**Highlights 2019**

- First August 2019 marked one year since the Government of the Democratic Republic of the Congo declared the Ebola outbreak. UNICEF, WHO, OCHA and WFP Principals issued a joint statement to reaffirm their strong commitment to support the Government in intensifying the overall EVD response.

- Following the declaration of the death of the second EVD confirmed case in Goma, Rwanda closed its borders with DRC for a few hours. An additional two confirmed cases were reported in Goma, thus resulting in total four confirmed cases since the beginning of the outbreak.

- From 25 to 27 July, UNICEF organized an internal evaluation of its contribution to the EVD response under SRP3 and is adjusting its strategy to better respond to the needs of the current epidemiological dynamics under SRP4.

**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>21,626,788</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>185,490*</td>
<td>185,289</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>12,741</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>32,053</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>8,614</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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**SITUATION IN NUMBERS**

- **2,763** total reported cases  
  (MoH, 04 August 2019)

- **2,669** confirmed cases  
  (MoH, 04 August 2019)

- **753** children <18 among confirmed cases  
  (MoH, 04 August 2019)

- **1,755** deaths among confirmed cases  
  (MoH, 04 August 2019)

- **18,651** contacts under surveillance  
  (MoH, 04 August 2019)

**UNICEF Ebola Response Appeal**

**US$ 126 million**

**Ebola Response Funding Status 2018 - 2019**

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

* 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 (4 August 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>Nord-Kivu</td>
<td>Beni</td>
<td>594</td>
<td>9</td>
<td>603</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>264</td>
<td>0</td>
<td>264</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>136</td>
<td>15</td>
<td>151</td>
</tr>
<tr>
<td></td>
<td>Kyando</td>
<td>20</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>365</td>
<td>16</td>
<td>381</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>49</td>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>73</td>
<td>1</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>51</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>627</td>
<td>16</td>
<td>643</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>101</td>
<td>13</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td>Bina</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Manguredjipa</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>31</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Alimbongo</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nyiragongo</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mambasa</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>231</td>
<td>4</td>
<td>235</td>
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<tr>
<td></td>
<td>Komanda</td>
<td>36</td>
<td>9</td>
<td>45</td>
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<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Ariwara</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,669</td>
<td>94</td>
<td>2,763</td>
</tr>
<tr>
<td>Previous Total 28 July 2019</td>
<td>2,577</td>
<td>94</td>
<td>2,671</td>
<td>1,696</td>
</tr>
</tbody>
</table>

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1 Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).
Key Epidemiological Developments

Ebola Virus Disease (EVD) transmission continues to spread within several health zones of North Kivu and Ituri provinces, both affected by conflicts and humanitarian crisis. As of 04 August, a total of 2,763 EVD cases were reported, among which 2,669 confirmed and 94 probable cases. More than the two third of EVD confirmed cases died: 1,849 deaths, among which 1,755 confirmed and 94 probable cases (global case fatality ratio 67 per cent). During the reporting period, the number of new reported confirmed cases remained almost the same with 174 new confirmed cases in weeks 28 and 29 and 169 in the weeks 30 and 31.

The epidemics spread in one new health zones and touched two health areas for the first time. Out of the 26 health zones affected by EVD since the beginning of the outbreak (August 2018), 16 health zones (62 per cent) of North Kivu and Ituri reported at least one confirmed EVD case in the last three weeks.

During the last three weeks, a total of 260 confirmed cases were reported, with the majority coming from the health zones of Beni (46 per cent) and Mandima (21 per cent).

During the reporting period, the new affected health zone, Nyiragongo, has reported three cases. The first case was a 46-year-old man coming from Bunia city, admitted on 30 July to the ETC with advanced symptoms and died the following day. The two other cases were related to the first one: his young son and his spouse. In Butembo, there was a slight increase in the number of cases over a large geographical area. A significant challenge remains the inaccessibility due to insecurity particularly in Kalunguta and Vohuvi health zones where 15 confirmed cases were reported.

After the declaration of the death of the second EVD confirmed case in Goma on 01 August, the Rwandan government closed its border with Goma for few hours. This act raised fears and panic among the border population of both countries. In addition, two new confirmed cases were reported in Goma, related to the second case already died, thus reaching the number of four confirmed cases.

The proportion of new confirmed cases listed as contacts remained low and sensibly decreased in comparison to the previous period (51 per cent on average in the two previous weeks against 42 per cent during the two last weeks).

Although the proportion of EVD deaths at community level remains high and worrying, a decreased is observed in comparison to the previous two weeks: 22.5 per cent during week 30 and 31 in comparison to 27.5 per cent during the previous fourteen days.

Disaggregated data by gender and age shows that, out of the 2,763 total cases recorded, 57 per cent (1,562) are female and among these 60 per cent are childbearing age (15-49 years). Twenty-eight per cent (787) are children aged less than 18 years.

Since the beginning of the outbreak, 149 health personnel have been EVD infected (5 per cent of total cases) and among these ten during the reporting period.

Humanitarian Leadership and Coordination

Under 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 Psychosocial Support and co-leads Infection Prevention and Control (IPC)/WASH Commission with World Health Organisation (WHO). The strategic Ebola response coordination based in Goma maintains a strong support to active operational sub-coordinations in Butembo/Katwa, Mangina, Bunia, Goma, Beni and Komanda/Mambasa. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

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

In order to review the operational strategy under SRP 3 and, based on challenges, best practices and lessons learnt, identify the best approaches for the implementation of SRP 4 under its areas of responsibility, UNICEF organized a three-day review in Goma from 25 to 27 July. The meeting brought together key UNICEF staff from each sub-coordination, together with key resources at Goma coordination, country, regional and headquarters level.

First August 2019 marked one year since the Government of the Democratic Republic of the Congo declared the Ebola outbreak. On the eve, UN partners of the EVD response, UNICEF, WHO, OCHA and WFP issued a joint statement to reaffirm their strong commitment to support the Government in intensifying the EVD response efforts. In addition, they appealed to the community to overcome reticence and facilitate access for an adequate and timely response and advocated with donors for the renewal of their engagement to the final push to the EVD transmission. The statement was followed on 01 August by the visit of Mr. David Gressly, UN Emergency Ebola response coordinator, in Mangina, where the first EVD confirmed case was reported in 2018. During the visit, he commemorated all the people brought to death by the EVD and visited the local ETC.

During the reporting period, Prof. Jean Jacques Muyembe, the EVD response coordinator, visited Goma. On 29 July he participated and intervened during the EOC meeting in front of the different partners of the EVD response. After few days, on 04 August, he took the opportunity to sensitize the population during the mass in four churches on the importance of seriously observe the recommended preventive measures and to fully adhere and facilitate the overall EVD response.

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 will cover the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces.

In support of the SRP, the United Nations also 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 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.

Nearly a year into the Ebola epidemic, experts are increasingly concerned with the persistent EVD transmission in both Nord Kivu and Ituri provinces, with new areas recently affected and ongoing conflicts causing security challenges and humanitarian crisis. The situation in the Ebola-affected areas of DRC is deteriorating and the number of Ebola cases continues to increase. Many people continue to die in the community – either at home or in general healthcare facilities – and significant numbers of new confirmed cases cannot be traced to an existing contact with Ebola. Responding to the Ebola outbreak in the DRC requires a focus beyond specific Ebola prevention, care and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected

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3 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.

4 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.
areas. Approaches that strengthen the community resilience and the restoration of health system are critical to sustain the gains beyond the current Ebola Outbreak. These approaches will reinforce those of the Ebola outbreak response and bring a medium to long term perspective to reduce population vulnerability, increase resilience and strengthen primary health care. In addition, these approaches will also strengthen the humanitarian-development continuum linking the outbreak response to the long term sustainable development.

**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 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**

On 01-02 August, UNICEF RCCE team organized a workshop on Community Engagement in Goma focusing on the design of capacity building training modules and community-based approaches for community radio stations to improve communication capacities about Ebola related thematics. The workshop brought together 22 participants from the National Ministry of Communication and Media, the North Kivu Provincial Communication and Media Division, North Kivu Provincial Division of Health, Communication Task Force, community media platforms, non-governmental organizations and professional media organizations.

In Somé and Mayuano in Mandima health zone local government representatives, UNICEF and implementing partners met with 100 village administrative and traditional leaders to discuss the public health situation in the area and to negotiate access and mutual cooperation for the EVD response.

To further strengthen activities aimed at community engagement in the EVD response, an emergency operational action plan has been developed by the communications sub-committee in Goma with a focus on raising awareness among the bus and taxi drivers offering transport services between Ebola epidemic areas and Goma town. The action plan also includes activities such as door-to-door awareness raising activities done by community workers, raising awareness on Ebola prevention among moto-taxi drivers in Goma transport hubs by mobile teams of communicators and the sharing of audiovisual material with leaders of different religious denominations.

Further RCCE activities in Goma covered over 1,000 people who were sensitized in 9 priority health centers around the Kiziba district – the area of the latest 3 confirmed Ebola cases in Goma town, to facilitate community acceptance of the response for further vaccination, decontamination and contact follow-up. About 8,140 households were visited by community workers who referred 21 patients to the health centers. The RCCE activities also included a meeting with 15 Kiziba religious leaders’ and prayer house managers to explain the ongoing interventions around the latest confirmed cases in the area and to solicit their commitment to refer Ebola suspected cases to the health facilities. Similar activities were organized with 425 catholic religious leaders from 9 parishes in Goma, 76 local branches and 336 core ecclesiastical communities. RCCE commission with support of UNICEF and partners also briefed 62 road inspectors from the Ministry of Transport on the EVD-related risks and ongoing interventions around the confirmed Ebola cases: vaccination, contact monitoring and community-based surveillance. The inspectors promised to collaborate with the Goma response coordination team to inform transport agencies and private businesses to more closely monitor the prevention, surveillance and control of Ebola disease in North Kivu.

In Butembo four guided tours were organized in three different ETCs, respectively in Katwa health zone with 50 delegates from youth associations, in Musienene health zone with 40 community leaders and young taxi moto drivers and 2 guided tours with 97 trainee nurses and women leaders to the ETC of the Kambuli and Masiki health areas. Further 146 youth leaders from Katwa, 39 women leaders from Vuhovi, 30 locals from Kyondo, 303 peer-educators and 60 members of the management committees of 28 Universities in the city of Butembo were trained on RCCE. In addition, 7,417 persons participated to RCCE educational talks and mass-sensitizations.
In Bunia 24 communicators of the points of entry and points of control, including 5 women, were trained on RCCE. During a debate with the communication sub-committee on SDB, vaccination and Ebola case referrals to health centers, 50 religious leaders from Kindia committed themselves to participate in the response activities, while 3,000 young people from different parishes, who came to participate to Diocesan Youth Days in Nyakasanza, and 50 women from Hoho villages 1, 2 and 3 took part in sensitization and community debates on Ebola prevention measures.

Responding to Refusals/Reticence and Rumors

In Butembo 61 per cent of reported community incidents (181/301) were solved and in Goma 59 per cent of rumors clarified (58/99). Rumors mainly concerned the low rate of recovery from EVD, the inexistence of the virus and presumed business related in the EVD referring mechanism.

In Bunia the following cases of refusals were solved: 25 per cent of refusals to go to a health facility due to lack of money (71 families), 41 per cent refusals for SDB/SWABs (55 families), 41 per cent of refusals to check temperature (287 people) and 69 per cent of refusal linked to handwashing (415 people). The actions undertaken to solve community incidents, rumors and refusals were the achieved through awareness raising sessions conducted during educational talks, home visits and community dialogues. Additionally, interactive programs broadcasted on all partner radio stations helped address various concerns and assisted the population to better understand the importance of Ebola prevention and response.

Promotion of Preventive Behaviors

At the request of the vaccination sub-committee of Butembo strategic coordination, UNICEF implementing partner SFCG organized a training on mediation and alternative Ebola-related conflict resolution techniques for 65 civilian police officers who support vaccination teams to carry out their activities. Further 60 members of Katwa health commission, including 27 females, were trained in mediation and techniques of Ebola related peaceful resolution of conflicts.

Media

Testimonies from Ebola survivors and programs on screening, hand washing, SDB and transfer to ETC continue to be published in several newspapers and broadcast on numerous radio stations in local Swahili language every Wednesday and Friday afternoon as well as in French and Kinande in the evening time.

SFCG continued to organize Popular Expression Tribunes: during the last 14 tribunes 2,374 people, including 1,413 females, were sensitized on Ebola prevention, vaccination, transfer to ETCs and TCs, ETC management, SDB and risk communication. Furthermore, the NGO continues to support series of RCCE youth community activities such as alert management, ETC support and ETC guided tours. During the reporting period 304 youth, including 105 females, participated to guided tours and committed to deconstruct rumors about the ETC care of patients, to raise awareness among their peer-groups, to facilitate alert findings and to persuade the Ebola deniers to get vaccinated. SFCS also works with youth influencers, who try to persuade youth Ebola resistant/denying groups, that Ebola is real and to inform them on Ebola prevention and control measures.

Key Results

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Target 5</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>56,355</td>
<td>3,670</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>33,076</td>
<td>1,500</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>21,626,788</td>
<td>1,798,854</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>9,752</td>
<td>558</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>185,490*</td>
<td>185,289</td>
<td>14,237</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from August 8th, 2018 to August 03rd, 2019

5 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.
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 kits⁶ and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools⁷, (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) joint⁸ supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

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

**Main activities during the reporting period**

As the outbreak evolves, response measures continue to adapt and accelerate. At the Ebola Operations Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination. The IPC/WASH task force has been focused on finalizing the action plan and budget for the next strategic phase (SRP 4). Considering the recent developments in the outbreak, discussions were centralized on the need for intensified and coordinated efforts which is reflected in the revised strategy. Further to the Memo of Understanding between WHO and UNICEF, next steps are in motion for the transition of decontamination activities from WHO to UNICEF as of 01 September.

The information management team conducted follow up visits to selected IPC Sub-Committees (SC) to reinforce and evaluate the use of the data collection tools. In Mangina, a new Ministry of Health (MoH) data encoder was trained on the use of the database to ensure integrated data collection. A presentation was held in Beni with the SC Chair and two MoH data encoders on their responsibilities in managing data. In Bunia, working sessions with UNICEF partners, ACF, PPSSP and MUSACA were held and eight M&E staff were trained on effective data management of activity reporting.

With 149 health care workers affected, transmission of EVD related infections in health facilities remains among a key concern in decreasing the exposure of infectious risks and nosocomial infections. In response to this, a scale up is underway on the strengthening of WASH facilities, improving access to water and reinforced training of health personnel in proper infection prevention and control measures to reduce these risks.

One year since the declaration of this outbreak, response strategies continue to be adapted to the evolving circumstances. In this light, an innovative approach has been initiated by UNICEF, the Integrated Capacity Enhancement Project (Projet Intégré de Renforcement de Capacités or PIRC), a results-based approach to improve health services by rewarding health centers directly based on the quantity of essential services they delivered and the improved quality of care. Incentives include financial payments, supplies and public recognition. PIRC is currently being implemented in Butembo and Katwa health zones and supports the MoH’s goal to improve adherence to IPC practices and enhance the capacity of health staff to avoid the transmission of Ebola and other highly contagious diseases. In this framework, UNICEF and its partners (MoH, WHO and Africa CDC) evaluated 150 priority health facilities and provided IPC and WASH supplies and services.

In **Butembo**, activities were conducted in 10 affected health zones in response to the 33 confirmed cases of EVD. Hygiene kits were distributed by MoH, WHO and partners CEPROSSAN and Mercy Corps to 382 households and 363 handwashing devices were installed in public places. These activities were accompanied by health messaging. To further strengthen prevention measures, 97 health care facilities (HCF) received IPC/WASH kits with an additional 74 receiving replacement consumable items and metal waste burners were provided to 22 HCFs.

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⁶ 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

⁷ 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.

⁸ Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
Field visits were conducted with all partners for the monitoring of the implementation of activities and supervision of ongoing construction works. Partner CEPROSSAN continued the monitoring of the use of 153 handwashing points and 26 chlorination points.

In Beni, where sustained EVD transmission continues and 75 cases were confirmed, partner PPSSP distributed hygiene kits to 701 affected households and supplied 525,997 liters of treated drinking water. UNICEF WASH-IPC teams strengthened the capacities of 792 health facilities staff, through on-site training and supervision. In addition, they briefed 917 health care workers on Ebola IPC measures. IPC/WASH kits were distributed by PPSSP to 78 HCFs. Ebola prevention sessions were conducted with 158 patients and caregivers. To ensure consistent access to water, 126,857 liters were provided to 196 handwashing points and 1,530 kg of chlorine was donated to the Beni TC for disinfection activities.

Although the most parts of North Kivu school is out for the summer, due to the EVD outbreak the school period has been delayed in Beni so 40 schools were provided with WASH/IPC kits by UNICEF supported IPC supervisors. Prevention information sessions were held in 118 schools on hygiene promotion and Ebola information and education, attended by 2,128 teachers and students. UNICEF supported the government utility Service National d’Hydraulique Rurales (SNHR) on the construction of a deep well and handpump to provide access to safe water to a vulnerable community of 136 households who previously relied on a nearby river for drinking water.

Inaccessibility of the IPC/WASH teams in Oicha health zone makes it difficult to implement and regularly monitor activities. Despite this, 24 hygiene kits were distributed to affected households. Local partner association Organisation de Developpement D’Oicha supplied 219 public handwashing points with 91,955 liters of chlorinated water with follow up and monitoring of activities. Withdrawal of partner MEDAIR from Oicha including the Ebola Transit Centre impacts response activities and there is currently a gap.

Mandima health zone remains a hot spot with persistent transmission of confirmed cases. The response has poor access to this health area due to insecurity and community resistance, and this leads to more cases. Challenges in accessing some communities such as Somé health area have been mitigated by coordinating between the Mambasa and Mangina IPC Sub-Coordinations, intervention activities have been successful and affected households have been accessed. Response activities were implemented by partners OXFAM and FAEVu, distributed 639 hygiene kits to households surrounding confirmed cases. Donation of IPC/WASH kits was completed in 18 health facilities, 17 schools and 22 public places along with Ebola prevention messaging to 1,111 people.

In Komanda, a slight increase of transmission was reported, and activities were in response to 4 confirmed cases and OXFAM distributed hygiene kits to 118 households. MUSACA installed handwashing devices in 17 public places and provided 510,370 liters of drinking water, of which 334,400 liters were treated in 8 chlorination points serving approximately 2,500 people daily. An additional 81,897 liters of water were supplied in 69 public places in Komanda and Irumu health areas.

In response to two confirmed cases that were reported in Mambasa health zone, rings were opened in Mambasa and Salama health areas and partner MUSACA responded with the distribution of hygiene kits to 85 households. A donation of IPC/WASH kits was also made to 3 health facilities that had been visited by the cases. Evaluations were conducted in 2 health centers, 2 schools, 26 public places and 6 places of worship resulting in the installation of handwashing devices in 18 public places and the supply of 10,740 liters of chlorinated water and 238,630 liters of drinking water were provided to the community.

In support of Mangina Sub-Coordonat, supplementary activities were carried out around confirmed cases in Somé with the distribution of hygiene kits to 32 households and the installation of handwashing points in 137 public places. Ebola awareness and prevention sessions were held with 295 people.

As no new cases were reported in Bunia, preparedness activities were supported by partner ACF with the supply of 110,065 liters of chlorinated to 3 health facilities and 105 public places and 2 health facilities and 14 public places in Rwampara health zone. Further north in Ariwara, IPC/WASH kits were provided to 21 health facilities and 6 public places. A briefing was held with 18 Supervisors and Hygienists of the IPC Sub-Commission on Ebola transmission and prevention measures.

After new confirmed cases were reported in Goma, the IPC Sub-Committee remained in response mode and the need for close collaboration between the actors was paramount to ensure a coordinated implementation of activities. One ring was opened in Kiziba health area and after initial evaluations were conducted, UNICEF partners PPSSP commenced
with the distribution of hygiene kits to 16 households and WASH kits to 7 public places. IPC/WASH kits were provided by UNICEF to 8 health facilities. OXFAM installed water storage tanks and provided 9,000 liters/day to 8 health facilities in Himbi health area. Partner Medair led several information sessions with 944 people on Ebola transmission, hand hygiene and prevention measures. PPSSP sustained regular prevention activities and supported ongoing management and monitoring of 20 public handwashing points with the delivery of 141,589 liters of water and hygiene promotion messaging benefiting 274,483 people (123,354 women, 132,138 men, 9,536 boys and 9,405 girls).

### Key Results

#### WATER, SANITATION & HYGIENE

<table>
<thead>
<tr>
<th>Data</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>3,884</td>
<td>2,556</td>
<td>394</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,284</td>
<td>101</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with handwashing facilities in the affected areas</td>
<td>11,750</td>
<td>6,560</td>
<td>449</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>83%</td>
<td>4%</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>12,741</td>
<td>1,062</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**

During the report period, 8 EVD confirmed cases (5 girls and 3 boys) being students were reported, coming from Beni and Oicha health zones. Among them, two are students of the secondary school and six of the primary school. Six (6) cases have been admitted to the ETC for treatment, the other 2 died in the community.

Together with UNICEF WASH teams, Education teams have focused their activities on the preparation of the opening of the school year on 2 September 2019 including the assessment of the available and missing WASH resources in schools.

In Butembo and Katwa, the UNICEF Education team, supported by the RCCE team, organized a training on EVD prevention measures for 311 members, including 109 females, of peer students’ committees and for 78 members, including 19 females, of the Student Management Committees, in 22 universities in Butembo, Katwa, Masereka and Kyondo. At the same time, during the traditional events organized to sensitize parents on the importance of education and promote the school enrollment, the EPSP has conducted different awareness raising activities on EVD prevention measures. The UNICEF Education team distributed 280 Guidance Notes of EVD prevention to 28 universities. In addition, Education and RCCE teams organized a guided tour of ETC of Katwa for 99 students (55 females) of two universities. The visit was the occasion to meet with five Ebola survivors who talked about their experience. This reinforced the commitment of the students to raise awareness on the importance for both suspect and confirmed cases to go to the ETC for appropriate care.

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9 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.
UNICEF Education team, EPSP and implementing partner AVSI conducted follow up visits in 6 primary schools in Beni and Mabalako, that has previously benefited of a psychosocial support training with a focus on Ebola context, conducted by AVSI and a training on Ebola Guidance Notes by the EPSP. During the visit, the vast majority of participants (33 teachers and directors and 689 students) expressed their positive feedback on the two trainings in terms of improved capacity of understanding trauma, listen and provide support to a traumatized person and the importance of recreational activities as a mean to attenuate trauma among students. The visits also allowed to notice the application of the guidance note in terms of practice of hand washing.

The joint team also visited a TENAFEP exam center in Beni, where the sixth graders were taking their exams. The follow up visit revealed that WASH materials, distributed earlier, are regularly used by both teachers and students. Finally, the team participated to a series of awareness raising activities, including on Ebola prevention measures, through theater for students and teachers from primary, secondary schools and a catch-up center as well. About 450 students (287 girls and 163 boys), 16 teachers and directors (9 women) and 90 community members (77 women) participated in the activities, organized by a local NGO under the framework of the AVSI partnership agreement with UNICEF.

**Key Results**

### EDUCATION

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000*</td>
<td>892,597</td>
<td>-1,549</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>32,053</td>
<td>-127</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 support\(^{12}\) for EVD confirm and suspect cases, including children, in the ETCs; (2) material\(^{13}\) and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in the follow up to contacts; (4) psycho-social assistance, socio-culturally appropriate care\(^{14}\) and research for long-term solution to orphans and unaccompanied children; and (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of SDB etc).

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

**Main activities during the reporting period**

During the reporting period, UNICEF and its partners provided psychological support to 475 children suspected and confirmed cases (239 girls and 236 boys) admitted to the TC/ETC and to 661 newly affected families. 3,901 contacts were followed by the psychosocial team.

To better respond to the epidemic evolution and psychosocial needs, the UNICEF psychosocial team has been strengthened with the recruitment of six new clinical psychologists in Bunia, fifteen psychosocial assistants in Mambasa (including four for Somé) and ten in Ariwara and 4 cured people to work as care providers in the Goma ETC. The 25 new psychosocial assistants were identified in the local communities and recruited, among 80 participants, based on the test results coming at the end of a three-day training conducted in Ariwara from 27 to 19 July and Mambasa from 22 to 24 July.

**Activities around confirmed cases**

Activities around confirmed cases have progressively become the focus of the current response. All commissions including the Psychosocial Commission are able to organise, within 24-72 hours, a maximum of activities around new

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\(^{10}\) Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

\(^{11}\) 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.

\(^{12}\) 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.

\(^{13}\) Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.

\(^{14}\) According to the local context and socio-cultural norms.
confirmed cases to try to stop the Ebola transmission chain. All families of all confirmed cases reported during this reporting period received psychological support.

The family of the second confirmed case of Goma, including the orphans, was assisted and benefited from regular support visits. The psychosocial team contributed to the listing of contacts and facilitated the preparation of two households for decontamination. Extra nutritional support, complementary to the WFP food ration, was provided to the family as well as a funeral kit. A briefing on psychosocial support in the Ebola context was organized for the managers of the different health facilities who had received the confirmed case before he was transferred to the ETC.

In Komanda, following the confirmation of four new cases, the Psychosocial Commission conducted eight psychoeducation sessions with a total of 143 participants, including 13 girls and 10 boys. Psychological support was provided to 32 households to help them to accept the decontamination of their homes, and 208 contacts were prepared for vaccination.

Activities in ETC/TC/Nurseries
During the reporting period the Bunia ETC received 61 suspect cases, among which 27 were adults (9 men and 18 women) and 34 children (10 girls and 24 boys). All suspected cases received psychosocial support and all family members who visited patients as well as all nurses were regularly supported.

The high number of children admitted to the Beni nursery has disrupted the reception and care of children whose parents are admitted to the ETC/TC. UNICEF continued its advocacy with the MoH to find some space for it to expand the nursery. The director of the hospital in Beni finally endorsed the idea of strengthening the reception capacities by freeing up two rooms that will be renovated during the month of August.

The construction of the nursery in Mangina is completed and an official authorisation for the building of the Bunia one has been granted to the Psychosocial Commission.

Activities in the community
The follow up of EVD-related orphaned children continued all along the reporting period. In addition, 51 cured persons were followed up in the community and 44 others respected the calendar recommended by the National healing program by attending medical visits, psychological support sessions and biological screening. A total of 95 cured patients received psychosocial assistance in the community.

In addition to sessions around confirmed cases, to break down many resistances by the local population, UNICEF and its partners conducted 687 psychoeducation sessions touching a total of 7,986 participants (2,411 men, 2,638 women and 1,379 children - including 735 boys and 644 girls).

The psychosocial commission actors continued to provide support to the other commissions in the community and in the ETC. In particular, psychosocial support was provided at the moment of the disclosure of the test results to families and patients, to facilitate the acceptance of the treatment process, vaccination or decontamination and during the pre-listing of contacts.

Key Results

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target15</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>5,962</td>
<td>475</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>8,614</td>
<td>661</td>
</tr>
</tbody>
</table>

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 December 31st, 2019), covering all health zones in Ituri and North Kivu province.

Orphans of Ebola: a secondary impact of the epidemic
Baraka is an 18-month-old girl and is part of a sibling of 8 orphans, including 5 boys and 3 girls, left by a 50-year-old widow who passed away at ETC in Butembo. The widow had come from the Isonga health area. The whole family was driven out of Isonga because they had agreed to collaborate and accept public health interventions. When the widow died, the children continued to live with a very vulnerable aunt, only relying on the eldest of the orphans, who is 16 years old. Baraka happens to be malnourished, has reported functional problems and can't walk yet. UNICEF, the PSS commission and partner DRC provided support to the family since the beginning. More recently, they organized a case management meeting and a more in-depth assessment of the situation to be able to respond to the family needs in the most appropriate way. In the meantime, UNICEF implementing partner ADRA, through its nutritionists, have begun to provide nutritional care.
# of contact persons, including children, who receive psycho-social support

<table>
<thead>
<tr>
<th></th>
<th>18,651**</th>
<th>15,972</th>
<th>0</th>
</tr>
</thead>
</table>

# of separated children identified who received appropriate care and psycho-social support as well as material assistance

<table>
<thead>
<tr>
<th></th>
<th>2,950</th>
<th>2,288</th>
<th>197</th>
</tr>
</thead>
</table>

# of orphans identified who received appropriate care and psycho-social support as well as material assistance

<table>
<thead>
<tr>
<th></th>
<th>1,960</th>
<th>1,339</th>
<th>110</th>
</tr>
</thead>
</table>

# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families

<table>
<thead>
<tr>
<th></th>
<th>1,300</th>
<th>902</th>
<th>46</th>
</tr>
</thead>
</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

During the reporting period, UNICEF and its implementing partners continued to implement the nutritional activities in the ETCs, community and at household’s level. About 785 new suspects and confirmed cases admitted in the ETC received nutritional support, including 12 children under six months, 130 children aged from 6 to 59 months, 7 pregnant women and 5 lactating women. At community and household level, the nutritionists and psychosocial agents of the ECTs, supported by UNICEF, provided nutritional support (Ready-to-Use Infant Formula - RUIF) to 120 infants less than six months old non-breastfed (37 in Butembo, 11 in Mabalako, 28 in Katwa, 39 in Beni and 5 in Komanda).

UNICEF and its partners raised awareness among 3,294 women caregivers (127 in Beni, 977 in Mabalako, 760 in Butembo, 692 in Katwa, 34 in Goma, 396 in Bunia and 308 in Komanda) on adequate infant and young child feeding practices (IYCF) in the Ebola context at ETCs and contacts household level.

Fifty-one (51) children under five suffering of Severe Acute Malnutrition were admitted for treatment in the OTPs (outpatients therapeutic programme) under the supervision of Health Zone nutritionists.

In Butembo, on 28 July, UNICEF Nutrition team organized a training on the collection methodology for nutritional data in the Ebola context for 10 nutritionists, the director of the CTE and the medical care coordinator of the ETC.

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 on IYCF in emergency</td>
<td>51,865</td>
<td>45,604</td>
<td>3,294</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>8,750</td>
<td>7,449</td>
<td>785</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>639</td>
<td>174</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

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16 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.
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 Sub-Coordination level (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**
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, IFRC, MSF and Africa Centers for Disease Control and Prevention.

**General activities & programmes**
- On 02-03 August, the CASS team organized 2 half-day workshops with all sub-coordinations in Butembo and Katwa and identified concrete actions to ensure increased visibility of CASS, strengthen the follow up of recommendations issued from research and maintain dialogue with partners by continuously identifying and responding to research needs.
- As part of planned routine activities, a capacity building session for the Beni/Mangina local research team was held in Mangina on 1 August. The session focused on addressing challenges identified during data collection as well as best methodological approaches for working with communities and other stakeholders.

**Ongoing social sciences analysis**

**Beni-Mangina**
To better understand the current second wave of the epidemic in Beni, particularly in hotspot areas, the CASS has focused on implementing and documenting research on potential reasons and causes for the recent outbreak in the health areas of Ngongolio, Butsili and Kanzulizuli in Beni health zone. Data were collected from 26 to 29 July. Key recommendations include the strengthening of community-based interventions, a more discrete and less frequent home visits by EVD response team to affected and neighboring households to avoid unnecessary attention from surrounding communities, the need to increase knowledge among local population around symptoms and transmission routes, the strengthening of communication and dialogue about ETC, how they work and why they are important and the improvement of communication about survivors experience and the importance of seeking treatment early.

The CASS team participated in a briefing session on CAC approach organized by the UNICEF RCCE team in Mandima and explained its mandate and presented some key finding from other studies and examples of how they were used to inform EVD response programs. Participants included UNICEF teams along with 38 community leaders. These latter expressed their full commitment to support implementation of CAC and CASS activities.

During regular meetings with health stakeholder such as traditional healers and modern health personnel in both Mabalako and Mandima, concerns were raised by participants regarding recent community deaths and EVD confirmed cases of people who had consulted traditional healers. As a result, a rapid research study was commissioned by the Mangina CASS team together with the WASH/IPC sub-commission to better understand the views of traditional healers and their perception of risk and willingness to be part of response programming, perception of communities who prefer to consult them rather than modern health facilities, as well as the WASH teams’ perceptions on engaging traditional healers in activities with the aim of developing recommendations on how to effectively involve traditional healers in the response.
Goma
A study on perceptions of the community on the new MSF treatment center in Kanyaruchinya (Nyiragongo health zone, Goma) was presented during a meeting with the communication sub-commission and partners (MSF, Premiere Urgence, OMS) in Goma on 26 July. Results show mixed viewpoints related to the ETC with 45 per cent of respondent having a negative view and 43 per cent a positive one. Collaboratively, CASS, the sub-commission leads, and partners decided to improve communication on the ETC function, its importance during the screening and treatment of suspected and confirmed cases and the different steps from arrival to admission. Based on findings, young men, bikers and traditional healers were found to be the most resistant to the idea of the CTE and thus, in addition to the community, these groups will be specifically targeted by communication activities.

Butembo-Katwa
A result of a study conducted on the distribution of hygiene kits to households and WASH/IPC kits to schools were presented at the sub-coordination level in Butembo and Katwa. The objective of the research was to better understand knowledge on use of kit contents, acceptance and perceptions of kit contents and whether kits were perceived to have an impact on reducing the transmission risk of Ebola. The study was conducted with kit recipients as well as households in the community who were not recipients. Preliminary findings are summarized below:

- Majority of respondents know the kit was provided to enable them to protect themselves against Ebola and for some this protection extended to other hygiene related illnesses.
- Majority of respondents think that regular and proper use of the kit contents can help block transmission routes
- Increasing the number of kit recipient households around the case and raising community awareness on the eligibility criteria for kits are measures proposed by the community to mitigate post-distribution problems within the community.

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$ 470,174.06. The total value of procurement orders was US$ 203,560,100 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 190 persons already working in the affected areas, with an additional 59 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 36 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
Since the beginning of the outbreak, the UNICEF Communication Office published 90 content pieces on its website http://www.unicef.org/drcongo and the Ebola landing page is updated weekly, linking to key figures, press releases, situation reports and stories. To show the impact of the epidemic on children and UNICEF’s response, the Communication team posted almost 750 messages on Facebook, Instagram and Twitter. Several tweets were amplified by UNICEF’s global Twitter account and by Executive Director Henriette H. Fore. New digital publications included Testimony of a child cured of Ebola.
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>0</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
</tr>
<tr>
<td>Preparredness 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)

Next Situation Report: 11 August 2019

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