UNICEF’s Response

**Highlights**

- **Intensified community engagement and risk communication efforts to overcome community resistance in Blakato** resulted in zero new cases at the end of the reporting period.

- **Under Pillar 3 interventions, UNICEF supported the vaccination of 217,683 children against measles.** Vaccination was accompanied by temperature screening and early referral to health facilities in case of fever, thus contributing to the ‘getting to zero’ intensification strategy.

- **As part of the IPC/WASH response activities, UNICEF teams decontaminated 58 households, 34 health facilities and 16 public places during the reporting period. In all, 92 per cent of decontaminations were completed within 72 hours of a positive case result notification.**

- **From 29 to 31 October, UNICEF participated in the Ebola Strategic Response Plan 4 Midterm Review organized by the government in Goma to assess key results and challenges on SPR4 implementation. It also launched a reflection on the post December 2019 strategy.**

- **On 5 November, the DRC and Ugandan governments, supported by UNICEF, held a cross-border forum in Bwera (Uganda) for more than a hundred Congolese and Ugandan community leaders and authorities. A joint declaration was signed by participants who affirmed their engagement in the fight against the Ebola virus disease.**

**Key epidemic numbers**

- **3,169 confirmed cases** (WHO, 10 November 2019)
- **886 children <18 among confirmed cases** (WHO, 10 November 2019)
- **2,075 deaths among confirmed cases** (WHO, 10 November 2019)

**Key figures**

- **36 implementing partners, including 17 national actors**
- **2,775 community workers and mobilizers**
- **113 community radio partners**
- **1,112 psychosocial agents, including caregivers, in UNICEF-run nurseries**
- **90 IPC/WASH supervisors and 433 hygienists for decontaminations**

**UNICEF’s Response**

<table>
<thead>
<tr>
<th>Area</th>
<th>Outcome</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREC</td>
<td># of people reached through community engagement</td>
<td>95%</td>
</tr>
<tr>
<td>WASH/IPC</td>
<td># of health facilities provided with WASH</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td># of people with improved access to WASH in affected and at-risk zones</td>
<td>1%</td>
</tr>
<tr>
<td>PSS</td>
<td># of affected families who received psychosocial assistance</td>
<td>66%</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td># of &lt; 23 months children caregivers counselled on IYCF</td>
<td>92%</td>
</tr>
<tr>
<td>Education</td>
<td># of teachers briefed on Ebola prevention</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Ebola Response Appeal (Pillars I and III)**

US$ 125.6 million
Epidemiological overview ¹

With an additional 22 new confirmed cases in the last two weeks, a total of 3,287 Ebola Virus Disease (EVD) cases were reported as of 10 November 2019, among which 3,169 confirmed and 118 probable cases. More than two thirds (2,193) of EVD cases died (global case fatality rate remains 67 per cent).

Of the total confirmed and probable cases, 56 per cent (1,854) were female and 28 per cent (929) were children.

Summary Analysis of Ebola Programme Response (Pillar I)

Risk Communication and Community Engagement

Main activities during the reporting period

Risk Communication and community engagement

RCCE teams across the nine sub-coordination offices (Beni, Biakato, Bukavu, Bunia, Butembo, Goma, Komanda, Mambasa and Mangina) used different methods of communication and community mobilization, including mass communication, small group educational talks, home visits, Ebola Treatment Center (ETC) visits and mass media to raise awareness on EVD risks and engage communities to support the response. UNICEF and RCCE teams reached about 138,933 people (of whom 12,592 are students) with mass communication on the EVD prevention, care and treatment. RCCE teams also used group and interpersonal communication methods as well as home visits to reach approximately 8,755 people with messages and general knowledge about EVD. Finally, the RCCE teams mobilized the participation of 627 leaders from different categories (religious, politico-administrative and community leaders) to obtain their commitment in the response. In Bunia, after a dialogue facilitated by the RCCE team in collaboration with the surveillance and IPC staff, 50 members of car and motorbike taxi drivers’ associations of Bunia and Rwampara committed to stop transporting dead bodies (infected or not) without a prior medical document.

UNICEF continued to enhance its activities in EVD hotspots. In Biakato, for example, the teams are following the recommendations made by the Social Research Analysis Cell (SSAC) team and taking the opportunity for each survivor of Ebola to raise awareness among local population. On 30 October, two survivors were reintegrated in the community and a caravan was organized jointly by UNICEF and partners to involve the community in the response, including moto taxi drivers that were trained on EVD before the event. In addition, on 6 November, three survivors were reintegrated into Biakato Mines community in the presence of the General Coordinator of the response. Three days later, the RCCE team organized a community dialogue with 21 church leaders from Biakato and 73 local leaders from Laila in the health area of Biakato Mines.

Support to other pillars, management of resistance and refusals

The RCCE teams conducted communication sessions in support to different pillars of the response. They sensitized 4,331 people for safe and dignified burials (SDB), 2,947 people for hand washing at points of entry, 616 people for EVD vaccination, 889 people on the importance of early referral and treatment to the ETC, 192 people on the importance of the adoption of EVD prevention measures and 705 people for surveillance and alert mechanisms.

The RCCE teams in Beni, Mambasa, Mangina and Goma organized ETC visits for 145 people to demystify the service and promote its utilization. In Aloya (Mangina sub coordination) the RCCE team organized a meeting with the women’s associations to identify needs for a better involvement of women in the response against EVD. The meeting was followed by a visit of the ETC. As a result, these sensitization efforts allowed to resolve 706 refusal cases for EVD, 706 cases of vaccination, 124 for SDB, 1437 for hand washing, 186 for referral and acceptance of ETC services and eight for household decontamination. Following a major sensitization on vaccination carried out by RCCE team of the Mangina sub-coordination, 60 pygmies from the Mabalako health zone were vaccinated against EVD.

Capacity building

The RCCE teams conducted briefing and capacity building activities for 1,054 people including the Community Animation Cell (CAC) members, leaders, teachers, nurses and front-line health workers in all sub-coordinations.

As far as CAC are concerned, to date UNICEF and RCCE partners have established 3,140 CAC (81 per cent) out of 3,870 planned for the three provinces of the Ituri, South Kivu and North Kivu. The CAC establishment process is at different stages in the different health zones: in 17 health zones (63 per cent) out of 27, the reinforcement of capacities of CACs has already been done, namely the training of the health zone team, of local facilitators and of titular nurses, the organization of village assemblies and the election and nomination of the CAC members. For these CACs, three major activities remain to be completed, namely the training of CAC members, the community diagnosis and the development of action plans. In the hotspot zones, the RCCE team is accelerating the CAC set up process. Seven CAC out of 17 in Mambasa and the totality of CAC (41) in Biakato Mines have their facilitators trained. In Karisimbi, Nyiragongo and Goma health zones, the process is completed, and the action plans are developed.

¹ Source: External Situation Report # 66 and # 67, WHO.
On 4–5 November, RCCE partners trained 13 local nurses, 19 communication focal points and ten community relays in the different health areas of the Mabalako health zone on EVD risk communication and community engagement. A similar activity was organized in Biakato Mines on 8–9 November with the participation of 21 RCCE focal points.

**Media**

In Beni, Biakato, Bunia, Goma, Komanda, Mambasa and Mangina, RCCE teams used 67 community radios to broadcast more than 191 programs and spots about EVD response, prevention and care. In Goma, for example, a radio Ebola bulletin was broadcasted together with messages by the religious group Church of Christ in Congo on the importance of EVD prevention, care and treatment. In addition, in EVD affected health zones of the Ituri province, radio programs and spots focused on the ongoing measles campaign. The RCCE program collaborates with 113 radio stations to fight against Ebola in Ituri, North Kivu and South Kivu.

With the financial and technical support provided by UNICEF DRC and Uganda, on 5 November 2019, the DRC and Uganda governments organized a cross-border forum in Bwera (Uganda) for Congolese and Ugandan community leaders for their effective engagement in the fight against the Ebola virus disease. The event brought together more than a hundred Congolese and Ugandan participants, including political and administrative authorities, religious, civil society and community leaders, women, youth, as well as representatives of UNICEF and WHO. At the end of the forum the Bwera Declaration was signed to reaffirm the engagement of community leaders in the fight against Ebola at the Congolese and Ugandan borders. In addition, they publicly signed a banner and publicly engaged themselves in fighting against the EVD. The forum also led to the adoption of a cross-border communication plan to fight Ebola.

In Goma, the RCCE strategic team provided technical support for the development of the communication plan on the introduction of the new EVD vaccine. The plan will allow communities to be informed about this vaccine, its advantages and the vaccination schedule. The EVD general coordination presented the plan to partners during a session held in Goma on 8 November 2019 and decided to launch the vaccination campaign in Goma on 14 November.

The UNICEF strategic team supported the General Coordination in finalizing the next phase of the national Strategic Plan for the RCCE component. The RCCE team also supported partners to finalize and validate a document presenting the 25 most frequently asked questions and answers concerning EVD in the country. Finally, UNICEF facilitated exchanges between RCCE partners to mobilize the integration of these questions and answers into their respective communication plans and materials.

### Infection Prevention and Control (IPC) and Water, Hygiene and Sanitation (WASH)

**Main activities during the reporting period**

As part of the continuity of activities related to the dissemination of the IPC/WASH package, UNICEF in collaboration with WHO and the Ministry of Health organized a training for IPC supervisors, health workers and implementing partners in Mangina sub-coordination from 4 to 8 November. A total of 40 people were trained on IPC/WASH interventions across the Ebola Response, to address nosocomial infections, to ensure a standardized approach and tools to capitalize best practices and lessons learned.

During this reporting period in ongoing IPC/WASH response activities, UNICEF teams decontaminated 58 households, 34 health facilities and 16 public places. The totally of decontaminations were completed within 72 hours from positive case result notification.

In collaboration with its partners, UNICEF provided IPC/WASH kits to 12 health facilities, 479 households, 127 schools and installed hand washing stations with water and soap in 672 public places. In addition, 288 health facilities were replenished with consumables including soap, boots, chlorine powder, detergent, and heavy-duty gloves.

UNICEF and its partners supplied 473,983 liters of clean water in public places and health facilities. UNICEF also sensitized 2,497 pupils in schools, 3,642 people in health facilities and 5,484 people in public spaces on EVD prevention measures.

In areas where no new confirmed cases were reported, hygienists monitored the use and management of WASH kits in health facilities, schools and public places.

### Psychosocial Support and Child Protection

**Main activities during the reporting period**

**Activities in ETC, transit centers and nurseries**

In ETCs and transit centers (TCs), UNICEF and its partners provided psychological support to 754 newly affected children, including 747 suspected cases (362 boys and 385 girls) and seven confirmed cases (one boy and six girls).

Despite the general decrease of confirmed cases, UNICEF continues to provide specific psychosocial support to suspected cases. For example, 42 children who are suspect cases from the hotspot areas of Biakato, Katanga, Lukaya,
Alima and Lwemba health areas received emotional support during their transfer to the ETC - and specific psychological assistance once admitted. Most of the suspected cases supported during the reporting period came from the 12 health zones of Butembo and Katwa areas. The TC of Biakato officially became an ETC so that confirmed cases of the area are directly treated in Biakato instead of being transferred to the Mangina ETC. UNICEF identified and trained nine Ebola survivors to provide assistance and respond to the needs of the children and families in the new ETC.

During the past two weeks, 59 children (33 boys and 26 girls) received nutritional care and psychological support in the five operational UNICEF-run nurseries. In Beni, the reporting period was marked by the celebration of the one year of the nursery which was built, equipped and managed by UNICEF. The mayor of the town, local media as well as WHO, the international organizations Médecins Sans Frontieres (MSF) and Alima, UNICEF and its partners, participated in the event, during which the main achievements were presented. Since the opening of the nursery, 410 separated and orphaned children (198 boys and 212 girls) were assisted by the psychosocial assistants, including survivors as caregivers, and followed on their health and nutritional status by UNICEF-supported teams.

Finally, seven children (two boys and five girls) who are new Ebola survivors received specific psychological and emotional support before leaving the ETC to be prepared for their family and community reintegration. UNICEF through the psychosocial assistants will continue to provide psychological and/or material assistance during follow-up visits into their communities.

**Activities in communities**

At community level, UNICEF provided appropriate care and support, including material assistance to 367 newly separated children (186 boys and 181 girls) and 34 new orphans (18 boys and 16 seven girls).

Due to the slowdown of the epidemic, UNICEF focused its activities on the follow-up of Ebola survivors. For example, in Mangina, clinical psychologists visited 22 Ebola survivors (among which five children). The majority are still suffering from stigmatization and self-withdrawal. About 80 per cent of women talked about marital problems linked to their Ebola-related experience. In addition to the individualized psychological support, psychologist conducted 13 psychoeducation sessions with the neighborhood and community to decrease stigmatization as well as “couple therapy” sessions to rebuild trust relationship among couples. In Mambasa, a specific group therapy brought together women as Ebola survivors and local women leaders as well as members of women's associations. Such activities allowed survivors and women leaders to establish and reinforce social cohesion to facilitate the survivors’ reintegration in the community.

**Main activities during the reporting period**

Nutritional support activities continued in the ETCs and TCs, with 685 new confirmed and suspected cases assisted during the reporting period, including two children under six months, 123 aged from six to 59 months, 560 children over five years old, and adults including two lactating women and three pregnancy women. As during the previous period, the ETCs of Butembo and Katwa continued to report a significant number of admissions, respectively 280 and 239.

In the ETCs and UNICEF-run nurseries affiliated to the ETCs, 149 new separated and/or orphaned children were admitted, including 34 infants under six months and 115 children aged from six to 23 months. UNICEF and health zones nutritionists supplemented their diet, respectively, through the Ready to Use Infant Formula (RUIF) and pasteurized milk at high temperature (UHT).

In addition, 71 children were admitted for the treatment of severe acute malnutrition (SAM) in the health facilities of the EVD-affected health zones, including 43 in Komanda and 13 in Katwa.

UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 492 caregivers of children under 23 months, including 66 parents, on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context.

The nutritionists conducted regular follow-up visits for 104 children, including, 38 in Katwa (four children under 6 months and 34 aged 6 to 23 months), 18 in Butembo (two children under 6 months and 16 aged 6 to 23 months), nine in Mangina (a child under 6 months and 8 aged 6 to 23 months) and 39 in Beni (ten under 6 months and 29 aged 6 to 23 months).

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2. Data from Mangina are partial. Missing data will be reported in the next Ebola SitRep.
42 members of the parents’ committees (including 12 women) in six primary and secondary schools in the health areas of Mambasa, Binase, Banana, Salama and Makoko.

In North Kivu, UNICEF implementing partner AVSI has been working on the “Ebola, Psychosocial Support in the Classroom” project from April to October 2019. The project aimed at training teachers on providing psychosocial support to children in the Ebola context. It was implemented in 183 schools (83 schools in Beni, Oicha, and Mabalako health zones and 80 schools in Lubero, Musienne and Masereka). On 5 November, AVSI organized a final workshop for 28 participants (five women), including representatives of the Educational authorities, EPST Inspectors, the Head of Social Affairs Services (DIVAS), schools’ directors, teachers and parents’ committees’ members. During the workshop, AVSI and UNICEF presented the main results of the project: in total, thanks to UNICEF support and in collaboration with the EPST, AVSI trained 1,140 teachers on providing psychosocial support to children in schools, with a focus on Ebola-related thematic. Thanks to this training, 37 students (21 boys and 16 girls) suffering from emotional stress, stigma or discrimination either because of Ebola, other diseases or the longstanding conflict and insecurity affecting the region were identified and properly assisted. In addition, thanks to the teachers training, children can now learn in a more convenient environment where teachers interact with them in a more comprehensive and adapted way. All participants expressed the need to continue supporting psychosocial activities and extend the approach to kindergartens, primary and secondary schools and non-formal education structures.

In Ituri, UNICEF and its implementing partner FECONDE raised awareness on the EVD prevention measures among 40 teachers (12 women) and 2,067 students (1,136 girls) in three schools in the Lita health zone. During this activity, teachers expressed the need to build additional latrines as the schools’ latrines were also being used by Internally Displaced Persons living in camps close to the schools’ premises.

Social Science Analysis Cell

Main results during the reporting period

During the reporting period, the Social Science Analysis Cell (SSAC) team completed the analysis of the study on “Perceptions and Use of Health Services” in Beni. According to the study, the most significant needs of the population in Beni and Mangina are access to potable water and availability of mosquito nets to prevent malaria. In addition to malaria, typhoid was also a significant concern of study respondents.

Prior to the recent polio and measles campaigns, an analysis of a study on perceptions of childhood illnesses, self-medication and vaccination was conducted in Butembo, Katwa and Kalanguta and recommendations were shared in advance of the latest campaign. Results analysis showed that the majority of study participants were confident in the protective effect of routine vaccinations for children but would like these vaccinations to be administered by health workers with whom they are familiar with and who took part in previous routine immunization activities. Participants of the study lacked clear information at the community level on routine vaccinations and needed to understand the reasons why it was suspended during the Ebola outbreak. Self-medication for symptoms similar to Ebola was found to be a common practice and was based on fear of transfer to the ETC as well as a lack of financial resources to pay for treatment at the health center.

Follow up on recommendations

To date, the Social Sciences team has identified and proposed 76 research recommendations in all zones of the outbreak. Among them:

- 89.5 per cent have been implemented (48.7 per cent) or are on-going (40.8 per cent) and 7.9 per cent still require validation.
- 44.7 per cent concern RCCE interventions and 25 per cent are related to WASH/IPC (including SDB). The remaining recommendations are relevant to Education (3.9 per cent), Psychosocial and case management (10.5 per cent), Coordination (1.3 per cent), Vaccination (3.9 per cent), UNICEF-SACC (2.6 per cent) and Pilar 3 (7.9 per cent).

On 30 October, the SACC team presented the results of a study on the “Use and Perceptions of Condoms among Ebola Survivors and their Sexual Partners” at the Beni Sub-Coordination. The same presentation occurred in Mangina on 7 November. Four recommendations related to this study were validated by the various Sub-Commissions. These include: regular condom distribution to male and female Ebola survivors and sex workers; EVD vaccination for male and female sex workers; empowering sex workers to negotiate condom use with their clients; counseling couples (where one is an Ebola survivor) on the importance of condom and lubricant use, and family planning.

In Butembo and Katwa, the SSAC team followed up on three recommendations addressed to the IPC Commission related to a Knowledge, Attitude and Practices (KAP) community study on health beliefs and behaviors (beyond Ebola). One recommendation related to improved access to water in Butembo has been fully implemented as UNICEF launched a collaborative project with the international organization Solidarité Internationale and the REGIDESO (the Government institution responsible for water distribution) to improve water quality and distribution for approximately 85,000 people.
Summary analysis of the humanitarian response (Pillar III)

Major campaigns

Upon request from the Ministry of Health (MoH), UNICEF supported a measles campaign in eight Ebola-affected health zones of Ituri province. In particular, UNICEF continued implementing its large-scale communication strategy with specific messages on the importance of measles vaccination and the differences with the EVD. Moreover, UNICEF together with MSF and the MoH ensured that the teams strictly applied IPC protocols, through a systematic screening of children and caregivers attending the vaccination site.

In that regard, the UNICEF RCCE campaign was articulated around four strategic axes: 1) Advocacy to engage leaders in the campaign, 2) Social and behaviour change communication mainly aimed at all parents of targetted children (0-59 months), with a focus on parents opposed to vaccination and those living in hard-to-access areas, in order to convince them to bring their children to vaccination; 3) Community participation involving youth from the various neighbourhoods showing resistance, through door-to-door contact, in order to promote better understanding and mobilization, and 4) Capacity building to empower campaign actors, namely focal points, ad hoc mobilizers and EVD response partners to carry out campaign activities effectively. In Komanda, the campaign gained the support of 54 community leaders, including 39 women, who helped resolving resistance cases in Bwanasura, Idohu and Bamande health areas.

To reach a total target of 230,127 children in these eight zones, UNICEF supported 309 teams composed of two mobilisers, one vaccinator, one crowd controller recruited in the health areas and supervised by the local nurses. In addition, UNICEF set up 309 mobile vaccination sites to adapt and reach the communities at risk even in the most remote areas.

In total, from 30 October to 3 November, 217,683 children were vaccinated (94.6 per cent of estimated coverage). For every child vaccinated, an average of 1.4 persons were screened. Out of this systematic screening of 329,349 children, temperature above 38°C was detected among 1,149 (0.3 per cent), of which 783 (71.8 per cent) accepted to be referred to the health center for consultation. This systematic screening integrated in a routine vaccination campaign targeting children and their mothers allowed to contribute to the "getting to zero" strategy, with active involvement of the community health system. In conflict areas like Biakato Mines and Lwemba, the communication preparation was insufficient to get the cooperation of the community, therefore the measles vaccination could not proceed as planned.

Lessons learned are in preparation to plan the next measles vaccination campaign in 34 health zones of North Kivu, where the new EVD vaccine is simultaneously introduced and could eventually create greater confusion.

Integrated response at community level

Regarding WASH, UNICEF and implementing partners assessed the drinking water supply system in the city of Butembo. The current proposals are to increase the quantity and quality of produced water and extend the water network to the city's affected neighborhoods. Moreover, during the peak of the EVD epidemic in Butembo, UNICEF was approached by the IPC Commission and the Butembo/Katwa sub-coordination regarding the set-up of sanitary facilities at the slaughterhouse level. This request resulted from the sensitization activities carried out in the area and the community feedback received. Indeed, the infrastructure was facing serious hygiene and sanitary issues compounded by overcrowdedness, increasing the risk of EVD and other disease transmission among the 100 workers and their families.

In response, UNICEF WASH team facilitated the construction of six gender separated latrines, four showers and an impluvium through an agreement with a local private company. UNICEF provided financial support to build these facilities and connect them to the municipality water network and the slaughterhouse will now pay for water bills and maintenance to ensure the installation sustainability.

Through Psychosocial support activities, UNICEF and its partners supported 173 children affected by the EVD (as suspected and confirmed cases, survivors, orphans, etc…) in Beni to obtain the judicial decision allowing the delivery of a birth certificate after the regulatory deadlines. Moreover, in Butembo, UNICEF and its partners identified seven priority health zones (based on the impact of Ebola and the child protection vulnerabilities) to implement child protection activities related to the Pillar 3, such as the reinforcement of the Child Protection Community Networks (RECOPE) to facilitate the identification, referral and assistance of the most vulnerable children or children victims of violence. In the meantime, in Goma, 10 orphans, whose guardian (brother) died as a non-case patient in the ETC, received school assistance to resume school. The older sister who now plays the role of legal guardian will benefit from income generated activities to be able to support her younger brothers and sisters.

Regarding Education, the reintegration of out-of-school children continues in the Maboya, Kalunguta, Mataba, Kabasha health areas located in the Kalunguta Health Zone. A total of 361 out of school children including 237 girls were enrolled in four Catch up Centers (CRS). The pedagogical monitoring and support of the CRS is carried out by the school directors housing these CRSs. School reintegration was accompanied by the distribution of kits adapted to each level of learning and consisting mainly of line notebooks, grid notebooks, calligraphy notebooks, drawing notebooks, pens, ordinary and colored pencils, and mathematic boxes for levels 2 and 3. The CAC already set up in the areas are involved in the identification of children and the awareness raising among the households in these health areas.

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4 In DR Congo, birth registration is mandatory and free of charge within the 90 days after child’s birth (Revised Congolese Family Law (art 116) and Child Protection Law of 2009). If the child is not registered within this legal timeframe, a judicial procedure has to be followed by the parents. This is what is commonly called “catching up registration”. The Child Court has to deliver a supplementary judgment or an order of justice concerning birth certificate to the parents. With this document, the parent may go to the registry office for birth registration. The civil registrar will note in the margin the reference of the supplementary judgment or order of justice.
Supply and Logistics
UNICEF regularly monitors the supply chain and discusses with the different involved actors to improve the effectiveness of the supplies and services in support of the Ebola response in Ituri and North Kivu provinces. During the reporting period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 167,629. The total value of procurement orders was US$ 640, totally offshore.

Human Resources
UNICEF continued to strengthen its presence on the ground to better respond to the outbreak in North Kivu and Ituri provinces. A total of 219 staff are dedicated to the Ebola response and deployed in the affected areas, with an additional 47 persons under recruitment. In addition, UNICEF has 33 staff 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 external communication team published 122 content pieces on its Ebola landing page, including this new webstory. The communication team posted 43 messages on Facebook, Instagram and Twitter during the reporting period (more than 1,160 since the beginning of the outbreak). Following the murder of an Ebola fighter in Lwemba, UNICEF and partners issued a press release, which was distributed on UNICEF social media channels. UNICEF’s Executive Director also issued a statement condemning the attack. A professional UNICEF photographer and videographer travelled to Ebola-affected areas to document the response – new multimedia materials are available to media and partners via WeShare. An Al Jazeera producer/reporter and cameraperson visited UNICEF’s nursery in Mangina. The team reported on the important work of female caretakers in the crèche who are Ebola survivors. They also highlighted the impact of the Ebola crisis on children and UNICEF’s work to ensure their psychosocial well-being. On the way from Beni to Mangina the team made a stop in the Mabalako health zone to report on the Ebola vaccination of a local pygmy population. WHO facilitated the media coverage of this vaccination, which had been organized thanks to a large-scale sensitization campaign carried out by the RCCE team of the Mangina sub-coordination. Al Jazeera is planning to air the report on Friday 15 November.

Next SitRep: 25 November 2019


Who to contact for further information:

Edouard Beigbeder  
Representative  
UNICEF DRC  
Tel: + (243) 996 050 399  
E-mail: ebeigbeder@unicef.org

Katya Marino  
Deputy Representative  
UNICEF DRC  
Tel: + (243) 829350363  
E-mail: kmarino@unicef.org

Grant Leaity  
Ebola Coordinator  
UNICEF DRC Beni  
Tel: + (243) 829 086 610  
E-mail: gleaity@unicef.org

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5 UNICEF staff on ground includes 18 staff based in Goma (EOC), 11 staff in Goma sub-coordination, 44 staff in the Beni programme coordination, 24 staff in Beni sous-coordination, 46 staff in Butembo/Katwa, 13 staff in Mangina, 7 staffs in Nia Nia, 9 staffs in Biakato, 6 staff in Bunia, 11 staff in Komanda, 14 staff in Mambasa, 1 staff in Bukavu and 15 staff in Kinshasa. Staff includes people coming in surge from the regional or headquarter office.
### Summary of Programme Results

#### Pillar 1: Strengthened public health response

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).</td>
<td>84,000</td>
<td>76,691</td>
<td>511</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>47,500</td>
<td>39,483</td>
<td>1,405</td>
</tr>
<tr>
<td># of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces.</td>
<td>34,000,000</td>
<td>32,439,316</td>
<td>818,114</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>31,193</td>
<td>22,852</td>
<td>689</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>252,231*</td>
<td>250,354</td>
<td>6,395</td>
</tr>
</tbody>
</table>

*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 09 November 2019

#### WASH/IPC

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Target</th>
<th>Total results*</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>3,186</td>
<td>264*</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,685</td>
<td>667</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>11,750</td>
<td>9,708</td>
<td>831*</td>
</tr>
<tr>
<td>% of households, health facilities and public places with reported cases decontaminated in the 72h</td>
<td>100</td>
<td>100</td>
<td>8</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>77</td>
<td>35</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>18,765</td>
<td>904</td>
</tr>
</tbody>
</table>

#### Psychosocial Support

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Target</th>
<th>Total results*</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>9,745</td>
<td>754</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>15,126</td>
<td>1,472</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>5,871**</td>
<td>5,097</td>
<td>2,440</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>6,000*</td>
<td>4,950</td>
<td>367</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,900</td>
<td>2,464</td>
<td>34</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>1,112</td>
<td>0</td>
</tr>
</tbody>
</table>

*This figure has been adjusted in regard to the high number of persons being admitted daily to the transit centers and ETCs as suspect cases. It includes support provided to families with suspect, probable or confirmed EVD members.

**The target number has been changed in relation to the evolution of the epidemic.

#### Health and Nutrition

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>70,000</td>
<td>64,725</td>
<td>492</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>15,284</td>
<td>13,078</td>
<td>685</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>1,623</td>
<td>1,069</td>
<td>34</td>
</tr>
</tbody>
</table>

### Education

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Numbers in the table are under-estimated, because of lack of reporting by implementing partners on the online Activity Info database. UNICEF is actively working on the improvement of partners’ reporting capacities.
### # of students reached with Ebola prevention information in schools

<table>
<thead>
<tr>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,458,000</td>
<td>1,189,754</td>
<td>5,062</td>
</tr>
</tbody>
</table>

### # of teachers briefed on Ebola prevention information in schools

<table>
<thead>
<tr>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>47,000</td>
<td>45,256</td>
<td>1,403</td>
</tr>
</tbody>
</table>

## Pillar 3: Humanitarian response to communities affected by Ebola

### Risk Communication and Community Engagement

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># CAC members trained in communication techniques and essential family practices</td>
<td>47,304</td>
<td>11,316</td>
<td>11,316</td>
</tr>
<tr>
<td>Proportion of projects carried out by Pillar 3 resulting from CACs</td>
<td>60</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### WASH/IPC

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk</td>
<td>700,000</td>
<td>8,000</td>
<td>0</td>
</tr>
<tr>
<td># of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk</td>
<td>300</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># of students (aged 5 to 17) in schools in areas affected by EVD who received a water, hygiene and sanitation intervention (disaggregated by gender)</td>
<td>60,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk.</td>
<td>80,000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Psychosocial Support and Child Protection

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces</td>
<td>21,855</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># of vulnerable children and/or affected by humanitarian emergencies (including unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.) identified and who access referral services or individualized case management through a formal or informal protection network</td>
<td>3,318</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Health and Nutrition

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender)</td>
<td>826,123</td>
<td>750,478</td>
<td>0</td>
</tr>
<tr>
<td># of children (6-59 months) vaccinated against measles in affected and at-risk zones</td>
<td>883,938</td>
<td>217,683</td>
<td>217,683</td>
</tr>
<tr>
<td># of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk</td>
<td>120</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td># of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk</td>
<td>20,000</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td># of children (6-59) months of age who received vitamin A</td>
<td>743,075</td>
<td>680,760</td>
<td>0</td>
</tr>
<tr>
<td># of children (6-59) months of age who received deworming (12-59 months)</td>
<td>699,363</td>
<td>601,730</td>
<td>0</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials</td>
<td>426,900</td>
<td>27,601</td>
<td>361</td>
</tr>
<tr>
<td># Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding</td>
<td>8,538</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Funding Status

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements $</th>
<th>Received Current Year $</th>
<th>Pipeline $</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>18,375,138</td>
<td>10,060,880</td>
<td>2,639,200</td>
<td>5,675,058</td>
<td>31%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>29,872,397</td>
<td>8,171,532</td>
<td>2,720,800</td>
<td>18,980,665</td>
<td>64%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support</td>
<td>5,728,090</td>
<td>5,167,344</td>
<td>833,400</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community</td>
<td>3,592,720</td>
<td>2,685,008</td>
<td>0</td>
<td>907,712</td>
<td>25%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>3,900,990</td>
<td>4,369,219</td>
<td>1,630,840</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Strengthened support to communities affected by Ebola / PILLAR 3</strong></td>
<td>64,100,900</td>
<td>4,353,532</td>
<td>21,848,401</td>
<td>37,898,967</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>125,570,235</td>
<td>34,807,515</td>
<td>29,672,641</td>
<td>61,090,079</td>
<td>49%</td>
</tr>
</tbody>
</table>
Annex C
Response Strategy

The Ebola response is based on the joint National Strategic Response Plan 4 (SRP4) against the EVD in North Kivu and Ituri provinces. The SRP4 is covering the period from July to December 2019 and represents a « final push » for all the stakeholders for ending the EVD epidemic in the two provinces.

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 taking place. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak. UNICEF activities fall under two main pillars (Pillar I and III).

UNICEF’s key role in the Ebola response is grounded in the understanding that community acceptance, involvement and ownership are crucial to end the epidemic. UNICEF has a central role in “Pillar I” of the joint National Strategic Response Plan, which focuses on the prevention, care and treatment of Ebola affected populations, in support of DRC’s Ministry of Health (MoH). UNICEF continues to lead and coordinate the Commissions on Risk Communication and Community Engagement (RCCE) and Psycho-social Support (PSS) and co-leads the Infection Prevention and Control (IPC)/Water, Sanitation and Hygiene (WASH) Commission with the World Health Organization (WHO). An UNICEF-led Social Sciences Analysis Cell also conducts targeted social science research and analysis to understand behaviors behind epidemiologic data and adjust response approaches accordingly.

The SRP4 recognizes that the public health response to the Ebola epidemic will not be successful without a wider, complementary response that tackles other humanitarian problems in Ebola-hit areas, minimizing the negative impacts of the Ebola response on health and social services. Through the inclusion of Pillar III which is aiming at strengthening support to communities, the SRP 4 represents a shift in approach.

Pillar 1: Strengthened public health response

The first pillar of this global strategy aims to interrupt the transmission of EVD in the provinces of North Kivu and Ituri and avoid its spread to other provinces of the DRC and neighbouring countries by enabling a) early detection, isolation and treatment of EVD cases; b) expanded and streamlined vaccination (both ring and targeted geographic); and c) decrease of nosocomial transmission in public and private health centers.

Under this pillar, UNICEF supports coordination in all locations with functional strategic or operational Commissions. Besides, UNICEF has been constantly following the epidemic dynamic, strengthening its presence on the ground to better respond to the spread of the outbreak and get closer to hotspots.

The Programme Coordination team, based in Beni, thus maintains a dedicated support to active operational Sub-Coordinations in Beni, Biakato, Bunia, Butembo/Katwa, Goma, Komanda, Mangina and Mambasa. UNICEF also based its Strategic Cell in Kinshasa and Goma, which works on strategic issues with donor and partners and on resources mobilisation. In addition, a multi-sectoral rapid response team is in place and deployed to new hotspots as required.

From 29 to 31 October, UNICEF participated to the SRP4 Midterm Review organized by the government in Goma to assess key results and challenges on SPR4 implementation and launch a reflection on the post December 2019 strategy. Key recommendations include the finalization of the ‘getting to zero’ strategy initiated by WHO together with all Ebola Coordination actors, including UNICEF and the preparation of a communication plan to introduce the new EVD vaccine.

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9 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.
in non-active zones\textsuperscript{10}. Moreover, in the context of a decreasing number of new cases and in the view of ending the EVD transmission in the three affected provinces, the response partners are called to produce a transition plan for the strengthening of the health system and to ensure a smooth transition from an Ebola-related emergency response to a longer-term development perspective.

Currently, the majority of newly confirmed cases are being linked back to chains of transmission in Biakato Mine health area (Mandima health zone). Cases with a history of travel through or a stay in Biakato Mines were reported in other health areas of Mandima health zone (Ngoyo, Bingo), as well as other health zones, such as Mabalako, Kalunguta and Beni. UNICEF accelerated the implementation of its community engagement strategy and started the process of setting up the Community Animation Cells (CAC). RCCE partners trained 63 people (RCCE focal points, nurses and community relays) on community engagement in Mabalako and Biakato Mines health areas.

The security situation is still worrying in Lwemba and Biakato Mines health areas. On 2 November, a local journalist was killed in Lwemba. His wife was injured, and their house burnt. He was involved in the response and participated in the development of radio programmes. He was also working for UNICEF as a Prevention and Infection Control supervisor. In this context, on 5 November, UNICEF participated in a joint visit in Biakato led by the UN Emergency Ebola Response Coordinator (EERC) with the participation of the United States Centers for Disease Control (CDC) Director and the MONUSCO Head of Office (Beni). The aim was to meet with partners involved in the response activities in this area to support their work and follow up on the investigations after the security incident that occurred in Lwemba on 14 September\textsuperscript{11}.

Together with the EERC, UNICEF also identified priority areas for pillar 3 activities, namely: Nduma in Alima, Lwemba and Ilake in Lwemba and Lolwa, the Makele mine, Mupanda and Lalia in the city of Biakato. UNICEF will ensure that the ten staff deployed to Biakato will be constantly supported and strengthened.

UNICEF reinforced preparedness activities in Nia Nia health zone bordering with three current hotspots namely Mandima, Mabalako and Mambasa through the deployment of a rapid response team. Moreover, on 6 November, the new United Nations Deputy Coordinator for Emergency Response to Ebola Virus Disease, M. Abdou Dieng, visited Mambasa to get first-hand information about the situation on the ground as part of the fight against the Ebola epidemic in Ituri. He met with the UNICEF team and participated in psychosocial activities with women leaders and survivors. He also organized the first UN strategic committee meeting in Mambasa with UNICEF, WHO, World Food Programme, Office for the Coordination of Humanitarian Affairs (OCHA) and the UN Department for Safety and Security (UNDSS).

### Pillar 3: Humanitarian response to communities affected by Ebola

The Pillar 3, in support of the Pillar 1, aims to strengthen community ownership and support programmes responding to community needs to enable Ebola control activities while strengthening multi-sectorial humanitarian coordination. Under Pillar 3, 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.

Since the beginning of the response, the teams on the ground have already started to provide communities with basic social services including building latrines units, boreholes and conducting measles campaigns in Ebola affected-areas\textsuperscript{12}. The Pillar 3 strategy thus supports this pre-existing markdown by giving the field teams the means to scale up these interventions to better address community feedback and facilitate the acceptance of the EVD response.

As of today, UNICEF dedicated a multisectoral team to Pillar 3, including specialists in Health, Nutrition, Education, RCCE, Psychosocial and IPC/WASH. Local partners with a strong presence in the communities affected by Ebola have been identified following a Call for expressions of interest. These partners will work with UNICEF in delivering multisectoral assistance addressing communities’ needs. In addition, UNICEF will continue implementing activities such as measles campaigns and malaria prevention in collaboration with the government.

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\textsuperscript{10} The new vaccine will be introduced in Goma, particularly in Majengo and Kayembé areas, identified for their strategic position as affluence site for travellers coming from Great North region. The new vaccine will be used in EVD non-active zones.

\textsuperscript{11} For more information, see Sitrep #42 published on 16 September 2019: https://www.unicef.org/appeals/files/UNICEF_DRC_Humanitarian_SitRep_Ebola_16_Sep_2019.pdf

\textsuperscript{12} In July 2019, the Ministry of Health (MoH), UNICEF and MSF vaccinated 40,628 persons against measles in Internal Displaced camps and health areas of Bunia, including 9,055 IDPs and 6,357 children aged 06-59 months (more information in the Situation Report #35 of 31 July 2019. A second measles vaccination campaign occurred in August. In total, 81,534 persons were vaccinated, among them 73,529 children from 6 to 59 months, in four health zones, namely Bunia, Rwampara, Nyarkunde and Tchomia (more information in the Situation Report #09 of 26 August 2019).
**UNICEF Comprehensive Strategy in the Ebola response under the SRP4**

**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 (ETC)s.

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

**The Psycho-Social Support 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).

**The Case Management strategy** seeks to provide appropriate nutritional and pediatric 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

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13 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 (ADRA).

14 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

15 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.

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

17 IP: Mercy Corps, Red Cross, OXFAM GB, MEDAIR, Action Contre la Faim (ACF), Norwegian Church Aid, Programme de Promotion des Soins de Santé Primaires (PPSP), Mutuelle de Sante Canaan (MUSACA) and Centre de Promotion Socio- Sanitaire (CEPROSSAN).

18 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.

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

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

21 Implementing Partners: Danish Refugee Council (DRC), Alliance for International Medical Action (Alima), Division Provinciale des Affaires Sociales (DIVAS), Division de l’Intérieur (DIV/Intérieur).
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 and health response through the cluster coordination mechanisms22.

**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 schools23.

**The formative, social sciences analysis section** is cross-thematic and is used to evidence base programme and support 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 Epidemiological and Social Sciences work. 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.

UNICEF’s Social Sciences teams includes local, national and international researchers specializing in epidemiology, health demography, anthropology and social sciences health studies24. 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.

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22 Implementing Partners: ALIMA, Adventist Development and Relief Agency (ADRA), Programme National de Nutrition (PRONANUT)
23 IP: Enseignement Primaire, Secondaire et Technique (EPST), Associazione Volontari per lo Sviluppo Internazionale (AVSI), Femmes Congolaises pour le Développement (FECONDE) and ASOPROSAFD (Actions des SCidarités pour la PROmotion de la SAnité Familiale et Développement)
24 The teams work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the MoH Epi Cell and together with WHO, U.S. Centers for Disease Control and Prevention, IFRC, MSF and Africa Centers for Disease Control and Prevention.