Highlights

- UNICEF core Ebola coordination and response team deployed from Goma to Beni to follow the epidemic trend and be closer to the Ebola outbreak epicentre.

- On 2 September, UNICEF supported the reintegration of the first survivor of Ebola in the village of Chowe (Mwenga) through activities reaching 1,320 persons.

- Kalunguta, Beni and Mandima health zones remained the hotspots of the epidemic together with Mambasa, with respectively 17, 17, 13 and 13 per cent of 175 confirmed cases reported during the last three weeks.

- On 6 September, the Multisectoral Committee for the Response to the Ebola outbreak released the National Strategic Response Plan 4.1 (SRP4.1) approved and signed by the Prime Minister of the DRC.

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>25,382,390</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>218,209*</td>
<td>216,568</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>15,691</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>36,155</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>10,188</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$ 175.75 million

Ebola Response Funding Status 2018 - 2019

Total funding available*: 32%
Funding Gap: 68%

* Funding requirement includes: Budget for phase I ($8,798,899), phases II ($16,964,905), Phase III ($24,385,917) and Phase IV ($125,600,592 - Pillar I $61,482 4 & Pillar III $64,118)

** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak
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 3,081 EVD cases were reported, among which 2,970 confirmed and 111 probable cases. More than two thirds (2,070) of EVD cases died (global case fatality rate remains 67 per cent).

During the reporting period, the number of new reported confirmed cases slowed down in comparison to the previous week: 45 cases during week 36 in comparison to 59 cases during week 35.

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, two new health areas, Kamandi in Kayna health zone and Ngubo in Mandima health zone, reported confirmed cases.

Kalunguta, Beni and Mandima health zones remained the hotspots of the epidemic together with Mambasa, with respectively 17, 17, 13 and 13 per cent of 175 confirmed cases reported during the last three weeks.

Of the total confirmed and probable cases with reported sex and age, 58 per cent (1,782) were female and 28 per cent (871) were children aged less than 18 years. An additional health worker has been infected by EVD during the last week, bringing the number of infected health staffs to 157 since the beginning of the outbreak (5 per cent of total cases).

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1 Data source: EVD RDC External Situation Report 58 – WHO.
**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 SRP4 is covering the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces. On 6 September, the Multisectoral Committee for the Response to the Ebola outbreak released the National Strategic Response Plan 4.1 (SRP4.1) approved and signed by the Prime Minister of the DRC. The SRP4.1 imbeds preparedness activities aim to ensure that 20 identified and additional health zones (HZ) are ready to effectively and safely detect, investigate and report potential Ebola virus disease (EVD) cases, and to mount an effective response.

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*Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).*

*The National Strategic Response Plan (SRP) was launched on August 1st and was revised four times. The initial Response Plan (SRP1, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified. On October 19th, 2019, the MoH released the revised Ebola Response Plan (SRP2, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545. On December 20th, 2018, the MoH updated the Ebola Response Plan II (SRP2.1, November 2018 – January 2019) to include assumptions and additional needs until January 31st, 2019, estimated at US$ 23,506,000 million. On February 13th, 2019, the MoH launched the Ebola Response Plan 3 (SRP3, February – July 2019) for a total amount of US$ 147,875,000. Finally, on July 15th, 2019, The MoH released the Ebola Response Plan 4 (SRP4, July – December 2019) for a total amount of $ 287,590,149.*
The United Nations developed a scale-up strategy to end the 10th Ebola outbreak in DRC. This strategy enhances the overall enabling environment within which the response is situated. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak.

Under the SRP4, UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. UNICEF leads the Commissions on Risk Communication and Community Engagement (RCCE) and Psychosocial Support and co-leads Infection Prevention and Control (IPC)/WASH Commission with WHO. The strategic Ebola response coordination maintains a dedicated support to active operational Sub-Coordinations in Beni, Bunia, Butembo/Katwa, Goma, Komanda, Mangina and Mambasa. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required. For instance, currently, a team of ten staff is deployed in Chowe, in South-Kivu, to respond to the emergence of cases, since 15 August, in the health zone of Mwenga.

Following a decision taken during the 2 September Ebola Team Meeting, the UNICEF programme team based in Goma was moved to Beni to support the different Sub-Coordinations based on the field and to be closer to the Ebola outbreak epicentre.

Humanitarian Response Beyond Ebola (Pillar III)

The Pillar III, in support of the SRP4, Pillar I, aims to strengthen community ownership and support programs responding to community needs to enable Ebola control activities while strengthening multi-sectorial humanitarian coordination. Under Pillar III, the “Community ownership and essential services” component (programme 3.2) led by UNICEF aims to strengthen community ownership and provision of basic social services 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 available partners to deliver multisectoral assistance addressing communities needs in Ebola affected areas.

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

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

Main developments:
On 27 August, the call for expressions of interest to identify partners for the Programme 3.2 was launched with a deadline set on 11 September.

In Chowe, as the 4 cases of EVD occupied beds in the community health center, it was made inaccessible to the rest of the population. In response and to ensure health care continuity, UNICEF teams and their partners (DPS) established a temporary health center through the rental (UNICEF) and equipping (MSF) of a house in the community to provide treatment for patients living in the area.

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).

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

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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.

5 The call for expressions of interest is available online on Médiacongo.net (AMI link)
UNICEF RCCE teams have raised awareness of approximately 150,000 people on the EVD prevention measures and on the importance of community participation in the response. The teams spread prevention messages on Ebola in public places such as bus stations and motorcycle parking lots in Goma, schools and entry/control points, local churches, Internally Displaced Persons’ (IDP) camps in Bunia (5,000 IDPs) and Butembo (1,116 IDPs) as well as during popular gatherings. For instance, in Goma, RCCE teams took the opportunity of the inauguration of provincial ministers to reach 20,685 people (men, women and youth) with messages on the risks and prevention of EVD, as well as on the use of available services in the response.

In Chowe, on 2 September, UNICEF participated to the activities around the reintegration of the first Ebola survivor. After being discharged from the ETC, a caravan and awareness raising activities were organized in four health areas (Chowe, Kalama, Kimalanjala and Mwana). The territorial authorities reinforced the message on the importance of collaborating with the EVD and adopting preventive measures. The caravan stopped by the market in Kimalanjala, reaching 1,200 persons with Ebola prevention messages. Another activity occurred in the village of Kalama, reaching 120 people.

UNICEF also raised awareness and collaborated with 50 religious leaders in different sub-coordinations, notably in Goma (33), Mwenga (nine) and Mambasa (eight). In Butembo, after the round table that gathered the Anglican dioceses of Butembo and the Catholic dioceses of Beni on 30 and 31 August, these organizations signed a commitment to collaborate with the response in raising awareness among local population against EVD.

The teams also used targeted or small group communication methods to reach more than 17,500 people, including teachers, front-line workers (in Goma), military (in Mweso), MONUSCO police (in Rutshuru), religious leaders and worshippers. Finally, the teams of community networks (RECOs), social mobilizers and Red Cross Volunteers visited more than 53,000 households to raise awareness about the EVD risks and prevention measures. During these visits, community and family members expressed wishes and recommendations to the response actors, such as the installation of handwashing devices in all the visited churches and schools.

To date, 114 Community Animation Cells (CACs) are operational in Komanda and 14 in Mwenga, while the RCCE partners have initiated a process of creating and revitalizing CACs in all intervention areas.

### Management of reticences, rumors and refusals

During the reporting period, RCCE teams resolved 2,548 refusals, among which 1,422 on handwashing, 930 on screening, 54 on EDS/SWAB and 142 on transfer to transit centers/Ebola treatment centers (TC/ETC). In Beni, with the support of local opinion leaders (mayor of the city, pastors and priests), the RCCE team was able to restore the community’s trust with the resolution of 51 incidents.

RCCE agents from all sub-coordination offices continued to support the other pillars of the response. For instance, in Goma UNICEF raised awareness among 1,312 family members and neighbours around community deaths (SDB) while in Butembo, the RCCE teams supported the decontamination of 23 households and health facilities, 1,117 vaccinations and 181 referrals of suspicious cases to the ETC.

### Media

To date, about a hundred local radios are currently broadcasting Ebola prevention messages on a regular basis. Throughout all the health zones, local radio stations broadcast some 30 programs and more than 140 spots on the promotion of the response activities, acceptance of SDB, screening, referral to health facilities, and other topics related to the EVD. Besides, local radio also broadcast testimonies of healed and discharged people in Beni, Bunia, Mwenga and Mambasa.

<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>62,787</td>
<td>800</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>40,321</td>
<td>35,746</td>
<td>318</td>
</tr>
</tbody>
</table>

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6 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
Infection Prevention and Control (IPC) and Water, Hygiene and Sanitation (WASH)

The Water, Sanitation, and Hygiene (WASH) strategy, as part of EVD Infection Prevention and Control (IPC), aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits7 and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools8, (3) WASH in communities through mass outreach on hygiene promotion, setup of handwashing stations/temperature check points in strategic transit locations, and decontamination activities (4) joint9 supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

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

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

The IPC Commission, in close collaboration with the Communication and Community Engagement Commissions, together with other key partners such as International Organization for Migrations (IOM), High Commissioner for Refugees (UNHCR) and the National Commission for Refugees defined a multidisciplinary teams to ensure that efficient and sustainable programmes of high quality are developed.

As part of the transition of decontamination activities from WHO to UNICEF which took place on 1 September, UNICEF IPC/WASH sub-coordination teams assessed all human, logistical and financial resources requirements. As part of this process, UNICEF established teams of supervisors and hygienists and during the reporting period, 74 households, 87 health facilities and one public place were decontaminated. For areas without reported cases, hygienists were integrated into the IPC teams to support activities and to monitor the use and management of WASH kits in health facilities, schools and public places. In response to confirmed cases, UNICEF partners provided IPC/WASH kits to 90 health facilities, 724 households, 98 public places and 111 schools.

To reinforce preventative measures in the affected health zones, partners supplied 705,428 liters of water to health facilities and community handwashing and water points. Information sessions on Ebola awareness and prevention were held with 6,073 people. In Goma, PPSSP reached 178,458 people among public places (bus parks, beaches, markets).

In Mambasa, UNICEF in collaboration with MUSACA installed handwashing points in 40 public places. In South Kivu, UNICEF and local partner Afudi installed 15 hand-washing devices in the Katana health zone.

In the city of Beni, supported by UNICEF PPSSP began the construction of 3 boreholes in Kasanga Tuha primary school and N gorge of the Rungoma health centres, all areas with limited access to water.

In Mabalako and Mandima, UNICEF partner Oxfam continues the construction of latrines and waste management in health facilities.

<table>
<thead>
<tr>
<th>INFECTION PREVENTION &amp; CONTROL AND WATER, SANITATION &amp; HYGIENE</th>
<th>Target10</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of 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>25,382,390</td>
<td>789,669</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusal to secure burials or resistance to vaccination.</td>
<td>12,981**</td>
<td>13,832</td>
<td>1,099</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>218,209*</td>
<td>216,568</td>
<td>5,807</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 07 September 2019
** The target is under revision in relation to the evolution of the epidemic.

7 For IPC/ WASH kits for health centres, items are provided in accordance with four areas of support: (1) Triage and case identification, (2) handwashing, (3) individual protection equipment, (4) waste management, (5) cleaning and decontamination supplies

8 For IPC/ WASH kits for schools, items are provided in accordance with three areas of support: (1) Screening (thermoflash), (2) handwashing (with soap), (3) cleaning and decontamination supplies.

9 Multidisciplinary teams comprise health specialists from the MOH and/ or Medical NGOs as well as WHO.

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.
# of health facilities in affected health zones provided with essential WASH services. 3,884 2740 8
# of target schools in high risk areas provided with handwashing facilities 3,800 2,385 53
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas 11,750 7,184 61
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized 100% 35% 0
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging 36,437 15,691 477

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

On 2 September, the new school year started across the Ebola affected provinces. Based on the back-to-school strategy, the activities of the EVD response focused on providing schools with hand washing devices and thermoflashes and distributing the Ebola prevention Guidance Note to teachers.

Together with UNICEF, the EPSP supervised and followed-up on the opening of 705 primary and secondary schools in the Ebola response sub-coordinations in the provinces of North Kivu, Ituri and South Kivu.

In Butembo, Katwa, Lubero and Oicha health zones, EPSP inspectors briefed 752 teachers, including 301 women on Ebola prevention measures. Moreover, the Director of the Educational Division (PROVED) and the Directors of Educational Sub Divisions in Butembo, Katwa and Lubero, supported by UNICEF, visited 104 primary and secondary schools in which they met 27,116 students including 14,236 girls. This represents 75 per cent of students returning to school in these three health zones. In the schools visited, 693 teachers including 301 women have been briefed on the importance of reinforcing the correct hand washing and the establishment of the hygiene brigades. UNICEF WASH teams equipped 55 per cent of schools with hand washing devices.

In South Kivu, UNICEF supported the Division of Education in briefing 2,095 teachers, including 397 women, in 395 primary schools. Briefings were focused on mandatory handwashing in schools to combat EVD and on the use and maintenance of hand washing devices in schools. They also raised awareness on prevention measures among 41,917 pupils (including 19,428 girls) in 72 primary schools of the four Urban Education Subdivisions of Bukavu.

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target11</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000</td>
<td>970,482</td>
<td>41,917</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>36,155</td>
<td>2,847</td>
</tr>
</tbody>
</table>

11 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
The 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 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 des Affaires Sociales (DIVAS), Division de l’Interieur (DIVInter)

### Main activities during the reporting period

#### Activities in ETC, TC and nurseries

In ETCs and TCs, UNICEF and its partners provided psychological support to 194 newly affected children, including 189 suspected cases (109 boys and 80 girls) and five confirmed cases (two boys and three girls).

In the recently affected province of South Kivu, UNICEF multiplied its efforts in providing psychosocial support to new suspected and confirmed cases. Six new suspected cases (five adults and a boy) benefited from psychosocial counseling in the Bukavu ETC and four new suspected cases (two men, one woman and one boy) in the Mwenga isolation center.

During the last four weeks, a total of 76 children (29 boys and 47 girls) received nutritional care and psychological support in the four UNICEF-run nurseries. In addition, UNICEF is working closely with the Ministry of Social Affairs and its local offices to limit the time spent by children in nurseries and - when conditions are met – to promote placements in foster families.

#### Activities in communities

As a way to support affected families, so that they can continue to have the emotional and material capacity to care for their children, UNICEF assisted 232 newly affected families through psychosocial support and material assistance in all Ebola-impacted health zones. A total of 469 kits of material assistance (hygiene, funeral, non-food items, newborn kits and food assistance) were distributed to discharged and recovered patients as well as affected families.

In addition, UNICEF psychosocial teams provided support to 547 EVD-contacts in the community thus facilitating the activities of the Surveillance commission in the contact listing and regular follow-up.

During the reporting period, UNICEF provided appropriate care and support to 145 newly separated children (74 boys and 71 girls) and 83 new orphans (40 boys and 43 girls). Assistance included the payment of school fees as in the case of the assistance provided to 37 orphans (15 girls and 22 boys) in Komanda and Mambasa. In Katwa, Butembo, Kalunguta and Vuhovi health zones, 166 orphans aged between 5 and 13 years old received school kits, right on time for the start of the new school year.

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>10,312*</td>
<td>7,014</td>
<td>194</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>10,188</td>
<td>232</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>14,424**</td>
<td>12,997</td>
<td>188</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>3,144</td>
<td>145</td>
</tr>
</tbody>
</table>

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12 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.

13 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.

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

15 According to the local context and socio-cultural norms.

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, North Kivu and South Kivu provinces.
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 417 new suspected and confirmed cases admitted in the ETCs, including six children under six months, 84 children aged from 6 to 59 months, four pregnant women and two breastfeed women. This represent a slight increase in comparison to the previous week (359 cases). Among the 417 cases, 67 per cent were admitted in the ETC of Butembo (173 cases) and Katwa (107 cases).

At communities and household level, UNICEF supported the nutritionists and psychosocial agents of the ETCs, in providing nutritional support (Ready-to-Use Infant Formula - RUIF) to 344 separated infants non-breastfeed, among which 275 were assisted in the community (35 in Butembo, 28 in Katwa, 54 in Beni, 98 in Mabalako (Mangina), 42 in Komanda and 18 in Bunia) and 69 assisted in the ETCs (15 in Butembo, 18 in Katwa, 22 in Beni, eight in Mabalako (Mangina), four in Komanda and two in Bunia). Among the 344 assisted children, 92 (29 in ETCs and 63 in community) were children under six months and 252 (40 in ETCs and 212 in community) children aged from six to 23 months.

Twenty-five children under five years old suffering of Severe Acute Malnutrition were admitted for treatment in the Outpatients Therapeutic Programme (OTPs).

In addition, UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 1,557 women caregivers on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context (455 in Butembo, 326 in Katwa, 83 in Beni, 358 in Mabalako, 185 in Komanda, 144 in Bunia and six in Goma) both at ETCs, and contact households level.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target[^17]</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>54,278</td>
<td>1,557</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>8,750*</td>
<td>9,186</td>
<td>417</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>955</td>
<td>92</td>
</tr>
</tbody>
</table>

[^17]: Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

Social Science Analysis Cell (CASS)

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

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

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

Main results during the reporting period
On 5 September, as part of regular capacity building activities, the Analysis Cell Team held a full day session for 12 local researchers in Beni. The session focused on gender mainstreaming in social research, on improving notetaking and probing skills as well as data encoding techniques.

In addition, the results of a study on knowledge, attitudes, perceptions and practices (KAP) of women participation in the EVD response was presented at the Beni sub-coordination on 4 September. Key recommendations included to systematically involve women at all levels of the response and not only as community mobilizers; to target more women in communications, to respond to their information needs around EVD transmission, recognition of symptoms and vaccine criteria; to use communication channels trusted by women (radio, community health workers, nurses); and to organize WASH/IPC training and awareness-raising which focuses on the specific needs of women.

Finally, another KAP study on health staff perception of EVD response in health facilities conducted in Goma underscored the lack of IPC-WASH materials in health facilities compared to other zones (Beni, Butembo/Katwa, Bunia/Rwampara). In this regard, UNICEF will launch its Integrated Capacity Enhancement Project (PIRC)\(^{18}\) in Goma in the coming weeks to assess their needs and provide a tailored response.

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$ 365,743. The total value of procurement orders was US$ 177,958, cent per cent offshore procurement.

Human Resources
UNICEF continue to strengthen its presence on the ground to better respond to the expanding outbreak in North Kivu and Ituri provinces. The number of staff dedicated to the Ebola response scaled up to 223 persons already working in the affected areas\(^{19}\), with an additional 56 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 33 staffs in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication
The external communication team continued work to spotlight UNICEF’s Ebola response. In this reporting period, UNICEF Country Representative Edouard Beigbeder was featured in a video story describing his mission to Ebola affected areas between Bunia and Benia via Komanda, Mambasa and Mangina. A CNN interview also took place on the role of survivors at UNICEF-run nurseries and on UNICEF’s scaling up efforts in Eastern DRC. The Country Office

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\(^{18}\) To prevent infection in health facilities and protect staff, UNICEF and its partners Ministry of Public Health, WHO and Africa CDC have initiated the Integrated Capacity Enhancement Project (Projet Intégré de Renforcement de Capacités or PIRC), an innovative approach to health system strengthening that incentivizes providers based on their achievement of agreed-upon and measurable performance targets. See also the UNICEF DRC Ebola SitRep #38.

\(^{19}\) UNICEF staff on ground includes 50 staff in Goma (EOC), 10 staff in Goma sub-coordination, 34 staff in Beni, 67 staff in Butembo/Katwa, 17 staff in Mangina, 7 staff in Bunia, 9 staff in Komanda, 7 staff in Mambasa, 10 staff in Bukavu/Mwenga and 12 staff in Kinshasa.
(CO) issued a press statement on children going back to school in Ebola affected areas [https://www.unicef.org/press-releases/children-return-school-ebola-affected-regions-democratic-republic-congo](https://www.unicef.org/press-releases/children-return-school-ebola-affected-regions-democratic-republic-congo). The statement was picked up by Xinhua and other outlets on social media. A professional photographer also travelled with UNICEF in affected areas to gather new material on key issues and UNICEF’s response. Since the beginning of the outbreak, the CO published 105 content pieces on its Ebola landing page. The CO has also posted nearly 950 messages on Facebook, Instagram and Twitter. New multimedia materials have been uploaded on WeShare.

**Funding**

As part of the National Ebola Strategic Response Plan, UNICEF requires US$175.7 million to implement critical activities needed to stop the spread of the outbreak (public health response/Pillar 1: US$ 111,649,413) and to strengthen support to communities affected by Ebola (Pillar 3: 64,100,900).

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s actions in favour of the Ebola response: The World Bank Group’s Pandemic Emergency Financing Facility (PEF), The European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, The Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government 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 Response $</th>
<th>Funds available ** $</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>41,919,063</td>
<td>723,295</td>
<td>18,779,794</td>
<td>19,503,089</td>
<td>22,415,974</td>
<td>53%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>43,076,120</td>
<td>371,558</td>
<td>14,256,698</td>
<td>14,628,256</td>
<td>28,447,864</td>
<td>66%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,944,617</td>
<td>8,044,617</td>
<td>1,357,773</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>4,342,520</td>
<td>0</td>
<td>2,436,118</td>
<td>2,436,118</td>
<td>1,906,402</td>
<td>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>6,855,306</td>
<td>6,988,067</td>
<td>4,079,252</td>
<td>37%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Preparedness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Strengthened support to communities affected by Ebola / PILLAR 3</td>
<td>64,100,900</td>
<td>0</td>
<td>3,000,000</td>
<td>3,000,000</td>
<td>61,100,900</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175,750,313</strong></td>
<td><strong>1,327,614</strong></td>
<td><strong>54,314,534</strong></td>
<td><strong>55,642,148</strong></td>
<td><strong>120,108,165</strong></td>
<td><strong>68%</strong></td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,893), phase II ($ 16,964,905), Phase III ($ 24,385,917) and Phase IV ($ 125,600,592 - Pillar I $61,4 & Pillar III $64,1)
** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak (August 2018)

**Next Situation Report: 15 September 2019**

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