26 August 2019

**Highlights**

• Week 34 has seen an increase in newly reported and confirmed cases (77). This follows two weeks where the number of reported confirmed cases had been declining (68 in week 32; 57 in week 33).

• Beni, Mandima and Kalunguta are the main hotspots and together they reported 53 per cent of confirmed cases in the last three weeks.

• On 22 August, the Governor of Goma convened a march, bringing together 16 community representatives and close to 7,000 participants to mark the 21 days since the notification of the second case in Goma.

• Infection Prevention and Control (IPC)/WASH activities (as agreed in the memorandum of understanding) will be transferred from WHO to UNICEF in early September 2019.

• Preparations are underway for the 2 September start of the school year to ensure a safe learning environment for children in affected and at-risk areas.

**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>26,500,000*</td>
<td>24,030,824</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>206,835*</td>
<td>205,321</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbors of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>36,437</td>
<td>14,485</td>
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<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>32,436</td>
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<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>22,939**</td>
<td>9,626</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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**Democratic Republic of the Congo**

**Ebola Situation Report**

**North Kivu, Ituri and South Kivu**

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**UNICEF Ebola Response Appeal**

US$ 126.03 million

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**SITUATION IN NUMBERS**

- **2,976** total reported cases (MoH, 25 August 2019)
- **2,871** confirmed cases (MoH, 25 August 2019)
- **801** children <18 among confirmed cases (MoH, 25 August 2019)
- **1,885** deaths among confirmed cases (MoH, 25 August 2019)
- **17,086** contacts under surveillance (MoH, 25 August 2019)

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

- **Total funding available**: $126,039,762 (39%)
- **Funding Gap**: 61%

*Funding requirement includes budget for phase I ($8,798,899), phase II ($16,964,905), phase III ($24,385,917) and phase IV ($75,890,041)

**Funds available include Reprogrammed funds from Equateur Response and funds received since August 2018**

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26 August 2019
DRC Ebola Affected Health Zones as of 25 August 2019

Cumulated EVD Confirmed cases:
- Less than 50 cases
- 50 to 149 cases
- 150 to 299 cases
- 300 to 499 cases
- More than 500 cases

Main roads:
- Nationale
- Regionale principale

Boundaries:
- International boundaries
- Province limits

Health zones non affected

Weekly Hot Spot

Source: MoH - WHO Master Line List August 2019
### Epidemiological Overview

#### Summary Table (25 August 2019)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Confirmed</th>
<th>Probable</th>
<th>Total</th>
<th>Deaths among confirmed cases</th>
<th>Total Deaths</th>
<th>Number of days without confirmed cases</th>
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<td></td>
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<td>663</td>
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<td>South Kivu</td>
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<td>2</td>
<td>6</td>
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<td>Total</td>
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<td>2,871</td>
<td>105</td>
<td>2,976</td>
<td>1,885</td>
<td>1,990</td>
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<tr>
<td>Previous Total 18 August 2019</td>
<td></td>
<td></td>
<td>2,794</td>
<td>94</td>
<td>2,888</td>
<td>1,844</td>
<td>1,938</td>
<td></td>
</tr>
</tbody>
</table>

#### Key Epidemiological Developments

Since August 2018, confirmed cases of Ebola Virus Disease (EVD) continue to be reported in North Kivu, Ituri and, recently in South Kivu provinces.

As of 25 August, a total of 2,976 EVD cases were reported, among which 2,871 confirmed and 105 probable cases. More than two thirds of EVD confirmed cases have died: 1,990 deaths, among which 1,885 confirmed and 105 probable cases (global case fatality ratio remains 67 per cent).

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1. Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).
3. On 19 August 2019, 11 additional probable cases were validated. These were cases who died in Katwa, Kyondo, Vuhovi, and Mabalako health zones during March through June 2019 with epidemiological links to the outbreak, but who could not be sampled for laboratory testing to confirm/exclude EVD (Source: WHO).
After two weeks during which the number of new reported confirmed cases declined, there was an increase in week 34 (77 cases) in comparison to 57 cases during week 33 and 68 cases during week 32.

As in the previous week, 29 health zones have reported at least one confirmed and/or probable case of EVD since the beginning of the epidemic and 18 of them (62 per cent) have reported at least one confirmed EVD case in the last three weeks. A total of 213 health areas have reported at least one confirmed or probable case of EVD since the outbreak began, of which 60 have been active in the past three weeks. This represents a slight decrease in geographical extension of EVD transmission in comparison to the previous week when active health areas were 65.

Beni and Mandima health zones remained the hotspots of the epidemic together with Kalunguta health zone, with respectively 30, 13 and ten per cent of 202 confirmed cases reported during the last three weeks.

Among the new confirmed cases listed as contacts, the proportion of contacts followed on a regular basis in week 34 (33 per cent) slightly increased compared to the week before (31 per cent), but it remains low. The proportion of community deaths among all confirmed cases of EVD decreased compared to the previous week: 22 per cent in week 34 against 32 per cent during week 33. However, the incidence of community deaths remains disturbing with more than one confirmed case out of four dying at community level.

Two additional health workers have been infected by EVD during the last week, thus reaching 156 health staffs since the beginning of the outbreak (5 per cent of total cases).

Of the total 2,898 confirmed and probable cases with reported sex and age, 58 per cent (1,667) were female and among these 59 per cent are of childbearing age (15-49 years). Twenty-eight per cent (838)\(^4\) are children aged less than 18 years old.

Humanitarian Leadership and Coordination

Under the Strategic Response Plan (SRP) 4, 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 Psycho-social 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 Butembo/Katwa, Mangina, Bunia, Goma, Beni, Komanda and Mambasa, a new UNICEF operational hub. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

Since four cases were confirmed in the South Kivu provinces, UNICEF reinforced its presence in the field\(^5\) through the deployment of additional staffs and equipment both in Bukavu and Chowe. The teams provided psychosocial support to the four confirmed cases and engaged with community in churches and markets to promote community engagement and awareness-raising activities and trainings have been implemented to strengthen preparedness. In addition, almost 1,500 persons have been vaccinated with the support and facilitation of UNICEF RCCE teams.

In the Pinga health zone, no additional cases were reported. At the same time, two EVD tests on the case declared confirmed on 17 August came back negative to EVD virus from the Goma laboratory.

Beni and Mangina\(^6\) remain important traveling hubs as affected cases travel through these cities to new health zones. For instance, on 20 August, one new case, coming from Beni, was confirmed in Aloya health area after 21 days without cases. In this context, implementation of the response in Beni and Mandima Health Zones remain challenging due to security issues or difficult access, particularly in Kalunguta, Mabolio and Mukulya health areas.

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\(^4\) Data source: EVD RDC External Situation Report 56 - WHO

\(^5\) UNICEF has offices in Goma (North Kivu) and Bunia (Ituri) to support the ongoing emergency response, however, Beni has been established as a coordination hub. UNICEF also has an office in Bukavu (South Kivu)

\(^6\) Mangina is a city located in Mabalako Health Zone. The sub-office based in Mangina covers 2 Health Zones: Mandima and Mabalako.
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 national SRP was first launched on 01 August 2018 and was revised four times. The SRP IV covers the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces. 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.

As part of the Pillar I “Strengthened public health response in support of the Ministry of Health”, UNICEF scaled-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 also continues to work on improving IPC interventions in communities in affected areas, including the provisions of supplies and household decontamination for confirmed and probable cases. The Psychosocial support interventions is another key area of focus, and UNICEF continues to provide psychosocial support to EVD patients and their families through direct psycho-social care and provision of social support and food assistance to affected individuals and households.

Indeed, after over a year, the situation in the Ebola-affected areas is still dire and the Ebola outbreak continues to spread to new territories with a rising number of cases. Many people continue to die in the communities, either at home or in healthcare facilities.

Key recommendations of the UNICEF Ebola Action Review concluded, among others, that tackling the DRC Ebola outbreak would require focusing beyond solely Ebola-specific prevention, care and treatment interventions to address the vulnerabilities of the affected populations and increase access to basic social services in affected areas. Multisectoral approaches that strengthen the community resilience including the restoration of health systems are critical to sustain the gains beyond the current Ebola outbreak.

Thus, in line with the Government and international community’s Integrated Ebola Response Strategy, the Pillar III, in support of the SRP 4 Pillar I, aims to strengthen community ownership and support programs responding to community needs to enable Ebola control activities (UNICEF and World Bank) while strengthening multi-sectorial humanitarian coordination (OCHA). The Pillar III is supported by UNICEF, The World Bank and OCHA, under the leadership of the Ebola Emergency Response Coordinator (EERC).

Under Pillar III, the “Community ownership and essential services” component led by UNICEF aims to strengthen community ownership and provision of basic social services as a way 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 existing and available partners to deliver multisectoral assistance addressing communities needs in Ebola affected areas.

Thus, two measles campaigns were organized in Bunia, one in July, specifically in displacement camps while the second one took place from 19 to 25 August in the same area. To date, a total of 81,534 persons were vaccinated, among them 73,529 children from 6 to 59 months, in four health zones, namely Bunia, Rwampara, Nyankunde and Tchomia. More than 6,000 persons vaccinated were internally displaced persons (IDPs) in Bunia Health Zone. The campaign also incorporates additional measures to protect against Ebola transmission including the use of thermoflash, protective gloves and hand-washing stations.

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7 The National Strategic Response Plan (SRP) was launched on August 1st and was revised four 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 19th, 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 20th, 2018, the MoH updated the Ebola Response Plan II (SRP II-I, 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 III (SRP III, February – July 2019) for a total amount of US$ 147,875,000. Finally, on July 15th, 2019, the MoH released the Ebola Response Plan IV (SRP IV, July – December 2019) for a total amount of $ 287,590,149.

8 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.
Summary Analysis of Programme Response

Risk Communication and Community Engagement

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

Main activities during the reporting period

Community Engagement

On 22 August, after 21 days since the second case in Goma, the Governor and the provincial authorities of North Kivu organized a march gathering almost 7,000 participants to mark the 21st days without Ebola in the city. During this event, political and religious leaders, women's organizations and the private sector operators, were represented and 16 of them made a speech to raise awareness about Ebola among the community.

In South Kivu, following the reporting of four confirmed cases, the RCCE partners developed a prevention and response workplan for risk communication and promotion of community engagement to the EVD response. In Chowe, initial activities focused on the organization of educational talks for the population, health providers and political-administrative authorities, as well as the production and distribution of 235 posters and 474 leaflets on EVD prevention. RCCE teams organized awareness sessions for 124 patients and health workers in two health centers. In support of the Vaccination Commission activities, they also sensitized the members of the two families affected by EVD and the 161 contacts on the importance of accepting vaccination. Despite these efforts, ten high-risk-contacts refused to get vaccinated. The RCCE teams further organized several awareness campaigns in numerous churches and markets and raised awareness among 10 people living in the mining areas around Mwenga.

On 20 August, in Goma, seven journalists covered the initiative taken by the 34th Military District Commander and his troops that visited the points of control in Kanyarutchinya and Mubambiro. They took the opportunity to address EVD prevention messages to all the militaries and acted as a role model by doing a correct handwashing and accepting the temperature screening.

Responding to Refusals/Reticence and Rumours

During the reporting period, RCCE teams helped to solve 347 out of 527 handwashing and screening refusals through interpersonal communication in Goma. At the same time, they clarified 78 out of 111 rumours issued by the community. Among these, for example, many were focused on Ebola as a business for foreigners. The release of the healed wife of the second case on 13 August was an opportunity to address some of these rumours by specifying the life-saving support that she received from the response.

In Beni and Mangina, RCCE teams clarified 20 out of 25 rumours and helped to solve 177 out of 199 handwashing refusals. At the same time, they supported the SDB commission in conducting 10 out of 11 SWAB/SDB. Similarly, in Mambasa, the team helped resolved 138 handwashing and 107 screening refusals, seven SDB and 13 refusals to go to the ETC, while the team in Komanda was involved in solving of 46 out of 66 handwashing, 36 out of 66 screening and 12 out of 16 SWAB/SDB refusals.

The RCCE teams intensified their activities in Mabolio, in Beni health zone, a health area that recently registered a lot of resistances. Activities included a visit of the ETC with community workers and political leaders and a raising awareness session through theatre sketches targeting the community.

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9 The EVD incubation period, that is, the time interval from infection with the virus to onset of symptoms, is from 2 to 21 days.
Promotion of Preventive Behaviors

In North Kivu, RCCE teams continued to conduct public awareness activities on risks communication and community engagement on Ebola prevention and response measures which targeted 12,183 men and women among which were militaries, religious leaders and modern health and traditional practitioners. Activities included three popular forums organized in Nyiragongo, Goma, with 321 participants and 27 educational talks and nine community dialogues in Beni which reached respectively 400 participants (including 190 women) and 474 participants (including 282 women).

In Ituri, in Mandima health zone, targeting Mayuano as a hotspot area, the RCCE teams organized discussion forums with 673 people while in Mambasa health zone, they raised awareness among 619 primary and secondary school pupils on EVD prevention measures. In Komanda, a total of 280 people (including 85 women) were briefed on Ebola prevention and response measures. In Mambasa health zone, Red Cross community workers and volunteers visited 5,181 households and reached 23,121 people through community dialogues. Moreover, during home visits, they identified 66 visitors from epidemic areas - Some, Mayiwane, Mandima and Beni - and informed them on Ebola transmission and prevention measures.

In Beni and Mangina, the RCCE teams continued to organize a side visit to ETCs: four side visits in two ETCs were organized with 27 visitors, among them women, moto-taxi drivers, pastors, youth and members of various civil society organisations.

In total during the reporting period, 16 training sessions were held in Beni, Mangina, Mambasa and Komanda health zones, targeting religious and community leaders, health workers, teachers, community workers, directors of mining companies and 29 members of Cellules d’Animation Communautaires (CAC). In Mangina, UNICEF and partners held a briefing for 67 members of the Mangina Hairdressers Association on EVD-related hygiene practices and the clarification on the different rumors. After the briefing, the hairdressers requested protective equipment (gloves) and handwashing devices to carry out their job without being exposed to the EVD.

Media

During the reporting period, in Beni, radios produced four interactive and participatory programs and documented testimonies of 28 Ebola survivors. In Mangina, nine radios broadcasted 189 spots and messages on Ebola preventive measures and on the importance of screening and hand washing. In Mambasa, two radio programs were produced on Ebola preventive and response measures and on the importance of the early transfer to ETC in case of EVD symptoms. They also broadcasted testimonies of survivors discharged from the Makayanga ETC as well as a programme on the importance of the vaccination.

In Komanda, three community radio stations rebroadcasted Ebola survivors’ testimonies in Swahili language and messages on the importance of proper hand washing. In Mwenga and Bukavu, 40 actors from RCCE provincial commission and journalists from local radio stations were informed on Ebola prevention and response measures and key messages of the RCCE which need to be conveyed to the public.

Key Results

<table>
<thead>
<tr>
<th>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</th>
<th>Target(^{10})</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>67,695</td>
<td>61,232</td>
<td>1,904</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>40,321</td>
<td>35,094</td>
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</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>26,500,000</td>
<td>24,930,824</td>
<td>1,135,916</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>12,981</td>
<td>11,795</td>
<td>544</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>206,835*</td>
<td>205,321</td>
<td>7,245</td>
</tr>
</tbody>
</table>

\(^{10}\) 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.
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 kits¹¹ and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools¹², (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) joint¹³ supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

Implementing Partners: Mercy Corps, Red Cross, OXFAM GB, MENDAIR, 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
Preparedness and prevention activities remain a priority within the response. 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. In preparation of the transfer of IPC/WASH activities from WHO to UNICEF as of 01 September, UNICEF IPC/WASH management visited Beni, Mangina and Butembo sub-coordinations to identify the needs and review the status of the existing mechanisms and prepare for transition of teams, supply and transport to ensure a smooth continuation of activities.

Case reporting remained consistent in Butembo and activities were implemented around 18 confirmed cases. IPC/WASH Commission supervisors supported by UNICEF distributed hygiene kits to 162 households and WASH/IPC kits to 21 health facilities together with briefing sessions on the use of the items for 115 health workers. Handwashing points were installed in 41 public places. In collaboration with Mercy Corps and CEPROSSAN, UNICEF provided hygiene kits to 237 households and nine health facilities received IPC/WASH kits along with briefings by Mercy Corps of 24 health care staff. Handwashing devices were installed in 59 public places.

On 19 August, a demonstration to protest against continued insecurity was organized in Beni. A “ville morte” was also declared and all response activities were suspended for the day increasing the risk of virus transmission. An increase of cases was reported, and response activities took place around 17 cases. UNICEF partnering with PPSSP, distributed hygiene kits to 113 households and IPC/WASH kits to three health facilities and two schools. Handwashing points were installed in 16 public places. Information sessions were held on Ebola prevention measures with 3,910 vulnerable people affected by Ebola around cases. A specific group discussion was held with 184 women on the same subject. To share EVD prevention messaging through community-based organizations, 697 community members were briefed on the use of hygiene kits to support kit usage of future distribution in their neighborhoods. In addition, UNICEF provided ten WASH kits to two health centers in Mukulya health area.

In Oicha health zone, in partnership with the local association Organisation de Developpement D’Oicha supplied 208 public handwashing points with 42,580 liters of chlorinated water and distributed 19,881 liters of water supplied to health facilities.

In Mabalako sub-coordination with the reduction in reported confirmed cases compared to the previous week, the team was able to emphasize preventive activities such as awareness campaigns on Ebola for 1,974 people. Although access to some affected areas remains a concern due to persistent insecurity, hampering response efforts, UNICEF and partners OXFAM and FAEVu distributed hygiene kits to 270 households surrounding confirmed cases. Compared to last week, fewer health facilities have been provided with kits due to lack of supplies. IPC/WASH kits were distributed to 28 health facilities (previously 70) and WASH kits were provided to 75 public places.

In Komanda, where confirmed cases decreased to two compared to four last week, IPC/WASH Commission supervisors supported by UNICEF provided hygiene kits to 265 households and IPC/WASH kits to 18 health facilities and 44 public places. New handwashing devices were installed in two public places along with Ebola related and hand hygiene awareness sessions reaching 842 people. Six health facilities were also supported with the monitoring of the use of

¹¹ 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

¹² 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.

¹³ Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
WASH kits and briefings sessions conducted for 71 healthcare providers. In addition, partner MUSACA supplied 32,830 litres of chlorinated water to 67 public places in the Komanda and Irumu health areas and 194,950 litres of drinking water were provided to the community serving approximately 39,917 people.

In response to three confirmed cases reported in Mambasa, UNICEF and partner MUSACA provided hygiene kits to 81 households and WASH kits to 41 public places. Prevention activities included the installation of waste burners in seven health facilities and monitoring of IPC/WASH practices in 18 health facilities. Access to water was ensured by the supply of 13,300 litres of chlorinated water to 17 public places and three control points. A further 144,250 litres of treated drinking water were provided to 937 households (4,758 people).

As there have not been any new confirmed cases reported in Bunia, prevention activities remained the priority with the installation of two hand washing devices for a Gospel campaign at the Baptiste au Centre de l’Afrique (CBCA) which facilitated handwashing for nearly 1,500 participants. In collaboration with MUSACA, UNICEF conducted monitoring visits to hand-washing devices in 19 public places. UNICEF also supplied 47,430 litres of chlorinated water in three health facilities and 91 public places in Bunia and two health facilities and 14 public places in Rwampara. Partner ACF supplied 51,440 litres of chlorinated water to 60 public places in Ngezi, Bora-Uzima and Adventist in the Bunia health zone in addition to the central market and the Bunia fairground chamber. The IPC supervisors provided WASH support to 122 measles vaccination sites including waste management.

In Rwampara health zone, just in time for the return to school, partner MUSACA completed the construction of two blocks of six latrines in two schools in Hoho. A supply of 4,200 litres of chlorinated water was provided to eight public places in Shari and monitoring of hand washing devices continued in 22 public places.

Nyiragongo Health Zone passed 21 days without additional confirmed cases detected, as risks of further introduction within Goma city and surrounding areas are high, the team remains vigilant. To reinforce preventative measures in the affected health zones, partner OXFAM continued to ensure access to water with the supply of 25,500 liters of water in eight health facilities in Himbi, 27,000 liters in six health facilities and 383,500 liters in the community of Kiziba. In addition to regular activities, UNICEF partner PPSSP supported handwashing points in 26 public places, supplying 95,720 liters of chlorinated water in Goma, Karisimbi, Nyaragongo and Kirothse health zones.

On 22 August, North Kivu Governor Carly Kasivita organized a march to support Ebola response teams during which UNICEF implementing partner PPSSP supplied 1,380 liters of water to handwashing points installed for the crowds.

In Karisimbi health zone, partner Medair continues the construction of sanitation infrastructure within the health centers of Methodiste and Hebron where the ash pit has been completed and two tanks were installed for rainwater collection.

UNICEF supported supervisors from the IPC sub-commission remained in Pinga health zone in response to the activities around the confirmed case that has since been discharged. However, due to insecurity, most of the planned activities have been postponed.

A new confirmed case was reported in South Kivu. UNICEF worked with the MoH to reinforce response measures to prevent expansion of EVD transmission at community level and collaborate with the Commission on the development of the Plan of Action for South Kivu including WASH programme components. The coordination center in Bukavu managed the IPC Commission and the WASH activities in response to the four confirmed cases in Mwenga health zone. UNICEF provided WASH items to the MoH in support of the distribution of hygiene kits to 42 affected households and the installation of hand washing points in eight public places. At the Mwenga General Reference Hospital, UNICEF briefed 12 hygienists on Ebola IPC principals and procedures.

<table>
<thead>
<tr>
<th>Key Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
</tr>
<tr>
<td><strong>Target</strong></td>
</tr>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
</tr>
</tbody>
</table>

14 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.
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)

Main activities during the reporting period

The beginning of the 2019-2020 school year is planned for Monday 2 September. The Educational Divisions of North Kivu and Ituri jointly with UNICEF consolidated a strategy for the school opening, focused on fighting Ebola in schools. The strategy has a three ponged-approach: i) the assessment of WASH materials in schools, jointly performed by IPC/WASH Commission and the educational authorities; ii) awareness-raising targeting education managers undertaken by the RCCE commission in collaboration with educational authorities; and (iii) teachers’ training on the Guidance Note for the Prevention and Control Ebola in schools led by Education teams and educational authorities. The RCCE Commission is currently validating the strategy.

In this perspective, on 26 August, the Division of Education of North Kivu 2 held a meeting which gathered the school’s managers of the Province. This meeting aimed at preparing the start of the school year and presenting the strategy. In turn, each Sub-Division will then hold the same meeting in its area of responsibility to inform about this strategy.

Following Bunia (09-11 August) and Butembo (16-18 August) and in the framework of this strategy, from 20 to 23 August, in Beni, the Ministry of Education together with UNICEF, organized a workshop to share experiences, best practices and lessons learned on the prevention and control of EVD in schools that can be spread in other health zones. The meeting gathered 26 participants, including 4 women, among which representatives from the Sub-Provincial Ministry of Education of Beni and Oicha, EPSP inspectors, WHO representatives and Alima and AVSI Education staff.

In line with the same strategy, on 23 August 2019, in Katwa health zone, the Educational Sub-Division of Butembo took advantage of the meeting organized in preparation of the start of the school year to raise awareness of 157 primary and secondary school directors, including 33 women, on prevention measures and the application of the Guidance Note for the prevention and control of Ebola in schools.

In the health zones of Lubero, Masereka and Musienene, UNICEF implementing partner AVSI together with the inspectors of the Educational division, assessed the need for hygiene kits in 80 schools. The result of the assessment revealed that 29 schools don’t have hygiene kits including WASH devices. WASH teams will make them available them before the start of the year. AVSI will continue this assessment in the other 83 schools in Beni, Mabalako and Oicha health zones.

Finally, in South Kivu, several preparedness and response activities have been carried out in schools. The EPSP and UNICEF team did the school mapping in Mwenga and organized a briefing session on Ebola and its prevention measures with five EPSP officials. In Chowe village the local NGO Enfants Solidaires Tujikaze and EPSP distributed 500 leaflets in French and Swahili to 500 pupils and their parents to inform about Ebola prevention measures, symptoms and the importance of prompt treatment in the isolation center.
**Key Results:**

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target15</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>928,565</td>
<td>0</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>32,436</td>
<td>183</td>
</tr>
</tbody>
</table>

**Psychosocial Support and Child Protection**

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 support17 for EVD confirmed and suspected cases, including children, in the ETCs; (2) material18 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 care19 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**

During the reporting period, UNICEF and its partners provided psychological support to 214 children, including 196 suspected cases (108 boys and 88 girls) and 18 confirmed cases (9 boys and 9 girls) admitted to the TCs/ETCs.

In South Kivu, in the isolation center of Chowe, UNICEF and its partners distributed individual recreational kits to two children (suspected cases) and a radio to an adult confirmed case. In the ETC of Bukavu, the teams provided adequate psychological support to all the suspected cases (two men and one woman).

In Beni (North Kivu), the psychosocial team organized a one-day session with 32 Ebola survivors including 27 women, employed in the ETC and nursery to take care of children. During the meeting, participants received psychological support and created a common space for sharing experiences and for a mutual emotional support.

**Activities in communities**

UNICEF and its partners provided psychosocial support and material assistance to 353 newly EVD affected families so that they continue to have the emotional and material capacity to care for their children. A total of 1,990 kits of material assistance (hygiene, funeral, NFI, new-born kits and food assistance) were distributed to discharged and recovered patients as well as affected families.

In South Kivu, funeral kits have been distributed to two affected families, whose members died of EVD. Two orphans (boys) of the same family were identified and received appropriate care including material assistance for the extended family who is taking care of them. School fees were paid for the child in age to go to school.

In addition, the psychosocial team provided psychosocial support to 1,901 contacts, 149 new separated children (67 boys and 82 girls) and 78 new orphans (35 boys and 43 girls) in the three provinces.

In the socio-cultural context of the DRC, orphans are generally placed with their extended families. In case of resistances, UNICEF and its partners engage in family mediation to find solution in the best interest of the child. Placement in foster families is also possible and required if the extended family cannot welcome an orphan. UNICEF is currently working with the Ministry of Social Affairs for reinforcing the number and capacity of foster families in EVD.

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15 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.

16 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.

17 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.

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

19 According to the local context and socio-cultural norms.
affected communities. Specific nutritional and psychosocial monitoring protocols are set up for the follow-up of orphans, with a focus on those under 23 months both at ETC and community level.

In addition, the Psychosocial Commission started to work on the preparation for the new school year and, in particular, on a supply plan for school kits and payments of school fees for EVD-related orphans and survivor children. UNICEF Child Protection and Education teams together with implementing partners have already purchased 100 school kits and uniforms ready to be distributed to these children.

**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>10,312*</td>
<td>6,642</td>
<td>214</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>9,626</td>
<td>353</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>17,086**</td>
<td>14,966</td>
<td>1,435</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,950</td>
<td>2,782</td>
<td>149</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,960</td>
<td>1,502</td>
<td>78</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>918</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.

**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)

**Main activities during the reporting period**

UNICEF and its implementing partners provided adequate nutritional care for 420 new suspected and confirmed cases admitted in the ETCs, including seven children under six months, 56 children aged from 6 to 59 months and three pregnant women. Among these, 60 per cent were admitted in the ETC of Butembo (154 cases) and Katwa (101) following the resumption of positive cases in these zones.

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 107 separated infants non-breastfeed, 13 more than the previous week (29 in Butembo, 27 in Katwa, 26 in Beni, 15 in Mabalako, three in Komanda and seven in Bunia). Among these, 26 were children under six months and 81 children aged from six to 23 months.

Twenty-two children under five suffering of Severe Acute Malnutrition were admitted for treatment in the Outpatients Therapeutic Programme (OTPs) under the supervision of health zone nutritionists.

In addition, UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 1,621 women caregivers on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context.

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20 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.
During the reporting period, UNICEF Nutrition team organized a series of trainings for 17 nutritionists of the ETCs in Beni, Mangina and Komanda on the collection methodology for nutritional data in the Ebola context with tablets.

### Key Results

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target</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</td>
<td>51,865</td>
<td>50,910</td>
<td>1,621</td>
</tr>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling</td>
<td>51,865</td>
<td>50,910</td>
<td>1,621</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according</td>
<td>8,750</td>
<td>8,410</td>
<td>420</td>
</tr>
<tr>
<td># of less than 6 months children who cannot be breastfed and who receive</td>
<td>600</td>
<td>783</td>
<td>26</td>
</tr>
<tr>
<td>ready-to-use infant formula in ETCs, nursery’s, orphanages and in the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>communities</td>
<td></td>
<td></td>
<td></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 primarily 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.

### Main results during the reporting period

#### General activities & programmes

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

#### General activities & programmes

In coordination with the Epidemiology Cell, a study on Ebola and children under five years old was presented on 21 August at EOC. The objective of the analysis was to better understand parents’ perceptions, knowledge, attitudes and practices towards children in the context of the Ebola outbreak. Epidemiological data showed that fewer children under 5 years old were recorded and followed as contacts compared to adults and children under 18. This partly contributes to a higher mortality rate among young children. The social sciences analysis looked at treatment seeking behaviors of mothers and indicated that:

- Mothers are afraid of their children being admitted to the ETC;
- Parents don’t believe they have the capacity to protect their children from EVD;
- Knowledge of less severe or dry symptoms related to Ebola is limited among parents;
- Parents perceive ETCs as places where people die.

Key recommendations included improving communication on:

- Ways to protect children under 5 specifically;
- Identification of dry symptoms among children under 5;

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21 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.
• Potential positive impact of prompt treatment in the ETC by focusing on children that have survived following EVD treatment.

**Ongoing social sciences analysis**

In Beni, teams collected data on perceptions of WASH hygiene kits and are currently analysing them along with data collected on health seeking behaviours in Beni, Mabalako and Mandima.

Key findings and recommendations from a study on traditional healers was presented on 24 August in Beni and Mangina sub-coordinations. Findings suggest that several traditional healers have been involved in the response but would like more support in terms of personal protective equipment. Those who are not currently engaged expressed interest in activities related to community engagement, surveillance and safe and dignified burials. Recruiting traditional practitioners to participate in community engagement activities was one of the main recommendation taken and referred to the RCCE commission as it could have a positive impact on community resistance.

In Butembo and Katwa, a preliminary analysis of treatment seeking practices in areas with long and short delays suggests that key barriers which prevent people from seeking treatment are grounded in fear of the ETC. As a result, people prefer to self-medicate, receive home care or consult traditional healers or private facilities that do not collaborate with the EVD response. The high visibility of Ebola response teams and the stigma this brings to affected households and the surrounding community also deter people from seeking treatment.

Motivators in areas where the delay between onset of symptoms and admission to the ETC is shorter (1-3 days) include:

- Increased involvement of local, community-based organizations in the response;
- Engaging youth and survivors in response activities;
- Visibility of more and more survivors in communities and;
- Organization of regular visits to ETC for the community leaders.

**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 UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 290,096. The total value of procurement orders was US$ 3,660, 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 205 persons already working in the affected areas, with an additional 43 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 35 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. In this reporting period, UNICEF Country Representative Edouard Beigbeder is quoted by The Times on the role of survivors at UNICEF-run nurseries. UNICEF is interviewed by Australia Radio on the importance of community engagement and mentioned in a UN News photo essay. After confirmation of the first Ebola cases of in South Kivu, the CO issued a press statement recalling the particular vulnerability of children to this disease. The statement was picked up by Vatican News and Europa Press and shared on social media. A professional videographer and photographer also travelled with UNICEF in affected areas to gather new material on key issues and UNICEF’s response.

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22 This study took place in Butembo from 14 to 18 August and was reported in the Situation Report 38, page 14.

23 UNICEF staff on ground includes 35 staff in Goma (EOC), 10 staff in Goma sub-coordination, 35 staff in Beni, 68 staff in Butembo/Katwa, 15 staff in Mangina, 9 staff in Bunia, 9 staff in Komanda, 6 staff in Mambasa, 6 staff in Bukavu and 12 staff in Kinshasa.
Since the beginning of the outbreak, the CO published 99 content pieces on its website https://www.unicef.org/drcongo/. The Ebola landing page is updated weekly, linking to key figures, press releases, situation reports and stories. The CO has also posted nearly 890 messages on Facebook, Instagram and Twitter.

**Funding**

The SRP4 provisional funding requirement for the public health response is US$ 287.6 million for activities until end December 2019. The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to December 2019 is estimated at US$ 563.8 million. As part of this joint response plan, the UNICEF estimated public health response requirements stands at US$75.9 million, out of a total of US$ 126 million. To date, the UNICEF response is 39 per cent funded.

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 United Kingdom and the Paul G. Allen Family Foundation.

<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>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>47,951,276</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>29,348,187</td>
<td>61%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>51,440,240</td>
<td>371,558</td>
<td>13,356,698</td>
<td>13,728,256</td>
<td>37,711,984</td>
<td>73%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,344,617</td>
<td>7,444,617</td>
<td>1,957,773</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>4,336,536</td>
<td>0</td>
<td>2,136,118</td>
<td>2,136,118</td>
<td>2,200,418</td>
<td>0%</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>6,619,369</td>
<td>6,752,130</td>
<td>4,315,189</td>
<td>39%</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><strong>Total</strong></td>
<td><strong>126,039,762</strong></td>
<td><strong>1,327,614</strong></td>
<td><strong>48,378,597</strong></td>
<td><strong>49,706,211</strong></td>
<td><strong>76,333,551</strong></td>
<td><strong>61%</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), Phase III ($ 24,385,917) and Phase IV ($ 75,890,041)

** 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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