Highlights

- On 1 September, the UN Secretary General (SG) Antonio Guterres visited the newly opened UNICEF-supported nursery in Mangina. UNICEF also presented its community engagement strategy and actions for the EVD response and facilitated a meeting between the SG and the Yira community engaged in the EVD response.

- On 2 September, more than 2 million children living in communities affected by Ebola returned to school. The Ministry of Education jointly with UNICEF validated a strategy focusing on fighting Ebola in schools.

- As part of UNICEF and OCHA-led Pilar III of the Strategic Response Plan 4, the first Call for expression of interest was published on 27 August to select potential implementing partners that will strengthen community ownership and address the community needs to enable Ebola control activities.

- As per the memorandum of understanding, Infection Prevention and Control (IPC)/WASH activities, including decontamination of households, were transferred from WHO to UNICEF on 1 September 2019.

- In Bunia, a Knowledge, Attitude & Practice (KAP) survey on the impact of radio on behavioural change in the Ebola context was conducted in 16 health to adjust and tailor RCCE strategies and approaches.

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>24,592,721</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>212,313*</td>
<td>210,761</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>36,437</td>
<td>15,214</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>33,308</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>22,939**</td>
<td>9,956</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

Democratic Republic of the Congo

Ebola Situation Report
North Kivu, Ituri and South Kivu

UNICEF Ebola Response Appeal
US$ 126.03 million

3,036 total reported cases
(MoH, 01 September 2019)

2,931 confirmed cases
(MoH, 01 September 2019)

820 children <18 among confirmed cases
(MoH, 01 September 2019)

1,930 deaths among confirmed cases
(MoH, 01 September 2019)

14,532 contacts under surveillance
(MoH, 25 August 2019)

UNICEF Ebola Response Funding Status 2018 - 2019

Total funding available* 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
### Epidemiological Overview

#### Summary Table (01 September 2019)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Number of days without confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Ituri</td>
<td>Ariwara</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>4</td>
<td>0</td>
<td>4</td>
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<tr>
<td></td>
<td>Komanda</td>
<td>43</td>
<td>9</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Lolwa</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Mambasa</td>
<td>34</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>266</td>
<td>4</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>North-Kivu</td>
<td>Alimbongo</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Beni</td>
<td>661</td>
<td>9</td>
<td>670</td>
</tr>
<tr>
<td></td>
<td>Bia</td>
<td>16</td>
<td>1</td>
<td>17</td>
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<tr>
<td></td>
<td>Butembo</td>
<td>279</td>
<td>0</td>
<td>279</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>165</td>
<td>15</td>
<td>180</td>
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<tr>
<td></td>
<td>Katwa</td>
<td>647</td>
<td>23</td>
<td>670</td>
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<tr>
<td></td>
<td>Kayna</td>
<td>22</td>
<td>0</td>
<td>22</td>
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<tr>
<td></td>
<td>Kyando</td>
<td>20</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>31</td>
<td>2</td>
<td>33</td>
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<tr>
<td></td>
<td>Mabalako</td>
<td>371</td>
<td>17</td>
<td>388</td>
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<tr>
<td></td>
<td>Manguredjipa</td>
<td>18</td>
<td>0</td>
<td>18</td>
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<tr>
<td></td>
<td>Masera  kia</td>
<td>50</td>
<td>6</td>
<td>56</td>
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<tr>
<td></td>
<td>Musi enene</td>
<td>84</td>
<td>1</td>
<td>85</td>
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<tr>
<td></td>
<td>Mutwanga</td>
<td>31</td>
<td>0</td>
<td>31</td>
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<tr>
<td></td>
<td>Nyiragongo</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>55</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Pinga</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>103</td>
<td>14</td>
<td>117</td>
</tr>
<tr>
<td>South Kivu</td>
<td>Mwenga</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2,931</td>
<td>105</td>
<td>3,036</td>
</tr>
<tr>
<td>Previous Total 25 August 2019</td>
<td>2,871</td>
<td>105</td>
<td>2,976</td>
<td>1,885</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 South Kivu provinces.

As of 01 September, a total of 3,036 EVD cases were reported, among which 2,931 confirmed and 105 probable cases. More than two thirds of EVD confirmed cases died: 2,035 deaths, among which 1,930 confirmed and 105 probable cases (global case fatality ratio remains 67 per cent).

During the reporting period, the number of new reported confirmed cases slowed down in comparison to the previous week: 59 cases during week 35 in comparison to 77 cases during week 34.

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 seventeen of them (59 per cent) have reported at least one confirmed EVD case in the last three weeks. During the reporting period, a new health area, Pede, in Mambasa health zone, reported confirmed cases. A total of 214 health areas have reported at least one confirmed or probable case of EVD since the outbreak began. Among these, 58 have been active in the past three weeks, two less than in the previous week (60). This
represents a slight decrease in geographical extension of EVD transmission in comparison to the previous week when active health areas were 60.

Beni, Kalunguta and Mandima health zones remained the hotspots of the epidemic, with respectively 20, 15 and 12 per cent of 193 confirmed cases reported during the last three weeks.

On 29 August, a 9-year-old Congolese girl was intercepted with Ebola symptoms at the Mpondwe entry point in Uganda. An ambulance took her to the Bwera ETC. She died the next day. Ugandan officials stated that five contacts of the girl have been identified and that they will be back to DRC for vaccination and follow-up. Meanwhile, 300 doses of vaccine arrived in Uganda and will be used to vaccinate any contacts and contacts of contacts.

Two additional cases have been reported in South Kivu’s Mwenga health zone, thus reaching the number of six since the first reported case. The cases were individuals who were under surveillance.

After a slight decrease in week 34 (22 per cent) in comparison to week 33 (32 per cent), the proportion of community deaths among all confirmed cases of EVD raised again, reaching 29 per cent during the reporting period. More than one confirmed case out of four dies at community level.

No additional health worker has been infected by EVD during the last week, thus keeping the number of infected health staffs at 156 since the beginning of the outbreak (5 per cent of total cases).

Of the 2,959 confirmed and probable cases with reported sex and age, 57.5 per cent (1,704) were female and among these 60 per cent in are of childbearing age (15-49 years). Twenty-eight per cent (857)

**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.

During his visit in Eastern DRC, on 1st September, the UN Secretary General (SG) Antonio Guterres visited the newly opened nursery in Mangina, built and equipped by UNICEF to provide assistance to Ebola-related separated children. During the visit, two Ebola survivors who work as caregivers in the nursery explained their experience during EVD infection and treatment and their current role with separated children. In addition, UNICEF presented its strategy on community engagement and facilitated a meeting between the SG and ten members of the Yira community engaged in the response.

Based on the epidemic trend, in South Kivu and Mambasa, UNICEF teams are scaling up their response and preparing for an intervention spanning on several months. In Chowe (Mwenga health zone), in total, 17 staff were deployed since the first confirmed case was reported. Currently, ten staff are deployed to implement UNICEF activities and initiate partnerships with three different implementing partners on the ground.

On 29 August, a meeting was convened by WHO to discuss the Ebola situation in Mambasa as the number of cases is drastically increasing since beginning of August. UNICEF has already opened a sub-office in Mambasa town and six staffs are deployed including one on IPC/Wash and two working on RCCE. On 31 August, UNICEF participated to a joint mission with WHO and partners to set up a global Sub-Coordination in Mambasa.

**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 4 covers the

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3 Data source: EVD RDC External Situation Report 57 – WHO. 4 The nursery opened on 8 August (see UNICEF Ebola SitRep #37). To date, the nursery hosts one baby. 5 See UNICEF Ebola SitRep #37, page 3. 6 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
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 pillars7 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 continues to scale-up its RCCE interventions to enhance dialogue and partnerships between Ebola response teams and individuals or communities in affected areas enabling community ownership in the response and real time exchange of information. UNICEF 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 patients with EVD and their families psychosocial support through direct psycho-social care and provision of social support and food assistance to affected individuals and households.

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.

The last UNICEF internal SRP 3 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.

To that end, 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 EERC (Ebola Emergency Response Coordinator) leadership.

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. Partners will be selected through a competitive process, started with the publishing of the first Call for expression of interest on 27 August. In the meantime, UNICEF is also mapping potential partners that are already on the ground and involved in activities with local communities.

**Summary Analysis of Programme Response**

**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) 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).

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7 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.
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
In Goma, 250 young worshippers coming from different zones of North Kivu participated in a three-day workshop organized by the Seventh-day Adventist church. The UNICEF RCCE team took this opportunity to raise awareness among participants on EVD.

Following the recent initiative in Mangina, the RCCE team replicated a training activity for hairdressers in Goma, during which 210 hairdressers were briefed on the risk of EVD. This activity was broadcast by a local radio.

With the support of the UNICEF RCCE team, on 30 and 31 August the Anglican dioceses of Butembo and Catholic dioceses of Beni, convened a round table of religious and community leaders in Butembo to discuss EVD related issues and priorities and to propose concrete actions to contribute to the response. A strategic plan based on their discussion is being developed to that end.

Responding to Refusals/Reticence and Rumors
In Mambasa, Komanda, Mangina, Butembo, Bunia and Goma, UNICEF and the other RCCE actors contributed to resolve 3,384 refusals related to handwashing and screening at points of entry and control, 48 family refusals around the SDB, 103 refusals of vaccination and 190 refusals of transfer to treatment centres.

In addition, the RCCE teams collected more than 250 community feedbacks on EVD immunization, SDB, surveillance and treatment. The field teams use these feedbacks to update their interventions when possible, and to suggest improvements to the different pillars of the response.

Promotion of Preventive Behaviors
In Mambasa, Komanda, Mangina, Butembo, Bunia and Goma, UNICEF and its RCCE partners delivered mass communication messages on EVD prevention to about 22,000 people and organized small groups and interpersonal communication sessions which reached approximately 12,000 people (students, vendors, pregnant women, leaders, motorcycle drivers, church assemblies, etc.).

In collaboration with its RCCE partners, UNICEF organized trainings and briefing sessions on EVD prevention for 437 community relays, association members, traditional healers, school managers, health care providers and radio speakers.

The RCCE field agents also continued to support the other pillars of the EVD response, through community outreach and interpersonal communication activities about ETCs, EVD surveillance, immunization, IPC, SDB and treatment. In that regard, more than 48,000 people were briefed on hand washing and screening at points of entry and control.

Concerning community participation in the response, RCCE teams in all health zones have started the process to reactivate Community Animation Cells (CAC) where they are in place or to establish them where needed. About 1,184 existing CACs have been identified so far in Beni, Bunia, Komanda and Mambasa. Besides, 284 CAC have been set up in Beni health zones.

Media
In addition to the media coverage of the UN Secretary-General’s visit to Goma, the different sub-coordinations continued to engage the media in the response to EVD. To date, about a hundred local radios are currently broadcasting Ebola prevention messages on a regular basis.

In Bunia, a Knowledge, Attitude & Practice (KAP) survey on the impact of radio on behavioural change in the Ebola context was conducted in 16 health areas, in which 401 adults were interviewed. The survey was conducted with the objective to adjust and tailor RCCE strategies and approaches specifically to the Bunia context. These results and its related recommendations are being further analyzed and being presented to senior coordination team. Some initial results include:
- 98 per cent of respondents regularly listen to community radio and consider radio as a main source of information.
- Favorite listening times are from 5:00-7:00 AM and 19:00-23:00 PM.

8 See UNICEF Ebola SitRep #39.
- Preferred languages for radio are French (34 per cent), Lingala (28 per cent) and Swahili (38 per cent).
- 74 per cent of respondents trust the source of information, 26 per cent do not.
- Most frequent requests for clarification by listeners are Vaccination, Safe and Dignified Burials, and better protection.
- 76 per cent of listeners claim that their attitudes and behaviour have changed after listening to EVD radio programs.
- 72 per cent know that the ETC is the only place to treat Ebola, however 40 per cent did not know the opportune time to go to the ETC.

In Goma, 20 partner radio stations broadcast the message of a local comedian raising awareness on the importance of EVD prevention measures and hygiene while the National Union of the Congolese Press (UNPC) radio organized the weekly "press café" during which SDB sub-commissions talked about their interventions in the framework of the response.

Supported by UNICEF in collaboration with its partner SFCG, three shows called "Talking about it, is healing" were produced and broadcast on 50 radio stations in Beni and Butemb. The shows were performed in French, Kinande and Swahili. Besides, 10 radio stations in Beni broadcast testimonials on the young influencers’ commitment to the fight against EVD. These young people, from the SOS Grands Lacs Association, express their support to the EVD response through music, theatre and folk dances.

In Mambasa and Komanda, partner radio stations broadcast once a day a show on the testimony of healed persons while, in Komanda, a radio program covered the visit of the UNICEF Country Representative.

In Bukavu, 20 journalists from local media and 20 members of the Communication Task Force have engaged in the fight against EVD. In Mangina, nine radio stations continued to broadcast spots, songs and messages on EVD preventive measures, the importance of screening and correct hand washing, both in Swahili and Kinande, three times a day.

In Bunia, a programme was broadcast on the work of the psychosocial care Sub-Commission in the fight against EVD. In addition, 14 local radio broadcast another interactive program in Swahili featuring community debates as well as testimonials, and one program about the persons discharged from the ETC.

Finally, 3 community radio stations in Mungamba, Komanda) and Nyakunde broadcast programs on the importance of correct hand washing.

**Key Results**

<table>
<thead>
<tr>
<th>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</th>
<th>Target</th>
<th>Total Result</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>61,987</td>
<td>755</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>49,321</td>
<td>35,428</td>
<td>334</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>26,500,000</td>
<td>24,592,721</td>
<td>561,897</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>12,733</td>
<td>938</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>212,313*</td>
<td>210,761</td>
<td>5,440</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 31 August 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 kits\(^{10}\) and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools\(^{11}\), (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) joint\(^ {12}\) 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 Primaire (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 especially in the emerging hotspots. 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. UNICEF worked closely with the IPC commissions to develop the operational action plans for the different sub-coordinations. On 27 and 28 August, during the Goma coordination review, UNICEF participated to their validation.

As part of the transition of decontamination activities from WHO to UNICEF which took place on 01 September, UNICEF IPC/WASH sub-coordination teams finalized the transfer of key documents and human resources and the estimation of supply needs with WHO.

In Butembo, activities were implemented around five confirmed cases: UNICEF IPC/WASH supervisors distributed IPC/WASH kits to 29 health facilities and decontaminated five health facilities, five households and one public place. Within the rings of these cases, UNICEF partnered with Mercy Corps and distributed hygiene kits to 90 households and IPC/WASH kits to seven health facilities along with Ebola information sessions to 78 people.

In Beni Health Zone, response activities took place around 6 confirmed cases. UNICEF, in collaboration with PPSSP, distributed hygiene kits to 146 households accompanied by hygiene promotion sessions for 3,571 people. In addition, UNICEF conducted Ebola prevention sessions with 6,460 affected community members and moderated a focus group discussion with 238 women on EVD preventive measures. In addition, to share EVD prevention messaging through community-based organizations, UNICEF briefed 910 community-based organizations members on the use of hygiene kits to support kit usage of future distribution in their neighborhoods. To improve access to handwashing, UNICEF, through its partners, supplied 107 public points with 20,520 litres of chlorinated water.

In Oicha health zone, in partnership with the local association Organisation de Developpement D’Oicha UNICEF supplied 208 public handwashing points with 44,290 liters of chlorinated water and distributed 17,590 liters of water supplied to health facilities.

Local transmission continues in Mutwanga health zone and UNICEF intervened in response to seven confirmed cases. UNICEF provided triage materials to three health facilities and supported the IPC sub-commission in setting up a response in Kasindi city, as a local hotspot of the epidemic.

In Mabalako sub-coordination, UNICEF in collaboration with OXFAM and FAEVu distributed hygiene kits to 164 households surrounding confirmed cases and IPC/WASH kits to 57 health facilities. Distributions were supported by Ebola information sessions, which reached 4,808 people.

In response to two confirmed cases in Komanda, IPC/WASH Commission supervisors supported by UNICEF provided hygiene kits to 86 households and IPC/WASH kits to four health facilities and a traditional practitioner. At community level, UNICEF organized handwashing awareness sessions with 124 people. In partnership with partner MUSACA, UNICEF supplied 205,581 liters of water to nine chlorination points that provided approximately 36,840 people with drinking water. UNICEF also ensured access to water in 67 public places in the Komanda and Irumu health areas through the supply of 13,799 liters of chlorinated water.

Mambasa Health Zone continues to show signs of an emerging hotspot and in response to 11 confirmed cases UNICEF, through MUSACA, provided hygiene kits to 86 households. In addition, UNICEF IPC supervisors monitored the use of

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\(^{10}\) 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

\(^{11}\) 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.

\(^{12}\) Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
IPC/WASH kits in 21 health facilities and briefed 14 health care providers on the management and use of IPC/WASH kits in 12 health facilities in Idohu health area.

In Bunia, prevention activities have been continuous. UNICEF supplied 55,840 liters of chlorinated water to three health facilities and 91 public places in Bunia health zone and two health facilities and 14 public places in Rwampara health zone. UNICEF, in collaboration with ACF, completed the construction of a block of two showers at the Bunia decontamination area and handed over finalized WASH structures within five health facilities (14 shower/latrine blocks, five impluviums, five incinerators, five placenta pits and five ash pits). UNICEF also supplied 52,500 liters of chlorinated water to 60 public places in Ngezi health area. In Rwampara health zone, UNICEF, in collaboration with MUSACA supplied 6,300 liters of chlorinated water to eight public places.

To reinforce preventative measures in the affected health zones around Goma city, UNICEF and PPSSP provided 17 public handwashing sites with 68,320 liters of chlorinated water which benefited to 230,396 people. To ensure access to water, UNICEF and OXFAM supplied 65,000 liters of potable water to 13 health facilities in Himbi and Kiziba and 208,000 liters to two community water points in Kiziba.

In Karisimbi health zone, UNICEF and Medair completed the construction of an incinerator in each health center waste zone of Methodiste and Hebron. An information session on EVD prevention was held with 50 community leaders.

Two confirmed cases have been reported in South Kivu’s Mwenga health zone and UNICEF worked within four health facilities to identify and train IPC/WASH focal points and establish hygiene committees. In addition, UNICEF briefed 26 hygienists on Ebola IPC principles and conducted information sessions with 33 community leaders on the importance of handwashing as a key EVD prevention measure.

During the reporting period, UNICEF provided hand washing facilities to 61 public places.

### Key Results

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Target(^{13})</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>2732</td>
<td>23</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,332</td>
<td>0</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>7,123</td>
<td>61</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>40%</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>15,214</td>
<td>729</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)

**Main activities during the reporting period**
The focus of the activities carried out during the reporting period was the opening of the 2019-2020 school year.

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\(^{13}\) 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.
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The General Coordination in Goma officially validated and shared the strategy of the school year 2019-2020 for the prevention of EVD in schools. At the Sub-Coordination level, the Provincial Divisions of Education and the UNICEF Education, IPC/WASH and RCCE teams are gathering their efforts in the implementation of activities such as (i) trainings of teachers on the Guidance Note on Prevention and the Fight against Ebola in Schools, (ii) WASH material needs assessment in schools and (iii) awareness-raising activities on prevention and control measures for EVD in schools.

In Butembo, the Deputy Director of the North Kivu 2 division of the EPSP held a meeting with the coordinators of about 3,000 public and private schools. The objective of the meeting was to share relevant information and national and provincial back-to-school instructions for the 2019-20 school year. The meeting was also the opportunity to raise awareness about prevention measures and the strict application of the Guidance Note for the prevention and control of Ebola in schools. About 70 participants, including five women took part in the meeting and 100 copies of the Guidance Note were distributed.

In Ituri, school authorities organized two meetings, gathering five school directors each. The first meeting focused on community awareness strategies on the return to school via community radio stations, posters in public places and distribution of flyers in French, Kiswahili and local languages. The second meeting aimed at both strengthening the application of the policy of free school fees for children and strengthening measures to prevent and fight EVD in schools. In addition, on 31 August and 1 September, UNICEF partner AVSI jointly with the inspectors of EPSP Ituri 1, trained 792 teachers from 132 schools in Komanda and Nyankunde health zones on the Guidance Note for the prevention and control of EVD in schools. On this occasion, 792 Guidance Notes were distributed to teachers.

Key Results

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target14</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000*</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>33,308</td>
<td>872</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 suspected cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support for EVD confirmed and suspected cases, including children, in the ETCs; (2) material and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in their listing and follow up; (4) psycho-social assistance, socio-culturally appropriate care 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’Intérieur (DIVIntérior)

Main activities during the reporting period

Activities in ETC, TC and nurseries

During the reporting period, UNICEF and its implementing partners provided psychological support to 178 children, including 172 suspected cases (92 boys and 80 girls) and six confirmed cases (four boys and two girls) admitted to the TCs/ETCs.

Since last 26 August, the nursery of Mangina (North Kivu), is officially operational. Two boys are currently benefiting from psychosocial, medical and nutritional assistance. On the occasion of the visit of the UN Secretary-General, the

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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.

15 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.

16 Psychosocial support comprised of daily individualized household visits to break stigmatization and identify any social problems which may result following the case of Ebola.

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

18 According to the local context and socio-cultural norms.
Ebola survivors employed in the nursery shared their experience on the EVD infection, treatment and recovery and their key responsibility in taking care and provide emotional support to separated children.

In South Kivu, UNICEF and the psychosocial commission supported the first Ebola survivor (a male adult) in Chowe (Mwenga health zone) for his reintegration in the family and community. Activities included psychoeducation sessions with family members and neighbors and food assistance.

Activities are ongoing in Bukavu as well, where the psychosocial teams provided psychological support to four suspected cases (three adults and a child) in the ETC. Once declared as discharged cases, UNICEF psychosocial agents facilitated their reintegration through psychoeducation in their families and communities.

UNICEF reinforced its psychosocial team in South Kivu through the recruitment, training and deployment of 18 new local psychosocial agents.

**Activities in communities**

During the reporting period, UNICEF and its partners supported 330 new EVD-affected families through psychosocial and material assistance so that they continue to have the emotional and material capacity to care for their children.

In collaboration with its partners, UNICEF distributed 595 kits of material assistance (hygiene, funeral, non-food items, new-born kits and food assistance) to discharged and recovered patients and affected families in the community.

UNICEF psychosocial team provided psychosocial support to 1,210 contacts and to 217 new separated children (114 boys and 103 girls) and 109 new orphans (51 boys and 58 girls).

In Mambassa, and due the increasing of new confirmed cases, 5 psychologists from Bunia have been deployed to support the work of the Psychosocial Commission.

Discharged patients and Ebola survivors as well as their families continue to face stigmatization and rejection during and after their reintegration in the family and community. UNICEF and its partners multiply their efforts in conducting family and community mediation through psycho-education and providing material assistance to survivors to reduce their vulnerability and stigmatization.

**Key Results**

**CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT**

<table>
<thead>
<tr>
<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>6,820</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>9,956</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>14,532**</td>
<td>12,809</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>2,999</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>1,611</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>
</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)

**Main activities during the reporting period**

UNICEF and its implementing partners provided adequate nutritional care for 359 new suspected and confirmed cases admitted in the ETCs, including one children under six months, 57 children aged from 6 to 59 months, six pregnant women and five lactating women. Among these, 60 per cent were admitted in the ETC of Butembo (140 cases) and Katwa (76 cases).

During the reporting period UNICEF together with the nutritionists and psychosocial agents of the ECTs provided nutritional support (Ready-to-Use Infant Formula - RUIF) to 355 separated infants non-breastfeed, thus representing a significant increase in comparison to the 107 children assisted in the previous week. Among these, 291 were assisted in the community (48 in Butembo, 28 in Katwa, 54 in Beni, 98 in Mabalako, 45 in Komanda and 18 in Bunia) and 64 in the ETCs (six in Butembo, 28 in Katwa, ten in Beni, eight in Mabalako, five in Komanda, six in Bunia and one in Goma). Out of the 355 children, 80 were children under six months (14 in the ETCs and 66 in the community) and 275 children aged from six to 23 months (50 in the ETCs and 255 in the community).

One hundred and fourteen (114) 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.

UNICEF and its partners sensitized 1,811 women caregivers on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context (440 in Butembo, 323 in Katwa, 109 in Beni, 451 in Mabalako, 274 in Komanda, 196 in Bunia and 18 in Goma) both at ETCs and contact households level.

On 29 August, UNICEF Nutrition team and PRONANUT organized a briefing in Butembo for the EVD-affected Health Zones senior teams and the national vaccination programme (PEV) representatives. A total of 21 participants were briefed on vitamine A supplementation and deworming with Mebendazole or albendazole of children under 59 months. The briefing was facilitated by UNICEF health, nutrition, communication, WASH and security staff.

**Key Results**

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target&lt;sup&gt;20&lt;/sup&gt;</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>51,865</td>
<td>52,721</td>
<td>1,811</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>8,750</td>
<td>8,769</td>
<td>39</td>
</tr>
<tr>
<td># of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery’s, orphanages and in the communities</td>
<td>600</td>
<td>863</td>
<td>80</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.

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<sup>20</sup> 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.
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**

To date, the Analysis Cell team (CASS) has identified and proposed 39 research recommendations to the different commissions in all EVD affected zones. The follow up on recommendations has been improved through a new monitoring tool. Among the 39 recommendations:

- **64 per cent** have been implemented or their implementation is on-going and **31 per cent** still require validation by the dedicated Commission;
- **51 per cent** concern RCCE interventions and **26 per cent** are related to IPC/WASH (including SDB).

Besides that, based on a compilation of several recent studies conducted by the CASS on traditional healers and children, six new recommendations were proposed during the reporting period:

- three recommendations targeted vaccination/WASH IPC/Communications and RCCE to ensure traditional healers are protected and are involved in response activities;
- two recommendations were linked to the need for an increased visibility of children in the response and to develop specific messages and activities relevant to the protection of children from Ebola, including a parent-child link in community engagement activities;
- a recommendation was addressed to the CASS to systematically collect information and data on children to better identify gaps in approaches and current response interventions. To do so, a section on children was added to the KAP study questionnaires to better understand perceptions, attitudes and practices of parents regarding children and Ebola. Moreover, two additional target groups, adolescents (10 to 19 years old) and caregivers of children under 10 years old, were included in the upcoming study on Ebola survivors to understand the extent to which their needs have been met by response activities.

**Ongoing social sciences analysis**

In Mangina, CASS teams completed data collection for a qualitative study on delay in seeking treatment as well as a rapid 2-day study to better understand community resistance in two areas in Mangina. Data analysis for both studies is underway. In Beni, terms of reference and data collection tools were developed for a study on Ebola survivors and their perceptions of risk and use of condoms to prevent transmission to their sexual partners.

**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$ 151,216. The total value of procurement orders was US$ 27,720, cent per cent local 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 215 persons already working in the affected areas\(^2\), with an additional 56 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**

In this reporting period, the CO issued a statement to global press, “Protecting children and engaging communities key to ending Ebola outbreak in the Democratic Republic of the Congo as deaths pass, 2000.” The statement was picked up by the Italian news agency ANSA, the UN News Agency, Spain’s EuropaPress and Xinhua. The visit of UNICEF staff on ground includes 46 staff in Goma (EOC), 11 staff in Goma sub-coordination, 33 staff in Beni, 66 staff in Butembo/Katwa, 15 staff in Mangina, 7 staff in Bunia, 9 staff in Komanda, 6 staff in Mambasa, 10 staff in Bukavu/Mwenga and 12 staff in Kinshasa.

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\(^2\) UNICEF staff on ground includes 46 staff in Goma (EOC), 11 staff in Goma sub-coordination, 33 staff in Beni, 66 staff in Butembo/Katwa, 15 staff in Mangina, 7 staff in Bunia, 9 staff in Komanda, 6 staff in Mambasa, 10 staff in Bukavu/Mwenga and 12 staff in Kinshasa.
Secretary General Antonio Guterres to the UNICEF-run nursery in Mangina was also covered by press, including The Telegraph.

Since the beginning of the outbreak, the CO published 102 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 920 messages on Facebook, Instagram and Twitter. New multimedia materials have been uploaded on WeShare.

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>
</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>
</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>
</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>
</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>
</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>
</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>
</tr>
<tr>
<td>Preparadness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
</tr>
<tr>
<td>** Total</td>
<td>**126,039,762</td>
<td>**1,327,614</td>
<td>**48,378,597</td>
<td>**49,706,211</td>
<td>**76,333,551</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)

Next Situation Report: 08 September 2019

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