Highlights

- 13th May, a confirmed case has been reported in a new health zone, Alimbongo health zone, North Kivu province
- 13-16th May, in collaboration with the Ministry of Health and National Nutrition Program and with WCARO’s support, UNICEF DRC organised a workshop to integrate nutrition in the EVD response
- 23 May 2019, the United Nations declared the need for the wide scale up of the Ebola response. The UN Secretary-General has established a strengthened coordination and support mechanism in the epicenter of the outbreak, Butembo. MONUSCO Deputy UN Special Representative of the Secretary-General (DSRSG) David Gressly has been appointed UN Emergency Ebola Response Coordinator (EERC) in the Ebola affected areas of the DRC.

UNICEF Ebola Response Appeal

US$ 50.15 million

<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</td>
<td>21,500,000</td>
<td>16,422,193</td>
</tr>
<tr>
<td>interpersonal communication approaches (door-to-door, church meetings,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>small-group training sessions, school classes, briefings with leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and journalists, other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of listed eligible people for ring vaccination informed of the</td>
<td>116,473</td>
<td>114,553</td>
</tr>
<tr>
<td>benefits of the vaccine and convinced to receive the vaccine within</td>
<td></td>
<td></td>
</tr>
<tr>
<td>required protocols.</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of</td>
<td>15,000</td>
<td>3,413</td>
</tr>
<tr>
<td>confirmed cases who received a hygiene and prevention kits with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adequate messaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>32,296</td>
<td>23,311</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who</td>
<td>5,127**</td>
<td>5,127</td>
</tr>
<tr>
<td>received one or several kits of assistance to support their children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* The target is dynamic as listing of eligible persons is defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** The target is estimated based on both the number of confirmed,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>probable and suspected case, and is adjusted according to the response</td>
<td></td>
<td></td>
</tr>
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</table>

Democratic Republic of the Congo
Ebola Situation Report
North Kivu and Ituri

SITUATION IN NUMBERS

26 May 2019

1,920 total reported cases
(MoH, 26 May 2019)

1,826 confirmed cases
(MoH, 26 May 2019)

523 children <18 among confirmed cases (MoH/WHO, 26 May 2019)

1,187 deaths among confirmed cases
(MoH, 26 May 2019)

20,121 contacts under surveillance
(MoH, 26 May 2019)

UNICEF DRC

UNICEF’s Response

19 November 2018

Photo Credit: UNICEF DRC

Musangi

Total funding available**
US$42.85M
83%

Funding Gap
US$9.02M
17%

Ebola NK and Ituri Phases I, II & III
Funding requirements*:
$ 50,149,121

* Funding requirement includes budget for phase I ($8,798,899), phase II ($13,031,305), phase II.I ($3,933,000) and phase III ($24,385,917)
** Funds available include Reprogrammed funds from Equateur Response and funds received since August 2018
**Epidemiological Overview**

**Summary Table (26/05/19)**

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed</th>
<th>Probable</th>
<th>Total</th>
<th>Deaths among confirmed cases</th>
<th>Total Deaths</th>
<th>Suspect Cases under investigation</th>
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<tbody>
<tr>
<td><strong>Nord-Kivu</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beni</td>
<td>305</td>
<td>9</td>
<td>314</td>
<td>175</td>
<td>184</td>
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<tr>
<td>Butembo</td>
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<td>0</td>
<td>215</td>
<td>230</td>
<td>230</td>
<td>12</td>
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<tr>
<td>Kalanguta</td>
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<td>15</td>
<td>116</td>
<td>46</td>
<td>61</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Kyondo</td>
<td>19</td>
<td>2</td>
<td>21</td>
<td>13</td>
<td>15</td>
<td>19</td>
<td></td>
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<tr>
<td>Mabalako</td>
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<td>16</td>
<td>208</td>
<td>135</td>
<td>151</td>
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<tr>
<td>Masereka</td>
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<td>43</td>
<td>14</td>
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<tr>
<td>Musienene</td>
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<td>56</td>
<td>24</td>
<td>25</td>
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<tr>
<td>Mutwanga</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>12</td>
<td></td>
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<tr>
<td>Oicha</td>
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<td>41</td>
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<td>20</td>
<td>12</td>
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<tr>
<td>Katwa</td>
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<td>586</td>
<td>384</td>
<td>400</td>
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<tr>
<td>Vuhovi</td>
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<td>13</td>
<td>96</td>
<td>29</td>
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<tr>
<td>Biena</td>
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<td>1</td>
<td>9</td>
<td>9</td>
<td>10</td>
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<tr>
<td>Goma</td>
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<tr>
<td>Kayna</td>
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<td>8</td>
<td>5</td>
<td>5</td>
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<td>Manguredjipa</td>
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<td>11</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Lubero</td>
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<td>13</td>
<td>2</td>
<td>4</td>
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<tr>
<td>Alimbongo</td>
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<td>0</td>
<td>0</td>
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<tr>
<td><strong>Ituri</strong></td>
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<tr>
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<td>0</td>
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<tr>
<td>Mandima</td>
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<td>135</td>
<td>78</td>
<td>82</td>
<td>10</td>
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<tr>
<td>Komanda</td>
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<td>37</td>
<td>10</td>
<td>19</td>
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<tr>
<td>Nyakunde</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Tchomia</td>
<td>2</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td></td>
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<tr>
<td>Bunia</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1826</td>
<td>94</td>
<td>1920</td>
<td>1187</td>
<td>1281</td>
<td>252</td>
<td></td>
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<tr>
<td>Previous Total 12 May 2019</td>
<td>1617</td>
<td>88</td>
<td>1705</td>
<td>1036</td>
<td>1124</td>
<td>251</td>
<td></td>
</tr>
</tbody>
</table>

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1 Data source: Epidemiological table based on daily numbers by the National Coordination Committee (Comité National de Coordination, CNC)
Key Epidemiological Developments

The Ebola outbreak in the Democratic Republic of the Congo (DRC) continues to take place in the provinces North Kivu and Ituri, both affected by conflict and armed violence. According to latest risk assessments by the World Health Organization (WHO), the national and regional risk levels remain very high, while global risk levels remain low.

Since late February, recorded cases of Ebola have increased per weekly basis. A general deterioration of the security situation, and the persistence of community mistrust exacerbated by political tensions, have resulted in temporary suspension of activities and delays in case investigations. The high proportion of community deaths reported among confirmed cases, relatively low proportion of new cases who were known contacts under surveillance, existence of transmission chains linked to nosocomial infection, persistent delays in detection and isolation in ETCs, and challenges in the timely reporting and response to probable cases, are all factors increasing the likelihood of further chains of transmission in affected communities and increasing the risk of geographical spread both within the DRC.

During the past three weeks, reports indicate that transmission remains most intense in seven main hotspot areas: Beni, Butembo, Kalunguta, Katwa, Mabalako, Mandima, and Musienene. Collectively, these health zones account for the vast majority (93%) of the 349 cases reported in the last 21 days between 1 - 21 May 2019. During this period, new cases were reported from 91 health areas within 15 of the 22 health zones affected to date.

As of 21 May, a total of 1866 confirmed and probable EVD cases have been reported, of which 1,241 died (case fatality ratio 67%). Of the total cases with recorded sex and age, 56% (1051) were female and 30% (545) were children aged less than 18 years. The number of healthcare workers affected has risen to 105 (6% of total cases). 490 EVD patients who received care at ETCs have been successfully discharged.

Humanitarian Leadership and Coordination

23 May 2019, Declaration of UN wide scale up for Ebola response. The UN Secretary-General has established a strengthened coordination and support mechanism in the epicenter of the outbreak, Butembo. MONUSCO Deputy UN Special Representative of the Secretary-General (DSRSG) David Gressly has been appointed UN Emergency Ebola Response Coordinator (EERC) in the Ebola affected areas of the DRC. He will oversee the coordination of international support for the Ebola response and work to ensure that an enabling environment—particularly security and political—is in place to allow the Ebola response to be even more effective.

UNICEF continues to support coordination in all locations with functional strategic or operational commissions, and co-leads the commissions on communication and community engagement, WASH - IPC, and psychosocial care. UNICEF is also active in the working groups on logistics, vaccination and nutrition.

The strategic Ebola response coordination based in Goma maintains a strong support to active operational coordination (Butembo / Katwa , Mangina, Mandima , Vuhovi, Beni and all active health zones). One sub-coordination hub is operational in Bunia city. The coordination of UNICEF’s response is dynamic due to the identification of confirmed cases and the geographical extension of the epidemic to newly affected health zones. A multi-sectoral UNICEF Rapid response team is in place and deployed to new hotspots as required.

During the reporting period, the number of Ebola virus disease (EVD) cases in the Democratic Republic of the Congo continues steadily and the overall security situation has allowed for the resumption of most response activities. Though no major insecurity incidents were recorded during the reporting period, outbreak response teams, local healthcare workers, and community members cooperating with response efforts, are increasingly subjected to threats, through leaflets or direct intimidation, made by armed groups present in hotspot areas such as Katwa and Butembo. The coordination team continues to harmonize the response to decrease community resistance and ensure the security of response teams.
Response Strategy

The Ebola response is based on the joint National Strategic Response Plan (SRP) III against the Ebola Virus Disease (EVD) in North Kivu and Ituri provinces, which covers a six-months period until 31 July 2019. SRP III aims at containing the transmission of EVD in the provinces of North Kivu and Ituri and to avoid the spread of the disease to new health zones as well as neighbouring provinces and countries. Through the broadening of the scope of the response to all 70 health zones in North Kivu and Ituri provinces to eradicate Ebola and due to the longer six-month time frame, in comparison with previous planning, SRP III allows for greater flexibility in adopting rapid, effective and needs-based response measures. The strategy further provides for a strong anchoring of the response in the local health system, the strengthening of the information management system, and a strong accountability framework. In support of SRP III, the UNICEF Ebola response strategy continues to focus on communication and community engagement, WASH, and psychosocial care, nutrition, and a cross-cutting education sector response.

Summary Analysis of Programme Response

An overview of the key elements in the Ebola response, with a special emphasis on UNICEF’s interventions in the affected health zones, is detailed below.

Communication and Social Mobilization

The risk communication, social mobilization and community engagement aims to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviours, 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, and ETCs.

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

Main activities during the reporting period

The RCCE Commission organized two workshops during the week of 16-22 May 2019 in Goma:

- The first workshop reviewed existing messages that promote social and behavioral change in the context of the current Ebola Virus Disease (EVD) response. Based on community feedback and social research findings, a behavioral analysis was conducted to identify behavioral problems observed in the field related to the response pillars and socio-anthropological barriers that make behavioral change difficult. In addition, new context-appropriate media have been identified and communication messages and materials will be reviewed accordingly.
- A workshop was held on the operationalization of the Community Animation Cells (CAC) in the context of Ebola in affected and unaffected health zones. 1,296 CACs were identified to be set up or revitalized in 68 health zones in North Kivu and Ituri provinces.

Responding to Refusals/Reticence and Rumours

Of the 559 refusals and reticence recorded (vaccination = 86, decontamination = 89, transfer ETC = 299, Dignified and Safe Burials / SWAB = 85), 549 (98 per cent) cases were solved.
The involvement and actions of rapid intervention groups and local committees set up in Butembo, Katwa and Vihovi, and the participation of local leaders in the activities of RCCE has led to an increase in the number of refusal and reticence cases solved. For example, the rapid response team helped to decontaminate Baraka and Sante la Grace hospitals and Kyuhu schools, which were institutions that had previously been reluctant in promoting Ebola prevention activities.

In Butembo and Katwa health zones, 87/222 or 47.4% of alerts were raised by women associations leaders from six health areas.

In Masereka health zone, customary chiefs’ delegation from Beni and Lubero territories organized a community dialogue with the population of Magheria and Luoto, to mitigate the resistance against the response teams in their health areas.

In Kyondo health zone, group leader initiated a community dialogue in the village Busalya, which currently faces high resistance, with 121 inhabitants on the importance of vaccination following multiple rumors about the vaccine that "kills all those who are vaccinated after 2 years." Messages about Guinea's experience were disseminated during this dialogue by the RCCE team.

In addition, the Governor of North Kivu Province, Mayor of Butembo, customary chiefs in Beni, Lubero and the town of Butembo, organized community dialogues with 750 representatives to spread positive messages about vaccination, decontamination and CTE.

In response to rumors stating that "response teams spread the epidemic through the tablets they throw in the toilet," UNICEF’s implementing partner Search for Common Ground and 38 radios stations broadcasted spots and interactive broadcasts on EVD with testimonials from healed people and advocate the importance of going early to ETCs to seek treatment.

**Promotion of Preventive Behaviours**

- In Oicha, Mabalako and Madima health zones, strategic alliance is developed with community actors such as women’s and youth NGOs and local rural radios to promote Ebola prevention.
- The RCCE subcommittee involves people who have been cured of EVD and initiate their participation in community dialogue sessions and radio broadcasts to raise awareness in the fight against rumors. These testimonials create a form of empathy and understanding on the realities of the epidemic to the general population.
- In Goma, 10,669 were raised awareness on Ebola during the ceremony of the new bishop. Communication teams were pre-positioned at the four entry points of Mwanga College, where the ceremony was held.

**Key Results**

<table>
<thead>
<tr>
<th>COMMUNICATION AND SOCIAL MOBILIZATION</th>
<th>Target</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, women and women’s organisations, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, adolescents and private sector).</td>
<td>47,695</td>
<td>42,002</td>
<td>2,407</td>
</tr>
</tbody>
</table>

1 Rughenda, Kambuli, Makangala, Muchanga, Wanamahika and Mukuna

2 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 III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Infection Prevention and Control (IPC) and Water, Hygiene and Sanitation (WASH)

The Water, Sanitation, and Hygiene (WASH) strategy, as part of EVD Infection Prevention and Control (IPC), aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits⁵ and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools⁶, (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) joint⁷ supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

Implementing Partner: Mercy Corps, Red Cross DRC, OXFAM GB, Action Contre la Faim (ACF), MEDAIR, Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA), and CEPROSSAN

Main activities during the reporting period

At the Ebola Coordination Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination. The commission with UNICEF and WHO has held a series of workshops focused on the implementation of IPC Standard Operating Procedures and an introduction to the standardized data collection tools that are being developed. In addition to Goma, this workshop has been held at the IPC sub-committees in Beni, Mangina, Bunia and Komanda.

The information management team has been testing and improving the structure of the data collection tool to provide a consolidated overview of the activities achieved along with the associated indicators. It includes activities in health facilities, public places, schools and households. The first information trainings have been completed in Butembo and Katwa with the Ministry of Health Data Manager and six partner Data Managers. A series of trainings is being planned for each IPC sub-committee to present the improved structure and its logic, to make them aware of their role and responsibility in the information management of the response.

The Ministry of Health has validated the operational action plans that were submitted by all commissions, including IPC which contains the implementation of monitoring tools for each sub-committee for the remainder of SRP3.

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⁴ KAP results will be shared in the next sitrep, 12 May 2019
⁵ 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.
⁶ 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.
⁷ Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
To strengthen community engagement, UNICEF WASH teams are finalizing agreements with local associations and enterprises to partner with for various activities such as construction of water points, wells and latrines with a focus on improving WASH infrastructure beyond the Ebola response. A focus is being made to identify youth and women’s groups to establish agreements for hygiene related activities to strengthen the acceptance of affected communities and improve access to insecure intervention areas. Preparedness activities continue to strengthen access to WASH services in communities, schools, and health centers in non-affected areas of Bunia, Goma and Bukavu and additional activities are being finalized to strengthen preventative measures.

In response to the recent supply workshop, Ebola WASH related stock has been relocated to Goma to centralize stock management. Challenges continue with the supply chain regarding outstanding orders from March. Due to this, stock levels are getting low on some key items\(^8\) and consistent supply cannot be guaranteed to ensure that there are not further ruptures, especially for hygiene kits.

Ongoing insecurity and resistance in communities in the Butembo HZ continues to impact the response negatively and due to attacks and threats against response teams, many activities have had to be put on hold or reduced. Access to Musienene, Vuhovi, Kalunguta, Masereka and Kayna are only with armed escorts which also limits response flexibility. Collaboration with the Communication sub-commission continues to access reluctant communities, especially regarding resistance of household decontamination. International partners Mercy Corps and Oxfam have returned to Butembo but it will take some time to reach previous activity levels. Based on a new agreement signed with the local NGO, CEPROSSAN activity planning has begun for continued kit distribution and the improvement of WASH facilities in schools and health centres in Musienene, Vuhovi and Kyondo health zones.

The IPC sub-committee continued to support decontamination activities in ten affected health zones. In response to the deaths of 3 students and a teacher, 5 schools were decontaminated, and 8 schools received WASH kits (with thermoflash) including 6 schools around the 4 confirmed cases. 6 public places were decontaminated around 12 cases in 6 active health zones and handwashing points were installed in 154 public places and 79 schools.

Following the involvement of Hygienists trained in the decontamination within their health facilities, the number of centers requiring external decontamination teams has lowered from 45% to 16%, Hygienists decontaminated 61 centers around 82 cases. To reinforce prevention procedures, 89 health facilities received IPC/WASH kits and 1,047 health personnel have been briefed on EVD and IPC protocols. 450/704 hygienists and head of health center have been trained on IPC protocols in Butembo. Under the supervision of trained IPC specialists, 117 households were decontaminated, and 624 household hygiene kits were distributed around 86 cases.

Various projects were completed by UNICEF partners Mercy Corps, CEPROSSAN, PPSSP and Oxfam to reinforce WASH infrastructure of health facilities including 12 latrine blocks and an incinerator was installed at the Kalunguta General Reference Hospital. And to improve water supply, an impluvium was constructed at Kighali Health Centre in Vuhovi and the drilling for a borehole well is near completion at the Butembo Ebola Treatment Centre.

In Beni, health zone case numbers remain with 17 confirmed cases and 8 out of 18 health areas are now affected. In response to this, efforts are being made to ensure activities are being well supervised by the IPC members and a mapping of the supervisor positions is being reviewed in relation to accountability for each health area. WASH kits were distributed to 7 schools and 6 churches as well as 143 households received hygiene kits. Over 635,480 liters of water were provided for drinking water supply in the community and health facility handwashing points. An agreement is being finalized for the construction of 2 community water points that will provide potable water to

\(^8\) HTH chlorine, soap, hand sanitizer
6,500 households with the government water supply company REGIDESO in the areas of Bikene and Ngongolio within Beni city. Assessment and scale of up activities in needed in Mutwanga.

In nearby Oicha health zone, site visits were made to evaluate the progress being made by implementing partner National Society of Rural Hydraulics (SNHR) on the construction of the borehole at the Oicha General Reference Hospital and verifications of technical specifications are pending. UNICEF partner, MEDAIR has completed construction of 13 new VIP latrines and 13 new showers at the Oicha Ebola Transit Center. The addition of these WASH facilities will allow each patient of the Transit Center to have access to their own latrine and shower. This will reduce the risk of cross-contamination between patients. With the support of UNICEF, the Oicha Development Organization (ODO) continues to manage and monitor the water supply to public handwashing facilities within the health zone, however, activities are being impacted due to limited mobility. The collection of GPS coordinates is near completion for the mapping of all handwashing points in Oicha.

Activities have scaled up in response to the continued increase in cases (62 confirmed) in Mandima and Mabalako health zones (within the Mangina sub-coordination) during the reporting period. In response to these cases, 16 health facilities and 51 households were decontaminated. WASH kits were distributed to 39 health facilities, 5 schools and 2 public places. The list of items in WASH kits is different for health facilities, schools and public places. For schools in particular the 18 items ensure screening, hand washing supplies and cleaning materials. 83 households received hygiene kits to improve the hygiene level within their home. Dissatisfaction is being reported from households due to the distribution delays and that some kits are incomplete and missing items due to stock ruptures. Post Distribution Monitoring survey is being planned to better understand the acceptance and use of the hygiene kits. The main challenge remains, inaccessibility to Visiki, Vusairo and Ngiza health areas following the insecurity of armed groups and the resistance of some communities. Unfortunately, it is in these remote areas that many cases are being reported.

Reinforcement of EVD prevention activities continues in Komanda health zone specifically with the supply of safe water, 255,440 liters of treated water was provided at chlorination points and 34,740 liters of 0.05% chlorine solution was supplied for hand washing in 48 public places and an additional 15,100 liters of water to 4 entry points. A total of 200,718 liters of drinking water was supplied to the UNICEF base and to partners Red Cross and WHO along with 44,113 liters in 22 public places and 31,814 liters in 10 schools. Hand washing points were installed in 3 schools. Monitoring was ongoing on the use of WASH kits in 28 schools, 7 health facilities and 30 public places, this assessment led to the replacement of 2 dysfunctional water storage tanks.

In areas that are difficult to access due to security, IPC Supervisors from Komanda and Nyankunde were trained on WASH assessment tools and carried out the WASH needs assessment in 3 schools and 2 health facilities. Follow up visits were made, and full WASH kits were distributed to 4 schools and donations of complementary WASH items were made to 27 schools and 2 health facilities along with a refresher on procedures and monitoring of use in additional 7 schools. Sensitization was held with 8 teachers and 1,035 students on hand washing practices and Ebola awareness.

In response to the results and recommendations of a distribution survey for hygiene kits (38 households) a briefing of WASH supervisors and 46 members of other pillars (communication, psycho-social, EDS and surveillance) was held on the justification and use of each item distributed in households, schools and health facility kits.

In Mambasa health zone, interventions were focused on preparedness activities at schools with 166 teachers and 2,749 students from 4 nursery, primary, secondary and vocational training centers were briefed on key prevention measures. Hand washing points in the community were supplied with 8,820 liters of chlorinated water to 24 public places. Limited water supply is a challenge to ensure that sufficient water is being supplied to these public
handwashing points. Drilling activities have been on standby at the Mambasa General Reference Hospital as a new agreement with partner MUSACA is being finalized.

WASH kits were distributed to 4 schools and monitoring of the use of WASH kits is ongoing to evaluate and improve hygiene and IPC practices in 7 health facilities and 30 schools in Mambasa, Salama and Binase health areas. A training was held with 10 members of the IPC sub-committee with practical exercises on the treatment of drinking water with various products along with monitoring of water quality. Preparedness activities continue in Goma and surrounding area with the distribution of WASH kits to 5 health facilities and the emptying of latrines in 3 schools and 1 health center. Construction of the WASH infrastructure (latrines, showers and incinerators) in 2 schools and 1 health center is near completion. 17 public handwashing points were supplied for more than 230,000 beneficiaries. As well, 8 additional local associations have been identified and agreements with partners are being finalized to extend and expand preparedness activities.

An ongoing strike (May 5 – 18) by the Ministry of Health staff was resolved upon payment of 2 of the 5 months of salary arrears. After a working session between UNICEF, WHO, the IPC sub-committee Chairman, activities resumed on May 19.

The IPC and Communication sub-committees collaborated in a joint visit to the General Reference Hospital in Kirotshe to strengthen the capacity of the hospital staff to monitor and follow up on a training that was done with 12 health workers in February along with the donation of an IPC/WASH kit. Follow-up visits were made to support the ongoing activities of Hygienists in 7 health care facilities and 5 schools.

Key Results

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Target⁹</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>1887</td>
<td>1232</td>
<td>97</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,400</td>
<td>1,219</td>
<td>82</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing</td>
<td>8,000</td>
<td>3,311</td>
<td>77</td>
</tr>
<tr>
<td>facilities in the affected areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of schools and public places near confirmed cases locations where handwashing stations</td>
<td>100%</td>
<td>54%</td>
<td>0</td>
</tr>
<tr>
<td>are installed and utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households of confirmed cases, contacts and neighbours of confirmed cases</td>
<td>15,000</td>
<td>3,473</td>
<td>937</td>
</tr>
<tr>
<td>who received a hygiene and prevention kits with adequate messaging</td>
<td></td>
<td></td>
<td></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 behaviours, (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.

⁹Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Implementing Partner: Enseignement Primaire, Secondaire et Professionnel (EPSP)

Main activities during the reporting period

During the reporting period, 12 EVD confirmed cases were students, of which ten confirmed cases were girls in Beni, Mabalako, Katwa, Butembo, Musienene, Kalunguta and Mangurujidipa health zones. In response to the identification of confirmed Ebola cases in the schools, the schools were decontaminated, students and teachers were sensitized on Ebola prevention and the importance of vaccinations, handwashing kits were distributed and the EVD prevention guidance note was distributed in the 12 concerned schools.

In North Kivu province, in collaboration with the WASH section, the education team distributed handwashing devices, thermometers and provided information on the usage of the devices to promote EVD prevention in Butembo, Kalunguta and Lubero health zones. This activity targeted 11 primary and secondary schools, benefiting to 7,124 students, of which 3,448 girls, and 165 teachers and school principals, of which 41 women.

UNICEF’s education program continued to support the North Kivu Provincial Ministry of Education in distributing 2,097 Ebola guidance notes in 251 preschools, primary and secondary schools in Beni and Kalunguta health zones. This reached 1,496 teachers, of which 619 women, who were already trained or briefed previously on the guidance note. This activity benefited 76,724 students, of which 36,460 girls, since teachers used the EVD guidance note to promote EVD prevention in classes.

During the reporting period, a total of 83,848 students, 1,661 teachers and 262 schools have been reached with Ebola responses’ activities. Since the beginning of the response, 795,325 students were reached (73% of the target) out of 1,090,000 targeted. In addition, 23,311 out of the targeted 32,296 teachers (72% of the target) were reached since the beginning of the response. These results have been achieved in 2,296 schools out of 2,476 targeted schools (93% of the target) in the provinces of North Kivu and Ituri.

The strong involvement of the Provincial Ministry of Education in North Kivu and Ituri provinces at the strategic and operational level has enabled the implementation of Ebola prevention and control activities in schools.

Key Results

<table>
<thead>
<tr>
<th><strong>EDUCATION</strong></th>
<th><strong>Target</strong></th>
<th><strong>Total Result</strong></th>
<th><strong>Change since last report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,090,006</td>
<td>795,325</td>
<td>83,848</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>32,296</td>
<td>23,311</td>
<td>1,661</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

10 WASH and Education are not targeting exactly the same schools since Education prevention activity go beyond locations where cases are confirmed. Education interventions include teachers and students training/awareness using the Ebola Guidance note in the already affected areas as well as outside as prevention measures.

11 i.e Kyanzaba, L’unité, Musimba, Kyuhu, Makerere, Kabahuri, Bachangano, Kabasha, Mabuku and Mungurujdiba primary schools and Kayindonia, Shalom secondary schools

12 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 III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.

13 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) for North Kivu and Cantas for Ituri. All results, unless otherwise stated, are UNICEF results with implementing partners.
strategy include the provision of (1) psychosocial support\(^{14}\) for EVD confirm and suspect cases, including children, in the ETCs; (2) material\(^{15}\) 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\(^{16}\) 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 Safe and Dignified Burials etc).

**Implementing Partners**: Danish Refugee Council (DRC) in North Kivu province and DIVAS (Division Provinciale des Affaires Sociales) in Bunia in Ituri province.

**Main results during the reporting period:**

**In around the Ebola Treatment / Transit Centers**
- During the reporting period, 378 children\(^{17}\), of whom 25 confirmed (17 girls, 8 boys) and 353 suspect cases (173 girls, 180 boys)\(^{18}\) were admitted to the different ETCs or Transit Centers (TCs) and received individual psychological support, reaching a total of 4,171 children since the beginning of the epidemic.
- A total of 30 children (15 girls) were each given a round-the-clock trained child-care worker and received nutritional assistance in the temporary residential nurseries of Beni and Butembo. Among them, a 4-year-old child was urgently referred to a hospital for medical treatment as the child was suffering from severe malnutrition and tuberculosis. The child was accompanied to and watched at the hospital by one of the trained child-care workers, until his family as able to come and take over.
- In Bunia, 6 children – identified as separated children and EVD negative cases – were referred to nutrition specialists due to their condition for proper care.

**In communities:**
- In order to ensure improved support to children, 400 affected families received psychosocial support and material assistance in all Ebola-impacted health zones of North Kivu and Ituri Provinces. A total of 1,137 kits of material assistance (hygiene, funeral, NFI, new-born kits and food assistance) were distributed to discharged and cured patients as well as to affected families.
- A total of 1,730 persons who had contact with EVD-infected individuals received psycho-social support in all EVD affected health zones. Contact tracking remains problematic, due to difficulties to list the contacts due to access issues as well reluctance of the population
- A total of 98 new orphans (37 girls and 61 boys) and 127 children newly separated due to the Ebola epidemic (62 girls and 65 boys) were identified, reaching a total of 1,002 orphans and 1,521 separated children identified and assisted since the beginning of the response. All of them received appropriate care, including NFI kits and food assistance. In Butembo and Katwa, UNICEF child protection teams – in close collaboration with partners and the Psychosocial Commissions – accelerated the process of payment of school fees for 53 orphans to guarantee their participation in the end-year exams.
- Community psychosocial agents conducted several follow-up visits to vulnerable children whose situation has been subject of case management meetings to find solutions in the best interest of the child\(^{18}\). They are all well integrated into their extended families and no specific issues have been identified for the moment. However, follow-up and reassessment of the situation of other vulnerable children and adolescents must be reinforced, particularly with regards to cured and orphan children.

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\(^{14}\) 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.

\(^{15}\) Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.

\(^{16}\) According to the local context and socio-cultural norms.

\(^{17}\) This figure is issued from data collected by the psychosocial commission.

\(^{18}\) Please refer to SITREP # 29 and 30
In Goma, the Psychosocial Commission provided support and material assistance to two orphans and EDV cured girls from Beni. They were referred by the Psychosocial Commission in Beni and have been placed in extended families in Goma. One of the children required and received a specific nutritional evaluation that was conducted by a nutrition specialist.

**Human resources and capacity building**

- Due to recent evolutions of the EVD, a mobile psychosocial team and 20 new community psychosocial agents have been deployed in Mambassa and Biakato health zones respectively, and to cover urgent needs. Additional three clinician psychologists have also been deployed in those areas.
- 17 information managers from all the existing Psychosocial Commissions have been trained on ActivityInfo to strengthen data collection and analysis.
- In Katwa, the Psychosocial Commission’s members participated in a session organized to share the analysis and main recommendations of the joint formative and anthropological researches conducted by UNICEF, WHO, CDC, and the Ministry of Health.
- In Beni, the EVD-cured women caring for the children in the nursery have received psychological support and follow-up, since, as former victims of the virus, most still suffer from psychological consequences of that harrowing experience.

**Key Results**

**CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Target(^{19})</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>5,000</td>
<td>3,971</td>
<td>378</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>5,127(^{*})</td>
<td>5,127</td>
<td>400</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>20121(^{*})</td>
<td>17,915</td>
<td>5595</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,700</td>
<td>1,521</td>
<td>127</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,400</td>
<td>1,002</td>
<td>98</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>814</td>
<td>20</td>
</tr>
</tbody>
</table>

\(^{*}\) The figure has been adjusted in regard to the high number of persons joining every day the transit centers and ETCs as suspect cases. The figure includes the support provided to family having MVE probable, suspect and/or confirmed cases.

\(^{*}\) The target changes with changes in the epidemiology

**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

\(^{19}\) 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 III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
supports the Government in strengthening the coordination of the nutrition response through the cluster coordination mechanisms.

**Main activities during the reporting period**

During the reporting period, 538 new Ebola cases (suspects and confirmed patients) admitted in Ebola treatment centers (ETC) received adequate nutritional care, including 15 children under six months, 82 children aged from 6 to 59 months, 7 pregnant women and 17 lactating women.

In the communities and at household level, the nutritionists and psychosocial agents supported by UNICEF provided support for 54 infants less than six months old non-breastfed (15 in Mabalako, 18 in Beni, 9 in Butembo, 6 in Katwa, 6 in Komanda);

66 separated children and orphans aged from 6-23 months in the communities of Beni, Mabalako, Butembo, Katwa, Bunia, Komanda health zones were monitored for growth and health monitoring by nutritionists.

Around 7,659 women caregivers were sensitized on adequate infant and young child feeding practices (IYCF) in the Ebola context (258 in Beni, 1,052 in Mabalako, 317 in Butembo, 5,350 in Katwa, 666 in Komanda and 16 in Goma).

62 children under five old suffering from Severe Acute Malnutrition (SAM) were admitted for treatment in EVD affected health zones.

UNICEF nutrition staff conducted technical supervision of nutritional activities in ETCs in Beni, Mabalako, Komanda, Katwa, Goma and Butembo. Furthermore, UNICEF nutrition staff participated in different strategic meetings with clinical care partners to develop EVD best practices, finalise the optimal supportive care protocol, and IYCF strategies.

From 13-16th May, PRONANUT (MoH) and UNICEF DRC organised a workshop to integrate nutrition in the EVD response. PRONANUT (MoH) staff, nutrition actors, and UNICEF staff discussed the importance of nutrition in the EVD response in the context of ongoing humanitarian and development in the country. In addition, the workshop highlighted the role and importance of breastfeeding to combat EVD infection, promote EVD prevention, and supports treatment outcomes. Finally, the workshop highlighted the role of nutrition in quality case management and helped define the skills and competencies required for nutrition actors in the EVD response. The workshop consolidated some of the experiences in the past and current response, as a basis for present and future EVD responses.

Information management and availability of disaggregated data is key to enhance evidence-based programming and decision making in the nutrition context. As such, UNICEF is strengthening its knowledge and information management to improve technical support for nutrition in EVD preparedness and response, of which a priority area is how to support non-breasted infants.

UNICEF has a particular role concerning young children (under 2 years) and other vulnerable groups, therefore, UNICEF must advocate for the inclusion of the specific needs of these children in the response.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target20</th>
<th>Total 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>29,218</td>
<td>29,218</td>
<td>7659</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>3,574</td>
<td>3,574</td>
<td>538</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>277</td>
<td>277</td>
<td>54</td>
</tr>
</tbody>
</table>

20 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 III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Social Science Research

The formative research section aims at increasing the accountability of those involved in the response to communities and to enhance community acceptance as well as their full and conscious participation in the Ebola response. Existing epidemiological and anthropological data is used to facilitate and adapt programme design and planning. UNICEF research involves the exploration of behavioural determinants and uses multiple methods to collect data. Formative research supports UNICEF programme teams to better understand the population and the factors that influence behaviour. Through providing a better understanding of community context, needs and behaviours, the research section guides UNICEF’s integrated communication, WASH, Psychosocial and Nutrition interventions toward a more effective response.

Main results during the reporting period

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the Ministry of Health Epi Cell and together with World Health Organisation, Centers for Disease Control and Prevention, International Federation of Red Cross, Medecins Sans Frontieres and Africa Centers for Disease Control and Prevention. Research themes are identified from metasynthesis of data and based on analysis of context, the epidemiological situation and programme interventions or from requests from commissions. Data are collected using various questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated with community feedback and commission reports. Research results including recent perceptions and use of health services (triangulated with CAP data) are now presented within the weekly Epi presentation.

Recent research and data collection haves focused on:

1. Understanding and making comparisons to previous outbreaks which are known in areas surrounding Butembo and Katwa (including cholera and meningitis) in order to identify approaches to community engagement in infectious disease including interventions for isolation, decontamination and safe and dignified burials.
2. Understanding community perspectives of isolation and testing centres as part of community health centres; two centres are already operational (from Alima) in Butembo, Katwa, and Beni (MSF). The aim of this research is to inform existing and new structures on best approaches for acceptance and use.

Supply and Logistics

The total value of items composed of WASH, C4D, Child Protection, Health, Education and ICT supplies that were distributed for the Ebola response in Ituri and North Kivu provinces during the reporting period was US$ 38,541.95.

The total value of procurement orders during the reporting period was US$ 2,650,509.34. Offshore procurement orders amounted to a value of US$ 1,445,836.64 (54.55 per cent), while local procurement orders amounted to a value of US$ 1,204,672.70 (45.45 per cent).

Human Resources

UNICEF DRC continues to reinforce its staff presence on the ground to respond to the expanding outbreak in North Kivu and Ituri provinces. There are 154 UNICEF currently working staff in the affected areas, with an additional 64 persons under recruitment.

External Communication
During the reporting period, the CO facilitated the coverage of the Ebola-epidemic and the response of UNICEF and its partners in Beni for the New Yorker and CBS News. Press coverage included CBS, Reliefweb, All Africa, New Patrolling, Cidrap News, Quartz, Xinhua New Agency and IRIN.

Since the beginning of the Ebola-outbreak, the Country Office published 81 content pieces on its website https://www.unicef.org/drcongo/ and 640 posts on its social media channels (Facebook, Twitter and Instagram). The Ebola landing page is updated weekly to show the impact of the epidemic on children and UNICEF’s response, linking to key figures, press releases, situation reports and stories. An article written by a Youth Reporter from Beni was also published on www.ponabana.com, a UNICEF-supported youth blog in the DRC.

Funding

As part of the joint Strategic Response Plan for Ebola, UNICEF’s response strategy focuses on a cross-cutting Community Engagement approach including WASH/Information, Prevention and Control (IPC), Psycho-social care, Risk Communication, Education and Nutrition interventions. Since the beginning of the Ebola outbreak in North Kivu and Ituri provinces in August 2018, the UNICEF Strategic Response Plan (SRP) was revised three times. The initial Response Plan (Strategic Response Plan 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 19 October 2019, the MoH released the revised Ebola Response Plan (Strategic Response Plan 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 20 December 2018, the MoH updated the Ebola Response Plan II (Strategic Response Plan II-I, November 2018 – January 2019) to include assumptions and additional needs until 31 January 2019, estimated at US$ 23,506,000 million.
• On 13 February 2019, the MoH launched the Ebola Response Plan III (Strategic Response Plan III, February – July 2019) for a total amount of US$ 147,875,000. As part of the SRP III, UNICEF initial requirements are estimated at US$ 24,385,917.

The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to July 2019 is estimated at US$ 276,188,187. As part of this joint response plan, the UNICEF response is estimated at US$ 50,149,121. To date, UNICEF was able to mobilize US$ 42,532,757 from different Donors and has a current funding shortfall of US$ 9,342,404 (19 per cent of the budget). Eight months following the declaration of the North Kivu Ebola epidemic, experts are increasingly concerned with the fragile and unpredictable expansion of the epidemic. In addition to the unpredictable path of the epidemic, we are also seeing re-infection of areas that were previously declared Ebola-free. Lack of funding will affect the scaling up of the Risk Communication and Community Engagement (RCCE) and our strategy to engaging communities for greater ownership. UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s actions in favour of the Ebola response: World Bank, European Commission – European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, United States Agency for International Development (USAID), Central Emergency Response Fund (CERF), Government of Japan, the German Committee for UNICEF, DFID, The World Bank Group’s Pandemic Emergency Financing Facility (PEF), and the United Kingdom.

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>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>23,543,036</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>4,939,947</td>
<td>21%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>13,172,505</td>
<td>371,558</td>
<td>10,436,698</td>
<td>10,808,256</td>
<td>2,364,249</td>
<td>18%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>3,474,300</td>
<td>100,000</td>
<td>4,853,900</td>
<td>4,953,900</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>949,800</td>
<td>0</td>
<td>1,196,240</td>
<td>1,196,240</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>7,167,480</td>
<td>132,761</td>
<td>5,796,510</td>
<td>5,929,271</td>
<td>1,238,208</td>
<td>17%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>0</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
</tr>
<tr>
<td>Prepradness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50,149,121</td>
<td>1,327,614</td>
<td>42,205,143</td>
<td>42,533,757</td>
<td>9,342,404</td>
<td>19%</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) and Phase III ($ 24,385,917)
** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu & Ituri outbreak (August 2018)
*** The Appeal Sector is overfunded since the requirement was based on an estimated 4,980 individuals in households affected by EVD. To date, the target increased with changes in the epidemiology - See HPM.
**** The Appeal Sector is overfunded since the requirement was based on an estimated 2,500 individuals both in CTE and in the community. To date, the target increased with changes in the epidemiology - See HPM.

Next Situation Report: 9 June 2019

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