</td>
<td>22,939**</td>
<td>11,062</td>
</tr>
<tr>
<td>who received psychosocial assistance and/or material assistance</td>
<td></td>
<td></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.

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**UNICEF Ebola Response Appeal**

**US$ 175.75 million**

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**Democratic Republic of the Congo**

**Ebola Situation Report**

**North Kivu, Ituri and South Kivu**

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**SITUATION IN NUMBERS**

- **3,168** total reported cases (WHO, 22 September 2019)
- **3,057** confirmed cases (WHO, 22 September 2019)
- **861** children <18 among confirmed cases (WHO, 22 September 2019)
- **2,007** deaths among confirmed cases (WHO, 22 September 2019)
- **10,765** contacts under surveillance (WHO, 22 September 2019)

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**UNICEF Ebola Response Funding Status 2018 - 2019**

**Total funding available**: $175,750,313

**Funding gap**: 68%

**Funding requirements**: $175,750,313

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* Funding requirement includes budget for phase I ($8,798,899), phase II ($16,964,905), Phase III ($24,385,917), and Phase IV ($125,600,592 - Pillar I: $61,449,000, Pillar III: $64,151,592) **Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak (August 2018)
Key Epidemiological Developments\(^1\)

Since August 2018, confirmed cases of Ebola Virus Disease (EVD) continue to be reported in North Kivu and Ituri. As of 22 September, a total of 3,168 EVD cases were reported, among which 3,057 confirmed and 111 probable cases. More than two thirds (2,118) of EVD cases died (global case fatality rate remains 67 per cent).

During the reporting period, the number of new reported confirmed cases slightly decreased in comparison to the previous week: 39 cases during week 38 in comparison to 51 cases during week 37. Twenty-nine (29) health zones have reported at least one confirmed and/or probable case of EVD since the beginning of the epidemic, and 13 of them (45 per cent) have reported at least one confirmed EVD case in the last three weeks. Mambasa, Mandima, Kalunguta and Beni health zones remained the hotspots of the epidemic with 72 per cent of 129 confirmed cases reported during the last three weeks\(^2\).

Of the total confirmed and probable cases with reported sex and age data, 56 per cent (1,772) were female, 28 per cent (900) were children aged less than 18 years, and 5 per cent (160) were healthcare workers.

During the reporting period, localised security incidents continued to slow down the EVD response, including safe and dignified burials (SDB), vaccination, contact tracing and case reporting. For instance, activities in Lwemba in Mandima health zone have been stopped since 14 September, when a major security incident occurred.

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1 Data source: EVD RDC External Situation Report 60 – WHO.
2 Mambasa 25 per cent (32 cases out of 129), Mandima 19 per cent (25 cases out of 129), Kalunguta 17 per cent (22 cases out of 129) and Beni 11 per cent (14 cases out of 129).
Response Strategy

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the Ebola Virus Disease (EVD) in North Kivu and Ituri provinces. The national SRP was first launched on 1 August 2018 and revised four times. The SRP4 is covering the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces. On 6 September, the Multisectoral Committee for the Response to the Ebola outbreak released the National Strategic Response Plan 4.1 (SRP4.1) approved and signed by the Prime Minister of the Democratic Republic of Congo (DRC). The SRP4.1 imbeds preparedness activities aimed to ensure that 20 identified and additional health zones (HZ) are ready to effectively and safely detect, investigate and report potential EVD cases, and to mount an effective response.

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3 Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).
4 The National Strategic Response Plan (SRP) was launched on August 1st and was revised four times. The initial Response Plan (SRP1, 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 19th, 2019, the MoH released the revised Ebola Response Plan (SRP2, 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 20th, 2018, the MoH updated the Ebola Response Plan II (SRP2.1, November 2018 – January 2019) to include assumptions and additional needs until January 31st, 2019, estimated at US$ 23,506,000 million. On February 13th, 2019, the MoH launched the Ebola Response Plan 3 (SRP3, February – July 2019) for a total amount of US$ 147,875,000. Finally, on July 15th, 2019, The MoH released the Ebola Response Plan 4 (SRP4, July – December 2019) for a total amount of $ 287,590,149.
The United Nations developed a scale-up strategy to end the 10th Ebola outbreak in DRC. This strategy enhances the overall enabling environment within which the response is situated. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak.

Under the SRP4, UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. UNICEF leads the Commissions on Risk Communication and Community Engagement (RCCE) and Psychosocial Support and co-leads Infection Prevention and Control (IPC)/WASH Commission with WHO. The strategic Ebola response coordination maintains a dedicated support to active operational sub-coordinations in Beni, Bunia, Butembo/Katwa, Goma, Komanda, Mangina and Mambasa. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required. For instance, following the persisting insecurity in Lwemba (Mandima health zone), UNICEF has established a sub-office and deployed a team in Biakato village, near Lwemba, and started to resume the dialogue with local community.

UNICEF continues to strengthen its presence on the ground to better respond to the spread of the outbreak and get closer to programmes: 19 staffs previously based in Goma – the coordination hub - have been deployed to Beni to support field response teams. Most of this staff will be roving between the various sub-coordinations to follow the epidemic dynamic and support the teams on the ground.

**Summary Analysis of Programme Response**

**Humanitarian Response Beyond Ebola (Pillar III)**

**The Pillar III, in support of the SRP4, Pillar I**, aims to strengthen community ownership and support programmes responding to community needs to enable Ebola control activities while strengthening multi-sectoral humanitarian coordination. Under Pillar III, the “Community ownership and essential services” component (programme 3.2) led by UNICEF aims to strengthen community ownership and provision of basic social services to address community needs in order to increase community acceptance to create a conducive environment for the EVD response. UNICEF will continue implementing activities such as measles campaigns and malaria prevention, while selecting available partners to deliver multisectoral assistance addressing communities needs in Ebola affected areas.

**Implementing partners:** Pillar III is supported by UNICEF, OCHA and the World Bank, under the leadership of the EERC (Ebola Emergency Response Coordinator).

The programme 3.2 led by UNICEF is premised on partnerships with existing communities’ networks as well as longstanding collaboration with provincial technical authorities

**Main developments:**

As part of the Call of interests launched by UNICEF for implementing projects to support the access to basic social services in response to population needs, UNICEF received 109 partnership proposals and systematically reviewed them at decentralized level in each of the sub-coordination of Goma, Beni, Bunia, Butembo. The review in Komanda and Mambasa is still going on.

To date, over 50 partners have been selected, including local NGOs that are not yet partnering with UNICEF. Once the selection process finalized, potential partners will be called to submit a more comprehensive proposal. UNICEF recommended to the NGOs already working with it to ally with smaller local NGOs in order to promote local engagement and inclusion.

In collaboration with the Government, UNICEF communication teams and Community Action Cells (CAC) at the local level are also preparing for the deworming, supplementation in Vitamin A and oral polio vaccine campaign that will occur in October. They are currently leading the communication strategy to reinforce key messages for the community on the deworming campaign, supplementation in vitamin A and polio vaccination.

Donors are showing increasing interest in financing interventions under Pillar 3. UNICEF is actively working on resources mobilization through the preparation of different project proposals to be submitted to different donors.

**Risk Communication and Community Engagement**

The risk communication and community engagement 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)

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1 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.
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 (SDB), and Ebola Transit Centers (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), Adventist Development and Relief Agency (ADRA)

Main activities during the reporting period
To strengthen community engagement in EVD-affected areas with active community resistance and distrust, UNICEF RCCE rapid response teams’ presence was strengthened in Mambasa. In addition, a sub-office was established, and a team deployed to Biakato, near Lwemba where insecurity against EVD response teams persists.

In addition, to promote community ownership of preparedness activities, a RCCE rapid response team was deployed in Kisangani, in the Tshopo province. It organized information sessions with local community leaders, focused on what is Ebola, prevention measures and the importance of community engagement in accepting and promoting preparedness activities.

The scale-up of the establishment and capacity building of the CACs continues in all health zones of the response. To support coordination, UNICEF mapped the CACs that are already established in the three provinces and shared the mapping with RCCE partners along with technical guidance on their establishment and functioning.

Support to other pillars and management of rumours, resistance and refusals
To manage the community reticence towards the response, in Goma, Komanda, Mambasa, Butembo and Bukavu, UNICEF RCCE teams raised awareness among 1,049 people on the importance of bringing suspected cases to the TC/ETC as soon as possible, among 4,649 people on SWABs and SDBs and among 520 people including health workers on the importance of adopting preventive measures against EVD. In addition, UNICEF teams sensitized 2,913 people on vaccination. In Beni and Goma, UNICEF communicators reached 261,444 people at the point of entry (PoE) and points of control (PoC) through messages on the importance of correct hand washing and temperature screening.

The RCCE teams also helped psychosocial agents to raise awareness among 273 people discharged from TCs and ETCs on the risks of EVD sexual transmission after discharge.

UNICEF RCCE teams contributed to resolve 359 refusals of handwashing, 53 refusals of vaccination, 85 refusals of SWAB/SDB and 203 refusals of ETC referral. Despite that a number of refusals persisted: four on SWAB/SDB services in Mambasa, one on ETC referral in Bukavu and 687 on hand washing and temperature screening at point of entries and control.

In Beni, Goma, Butembo and Komanda, RCCE teams compiled and addressed more than one hundred community comments and questions related to all areas of the EVD response. The Goma community noted with alarm the late arrival of SDB teams in the bereaved families. In Komanda, community members expressed concerns about the military’s resistance to handwashing, and in Bukavu, they asked for clarification on the criteria for vaccination eligibility. Communication teams responded to these questions and shared community concerns with relevant authorities to facilitate action and improvements to service and information sharing.

Risk communication and community engagement
To prevent the spread of EVD and promote community engagement in the EVD response, UNICEF RCCE teams enhanced their communication efforts by using different approaches. Through mass communication campaigns, the RCCE teams sensitized 104,568 people in places of high concentration of populations at risk such as schools, churches, camps and market places. People were sensitized on EVD prevention measures, the importance of community engagement in the response and the application of prevention measures.

In addition, RCCE teams also used mass media to maximize the outreach. In Beni, Goma, Komanda, Mambasa, Butembo and Bukavu, the RCCE teams worked with 65 media outlets including 57 radio stations, three television stations and four online newspapers to broadcast and rebroadcast messages on EVD prevention and response measures. Programs included interactive shows on EVD and testimonies of 15 cured people from Beni and Mambasa.

The UNICEF RCCE agents also resorted to interpersonal and targeted communication. To mobilize the participation of communities and individuals in the response against EVD, the teams conducted educational sessions in communities, schools, churches and households reaching 419,626 people, including 274,138 women and 63,542 primary school students.
In Goma-city, communication activities focused on religious leaders: during a session chaired by Bishop Diocese of Goma, 600 catholic church evangelists and 435 youth leaders were briefed on EVD preventions and response measures. In addition, the RCCE team visited the Mayor of the city of Goma to advocate for the establishment and revitalization of CACs to promote community engagement in the response. At the same time, the teams organized a community forum on EVD with 102 community leaders from the Nyiragongo health zone.

As for the sub-coordination of Bunia, the RCCE activities were greatly enhanced by the intervention of the Provincial Health Minister and the Mayor of Bunia city who raised awareness among 3,855 people on EVD preventive measures in occasion of the launch of the construction of infrastructures funded by the World Bank. In Butembo, the Mayor of the city and other administrative officials expressly committed themselves to accompany the process of setting up CACs on their respective territories.

<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>84,000</td>
<td>67,588</td>
<td>3,153</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>47,500</td>
<td>36,398</td>
<td>318</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>34,000,000</td>
<td>27,431,492</td>
<td>67,588</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious mispereception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>18,500</td>
<td>15,604</td>
<td>1,896</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>228,448*</td>
<td>226,722</td>
<td>4,516</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 21 September 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 kits7 and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools8, (3) WASH in communities through mass outreach on hygiene promotion, setup of handwashing stations/ temperature check points in strategic transit locations, and decontamination activities (4) joint9 supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

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

Main activities during the reporting period

At the Ebola Coordination Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination.

From 18 to 21 September in Goma, in close collaboration with the MoH and WHO, UNICEF facilitated the Training of Trainers on the recently revised and validated national IPC/WASH package including standardized tools, operational procedures and training modules. About 60 persons from each sub-coordination attended the training, including the IPC/WASH commission presidents, supervisors, implementing partners, and facility-based IPC focal persons. The national IPC/WASH package will help strengthen the quality of IPC/WASH interventions throughout the Ebola Response in the health facilities, including addressing nosocomial infections and in the communities.

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6 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 IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

7 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

8 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.

9 Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
As part of the transition of decontamination activities from WHO to UNICEF, UNICEF supervisors and hygienists decontaminated 84 households, 55 health facilities and five public places. In response to confirmed cases, UNICEF and its partners provided IPC/WASH kits to 134 health facilities as part of the package of provision of essential WASH services. Hygiene kits were provided to 508 affected households and 23 schools. In addition, for areas without reported cases, hygienists joined the IPC teams to support activities and to monitor the use and management of WASH kits in health facilities, schools and public places.

In the EVD affected health zones, UNICEF and its partners reinforced preventive measures through the supply of 343,985 liters of water to health facilities and community handwashing and water points. About 13,224 people attended information sessions and participated in awareness activities on Ebola prevention organized by UNICEF. In addition, in Goma, partners OXFAM and PPSSP distributed 498,920 liters of water and along with Medair reached 141,133 people with EVD prevention messages at public handwashing points.

UNICEF, in collaboration with its partners, installed 1,166 handwashing points in community sites in the different affected areas.

In Bukavu, prevention activities remain a priority and in collaboration with the RCCE sub-commission, UNICEF held briefings sessions on Ebola prevention measures with 88 community leaders from the Kadutu commune, as well as 85 police officers in training and their dependents.

<table>
<thead>
<tr>
<th>INFECTION PREVENTION &amp; CONTROL AND WATER, SANITATION &amp; HYGIENE</th>
<th>Target10</th>
<th>Total Result UNICEF</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>3,884</td>
<td>2,769</td>
<td>11</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,502</td>
<td>23</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>11,750</td>
<td>8,375</td>
<td>1,166</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>48%</td>
<td>0</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>36,437</td>
<td>16,611</td>
<td>508</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), Femmes Congolaises pour le Développement (FECONDE) and ASOPROSAFD (Actions des Solidarités pour la PROMotion de la SAnté Familiale et Développement)

**Main activities during the reporting period**

In the health zone of Kalunguta, UNICEF together with the government partner EPSP and the local NGO ASOPROSAFD organized a distribution of school kits and WASH kits: 242 school-in-cartons kits and 590 hands washing kits, 124 thermoflashes were distributed covering the needs for hand washing equipment and school supplies for 22,314 pupils including 10,934 girls from 117 primary and secondary schools. UNICEF also distributed 41 recreational kits in schools. In addition, UNICEF and its partners raised awareness among 105 school directors and 125 members of the parents’ Committees (including 75 women) on measures to prevent EVD in schools and the correct use of distributed materials.

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10 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 IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

11 During the reporting period, 11 health facilities were provided with essential WASH services (triage, latrines, water access, training, waste management and IPC/WASH kits) and 134 with IPC/WASH kits.
In Beni health zone, UNICEF in collaboration with EPSP and ANAPECO (National Association of School Parent Committees) facilitated the activities of briefing and awareness raising targeting 70 teachers, school directors and 53 parents on EVD and prevention measures in schools and communities.

In Oicha and Mabalako health zones, the EPSP briefed 32 teachers and school directors, including seven women, and 1,890 students (763 girls) on the application of the Guidance Note for the Prevention and Response to Ebola in Schools and on the establishment of school brigades and Parents’ Committees for EVD case management at school.

In Komanda and Nyankunde health zones, UNICEF jointly with partners EPSP and AVSI carried out awareness activities on hygienic practices among 141 teachers, including 34 women and 2,927 students, including 1,231 girls in 11 schools.

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target12</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000</td>
<td>1,012,377</td>
<td>35,422</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>38,224</td>
<td>487</td>
</tr>
</tbody>
</table>

Psychosocial Support and Child Protection13

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 support14 for EVD confirmed and suspected cases, including children, in the ETCs; (2) material15 and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in their listing and follow up; (4) psycho-social assistance, socio-culturally appropriate care16 and research for long-term solution to orphans and unaccompanied children; (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 SDB etc).

**Implementing Partners:** Danish Refugee Council (DRC), Alliance for International Medical Action (Alima), Division Provinciale des Affaires Sociales (DIVAS), Division de l’Interieur (DIVInter)

**Main activities during the reporting period**

**Activities in ETC, TC and nurseries**

In ETCs and TCs, UNICEF and its partners provided psychological support to 248 newly affected children, including 243 suspected cases (135 boys and 108 girls) and five confirmed cases (three boys and two girls). Since the beginning of the epidemic, a total of 7,484 children as confirmed or suspect cases received psychosocial support in the transit centers and ETCs.

Children continue to represent a significant proportion of confirmed and suspected cases. In Beni, for example, 45 per cent of the confirmed cases currently admitted in the ETC are children. In the three transit centers set up in Oicha, Beni and Mutwanga children represent 39.7 per cent of the total suspected cases currently admitted in the centers.

A new transit center has been set up and is operational in Mutwanga. UNICEF moved one of its psychologists to this new center to provide specific support to patients and to emotionally accompany families who visit their relatives admitted in the center.

During the reporting period, UNICEF and its partners provided nutritional care and psychological support to 14 children (nine boys and five girls) in the four UNICEF-run nurseries. Where nurseries are not available, UNICEF continue to guarantee appropriate psychosocial support and adapted nutritional care at community level for separated children living with their extended family members, and especially young children under 23 months old.

UNICEF provides assistance to children with specific medical needs identified in ETCs, TCs, nurseries and in the communities and refers them to health facilities. UNICEF covers all the related fees for transport and treatment.

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12 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 IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

13 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), Alima and DIVAS. All results, unless otherwise stated, are UNICEF results with implementing partners.

14 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.

15 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.

16 According to the local context and socio-cultural norms.
During the reporting period, for example, UNICEF assisted a child born with a congenital malformation who was transferred to the hospital to receive a surgical operation.

Activities in communities
At community level, UNICEF provided appropriate care and support to 165 newly separated children (76 boys and 89 girls) and 168 new orphans (88 boys and 80 girls), including children under 23 months old. In Komanda, for example, a UNICEF joint team of child protection and nutrition staff provided psychosocial support and nutritional assistance to 16 separated infants (eight boys and eight girls) non-breastfed aged from six to 23 months.

In addition, UNICEF, in collaboration with its partners, assisted 492 newly affected families through psychosocial support and material assistance in all Ebola-impacted health zones. This represent a considerable increase in comparison to the previous week (382). In terms of material assistance, UNICEF distributed 1,073 kits (hygiene kits, non-food items, food assistance, school kits and payment of school fees etc) to affected families according to their needs.

In the hotspot areas, UNICEF and its partners continued to strengthen psychosocial interventions around new confirmed and suspected cases. Hence, 23 affected families with a confirmed or a suspected case, 28 EVD-related separated children and five orphans were identified and assisted during the reporting period through emotional support and material assistance in Mambasa.

Due to a recrudescence of Ebola cases, in the 12 health zones around Butembo, UNICEF and its partners of the Psychosocial sub-commissions focused their intervention in identifying and assisting new orphaned children and in providing timely assistance to affected families in terms of psychological support and funeral kits. Provision of timely and quality delivery of assistance for funeral remains a priority for North Kivu communities who requested additional support for bereaved and affected families.

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target17</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>10,312*</td>
<td>7,484</td>
<td>248</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>22,939*</td>
<td>11,062</td>
<td>492</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>10,765**</td>
<td>9,604</td>
<td>0*</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>4,500</td>
<td>3,495</td>
<td>165</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,900</td>
<td>1,974</td>
<td>168</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>1,013</td>
<td>0</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.

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, Adventist Development and Relief Agency (ADRA), Programme National de Nutrition (PRONANUT)

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 IV (July to 31 December 2019), covering all health zones in Ituri, North Kivu and South Kivu provinces.

18 As the number of followed up contacts is lower than the number of contacts assisted during the previous reporting period, the cumulative difference from the last report is zero.
Main activities during the reporting period

UNICEF and its implementing partners continue to increase their efforts in providing adequate nutritional care for EVD cases in the EVD: with a significant increase in comparison to the previous week (458), UNICEF provided nutritional care to 556 new suspected and confirmed cases admitted in the ETCs, including six children under six months, 82 children aged from six to 59 months, five pregnant women and three breastfeeding women. Butembo and Komanda reported the higher number of cases assisted with nutritional support, respectively 183 and 103. With 30 suspected cases, the Mwenga ETC in South Kivu reported its higher number of cases assisted since the spread of the EVD in this province.

Sixty (60) children under five suffering of Severe Acute Malnutrition (SAM) were admitted for treatment in the Outpatients Therapeutic Programme (OTPs) in Kalunguta health zone (53 children) and at ETCs level (7 children).

In addition, UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 1,395 women caregivers on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context (508 in Butembo, 285 in Katwa, 46 in Beni, 534 in Mabalako, one in Komanda, 13 in Bunia and eight in Goma) both at ETCs and contact households’ level.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target19</th>
<th>Total Result UNICEF</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>70,000</td>
<td>57,272</td>
<td>1,395</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>11,500</td>
<td>10,200</td>
<td>556</td>
</tr>
<tr>
<td># of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nurseries, orphanages and in the communities</td>
<td>1,623</td>
<td>977</td>
<td>6</td>
</tr>
</tbody>
</table>

Social Science Analysis Cell (CASS)

The *formative, social sciences analysis section* seeks to increase the accountability to affected populations through the provision of social sciences analysis to inform response interventions. Social sciences research agenda and themes are primary developed from epidemiological and context analysis as well as directly from response interventions and via requests from the Commissions. Social sciences analysis supports UNICEF programme teams and the overall response to better understand and engage the communities with which we work. UNICEF’s Social Sciences team contributes to the integrated Analysis Cell which includes Epi and Social Sciences work.

UNICEF’s Social Sciences teams includes local, national and international researchers specializing in epidemiology, health demography, anthropology and social sciences health studies. The team involves the exploration of behavioural determinants of health and uses multiple methods to collect data such as questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated and mapped by area and group to ensure saturation and representation. Research results are presented at Commissions and weekly in sub-coordinations (or in ad hoc requests) to facilitate access. The UNICEF’s Social Sciences team have ensured that all raw data, presentations and reports as well as workshop tools and training modules are available openly for everyone in the response.

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the MoH Epi Cell and together with WHO, U.S. Centers for Disease Control and Prevention, IFRC, MSF and Africa Centers for Disease Control and Prevention.

Main results during the reporting period

On 19 September, in Beni, the CASS team conducted a capacity building session with local researchers that focused on following up of recommendations and on the importance of using them to adapt response programme activities.

From September 10-16, CASS teams conducted a study on refusals to be transferred and perceptions of the ETC in 5 health zones operating under the sub-coordinations of Beni/Mangina and Butembo/Katwa. During the reporting period, the results were presented in Beni, Mangina and Goma. Key results included:

- Negative perception of the ETC and the prevailing idea that it is a place where people die;
- Negative perception of care received at the ETC and the idea of being isolated, alone and far from one’s family;
- Fear of stigmatization by the community if transferred to the ETC;

19 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 IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
• False information, propagated by some religious leaders, around the ETC and Ebola;
• Lack of information around what happens within the ETC.

During the reporting period, in Butembo, the team collected data in the community related to vaccination, transfer to the ETC and SDB to identify underlying causes of resistance in these areas.

To date, the Social Sciences Analysis Cell team (CASS) has identified and proposed 49 research recommendations in all zones of the outbreak. Among them:

• 80 per cent recommendations have been implemented or are on-going, 16 per cent still require validation by the different commissions.
• 53 per cent recommendations concern RCCE interventions, 24 per cent are related to IPC-WASH (including SDB) and the rest of the recommendations are shared between Education (6 per cent), psychosocial and case management (10 per cent), the Coordination (2 per cent) and the Vaccination Commission (2 per cent).

Two new recommendations were developed based on findings from a meta-analysis on perceptions, barriers and resistance to seeking treatment and referral to the ETC. These recommendations, directed to the Communication commission, insisted on the importance of (i) reinforcing positive messages on survivors and non-cases discharged from the ETC to emphasize the possibility of survival after admission to the ETC and (ii) continue to recruit survivors and discharged cases as community mobilizers.

Supply and Logistics

UNICEF regularly monitors the supply chain and discusses with the different involved actors to ever improve efficiency of the supply and services facilitation for the Ebola response in Ituri and North Kivu provinces.

During the reporting period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 160,234. The total value of procurement orders was US$ 53,634, cent per cent offshore procurement.

Human Resources

UNICEF continue to strengthen its presence on the ground to better respond to the expanding outbreak in North Kivu and Ituri provinces. The number of staff dedicated to the Ebola response scaled up to 227 persons already working in the affected areas, with an additional 62 persons under recruitment. In addition, UNICEF has a capacity of 33 staffs in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication

The external communication team continued work to spotlight UNICEF’s Ebola response. During the reporting period, a professional photographer and a video producer travelled with UNICEF to document the ongoing response and published stories for UNICEF social media platforms. Highest performing on social media this week was this UNICEF Facebook post that reached almost 400,000 persons.

Since the beginning of the outbreak, the CO published 110 content pieces on its Ebola landing page. New multimedia materials have been uploaded on WeShare. The CO has also posted nearly 1010 messages on Facebook, Instagram and Twitter.

Funding

As part of the National Ebola Strategic Response Plan, UNICEF requires US$175.7 million to implement critical activities needed to stop the spread of the outbreak (public health response/Pillar1: US$111,649,413) and to strengthen support to communities affected by Ebola (Pillar 3: US$64,100,900).

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s actions in favour of the Ebola response: The World Bank Group’s Pandemic Emergency Financing Facility (PEF), The European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, The Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government of the United Kingdom and the Paul G. Allen Family Foundation.

20 UNICEF staff on ground includes 22 staff in Goma (EOC), 10 staff in Goma sub-coordination, 66 staff in Beni, 65 staff in Butembo/Katwa, 11 staff in Mangina, 10 staff in Bunia, 8 staff in Komanda, 9 staff in Mambasa, 12 staff in Chowe/Bukavu, 1 staff in Kisangani and 13 staff in Kinshasa.
### 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 Response $</th>
<th>Funds available ** $</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>41,919,063</td>
<td>723,295</td>
<td>18,779,794</td>
<td>19,503,089</td>
<td>22,415,974</td>
<td>53%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>43,076,120</td>
<td>371,558</td>
<td>14,559,781</td>
<td>14,931,339</td>
<td>28,144,781</td>
<td>65%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,944,617</td>
<td>8,044,617</td>
<td>1,357,773</td>
<td>14%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>4,342,520</td>
<td>0</td>
<td>2,436,118</td>
<td>2,436,118</td>
<td>1,906,402</td>
<td>44%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>11,067,320</td>
<td>132,761</td>
<td>6,855,306</td>
<td>6,988,067</td>
<td>4,079,252</td>
<td>37%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Preparedness 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>Strengthened support to communities affected by Ebola / PILLAR 3</td>
<td>64,100,900</td>
<td>0</td>
<td>3,000,000</td>
<td>3,000,000</td>
<td>61,100,900</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175,750,313</strong></td>
<td><strong>1,327,614</strong></td>
<td><strong>54,617,617</strong></td>
<td><strong>55,945,231</strong></td>
<td><strong>119,805,082</strong></td>
<td><strong>68%</strong></td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 16,964,905), Phase III ($ 24,385,917) and Phase IV ($ 125,600,592 - Pillar 1: $61,4 & Pilar III $64,1)

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

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### Next Situation Report: 29 September 2019

**Who to contact for further information:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edouard Beigbeder</td>
<td>Representative UNICEF DRC</td>
<td>Tel: + (243) 996 050 399 E-mail: <a href="mailto:ebeigbeder@unicef.org">ebeigbeder@unicef.org</a></td>
</tr>
<tr>
<td>Pierre Bry</td>
<td>Deputy Representative ai UNICEF DRC</td>
<td>Tel: + (243) 837 045 473 E-mail: <a href="mailto:pbry@unicef.org">pbry@unicef.org</a></td>
</tr>
<tr>
<td>Grant Leaity</td>
<td>Senior Project Coordinator a.i UNICEF DRC</td>
<td>Tel: + (243) 808 087 169 E-mail: <a href="mailto:gleaity@unicef.org">gleaity@unicef.org</a></td>
</tr>
</tbody>
</table>