Highlights

- On 15 October, to celebrate the Global Hand Washing Day, UNICEF Education and WASH teams and partners organized raising awareness activities on the correct handwashing habits to prevent the Ebola Virus Disease (EVD). Activities reached over 20,000 students in the health zones of Butembo, Katwa, Beni, Mangina and Oicha.

- On 20 October, a first EVD confirmed case was reported in Épulu health area (Mambasa health zone), not far from Kisangani, the main city of the Tchopo province (not affected by Ebola). Thus, UNICEF is reinforcing preparedness activities consequently.

- In Biakato Mines (Mandima health zone), a hotspot mining area where the EVD response teams face resistance, Risk Communication and Community Engagement activities conducted by UNICEF and its partners are being strengthened, especially those with community radio stations, youth and women associations to facilitate the response acceptance by local communities.

- Under Pillar 3 interventions, the UNICEF Education team successfully advocated for the reintegration in schools of out-of-school children in Kalunguta health zone. As a result, four catch-up classes are already functioning hosting more than 97 former out-of-school children. In addition, UNICEF distributed recreational kits in 107 primary schools, for more than 32,100 students.

Key epidemic numbers

- **3,147** confirmed cases (WHO, 27 October 2019)
- **883** children <18 among confirmed cases (WHO, 27 October 2019)
- **2,064** deaths among confirmed cases (WHO, 27 October 2019)

Key figures

- **35** implementing partners, including **14** national actors
- **2,775** community workers and mobilizers
- **113** community radio partners
- **1,082** psychosocial agents, including caregivers, in UNICEF-run nurseries
- **90** IPC/WASH supervisors and **433** hygienists for decontaminations

Ebola Response Appeal (Pillars I and III)
US$ 125.6 million

Ebola Response Funding Status SRP4 - 2019

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<table>
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<th>Phase</th>
<th>Funding requirements* :</th>
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<td>IV</td>
<td>$125,570,235</td>
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<td></td>
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<td>Funding Gap : 80%</td>
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<td>* Funding requirement includes budget for Pillar I ($61,469,335) and Pillar III ($64,100,900)</td>
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* Percentages in the table refer to results for the period August 2018 to 27 October 2019 out of targets for the period August 2018 to 31 December 2019.
Epidemiological overview

With an additional 41 new confirmed cases in the last two weeks, a total of 3,264 EVD cases were reported as of 27 October, among which 3,147 confirmed and 117 probable cases. More than two thirds (2,181) of EVD cases died (global case fatality rate remains 67 per cent).

Of the total confirmed and probable cases, 56 per cent (1,838) were female and 28 per cent (926) were children aged less than 18 years.

Response Strategy

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

The United Nations also developed a scale-up strategy to end the 10th Ebola outbreak in DRC. This strategy enhances the overall enabling environment within which the response is taking place. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak. UNICEF activities fall under two main pillars (Pillar I and III).

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

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

Pillar 1: Strengthened public health response

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

1 The National Strategic Response Plan (SRP) was launched on August 1st and was revised four times. The initial Response Plan (SRP1, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified. On October 19th, 2019, the MoH released the revised Ebola Response Plan (SRP2, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545. On December 20th, 2018, the MoH updated the Ebola Response Plan II (SRP2.1, November 2018 – January 2019) to include assumptions and additional needs until January 31st, 2019, estimated at US$ 23,906,000 million. On February 13th, 2019, the MoH launched the Ebola Response Plan 3 (SRP3, February – July 2019) for a total amount of US$ 147,875,000. Finally, on July 15th, 2019, The MoH released the Ebola Response Plan 4 (SRP4, July – December 2019) for a total amount of $ 287,590,149.

2 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.
Under this pillar, UNICEF supports the coordination in all locations with functional strategic or operational Commissions. UNICEF has been following the epidemic dynamic, strengthening its presence on the ground to better respond to the spread of the outbreak and get closer to hotspots.

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

During the reporting period, in Mambasa, the new EVD reported cases in Epulu became particularly worrying considering the proximity with Nia Nia which is nearly 100 km from the city of Kisangani, in the Tchopo province (not affected by EVD). UNICEF is currently deploying a rapid response team to Nia Nia to implement preparedness activities. With the recent incidents and resistance faced by the Response at the Mambasa sub-coordination level, the UNICEF team stressed the importance of improving coordination among actors and ensure a community-sensitive response, through a preliminary deployment of RCCE and Psychosocial support teams in newly affected communities to ensure a better access and acceptance.

Mandima and Mabalako remain EVD hotspots. During the reporting period new EVD cases were reported mostly in Ngoyo and Biakato Mines health areas, located in the Mandima health zone. UNICEF strengthened its communication activities in these areas in order to promote the response acceptance by the local population, contributing to stop the EVD transmission chain.

**Summary Analysis of Ebola Programme Response (Pillar I)**

**Risk Communication and Community Engagement**

**Main activities in the reporting period**

On 22 October, the Goma-based UNICEF Ebola strategic cell participated in a roundtable with the Archbishop of Canterbury and Bishops of Goma, Butembo and Kisangani, all engaged to bring their contribution in the EVD response in the DRC. Then, UNICEF RCCE teams participated in a 3-day training of trainers on EVD prevention, care and treatment, organized by the Anglican church in Goma - for religious leaders of all confessions. About 50 people participated in the training, facilitated by Bishop of Hertford (England). UNICEF and religious leaders reaffirmed their willingness to strengthen their collaboration in the fight against EVD.

**Risk communication and community engagement**

During the reporting period, the RCCE teams in all sub-coordinations reached approximately 173,856 people with mass communication (in market places, churches, schools, and other different popular meetings) on EVD prevention and general information on EVD interventions and 46,492 people with small group education sessions, including teachers, groups of women, taxi-moto drivers, and health care providers. The RCCE teams also focused on schools in Beni, Biakato and Mangina, where they reached approximately 31,686 primary and secondary school children with messages on EVD. In addition, 49,618 people were reached through community dialogues organized by RCCE partners across all the sub-coordination areas, while the community workers (RECO) and Red Cross volunteers visited 215,279 households to raise awareness on EVD prevention, strengthen surveillance and alert mechanism. Finally, the RCCE teams in Beni, Butembo, Mambasa and Mangina organized visits to the Ebola Treatment Centers (ETC) for 195 people in order to dispel rumors, reduce the fear of ETCs and understand their functioning. The RCCE teams worked with 998 religious, political and civil society leaders who participated in EVD risk communication and awareness raising and other components of the response, including community-based surveillance and alert, prevention, vaccination, ECT referrals, decontamination, as well as safe and dignified burials (SDB).

**Support to other pillars and management of rumours, resistance and refusals**

During the reporting period, the RCCE teams continued to deploy their efforts to address rumors and break resistance against EVD and the response through the sensitization of 2,694 people for vaccination, 10,108 on SDBs and swabs, 447,185 on handwashing and screening, 1,653 on the importance of early referral to the ETC, 356 on EVD prevention measures and 667 on community-based surveillance. As a result, the RCCE teams contributed to have 564 people being vaccinated against Ebola, resolved 183 cases of resistance to SDB, 232 refusals of handwashing (in Goma and Mangina) 43 refusals of going to the ETC (in Beni, Mambasa and Mangina) and three refusals of household decontamination (in Beni).

In the Mambasa sub coordination, in the Epulu locality, the RCCE team succeeded in breaking resistance and allow swab and SDB activities after a long negotiation with the local community.

**Capacity building**

The RCCE teams reinforced the capacities of 2,519 community partners including community leaders, teachers, nurses, journalists, community workers and traditional healers on EVD prevention in their respective communities.

The team also supported the set up and development of action plans of 1,105 CACs in Beni and Goma sub-coordinations. To date, 1,565 Community Animation Cells (CACs) out of 3,000 are set up. Every CAC is composed for at least 30 per cent of women.
Media
On 19 October, UNICEF, in collaboration with the MoH, the WHO and other RCCE partners organized a press conference with ten journalists representing ten radio stations in Mabalako and Mandima (including Biakato). The purpose of the press conference was to inform the journalists about the evolution of the epidemiological situation in Biakato-Lwemba (EVD hotspot zone), explain the key messages to transmit on the EVD response and to further engage the radios in the sensitization and communication on EVD. The press conference was enhanced by the presence of civil society members of Biakato.

During the reporting period, the RCCE teams used more than 130 media programs to promote the interventions of the response. In total, the RCCE program collaborates with 113 community radio stations throughout the provinces of North-Kivu, Ituri and South Kivu.

Infection Prevention and Control (IPC) and Water, Hygiene and Sanitation (WASH)
Main activities during the reporting period
After the training of trainers conducted in September 2019 for the dissemination of the national IPC/WASH package, in collaboration with WHO - UNICEF organized a training for IPC supervisors, health facility focal points and implementing partners in the IPC sub-commissions of Komanda (43 participants) and Mambasa (56 participants). The training focused on ways to strengthen the quality of IPC/WASH interventions throughout the Ebola Response, to address nosocomial infections, to ensure a standardized approach and tools to capitalize best practices and lessons learned.

Infection Prevention and Control (IPC) response activities were conducted during the reporting period: UNICEF teams decontaminated 35 households, 19 health facilities and two public places visited by confirmed case. In collaboration with its partners, provided IPC/WASH kits to 215 health facilities, 428 households, 129 schools and 322 public places. In areas where no new confirmed cases were reported, hygienists monitored the use and management of WASH kits in health facilities, schools and public places.

In the EVD affected health zones, UNICEF and its partners reinforced preventive measures through the supply of 1,194,293 liters of water to health facilities and community handwashing and water points. In addition, UNICEF organized information sessions on Ebola prevention measures attended by 2,685 people in health facilities, 11,258 people in schools and 8,689 people in public places. In Goma, UNICEF implementing partner PPSP provided 637,500 litres of water and reached 498,798 people with messages on the importance of handwashing at 32 existing handwashing points.

On 15 October, the Global Handwashing Day was celebrated based on the theme “Clean Hands for All”. During this international handwashing promotion campaign, UNICEF teams and partners sensitized 11,489 students and teachers in Beni and Mangina on the importance of quality handwashing. As part of the campaign, UNICEF, in collaboration with its partners, installed 433 new handwashing points in public places: 6 in Goma, 21 in Beni, 32 in Mangina, 51 in Butembo, 120 in Mambasa and 203 in Komanda.

Psychosocial Support and Child Protection
Main activities during the reporting period
Activities in Ebola Treatment Centers (ETCs), Transit Centers (TCs) and nurseries
In ETCs and TCs, UNICEF and its partners provided psychological support to 655 newly affected children, including 649 suspected cases (338 boys and 311 girls) and six confirmed cases (two boys and four girls). Of these, 101 affected children (including 51 girls) received psychosocial support in the ETCs and TCs located in the hotspot areas of Mabalako, Mambasa and Mandima.

In areas where the number of confirmed cases is decreasing, UNICEF continues to provide specific psychosocial support to suspected cases. In Butembo/Katwa for example 442 suspected cases benefited from assistance during the reporting period.

In the Kalunguta hotspot, 100 per cent of new cases (3 new confirmed cases including one boy) and all contacts (seven persons) received psychological and material support. In this area, communities showed to have improved their trust in the psychosocial component of the EVD response and it is now the community itself who is requesting the assistance of the psychosocial commission to manage the potential challenges and needs generated by new EVD cases.

During the past two weeks, 49 children (31 boys and 18 girls) received nutritional care and psychological support in the five operational UNICEF-run nurseries. In Mangina, which witnessed an increase of new confirmed cases, especially

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3 From 18 to 21 September in Goma, in collaboration with the MoH and WHO, UNICEF facilitated the Training of Trainers on the revised and validated national IPC/WASH package. About 60 persons from each sub-coordination attended the training, including the IPC/WASH commission presidents, supervisors, implementing partners, and facility-based IPC focal persons. See UNICEF SitRep #43.
in the Biakato area five additional Ebola survivors were recruited to take care of infants and young children in the ETC and the nursery.

Finally, four children (three boys and one girl) who are Ebola survivors, received psychological and emotional support before leaving the ETC to be prepared for their family and community reintegration.

Activities in communities
At community level, UNICEF provided appropriate care and support, including material assistance to 504 newly separated children (244 boys and 260 girls) and 130 new orphans (60 boys and 70 girls). Of these, 81 children were from the hotspot areas.

UNICEF continues to provide a material assistance tailored to the specific needs of children. During the reporting period, UNICEF rehabilitated the house of the extended family of an EVD-orphaned child to facilitate its reintegration and living conditions. Material assistance can also include payment for life-saving medical interventions, as well as transport and accommodation fees.

As part of psychosocial education sessions at community level, UNICEF and the Psychosocial Commission prioritized specific hotspot areas where the majority of new confirmed cases were reported. In Biakato, for example, UNICEF and psychosocial actors conducted 132 psychosocial education sessions reaching a total of 287 participants. These sessions had a real positive impact in reducing fear and accepting the EVD contact tracing and follow-up.

UNICEF also continues to be involved in the provision of counseling and psychological support for staffs involved in the EVD response, including Ebola survivors. In Butembo, 60 staffs (39 women) including 24 Ebola survivors benefited from this assistance.

In addition, UNICEF, WHO and governmental counterparts organized a joint mission in Butembo to enhance the capacity of 43 psychosocial agents and four presidents of sub-psychosocial commissions in providing quality psychosocial support to beneficiaries.

Main activities during the reporting period
Nutritional support activities continued in the ETCs and TCs, with 810 new confirmed and suspected cases assisted during the reporting period, including 15 children under 6 months, 125 children aged 6 to 59 months and 670 children over 5 years old and adults including six lactating women. As in the previous period, the ETCs of Katwa (287) and Mangina (211) continue to record a significant number of admissions. Following the epidemic trend, in Butembo, new admissions (114) significantly decreased in comparison to the previous reporting period (311).

In the ETCs and UNICEF-run nurseries affiliated to the ETCs, 92 new separated and/or orphaned children were admitted, including 47 infants under 6 months and 45 children aged 6 to 23-months UNICEF and health zones nutritionists supplemented their diet, using the Ready to Use Infant Formula (RUIF) and pasteurized milk at high temperature (UHT).

In addition, 184 children were admitted for the treatment of severe acute malnutrition (SAM) in the health facilities of the EVD-affected health zones, including three children in the ETC of Mangina.

UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 627 people, including 55 parents and caregivers of children under 24 months, on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context.

Taking into account the decreasing epidemic trend and the resulting diminution of cases admitted in the ETCs/TCs, and those in need of nutritional care, UNICEF decided to reinforce the monitoring of nutrition activities at community level, in particular for separated and orphaned children receiving breastmilk substitutes and cured children discharged from the ETCs. To ensure this monitoring UNICEF organized a training in Butembo (25-26 October) gathering together 15 nutritionists, including 12 from the ETCs of Butembo and Katwa, two from PRONANUT and one from the UNICEF implementing partner ADRA. The focus of the training was on the nutritional status follow up of EVD-related separated and orphaned children at community level. This activity will be conducted together with psychosocial agents, in charge of the regular follow up of EVD-affected children.

In addition, UNICEF organized an information session in Butembo with the different actors of the Psychosocial commission, including governmental partners, World Food Program, WHO and psycho-social agents aimed at presenting the key elements of nutrition interventions in the Ebola context and the guidelines on the use of breastmilk substitutes (RUIF and UHT) at community level. Twenty people from the Butembo sub-coordination health zones participated in the session.
Main activities during the reporting period

In Butembo, UNICEF supported its governmental partner Enseignement Primaire, Secondaire et Technique (EPST) and the local NGO ASOPROSAFD in the training of 56 EPST inspectors (22 women) on the implementation and management of school hygiene brigades in the EVD context, and on the model used in the UNICEF-supported national program Ecoles Assainies⁴. The training was followed by the establishment of hygiene brigades in 282 schools. UNICEF, in collaboration with the EPST and ASOPROSAFD trained 4,751 students who are members of these brigades, including 1,696 girls and 219 principals and supervisors, including 44 women, on the basic principles of a healthy school and the role of the brigades.

In Lubero, Musiengene and Kalunguta health zones, thanks to UNICEF support, the EPST trained 945 teachers, directors and students, parents committee members including 352 women and 503 students’ representatives (305 girls) in 96 schools on the Guidance Note for Prevention and Control of Ebola in Schools. The training was followed by the distribution of 665 WASH kits to reinforce prevention measures, benefitting 28,347 students (13,831 girls).

On 15 October, to celebrate Global Hand Washing Day, UNICEF and EPST organized raising awareness activities in 18 primary and secondary schools in Butembo, Katwa, Beni and Oicha health zones on the correct handwashing to prevent dirty hand infections and diseases, including Ebola. In total, 9,808 students and 244 teachers and directors were sensitized.

In the health zone of Lubero, UNICEF’s implementing partner AVSI organized recreational and awareness raising activities on the prevention of EVD for 28,207 students, including 14,083 girls in 110 schools, each of which received eight image boxes on key EVD prevention measures.

In Ituri, in the health zone of Lita, UNICEF and its implementing partner FECONDE visited three primary and secondary schools and sensitized 40 teachers (12 women) and 2,067 pupils (1,136 girls) on EVD and on correct handwashing practices.

In Mambasa health zone, the RCCE response team and EPST jointly briefed 106 teachers and directors including 55 women on the Guidance Note in eight schools. Moreover, they sensitized and informed 1,684 students (850 girls) in five schools on hygienic measures and hand-washing as a preventive measure against Ebola in the school environment.

Main results during the reporting period

During the reporting period, in preparation for a future study on the needs of children and adolescents in the Ebola context, the Social Science Analysis Cell (SSAC) team conducted a training in Beni for 11 local researchers. The training focused on ways of conducting a research with vulnerable populations (victims of violence, low-income families and vulnerable children and adolescents) as well as procedures and referral pathways related to reporting protection incidents.

An analysis of the study “Perception and Use of Condoms amongst Ebola Survivors and their Sexual Partners” conducted in Beni was completed on October 26. Results suggested that, generally, perceptions of condoms among Ebola survivors, their partners, and the community were positive (they were perceived as useful for family planning and protecting against sexually transmitted infections). Negative perceptions of condoms were related to poor quality, reduced sensation or religious belief. Female sex workers had the highest perception of risk of being infected with Ebola by a sexual partner as well as the highest reported condom use. Male survivors reported using condoms in higher proportions than female survivors (both before and after being infected with Ebola). Two key recommendations were addressed to the different EVD response actors: the regular provision of good quality condoms to sex workers, Ebola survivors and their sexual partners (their wives, or girlfriends); couple counselling following discharge from the ETC on the importance of condom use and family planning (in the case of a female survivor).

To date, the Social Sciences team has identified and proposed 59 research recommendations in all zones of the outbreak. Among them:

- 94.6 per cent have been implemented (55.9%) or are on-going (37.3%) and 1.7 per cent still require validation by thematic sub-commissions.
- 49.2 per cent concern RCCE interventions and 25.4 per cent are related to IPC/WASH (including SDB). The remaining recommendations are shared between Education (5.1 per cent), psychosocial and case management (8.5 per cent), the Coordination (1.7 per cent), the Vaccination Commission (3.4 per cent), UNICEF-CASS (5.1 per cent) and the Pilar 3 (1.7 per cent).

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⁴ Programme Ecoles Assainies is a regular WASH programme aimed at achieving WASH standards in terms of pupils per infrastructure ratio, adaptability (for disabled persons, menstrual management for girls) and hygiene/sanitation management in the schools.
In Mambasa, seven recommendations were validated by sub-commissions and are being implemented. Of these, the SSAC focused on the implementation of four recommendations with the RCCE sub-commission. The CASS organized a briefing with 30 local communicators before they were deployed to the field to showed them the key findings related to the limited understanding of EVD dry symptoms (and why they need to be addressed timely) by local communities. In addition, lack of knowledge about the vaccine (how it works and why there is a delay in protection) triangulated with community feedback were discussed to ensure communication teams were aware of these issues so that they could prioritize them in communication and community engagement activities.

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

The Pillar 3, in support of Pillar 1, aims to strengthen community ownership and support programmes responding to community needs to enable Ebola control activities while strengthening multi-sectorial humanitarian coordination. Under Pillar 3, the “Community ownership and essential services” component (programme 3.2) led by UNICEF aims to strengthen community ownership and provision of basic social services to address community needs in order to increase community acceptance to create a conducive environment for the EVD response.

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

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

**Summary analysis of the humanitarian response (Pillar III)**

On 21 and 25 October, the Pillar 3 coordination team held two consultations with key staff (Pillar 3 focal points, sub-coordination team leaders, programme managers and operations) addressing both the programme and operational modalities for the continuing development of pillar 3 interventions.

The pillar 3 coordination team visited teams in Mangina and Butembo to further consult on priority partnerships. In Butembo, a partnership agreement was signed with the International NGO Solidarité Internationale for the rehabilitation of the city-water system rehabilitation. Preparatory work is underway. The project will provide nearly 90,000 people living in Butembo and Katwa health zones with improved access to safe water.

Over 40 humanitarian programme documents (HPD) and small-scale framework agreement (SSFA) for implementing Pillar 3 projects are under finalization, through a decentralized process with robust support from programme managers and operations. The Pillar 3 coordination priorities are to expedite contractual processing with these partners while remaining compliant with UNICEF operational procedures and extending support and guidance to project officers and team leaders to ensure timely and quality roll out of Pillar 3 projects.

UNICEF has been involved in strategic discussions regarding the coordination and information sharing of all stakeholders involved in Pillar 3 both at sub-coordination and field level.

UNICEF continues to work on resources mobilization for funding Pillar 3 interventions: two new project proposals were submitted to donors for multisectoral projects aiming at strengthening systems and communities through the provision of basic social services based on needs previously identified by the communities. Priority areas will consider hot spots/active zones, the total cumulative number of cases per health zone and areas, and local acceptance of the EVD response. As soon as funding materializes, UNICEF will have done all the preparatory work to quickly scale up Pillar 3 programmes and activities.

**Major campaigns**

In Ituri, UNICEF field office teams continued communication preparatory work ahead of the measles follow-up campaign planned from 30 October to 3 November. The campaign targeted children between 6 to 59 months in 36 health zones in Ituri including eight affected by the EVD (Bunia, Rwampara, Nyakunde, Komanda, Loiwa, Mambassa, Nia-Nia and Mandima). In these areas, 237,071 children are expected to be reached. Risk Communication and Community Engagement teams used mass communication through five different radio stations broadcasting the Governor’s messages about the campaign. They also promoted community acceptance and engagement in the campaign during grass-root level meetings and discussions with Bunia and Rwampara health zones religious and traditional leaders. These communication activities will also contribute to change targeted communities’ perceptions towards health workers and other stakeholders in the EVD response, who have been thoroughly briefed on conducive behaviors to adopt.

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5 In July 2019, the Ministry of Health (MoH), UNICEF and MSF vaccinated 40,629 persons against measles in Internal Displaced camps and health areas of Bunia, including 9,055 IDPs and 8,357 children aged 06-59 months (more information in the Situation Report #35 of 31 July 2019). A second measles vaccination campaign occurred in August. In total, 81,534 persons were vaccinated, among them 73,529 children from 6 to 59 months, in four health zones, namely Bunia, Rwampara, Nyakunde and Tchomia (more information in the Situation Report #35 of 26 August 2019).

6 This entails a combination of inter personal skills including courtesy, gentle voice tone, honesty/sincerity/transparency, active listening, empathy to deliver tailored key messages on the campaign gratuity and around infection prevention and control.
**Integrated response at community level**

With regards to **WASH**, the promotion of safe access to water continues in Lwemba, where UNICEF implementing partner Bureau d’Etudes, d’Hydraulique et des Constructions Générales (BEHCOGEN) is implementing water works despite the difficult access in the area for security reasons. The partnership of UNICEF with this local organization with strong community ties and good access, allowed programmes to continue without interruption. Thanks to that access six water sources were rehabilitated, and five schools were equipped with permanent gender segregated latrines.

Based on community needs, in Mangina, UNICEF local partner FAEVU started assessing two water sources in Makeke health area, including one identified as suitable for rehabilitation.

In Kalunguta health zone, UNICEF **Education** team advocated successfully for out-of-school children to be reintegrated to school. As a result, four catch-up classes are already functioning hosting more than 97 former out-of-school children (45 girls) in four primary schools in the health areas of Maboya, Kalunguta, Kabasha and Malaba. In addition, 107 recreation kits (one per school) were distributed in primary schools benefiting more than 32,100 students.

**Supply and Logistics**

UNICEF regularly monitors the supply chain and discusses with the different involved actors to improve the effectiveness of the supply and services in support of the Ebola response in Ituri and North Kivu provinces. During the reporting period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 175,552. The total value of procurement orders was US$ 730,398. Offshore procurement orders amounted to a value of US$ 11,932 (1.6 per cent), while local procurement orders amounted to a value of US$ 718,466 (98.4 per cent).

**Human Resources**

UNICEF continue to strengthen its presence on the ground to better respond to the outbreak in North Kivu and Ituri provinces. A total of 218 staff are dedicated to the Ebola response and deployed in the affected areas, with an additional 72 persons under recruitment. In addition, UNICEF has 33 staff in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

**External Communication**

Since the beginning of the outbreak, the external communication team published 118 content pieces on its Ebola landing page, including this new webstory on the importance of access to water in EVD context published during the reporting period. In addition, in the last two weeks, UNICEF posted 35 messages on Facebook, Instagram and Twitter, thus reaching more than 1,100 posts since the beginning of the outbreak. The highest performing post on social media was the story of **Orpheni**, 6 years old and Ebola survivor. The post reached more than 200,000 persons. In Beni, the Communication team completed a photo report and held two interviews with the wire agency Associated Press.

**Next SitRep: 11 November 2019**


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7 UNICEF staff on ground includes 9 staff based in Goma (EOC), 9 staff in Goma sub-coordination, 58 staff in the Beni programme coordination, 30 staff in Beni sous-coordination, 60 staff in Butembo/Katwa, 13 staff in Mangina, 7 staff in Bunia, 7 staff in Komanda, 10 staff in Mambasa, 1 staff in Bukavu and 14 staff in Kinshasa. Staff includes people coming in surge from the regional or headquarter office.
### Summary of Programme Results

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<th>Cluster/Sector Response</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).</td>
<td>84,000</td>
<td>76,180</td>
<td>5,049</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>47,500</td>
<td>38,078</td>
<td>730</td>
</tr>
<tr>
<td># of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces.</td>
<td>34,000,000</td>
<td>31,621,202</td>
<td>1,879,547</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>21,800</td>
<td>22,163</td>
<td>3,131</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>245,769*</td>
<td>243,959</td>
<td>6,003</td>
</tr>
<tr>
<td>This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 26 October 2019.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH/IPC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>3,884</td>
<td>2,922</td>
<td>1377</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,619</td>
<td>868</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with handwashing facilities in the affected areas</td>
<td>11,750</td>
<td>8,877</td>
<td>29010</td>
</tr>
<tr>
<td>% of households, health facilities and public places with reported cases decontaminated in the 72h</td>
<td>100</td>
<td>92</td>
<td>0</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>42</td>
<td>0</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>17,861</td>
<td>712</td>
</tr>
<tr>
<td><strong>Psychosocial Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>10,312*</td>
<td>8,991</td>
<td>655</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>13,654</td>
<td>1,172</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>3,613**</td>
<td>2,657</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>6,000*</td>
<td>4,583</td>
<td>504</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,900</td>
<td>2,430</td>
<td>130</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>1,112</td>
<td>30</td>
</tr>
<tr>
<td>* 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health and Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>70,000</td>
<td>64,233</td>
<td>627</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>15,284</td>
<td>12,393</td>
<td>810</td>
</tr>
<tr>
<td>Numbers in the table are under-estimated, because of lack of reporting by implementing partners on the online Activity Info database. UNICEF is actively working on the improvement of partners’ reporting capacities.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 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 | 1,623 | 1,035 | 47

**Education**

| # of students reached with Ebola prevention information in schools | 1,458,000 | 1,184,692 | 47,140
| # of teachers briefed on Ebola prevention information in schools | 47,000 | 43,853 | 1,607

**Annex B**

**Funding Status**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements $</th>
<th>Received Current Year $</th>
<th>UNICEF Pre-financing $</th>
<th>Total Funds Available $</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>18,375,138</td>
<td>900,000</td>
<td>5,929,322</td>
<td>6,829,322</td>
<td>11,545,816</td>
<td>63%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>29,872,397</td>
<td>3,400,000</td>
<td>4,747,577</td>
<td>8,147,577</td>
<td>21,724,820</td>
<td>73%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>5,728,090</td>
<td>2,454,644</td>
<td>1,525,990</td>
<td>3,980,634</td>
<td>1,747,456</td>
<td>31%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>3,592,720</td>
<td>300,000</td>
<td>592,504</td>
<td>892,504</td>
<td>2,700,216</td>
<td>75%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>3,900,990</td>
<td>1,386,796</td>
<td>936,238</td>
<td>2,323,034</td>
<td>1,577,956</td>
<td>40%</td>
</tr>
<tr>
<td>Strengthened support to communities affected by Ebola / PILLAR 3</td>
<td>64,100,900</td>
<td>3,353,532</td>
<td>0</td>
<td>3,353,533</td>
<td>60,747,368</td>
<td>95%</td>
</tr>
<tr>
<td>Total</td>
<td>125,570,235</td>
<td>11,794,972</td>
<td>13,731,631</td>
<td>25,526,603</td>
<td>100,043,632</td>
<td>80%</td>
</tr>
</tbody>
</table>
The risk communication and community engagement aim to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviors, and (3) address community concerns and rumors. The strategy is implemented through five pillars that include (i) community engagement; (ii) promotion of preventive behaviors; (iii) responding to resistance; (iv) advocacy and capacity building of actors and (v) communication in support of ring vaccination, surveillance, safe and dignified burials (SDB), and Ebola Transit Centers (ETCs)\(^\text{11}\).

The Infection Prevention and Control strategy aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits\(^\text{12}\) and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools\(^\text{13}\), (3) WASH in communities through mass outreach on hygiene promotion, setup of handwashing stations/temperature check points in strategic transit locations, and decontamination activities (4) joint\(^\text{14}\) supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed\(^\text{15}\).

The Psycho-Social Support strategy seeks to respond to the specific needs of EVD confirmed and suspect cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support\(^\text{16}\) for EVD confirmed and suspected cases, including children, in the ETCs; (2) material\(^\text{17}\) and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in their listing and follow up; (4) psycho-social assistance, socio-culturally appropriate care\(^\text{18}\) and research for long-term solution toorphans and unaccompanied children; (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of SDB etc)\(^\text{19}\).

\(^{11}\) Implementing Partners (IP): Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground (SFCG), Caritas Congo, Réseau des Médias pour le Développement (Remod), Association Médias Auto-Centré pour le Développement du Maniema (Medam) and Adventist Development and Relief Agency (ADRA).

\(^{12}\) 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

\(^{13}\) 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

\(^{14}\) Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.

\(^{15}\) IP: Mercy Corps, Red Cross, OXFAM GB, MEDAIR, Action Contre la Faim (ACF), Norwegian Church Aid, Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA) and Centre de Promotion Socio- Sanitaire (Ceprossan).

\(^{16}\) Psychosocial support is comprised of daily individualized household visits to break stigmatization and identity any social problems which may result following the case of Ebola.

\(^{17}\) Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.

\(^{18}\) According to the local context and socio-cultural norms.

\(^{19}\) Implementing Partners: Danish Refugee Council (DRC), Alliance for International Medical Action (Alima), Division Provinciale des Affaires Sociales (DIVAS), Division de l’Interieur (DIV/Inter)
The Case Management strategy seeks to provide appropriate nutritional and pediatric care for EVD patients, including children. UNICEF contributes to the promotion and protection of infant and young child feeding practices in Ebola contexts, including ETCs and communities. UNICEF strategy addresses orphans, separated, and other vulnerable infants and young children such as children with lactating mothers who are at high risk of contact with EVD infected individuals, e.g. lactating mothers engaged as frontline health workers. Early detection of acute malnutrition cases and the adequate management of severe acute malnutrition in the affected health zones is a strong focus of UNICEF’s work. UNICEF supports the Government in strengthening the coordination of the nutrition and health response through the cluster coordination mechanisms.

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.

The formative, social sciences analysis section is cross-thematic and is used to evidence base programme and support UNICEF programme teams and the overall response to better understand and engage the communities with which we work. UNICEF’s Social Sciences team contributes to the integrated Analysis Cell which includes Epidemiological and Social Sciences work. Social sciences research agenda and themes are primary developed from epidemiological and context analysis as well as directly from response interventions and via requests from the Commissions.

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

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