12 August 2019

Highlights

- The number of new reported confirmed cases slightly decreased in comparison to the previous week (68 cases vs 94).
- Beni continues to be the major hotspot of EVD transmission, followed by Mandima and Mambasa.
- Given the high number of EVD cases reported in Mambasa and based on the need to increase the community engagement in the EVD response, UNICEF opened an operational office in Mambasa town.
- On 8 August, a ceremony was held in Mangina for the official handover of the nursery to the health zone. Built by UNICEF partners, it will allow up to eighteen children whose parents are admitted at the ETC to avoid family separation.
- In Goma, the emissary of Pope Francis in charge of human and integral development in the Vatican, surrounded by two emeritus bishops and the new bishop of Goma, reaffirmed the importance of adhering to the EVD response and raising awareness among local populations.

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>22,099,834</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>192,660*</td>
<td>192,237</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>13,484</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>32,228</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>22,939**</td>
<td>8,927</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 and Ituri

SITUATION IN NUMBERS

2,831 total reported cases  
(MoH, 11 August 2019)

2,737 confirmed cases  
(MoH, 11 August 2019)

776 children <18 among confirmed cases  
(MoH, 11 August 2019)

1,798 deaths among confirmed cases  
(MoH, 11 August 2019)

16,328 contacts under surveillance  
(MoH, 11 August 2019)

UNICEF Ebola Response Appeal
US$ 126.03 million

Ebola Response Funding Status 2018 - 2019

Funding Gap: 61%

Total funding available*: 39%

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

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

**Summary Table (11 August 2019)**

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Number of days without confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Nord-Kivu</td>
<td>Beni</td>
<td>623</td>
<td>9</td>
<td>632</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>269</td>
<td>0</td>
<td>269</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>137</td>
<td>15</td>
<td>152</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>20</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>366</td>
<td>16</td>
<td>382</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>49</td>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>75</td>
<td>1</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>51</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>631</td>
<td>16</td>
<td>647</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>103</td>
<td>13</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>Biena</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Mangurejipa</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>31</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Alimbongo</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nyiragongo</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Ituri</td>
<td>Lolwa</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mambasa</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Mandina</td>
<td>242</td>
<td>4</td>
<td>246</td>
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<tr>
<td></td>
<td>Komanda</td>
<td>37</td>
<td>9</td>
<td>46</td>
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<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Ariwara</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,737</td>
<td>94</td>
<td>2,831</td>
</tr>
<tr>
<td>Previous Total 5 August 2019</td>
<td>2,669</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

With more than 1,800 confirmed recorded deaths since the beginning of the outbreak, Ebola Virus Disease (EVD) transmission continues to spread within several health zones of North Kivu and Ituri provinces, both affected by conflicts and humanitarian crisis.

As of 11 August, a total of 2,831 EVD cases were reported, among which 2,737 confirmed and 94 probable cases. More than two thirds of all EVD confirmed cases have died: 1,892 deaths, among which 1,798 confirmed and 94 probable cases (global case fatality ratio remains 67 per cent). During the reporting period (week 32), the number of new reported confirmed cases decreased from 94 confirmed cases in the previous week to 68 confirmed cases.

One new health zone was affected by the outbreak, Lolwa, in Ituri province during the reporting period. The cumulative number of health zones having reported at least one confirmed or probable case of EVD since the beginning of the epidemic has increased to 27. Seventeen of them (63 per cent) have reported at least one confirmed EVD case in the last three weeks. A total of 218 health areas have reported at least one confirmed or probable case of EVD since the beginning of the outbreak, of which 69 reported confirmed cases in the past three weeks.

During the reporting period, three health zones were reported with the most cases, including Beni (29 cases out of the 68 confirmed cases, 43 per cent), Mandima (11 cases, 16 per cent) and Mambasa (8 cases, 12 per cent). Although the overall total number of cases has decreased, there was an increase in the number of confirmed cases in three health zones: Beni (29 in week 32 vs 26 in week 31), Mambasa (8 in week 32 vs 2 in week 31), and Musienene (2 in week 32 in comparison to zero cases in the previous period). This may indicate an intensification of viral circulation.

The proportion of new confirmed cases listed as contacts remained low and decreased in comparison to the previous period (51 per cent on average in the two previous weeks against 42 per cent during the two last weeks). Among the new confirmed cases listed as contacts, the proportion of contacts followed on a regular basis increased significantly compared to the week before (74 per cent vs 67 per cent).

The proportion of community deaths among all confirmed cases increased and remains worrying (26 per cent in week 32 vs 23 per cent in week 31).

Disaggregated data by gender and age shows no change in the sex ratio: out of the 2,763 total cases recorded, 57 per cent (1,570 cases) are female and among these 60 per cent are of childbearing age (15-49 years). Twenty-nine per cent (810) are children aged less than 18 years old.

Since the beginning of the outbreak, 151 health personnel have been affected by EVD (5.3 per cent of total cases) and among these cases, two cases were recorded during the reporting period.

Humanitarian Leadership and Coordination

Under the Strategic Response Plan (SRP) 4, UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. UNICEF leads the Commissions on Risk Communication and Community Engagement (RCCE) and Psycho-social Support and co-leads Infection Prevention and Control (IPC)/WASH Commission with World Health Organisation (WHO). The strategic Ebola response coordination maintains a strong support to active operational sub-coordinations in Butembo/Katwa, Mangina, Bunia, Goma, Beni, Komanda and Mambasa, a new UNICEF operational hub. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

Given the high number of EVD cases reported in Mambasa and the significant distance with Bunia and Mangina, UNICEF decided to reinforce its presence in the field by opening an operational office in Mambasa town. This decision will also allow the local community to be more involved in the response. A P-3 Team leader and teams from the different UNICEF-led programs are already deployed and all the necessary support services have been provided.

Together with OCHA, UNICEF is also co-leading the programme III of the UN scale-up strategy aimed to strengthen community ownership and support programs in response to community needs to enable Ebola control activities (UNICEF) and strengthen multi-sectorial humanitarian coordination (OCHA). UNICEF and its partners will promote community ownership and implement social and humanitarian programs to respond to critical community needs, mitigate the adverse effects of the response, and strengthen community systems to enable sustained community engagement.
On 8 August, a ceremony was held in Mangina for the official handover of a new nursery to the health zone. Built by UNICEF partners, the nursery has a capacity of supporting eighteen children whose parents have been admitted at the Ebola Treatment Center (ETC). During his visit in the area, Prof. Muyembe, the director of the multi-sectorial technical committee of the EVD response, expressed his satisfaction for the high-quality standards of the nursery. At the same occasion he visited the ETC accompanied by EVD partners, including UNICEF and encouraged the different EVD actors to boost their activities for the final push to end the epidemic.

On the same day in Goma, cardinal Peter Kodwo Appiah Turkson, emissary of Pope Francis in charge of human and integral development in the Vatican, surrounded by two emeritus bishops and the new bishop of Goma, organized a conference at Amani High School. 55 priests and 135 nuns were present at the event to raise awareness about EVD prevention measures and on the importance to adhere to the EVD response among Christians. The cardinal took advantage of his visit in Beni to sensitize local population on the same key issues.

**Response Strategy**

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the EVD in North Kivu and Ituri provinces. The national SRP was first launched on 01 August 2018 and was revised four times. The SRP IV will cover the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces.

In support of the SRP, the United Nations also developed a scale-up strategy to end the 10th Ebola outbreak in DRC. This strategy enhances the overall enabling environment within which the response is situated. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak. As part of the pillar I “Strengthened public health response in support of the Ministry of Health”, UNICEF continues to scale-up its RCCE interventions to enhance dialogue and partnerships between Ebola response teams and individuals or communities in affected areas enabling community ownership in the response and real time exchange of information. UNICEF also continues to work on improving IPC interventions in communities in affected areas, including the provisions of supplies and household decontamination for confirmed and probable cases. The Psychosocial support interventions is another key area of focus, and UNICEF continues to provide patients with EVD and their families psychosocial support through direct psycho-social care and provision of social support and food assistance to affected individuals and households.

A year into the Ebola epidemic, experts are increasingly concerned with the persistent EVD transmission in both Nord Kivu and Ituri provinces, with new areas recently affected and ongoing conflicts causing security challenges and humanitarian crisis. The situation in the Ebola-affected areas of DRC is deteriorating and the number of Ebola cases continues to increase. Many people continue to die in the community – either at home or in general healthcare facilities – and significant numbers of new confirmed cases cannot be traced to an existing contact with Ebola. Responding to the Ebola outbreak in the DRC requires a focus beyond specific Ebola prevention, care and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected areas. Approaches that strengthen the community resilience and the restoration of health system are critical to sustain the gains beyond the current Ebola Outbreak. These approaches will reinforce those of the Ebola outbreak response and bring a medium to long term perspective to reduce population vulnerability, increase resilience and strengthen primary health care. In addition, these approaches will also strengthen the humanitarian-development continuum linking the outbreak response to the long term sustainable development.

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2 The National Strategic Response Plan (SRP) was launched on August 1st and was revised four times. The initial Response Plan (SRP I, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified. On October 19th, 2019, the MoH released the revised Ebola Response Plan (SRP II, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545. On December 20th, 2018, the MoH updated the Ebola Response Plan II (SRP II-I, November 2018 – January 2019) to include assumptions and additional needs until January 31st, 2019, estimated at US$ 23,506,000.

3 The five main pillars of the scale-up strategy are: (i) Strengthened public health response led by WHO in support of the Ministry of Health; (ii) Strengthened political engagement, security and operations support led by EERC; (iii) Strengthened support to communities affected by Ebola led by the EERC and supported by OCHA and UNICEF; (iv) Strengthened financial planning, monitoring and reporting, led by the World Bank and (v) Strengthened preparedness for surrounding countries led by WHO and supported by OCHA and IASC partner.
Summary Analysis of Programme Response

Risk Communication and Community Engagement

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

**Implementing Partners (IP):** Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground (SFCG), Caritas Congo, Réseau des Medias pour le Développement (ReMed), Association Medias Auto Centré pour le Développement du Maniema (MEDAM)

**Main activities during the reporting period**
In preparation of the coming international conference of the Yira-Nande community in Mangina, the RCCE sub-commission, led by UNICEF, reinforced sensitization activities on EVD prevention measures together with the WASH/IPC team.

On 9 August in Goma UNICEF and the International Federation of the Red Cross (IFRC) co-facilitated a RCCE workshop organized by the United States Agency for International Development (USAID) and the Office of Foreign Disaster Assistance (OFDA) to reinforce partners’ capacities on RCCE in the Ebola context. In addition, more than 750 university students participated at a debate facilitated by the RCCE coordination teams and university professors on the importance of the EVD prevention and response measures.

On 10 August, in the Kiziba health area in Goma, young people threatened to attack Ebola response vehicles not far from the ETC, which treated the last three confirmed cases. Supported by the RCCE sub-commission, the administrative chief and the head of district engaged in raising awareness among local population on the importance of the EVD response.

In Butembo, the RCCE sub-commission participated in a multi-commission assessment on mobility and EVD transmission routes at three points of entry in the town. The objective was evaluating the availability of the communication and media tools and the staff capacity to conduct adequate EVD prevention measures (use of termoflash and communication on handwashing).

In Katwa, through dialogues with local authorities, the local rapid response team, supported by UNICEF, succeeded in supporting the EVD response teams to access Kivetya health area in Kalunguta health zone, an area previously inaccessible due to insecurity and community resistance.

In Butembo and Katwa the RCCE partners continued to organize guided visits in the ETCs and related nurseries in the attempt of diminishing the fear and reticence of local population: 58 community workers and community leaders participated in this activity. In addition, RCCE partners raised awareness on risk communication and community engagement, public health interventions and the importance of vaccination, swabs and SDB to 2500 catholics, adventists and over 500 community members in the affected health zones. Furthermore, 150 members of management and student committees, local leaders, health staff and traditional health practitioners received briefings on risk communication and community feedback mechanism.

In the Mabolio area of Beni, where a significant increase of confirmed cases was reported, the RCCE teams held several community dialogue sessions with community leaders, youth and religious leaders to overcome the strong resistance observed in the area. Due to these efforts, a vaccination ring was opened on 10 August and nearly 150 young people committed themselves to adhere and promote the EVD prevention and response measures. After a few hours, in Halungupa in Mutwanga health zone (Beni) the local health center was attacked and the stock of death body bags were stolen and burnt. Advocacy efforts were carried out by RCCE local teams with local and provincial territorial authorities to calm the situation and diminish resistance among population.

After a new confirmed Ebola patient in Lolwa health area in Komanda, the RCCE teams organized dialogues with local group leaders, police authorities, village chiefs and the health zone management team on the importance of their role.

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4 Alimobongo, Biena, Kalunguta, Katwa, Kayna, Kyondo Lubero, Masereka, Musienene, Vuhov
in engaging their community to accept and contribute to the response interventions. The team also sensitized 31 community members to accept decontamination and contact tracing around the Ebola deceased cases.

**Responding to Refusals/Reticence and Rumors**

In Mangina 59 per cent (20 out of 34) of community incidents directly involving response activities were resolved, together with 86 per cent (174 out of 202) of refusals related to handwashing and 71 per cent (5 out of 7) of negative feedbacks. These latter dealt with vaccination (three feedbacks), multi-commission activities (two), surveillance and response coordination.

In Beni, 15 refusals out of 26 (58 per cent) were resolved. Refusals mainly concerned surveillance (13), vaccination (9), screening at the point of entry (three) and handwashing (one).

In Katwa, Butembo, Masereka Musienene, Vuhovi and Kalunguta, 225 out of 356 refusals were addressed and solved (63 per cent): 63 per cent (27/43) concerning vaccinations, 62 per cent (125/200) concerning referrals to the ETC, 77 per cent (40/52) on EDS and 52 per cent (25/48) on decontamination. In addition, 14 negative feedbacks were collected (four on communication, three on medical support, four on surveillance and one on EDS) among which seven were solved.

In Goma, 82 per cent (180/220) of reported rumors were clarified by risk communication teams. About 40 unresolved rumors need further clarifications from vaccination, medical referral and psycho-social teams.

**Promotion of Preventive Behaviors**

During the reporting period, about 18,100 people were sensitized on Ebola in Mangina town and 1,492 people participated at 184 educational talks in Mabalako and Mandima districts. Almost 500 community leaders, community workers and members of associations in Katanga, Aloya, Mayuano and Biakato Mayi health areas were briefed on importance of Ebola risk communication and community engagement. Further 103 women and church members in Gite, Some, Mangina and Lwemba participated at Ebola awareness dialogues.

Over 500 people including the adventist youth, lobby groups, singers of the catholic church and community leaders participated in community dialogues on risk communication and Ebola public health actions. The dialogues were held in Butembo, Vuhovi, Alimbongo, Musienene, Kalunguta and Mangurijipa health zones. In Butembo town hall, the RCCE team organized a targeted a presentation with 109 religious leaders and 30 journalists to explain the epidemiologic trends as well as the importance of spreading messages on EVD preventive behaviors.

In Ituri region 8,364 households were visited by community animation cell members (CAC) with about 12,718 people sensitized on Ebola prevention and response measures.

In Goma UNICEF implementing partners sensitized around 2,363 people in Kiziba, Bugamba 1 et Bugamba 2 on Ebola prevention and response measures. They also briefed 70 transport agents (including 5 women), 36 Kiziba pharmacists and eight opinion leaders on EVD-related risks identification, prevention measures and community alert mechanisms.

**Media**

Fourteen media partners in Goma town broadcasted key messages on interventions around the preparation of “Stop Ebola” outreach newsletter.

In Beni the sub-commission communication this week pre-tested new awareness messages in Swahili and Kinande, leaflets with awareness raising messages, and images on clinical management/medical treatment of Ebola cases, vaccination, ETCs and SDB in French.

During the reporting period, in Mangina and Mabalako, three radios broadcasted spots and messages 42 times on Ebola prevention, importance of Ebola screening and hand washing and Ebola songs in Swahili and local language Kinande.

Twenty-six radio stations in Butembo and Katwa broadcasted programs on EVD-related issues such as: the difference between the ongoing insecticide-treated bed nets distribution campaigns and the Ebola response activities, the importance of community leaders in the surveillance and the importance of countervailing the false rumors about the use of a second vaccine in the response. In Vuhovi four interactive programs produced and broadcast by Bashu radio aired messages on hygiene measures to prevent Ebola, importance of swabs and SDB and medical and psychosocial care in the ETCs.
In addition, the RCCE teams distributed about 1,500 leaflets and 300 posters on Ebola prevention and response measures in the new affected zone of Lolwa (Ituri).

Key Results

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number 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>58,259</td>
<td>1,904</td>
</tr>
<tr>
<td>Number of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>40,321</td>
<td>33,625</td>
<td>549</td>
</tr>
<tr>
<td>Number 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>22,099,834</td>
<td>437,046</td>
</tr>
<tr>
<td>Number of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>12,981</td>
<td>10,076</td>
<td>324</td>
</tr>
<tr>
<td>Number 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>191,660*</td>
<td>191,237</td>
<td>5,948</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 10 August 2019.

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

The Water, Sanitation, and Hygiene (WASH) strategy, as part of EVD Infection Prevention and Control (IPC), aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits⁵ and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools⁷, (3) WASH in communities through mass outreach on hygiene promotion and the setup of handwashing stations/temperature check points in strategic transit locations, and (4) joint⁸ supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

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

Main activities during the reporting period

As the outbreak evolves, response measures continue to adapt and accelerate. At the Ebola Coordination Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination. The IPC/WASH task force has been focused on finalizing the action plan, budget, supply and human resources requirements to implement the next strategic phase (SRP 4). Given the ongoing challenges in responding to the outbreak, intensive integration of the WASH/IPC activities into the existing intervention is imperative to improve the quality of response. The strategy and handover of decontamination activities are being finalized to ensure a smooth transition from WHO to UNICEF as of 1 September.

As part of the Ebola response, nosocomial transmission in health facilities remains one of the main factors of exposure to infectious risk. To improve infection control measures, interrupt the transmission chain of EVD, protect health professionals and encourage adequate and rapid referral of patients to EVD treatment facilities, UNICEF and its partners Ministry of Health (MoH), WHO and Africa Centers for Disease Control and Prevention (CDC) have initiated a project to build capacity in priority health facilities in the affected provinces: the Integrated Capacity Building for Health Facilities Project (PIRC-FOSA) based on the performance-based financing. In this framework, an initial analysis was done on existing data of over 300 priority health facilities to select potential facilities in Mabalako and Mandima health zones.

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⁵ Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

⁶ For IPC/WASH kits for health centres, items are provided in accordance with four areas of support: (1) Triage and case identification, (2) handwashing, (3) individual protection equipment, (4) waste management, (5) cleaning and decontamination supplies.

⁷ For IPC/WASH kits for schools, items are provided in accordance with three areas of support: (1) Screening (thermoflash), (2) handwashing (with soap), (3) cleaning and decontamination supplies.

⁸ Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
In Butembo, the number of cases remains consistent with 13 new confirmed cases including two confirmed cases from Beni and Bunia. In response to these cases, hygiene kits were distributed by MoH, WHO and UNICEF partners CEPROSSAN and Mercy Corps to 202 households, 47 health facilities received IPC/WASH kits and 82 health facilities received replenishment of consumable items. Handwashing devices were installed in 99 public places. An ongoing challenge of inaccessibility remains as the security situation deteriorated in Muchanga and Wayene health zones in Katwa. In some areas of insecurity, houses were decontaminated by briefed family members.

In Beni, EVD transmission remained consistent with 31 confirmed cases. UNICEF partner PPSSP distributed hygiene kits to 60 households and 46 health facilities were supported with the donation of IPC/WASH kits. UNICEF installed handwashing devices in 8 public places for the community. There was a delay in response activities due to community resistance in the hotspot of Mabolio health area.

In Oicha, the response was impacted by security incidents, so activities were disrupted, and supplies were delayed. Local partner association Organisation de Developpement D’Oicha supplied 326 public handwashing points with 60,900 litres of chlorinated water with follow up and monitoring of activities along with PPSSP.

In Mangina, the surrounding health zones remains a hot spot with persistent transmission of confirmed cases. Response activities were implemented by partners OXFAM and FAEVu and hygiene kits were distributed to 347 households surrounding confirmed cases. Donation of IPC/WASH kits was completed in seven health facilities and seven public places along with Ebola prevention messaging to 1,575 people.

The response in Somé health area remains challenging due to inaccessibility in some villages because of the presence of rebel groups, logistic access constraints and tensions between local communities and Ebola response teams. The coordination of activities between the Mangina and Komanda Sub-Coordinations improved the coverage of the response by UNICEF implementing partners Oxfam and MUSACA. About 115 handwashing points were installed in public places together with sensitization of local population.

In Komanda, activities continued around previous and two new confirmed cases: 96 household hygiene kits were distributed by UNICEF along with awareness sessions on preventative measures reaching 277 people. Support was provided by UNICEF to two affected health facilities with the supply of 8,500 liters of water and 33 health care providers were briefed on the use of IPC/WASH kits and standard and Ebola precautions along with the continued monitoring of the use of handwashing points in 23 health facilities.

Evaluations were conducted in four health centers and 32 public places resulting in the installation of 121 handwashing devices by UNICEF and partner MUSACA supplied 42,740 liters of chlorinated water in 71 public places. About 286,490 liters of drinking water were provided to the community serving approximately 2,500 people daily.

In response to three confirmed cases that were reported in Mambasa, partner MUSACA provided hygiene kits to 75 households and one IPC/WASH kit to the health post Bandimwame and EVD awareness sessions were held with 41 people. Handwashing kits were installed in 30 public places and 155,840 liters of water were distributed of which 125,205 liters were treated for 5 chlorination points serving approximately 700 people a day.

As the incubation period ended without any new reported cases, Bunia remains in prevention mode. To strengthen these measures, UNICEF supplied 55,625 liters of chlorinated water in 3 health facilities and 91 public places in Bunia and two health facilities and 14 public places in Rwampara. Partner ACF supplied 51,600 liters of chlorinated water to 60 public places. New handwashing devices were installed in seven public points by partner MUSACA which also continued monitoring the use of additional hand washing devices in Bunia (19) and Rwampara (22).

Further north in the Ariwara health zone, community water source surveys were conducted on 352 domestic wells and 51 commercial wells to establish mapping for the distribution of water treatment products. Follow up delivery was made to 24 health facilities with missing items (soap, cleaning gloves, buckets and thermoflash) from the IPC/WASH kits that were delivered two weeks prior.

Goma remains on alert as the two confirmed cases remain within the incubation period, response activities continue around the cases to reduce the risk of transmission within the contacts and community. To reinforce preparedness activities, meetings were held between UNICEF and new potential partners for contingency planning in case new cases are reported in Goma in the future. Close collaboration has been vital between the IPC/WASH and Communication Sub-Committees to support the integration of activities in the community.
In response to the lack of access to water, UNICEF partner Oxfam supplied 98,250 liters of treated water to 8 health facilities in Himbi and 6 health facilities in Kiziba health zone and an additional 128,000 liters of water in the community of Kiziba. To improve water supply in the community, two water storage bladders of 20,000 liters were installed in each affected health zone health zone to serve a population of 37,520 people.

In addition to regular activities, partner PPSSP supported 3 public events with EVD prevention activities by supplying 78,140 litres of chlorinated water to 26 handwashing points in the Goma, Karisimbi, Kirotshe and Nyaragongo health zones accompanied by hygiene promotion messaging at the University of Goma, the Cathedral of Notre Dame and the celebration of the Feast of Tabasky. UNICEF implementing partner Medair continued its support within the health centers of Hebron and Methodiste where regular prevention activities continued. A training was held on Ebola transmission, hand hygiene and prevention measures in the two centers with a total of 16 health workers trained and 50 community leaders briefed.

**Key Results**

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>3,884</td>
<td>2,567</td>
<td>11</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,332</td>
<td>48</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>6,937</td>
<td>377</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>98%</td>
<td>15%</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>13,484</td>
<td>743</td>
</tr>
</tbody>
</table>

**Education**

**The education strategy** involves key EVD prevention measures on schools, including (1) the mapping of schools to identify their proximity to a confirmed case and identification of schools in the affected health areas, (2) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces, parents’ association) on Ebola prevention in schools including WASH in school, psychosocial support in classrooms, and against discrimination, (3) provision of infrared thermometers and handwashing kits in schools including clean water, soap, and capacity reinforcement on hygiene behaviors, (4) provision of school cabins for school entry checking, (5) provision of specific documentation and protocol for prevention, guidance, and management of EVD suspect cases in school, (6) provision of key messages on Ebola prevention to families, and (7) close monitoring of the effective use and implementation of the protocol of prevention of EVD in schools.

**Implementing Partners**: Enseignement Primaire, Secondaire et Professionnel (EPSP), Associazione Volontari per lo Sviluppo Internazionale (AVSI), Femmes Congolaises pour le Développement (FECONDE)

**Main activities during the reporting period**

UNICEF Education teams continued their preparation activities for the school year opening. In particular, together with WASH teams, WASH/IPC needs are assessed in several schools in EVD hotspot areas.

During the ongoing events for school enrollment promotion and the administrative opening of the school year, UNICEF’s education team jointly with the EPSP organized a three-day workshop in Butembo, gathering together 175 EPSP inspectors and executive managers, of which 30 were women. These latter were briefed on the importance of EVD prevention measures in schools, with a focus on the respect of the Guidance Notes and their follow up. All participants engaged closely with EVD prevention measures, spreading the message among students and teachers and conducting follow up visits in schools. In addition, participants advocated for an extension of the WASH-IPC program in schools beyond the hotspots to include at affected and at-risk health zones.

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9 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
Education teams accompanied the RCCE and WASH/IPC teams in conducting EVD prevention activities in universities and secondary school centers of exam in Beni, Butembo, Oicha and Mabalako. In Beni, Oicha and Mabalako health zones, UNICEF implementing partner AVSI, in partnership with a local NGO, organized awareness raising activities in 83 primary and secondary schools and from catch-up centers for through participatory theatre focused on the importance of schooling, water-borne linked diseases, importance of using WASH devices in schools and Ebola prevention practices. About 24,092 students attended these activities, including 9,989 girls.

**Key Results**

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target</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>916,689</td>
<td>24,092</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>32,401</td>
<td>175</td>
</tr>
</tbody>
</table>

**Psychosocial Support and Child Protection**

The Child Protection and Psycho-Social Support (CPPSS) strategy seeks to respond to the specific needs of EVD confirmed and suspect cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support for EVD confirm and suspect 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 the follow up to contacts; (4) psycho-social assistance, socio-culturally appropriate care and research for long-term solution to orphans and unaccompanied children; and (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of SDB etc).

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

**Main activities during the reporting period**

During the reporting period, UNICEF and its partners provided psychological support to 254 children, including 253 suspected cases and one confirmed case (in total, 119 girls and 134 boys) admitted to the TC/ETC and to 313 newly affected families. 1,113 contacts were followed by the psychosocial team. About 181 new separated children (87 boys and 94 girls) identified during the reporting period received appropriate care and support.

**Activities in ETC, TC and nurseries**

During the reporting period, an Ebola survivor working as care giver for infected patients at the ETC of Beni, died after having been reinfected by EVD. This extremely rare event provoked panic among health personnel working in the ETC. In response, UNICEF and its partners set up a plan of psychological support to be provided to health workers in the short and medium terms and started individualized psychological support sessions.

In Katwa, UNICEF psychosocial teams reinforced the capacities of the psychologists of implementing partners Alima on case management.

On 8 August in Mangina, the nursery was opened. Built by UNICEF through to the support of the Psychosocial Commission, the nursery will contribute to avoid separation of children from their parents admitted at the ETC.

**Activities in communities**

The psychosocial commission agents conducted follow up visits to three EVD-related orphaned children, who lost their mother two months ago. They particularly insisted with the family on the importance and best approaches to be used

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10 See IPC/WASH and RCCE paragraphs.
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.
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.
for informing the children, still unaware of their mother’s death, about this traumatic event in order for them to progressively accept it.

Follow up activities with affected families slowed down during the reporting period, because of insecurity and access constraints, especially in Bunia health zone. In addition, a challenge was represented by the follow up of affected families living in areas which are far from the ETC were their family member is admitted. UNICEF and its partners are trying to improve the coordination among the PSS teams in the different EVD hotspot areas.

Thanks to the support of UNICEF and its partners, 67 new discharged cases (18 men, 23 women, 9 girls and 17 boys), including 3 cured persons (a man, a woman and a boy) were reintegrated into their community and received an hygiene and a food kit as well as individualized assistance based on a need evaluations conducted by the PSS teams.

In Bunia, out of the 23 non-cases discharged from ETC, 9 (39 per cent) were referred to a hospital facility for the treatment of other diseases. During this referral, the PSS teams provided psychosocial support to these persons.

To break down community resistance to the EVD response and allow the population to be better informed about it, UNICEF and its partners conducted 387 psychoeducation sessions through individual or group talks in the community. About 5,665 people (2,007 men, 2,323 women, 708 girls and 627 boys) participated in these sessions during which topics such as the EVD transmission routes, the importance of timely referral to the ETC, the importance of EDS, and the functioning of the ETC were discussed with participants.

**Key Results**

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target*</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>10,312*</td>
<td>6,216</td>
<td>254</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>8927</td>
<td>313</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>16,328**</td>
<td>14,111</td>
<td>0</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,950</td>
<td>2,469</td>
<td>181</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,960</td>
<td>1,382</td>
<td>43</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>906[17]</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.

**Nutrition**

The nutrition strategy seeks to provide appropriate nutritional care for EVD patients, including children. UNICEF contributes to the promotion and protection of infant and young child feeding practices in Ebola contexts, including ETCs and communities. UNICEF strategy addresses orphans, separated, and other vulnerable infants and young children such as children with lactating mothers who are at high risk of contact with EVD infected individuals, e.g. lactating mothers engaged as frontline health workers. Early detection of acute malnutrition cases and the adequate management of severe acute malnutrition in the affected health zones is a strong focus of UNICEF’s work. UNICEF supports the Government in strengthening the coordination of the nutrition response through the cluster coordination mechanisms.

**Implementing Partners:** ALIMA, Adventist Development and Relief Agency (ADRA), Programme National de Nutrition (PRONANUT)

**Main activities during the reporting period**

During the last week, nutritional activities implemented by UNICEF and its partners continued in the ETCs, community and households. In ETCs, 370 new suspects and confirmed cases received appropriate nutritional support, including

\[16\] Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.

\[17\] This total has been adjusted to reflect some changes in the database (missing values, corrections, etc.).
three children under six months, 63 children aged from 6 to 59 months and one pregnant women. Among these, more than 40 per cent, 156 cases, were admitted in the ETC of Butembo.

At communities and household level, the nutritionists and psychosocial agents of the ETCs, supported by UNICEF, provided nutritional support Ready-to-Use Infant Formula (RUIF) to 24 infants less than six months old non-breastfed (11 in Butembo, 7 in Katwa, 3 in Goma, 2 in Bunia and 1 Beni). In addition, 14 children under five suffering of Severe Acute Malnutrition were admitted for treatment in the Outpatients Therapeutic Programme (OTPs) under the supervision of health zone nutritionists.

Awareness raising activities on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context continued to be implemented by UNICEF and its partners, such as communication agents, health promotion workers and nutritionists: about 1,918 women caregivers participated to these activities at ETCs and contacts household level (425 in Butembo, 244 in Katwa, 85 in Beni, 537 in Mabalako, 354 in Komanda, 258 in Bunia and 15 in Goma).

**Key Results**

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target&lt;sup&gt;18&lt;/sup&gt;</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>47,522</td>
<td>1,918</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>8,750</td>
<td>7,519</td>
<td>370</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>663</td>
<td>24</td>
</tr>
</tbody>
</table>

**Social Science Analysis Cell (CASS)**

The formative, social sciences analysis section seeks to increase the accountability to affected populations through the provision of social sciences analysis to inform response interventions. Social sciences research agenda and themes are primary developed from epidemiological and context analysis as well as directly from response interventions and via requests from the Commissions.

Social sciences analysis supports UNICEF programme teams and the overall response to better understand and engage the communities with which we work. UNICEF’s Social Sciences team contributes to the integrated Analysis Cell which includes Epi and Social Sciences work.

UNICEF’s Social Sciences teams includes local, national and international researchers specializing in epidemiology, health demography, anthropology and social sciences health studies. The team involves the exploration of behavioural determinants of health and uses multiple methods to collect data such as questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated and mapped by area and group to ensure saturation and representation.

Research results are presented at Commissions and weekly in Sub-Coordinations (or in ad hoc requests) to facilitate access. The UNICEF’s Social Sciences team have ensured that all raw data, presentations and reports as well as workshop tools and training modules are available openly for everyone in the response.

**Main results during the reporting period**

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the MoH Epi Cell and together with WHO, CDC, IFRC, Médecins Sans Frontières (MSF) and Africa CDC.

**General activities & programmes**

UNICEF team organized capacity building sessions for local researchers in Butembo on the use of a new qualitative analysis tool (Atlas.ti) to be used for social research. In Goma, local researchers were briefed on the use of a new monitoring tool for the implementation of recommendations issued by the CASS to the different EVD-response programs.

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<sup>18</sup> Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
On 8 August, in Mangina, UNICEF organized a half-day session with local researchers to discuss how to better identify and approach key stakeholders who could support and facilitate the research process at community level, particularly in areas where there continues to be a great deal of distrust and suspicion around response activities.

**Ongoing social sciences analysis**

In Beni-Mangina, a rapid research study was launched to better understand the views of traditional healers, their perception of risk and willingness to be part of response programming. The study also sought to understand the perception of communities who prefer to consult traditional healers rather than modern health facilities, as well as the WASH teams’ perceptions on how to effectively engage them in the response.

In Butembo-Katwa, CASS teams shared key recommendations with IPC/WASH and RCCE teams issued by a study conducted from 3 to 11 July on the perception of households of the hygiene kits distributed by IPC/WASH teams to prevent EVD transmission. The study focused on knowledge related to the use of kit contents, acceptance and perceptions of kit contents and whether kits were perceived to have an impact on reducing the transmission risk of Ebola. Recipients as well as non-recipients of the kits participated in focus group discussions. During the reporting period, the CASS team presented two key recommendations: to increase communication on the eligibility criteria to mitigate potential conflict between beneficiaries and non-beneficiaries and to vary the colors of kit contents and patterned fabric to prevent stigmatization of kit recipients. IPC/WASH and RCCE teams are working together to align their operational approach to these recommendations.

In Goma, CASS and RCCE teams worked together on the recommendations issued by a study on perceptions of the community on the new MSF treatment center in Kanyaruchinya (Nyiragongo health zone). In particular, the CASS analysis identified the need to focus communication on specific target groups, such as young men, bikers and traditional healers, who more reluctant to accept the new ETC. In addition, following the CASS recommendation, the RCCE team is improving communication on the ETC and how it works.

**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 period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 100,474.74. The total value of procurement orders was US$ 264,763.83, totally 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 197 persons already working in the affected areas, with an additional 53 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 36 staffs in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

**External Communication**

The Country Office (CO) continued to focus its external communication activities on the consequences of the Ebola epidemic on children and UNICEF’s response. During the reporting period, press coverage included Radio Okapi, The Telegraph, CIPRAD, R7, RTV and EFE. The OC also had contacts with Public Broadcasting Service (PBS), Agence Française de Presse (AFP) and Radio Télévision Belge Francophone (RTBF).

Since the beginning of the outbreak, the CO published 95 content pieces on its website [http://www.unicef.org/drcongo](http://www.unicef.org/drcongo) and the [Ebola landing page](http://www.unicef.org/drcongo) is updated weekly, linking to key figures, press releases, situation reports and stories. The CO also posted more 822 messages on [Facebook](https://www.facebook.com/unicefdrc), [Instagram](https://www.instagram.com/unicef_drc) and [Twitter](https://twitter.com/UNICEF_DRC). Several tweets were amplified by [UNICEF’s global Twitter account](https://twitter.com/UNICEF) and by [Executive Director Henriette H. Fore](https://twitter.com/UNICEF_EHFore).

**Funding**

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

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s actions in favour of the Ebola response: The World Bank Group’s Pandemic Emergency Financing Facility (PEF), The European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, The Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government United Kingdom and the Paul G. Allen Family Foundation.

### Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response Plan 2018 - 2019)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* $</th>
<th>Reprogrammed funds from Equateur Response $</th>
<th>Funds Received for North Kivu Phase I &amp; II $</th>
<th>Funds available ** $</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>47,951,276</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>29,348,187</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>51,440,240</td>
<td>371,558</td>
<td>13,356,698</td>
<td>13,728,256</td>
<td>37,711,984</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,344,617</td>
<td>7,444,617</td>
<td>1,957,773</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community****</td>
<td>4,336,536</td>
<td>0</td>
<td>2,136,118</td>
<td>2,136,118</td>
<td>2,200,418</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>11,067,320</td>
<td>132,761</td>
<td>6,619,369</td>
<td>6,752,130</td>
<td>4,315,189</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td></td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
</tr>
<tr>
<td>Preppardness Plan</td>
<td>322,000</td>
<td></td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126,039,762</strong></td>
<td><strong>1,327,614</strong></td>
<td><strong>48,378,597</strong></td>
<td><strong>49,706,211</strong></td>
<td><strong>76,333,551</strong></td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 13,031,305), phase II.I ($ 3,933,000), Phase III ($ 24,385,917) and Phase IV ($ 75,890,041)

** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak (August 2018)

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Next Situation Report: 18 August 2019

Who to contact for further information:

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

- **Pierre Bry**
  Deputy Representative UNICEF DRC
  Tel: + (243) 837 045 473
  E-mail: pbry@unicef.org

- **Xavier Crespin**
  Chief Health UNICEF DRC
  Tel: + (243) 846 058 830
  E-mail: xcrespin@unicef.org