Highlights

- In Mambasa, UNICEF engaged in a successful negotiation that led to the reduction of community resistance and gaining access to two informal mining areas where a number of Ebola Virus Disease (EVD) contacts were suspected to circulate. Communication teams worked with local community to promote acceptance of the overall EVD response and recommendations were made on potential pillar 3 interventions.

- In Butembo health zone, UNICEF and its implementing partner, Enseignement Primaire, Secondaire et Technique (EPST), trained 28 inspectors on the Guidance Notes and Ebola prevention. In turn, inspectors trained more than 3,000 teachers, school directors and members of parents’ committees, in 352 schools in eight EVD-affected health zones. These teachers subsequently sensitized more than 60,000 students.

- In Lwemba hotspot, a new office was opened in Biakato following the security incident with the community. UNICEF worked with local communities’ leaders in Lwemba to reestablish humanitarian access and identify community priority needs and lay the ground for reconciliation and social cohesion. An initial six wells were refurbished, and plans were agreed with the community for the construction of latrines for five priority schools.

- A total of 750,478 children were vaccinated against polio (91 per cent coverage) in 17 health zones affected by EVD in North Kivu as a result of the oral polio vaccination (OPV) campaign conducted by UNICEF in collaboration with the Ministry of Health (MoH). The OPV campaign was combined with Vitamin A supplementation for children aged 6 to 59 months and deworming for children from 12 to 59 months.

UNICEF’s Response

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of people reached through community engagement</th>
<th>% of health facilities provided with WASH</th>
<th>% of affected families who received psychosocial assistance</th>
<th>% of &lt;23 months children caregivers counselled on IYCF</th>
<th>% of teachers briefed on Ebola prevention</th>
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<tbody>
<tr>
<td>CR/EC</td>
<td>87%</td>
<td>72%</td>
<td>54%</td>
<td>102%</td>
<td>90%</td>
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<td>WASH/IPC</td>
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<td>Education</td>
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Key epidemic numbers

- 3,106 confirmed cases (WHO, 13 October 2019)
- 876 children <18 among confirmed cases (WHO, 13 October 2019)
- 2,036 deaths among confirmed cases (WHO, 13 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

Total funding available*  
(Funds received + UNICEF prefinancing)  
20%

Ebola NK and Ituri  
Phase IV  
Funding requirements* :  
$ 125,570,235

Funding Gap  
80%

* Funding requirement includes budget for Pillar I ($ 61,469,335) and Pillar III ($ 64,100,900)

* Percentages in the table refer to results for the period August 2018 to 13 October 2019 out of targets for the period August 2018 to 31 December 2019
Epidemiological overview

With an additional 29 new confirmed cases reported in the last two weeks, a total of 3,220 EVD confirmed cases were reported as of 13 October, among which 3,106 confirmed and 114 probable cases. More than two thirds (2,150) of EVD cases died (global case fatality rate remains 67 per cent).

Of the total confirmed and probable cases, 56 per cent (1,806) were female and 28 per cent (915) 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 Ebola virus disease (EVD) epidemic in the two provinces.

In parallel to that, the United Nations developed a scale-up strategy to end the 10th Ebola outbreak in the Democratic Republic of Congo (DRC). This strategy enhances the overall enabling environment within which the response is situated. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak. Among them, UNICEF activities fall under two main pillars.

UNICEF’s key role in the Ebola response is grounded in the understanding that community acceptance, involvement and ownership are crucial to ending the epidemic. UNICEF has had 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. UNICEF continues to lead and coordinate the Commissions on Risk Communication and Community Engagement (RCCE) and Psycho-social Support (PSS) and co-leads Infection Prevention and Control (IPC)/Water, Sanitation and Hygiene (WASH) Commission with World Health Organization (WHO). A UNICEF-led Social Sciences Analysis Cell also leads 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, complimentary response that tackles other humanitarian problems in Ebola-hit areas and minimizes negative impacts of the Ebola response on health and social services. Addressing problems considered to be more pressing than Ebola will lead to a safer and more enabling environment for an effective Ebola response. This shift in approach, called Pillar III, Strengthened Support to Communities and co-led by UNICEF, recognizes that the public health response to the Ebola epidemic cannot be effective without a wider, complimentary response that addresses the significant social and humanitarian problems identified by the affected communities themselves, such as the continuity of routine medical care, especially vaccinations, assistance for crisis-affected children, including children orphaned by EVD, access to clean water and decent sanitation and regular access to education for children.

UNICEF has been constantly following the epidemic dynamic, strengthening its presence on the ground to better respond to the spread of the outbreak and get closer to hotspots. Indeed, recently, UNICEF operated an important scale-up of its presence in Beni, where the core programme staff have been moved, to be at the cross-roads of the

1 The National Strategic Response Plan (SRP) was launched on August 14th 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 – October 2019) to include assumptions and additional needs until January 31th, 2019, estimated at US$ 23,506,000 million. On February 13th, 2019, the MoH launched the Ebola Response Plan 3 (SRP3, February – July 2019) for a total amount of US$ 147,875,000. Finally, on July 15th, 2019, The MoH released the Ebola Response Plan 4 (SRP4, July – December 2019) for a total amount of $ 287,590,149.

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.

3 In total, in September, 55 staffs previously based in Goma have been deployed in Beni in support to the field response teams. Most of this staff is currently roving between the various Sub-Coordinations to follow the epidemic dynamic and support the teams on the ground.
current major hotspots. This duty station shift has dramatically facilitated the recent missions and activities implementation in Mambasa, Komanda, Mangina, Biakato and Lwemba.

On 10 October, during his visit in Beni, the DRC President Felix Tshisekedi met with the EVD response actors including UNICEF. The president expressed his satisfaction for the efforts and results of all actors in the fighting against Ebola.

**Pillar 1: Strengthened public health response**

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

Under this framework, UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. The Programme Coordination team, based in Beni, maintains a dedicated support to active operational Sub-Coordinations in Beni, Bunia, Butembo/Katwa, Chowe, Goma, Komanda, Mangina and Mambasa. UNICEF maintains a Strategic Cell in Kinshasa and Goma, which works on strategic issues with donor and partners and on resources mobilisation. In addition, a multi-sectoral UNICEF rapid response team is in place and deployed to new hotspots as required.

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

**Risk Communication and Community Engagement**

**Main activities in the reporting period**

The RCCE team continued to facilitate community dialogues and overall Ebola response activities around EVD high-risk and affected areas. In Mambasa in particular, after a week of negotiations that led to the diminution of community resistance and the opening of two mining areas where a number of EVD contacts were suspected to circulate, the RCCE teams continued their work with local community to promote acceptance of the overall EVD response. Similarly, in the Lwemba area, the RCCE succeeded in facilitating the negotiations of access to Ebola affected communities for ensuring the EVD response, for priority services and for the rehabilitation of 25 houses that had been burnt.

**Risk communication and community engagement**

During the reporting period, the RCCE teams reached approximately 103,400 people in Beni, Butembo, Goma, Komanda and Bunia sub coordinations areas through mass communication activities, 78,737 persons through community dialogues and 299,120 people through educational discussions. In addition, UNICEF teams sensitized 21 pregnant and 23 breastfeeding women on EVD prevention measures.

About 63,761 households were visited by UNICEF-supported RECOs, social mobilizers and Red Cross agents from Bunia and Goma to promote EVD response acceptance. They disseminated messages focused on EVD prevention practices, EVD symptoms, the importance of early access to a health center and of vaccination.

About 250 participants attended a popular expression forum organized by RCCE teams in Komanda health zone to manage the community feedback about the EVD response.

People affected by RCCE activities include school children, religious, youth, district leaders, traditional healers, Catholic and Protestant worshippers, motorcycle taxi drivers and travelers.

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

RCCE sub-coordination teams continued to assist other sectors of the EVD response in breaking down resistance, as well as promoting Ebola response services. The RCCE teams supported the Vaccination commission through the sensitization of 1,064 people on the importance of this preventive activity. In addition, in the Bunia, Rwampara, Goma, Karissimbi, Lolwa and Komanda areas, the RCCE teams facilitated the activities of the safe and dignified burials (SDB) commission through the sensitization of 3,370 people including members of bereaved families and their neighbors, on the importance of SWABs and the respects of the SDB protocol. At the same time, they also facilitated the completion of 27 SDB.

During WASH kits distribution around confirmed cases, RCCE teams reached 404 people, including front-line workers and 417 caregivers, health personnel and family members with messages on the importance of respecting EVD preventive measures. In addition, 927 family members in Komanda, Bunia and Beni were sensitized on the importance of community-based surveillance and on community alert mechanisms.

Through support to other sectors, the RCCE teams were able to resolve 39 cases of EVD response-related community incidents (on SDB, vaccination and SWAB), and 5,056 cases of handwashing refusals.

**Capacity building**

The establishment and capacity-building of community animation communities (CACs) continued in several sub-offices: from the beginning of the CAC approach implementation, 692 CACs were set up (138 in Goma, 102 in Nyiragongo, 170 in Karisimbi and 282 in Beni health zones). During the reporting period, 410 CACs were set up including training in three health zones of Goma.
In Komanda and Goma, RCCE teams strengthened the capacity of 825 people on risk communication and EVD prevention, promotion of WASH practices, as well as the composition of food kits distributed to contacts, non-cases and Ebola healed people. Trained people include local leaders, teachers, nurses and journalists, agents of the Goma Volcano Observatory, prayer chamber leaders of the Nyiragongo and Karisimbi health zones and students.

The reporting period was marked by the public commitment of the Provincial Minister of Health and the Mayor of Bunia City: during the ceremony for the launch of the labour-intensive work as part of the Pillar 3 interventions, 3,986 people in the three communes of Bunia were sensitized on the importance of respecting the preventive measures against EVD and adhere to the overall response. In Lolwa health zone, RCCE teams organized a forum with 78 community leaders who, after having expressed their feedback and concern about the response, finally demonstrated their commitment in the Ebola response.

Media

With regard to media coverage, 46 media outlets in Beni, Butembo, Komanda and Goma, including radio, television and online newspapers, produced and broadcast 94 interactive/participatory programmes on the promotion of social protection measures in relation to the Ebola virus. These programmes included testimonies from healed people in local languages. In addition, 15 theatre sketches were produced on EVD, as well as 15 newsletters, 256 radio spots and 15 songs. Local media also covered the opening ceremony of the Kyondo transit center in the Butembo's sub-coordination and the vaccination of EVD contacts and the release of two healed people in Beni.

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

Main activities during the reporting period

At the Ebola Coordination Center in Goma, UNICEF as co-lead, works with the IPC commission to strengthen and harmonize activities within the overall coordination. UNICEF hired an additional nine supervisors to support the IPC sub-commission in Goma. In addition, the IPC commission closely collaborated with the RCCE Commission to develop revised key messages for communities about EVD prevention measures.

After the training of trainers conducted in September 2019 for the dissemination of the national IPC/WASH package 4, in collaboration with the WHO, UNICEF organized a series of training for IPC supervisors, health facility focal points and implementing partners in the IPC sub-commissions in Beni (52 participants), Butembo (60 participants) and Goma (47 participants). The objective of the training was to help strengthen the quality of IPC/WASH interventions throughout the Ebola Response, to address nosocomial infections and to ensure a standardized approach and tools together with the capitalization of the best practices.

On 2 October, in Beni, UNICEF with WHO and the MoH hosted a joint visit of the World Bank delegation to the Ngongolio Health Centre to examine the IPC/WASH improvements that have been implemented.

In response to confirmed cases, UNICEF supervisors and hygienists decontaminated 41 households, 46 health facilities and two public places. Decontamination teams were able to respond within 24 - 48 hours, except for when teams were met with community or family resistance. In additional support, UNICEF and its partners provided IPC/WASH kits to 416 health facilities, 489 households, 121 schools and 446 public places. In areas where no new confirmed cases have been reported, hygienists joined the IPC teams to support activities and to monitor 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 1,716,490 liters of water to health facilities and community handwashing and water points. In addition, UNICEF organized information sessions on Ebola prevention measures attended by 3,662 people in health facilities, 9,250 in schools and 10,973 in public places.

UNICEF, in collaboration with its partners, installed 1,652 new handwashing points in public places: 1,320 in Mangina, 138 in Komanda, 113 in Mambasa, 51 in Butembo and 30 in Beni. Implementing partner PPSP provided 198,786 litres of chlorinated water and reached 165,948 people with messages on the importance of handwashing at 26 existing handwashing points throughout Goma. In Beni, the construction of 28 latrines was completed by PPSP in schools in Rwangoma and Kanzuli health areas.

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 609 newly affected children, including 597 suspected cases (295 boys and 302 girls) and 12 confirmed cases (four boys and eight girls).

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4 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.
During the reporting period, a decrease of 30 per cent of confirmed and suspect cases assisted by the Psychosocial Commission has been observed in the Butembo/Katwa health zones (408 suspects cases and one confirmed case during this reporting period compared to 588 suspect cases and 6 confirmed cases the previous period).

Based on the number of cases and related needs for hosting Ebola orphaned and separated children, UNICEF set up a temporary nursery in Mambasa near the ETC, the time for the UNICEF team to finalize the definitive construction. The nursery has already welcomed five children (three girls and two boys).

During the reporting period, 57 children (32 boys and 25 girls) received nutritional care and psychological support in the five operational UNICEF-run nurseries. Since the beginning of the epidemic, 701 children (379 girls) received appropriate nutritional, medical and psychosocial care in the nurseries.

**Activities in communities**

At community level, UNICEF provided appropriate care and support to 346 newly separated children (167 boys and 179 girls) and 258 new orphans (139 boys and 119 girls), including material assistance.

However, children at risk or victims of neglect and violence due to EVD, such as orphaned children who are still without caregivers or refused by their families, continued to receive psychosocial support and protection services that match identified needs. For example, UNICEF and its partners facilitated family tracing and reunification of orphans with extended family members according to the best interest of the child.

The reporting period was marked by the 1,000th Ebola survivor: the case was a woman of Mangina health zone. UNICEF and partners of the psychosocial sub commission were actively involved in the reintegration of the woman in her family: the psychosocial agents provided material assistance and an adapted psychological support both for the woman and the family to avoid stigmatization and, on the contrary, to celebrate the success in the fight against Ebola. Psychosocial agents were also active in the community through group discussions to promote her full inclusion and reintegration.

During the reporting period, 18 children (ten boys and eight girls) who are Ebola survivors received psychosocial support, reaching a total of 172 children (96 boys and 76 girls) since the beginning of the epidemic. Once back home, the follow-up and individualized visits as well as the provision of regular psychological support are particularly important as risks of stigmatization remain high both at family and community level, including in schools.

In addition, UNICEF trained 60 new locally-recruited psychosocial agents. Among these, 27 will be soon deployed in Mambasa and Mandima hotspots to ensure a coverage adapted to the identified needs.

Finally, through the Psychosocial Commission, UNICEF continues to be involved in the provision of counseling and psychological support for staffs involved in the EVD response and particularly for front line workers. A total of 1,028 (395 women) staffs from different organizations (UN agencies, NGOs, government) benefited from this assistance since the beginning of the intervention.

**Main activities during the reporting period**

UNICEF and its partners provide nutritional care for all confirmed and suspected patients admitted to ETCs, TCs, and to Ebola orphaned and separated children in nurseries and in the community. In particular, UNICEF ensures the nutritional care in nine ETCs, including five in North Kivu (Beni, Butembo, Goma, Katwa and Mangina), three in Ituri (Bunia, Komanda and Mambassa) and one in South Kivu (Mwenga). The feeding of Ebola patients in ETCs strongly depends on the patient's condition and food tolerance. An appetite test is systematically performed at admission for all patients with the F75 therapeutic milk for children under 6 months of age and with ready-to-eat therapeutic food (RUTF) for other patients (over 6 months and adults).

During the reporting period, the UNICEF-supported nutritionists provided adapted nutritional assistance to 813 new suspected and confirmed cases, with a significant decrease in comparison to the previous period (1,126). Among these cases, 11 were children under six months, 149 children aged from 6 to 59 months, six pregnant women and three breastfeeding women. The highest number of patients assisted was registered in the ETCs of Butembo (311), Katwa (232), and Mangina (139).

Ebola-separated and orphaned children are cared for at ETC-affiliated nurseries ran by UNICEF or in the community. Children under 6 months of age receive the Ready to Use Infant Formula (RUIF) and those aged 6 to 23 months receive whole pasteurized milk at high temperature (UHT).

For the reporting period, seven children under 6 months who could not be breastfed received the RUIF in ETCs.

The management of severe acute malnutrition is an activity implemented in the health areas affected by the epidemic. The proportion of SAM cases treated is 72 per cent or 3,618 cases out of 5,000 expected cases until the end of December 2019.

In addition, UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 2,624 women caregivers on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context. Sensitization messages include the importance of breastfeeding and its continuation once the risk of the disease has been eliminated, of exclusive breastfeeding until 6 months and continuing until 24 months and the introduction of complementary foods from 6 months.
Main activities during the reporting period

In Butembo health zone, UNICEF supported its implementing partner EPST in the training of 13 focal points representing the EPST in the Sub-Coordinations and 15 inspectors. The training focused on the Guidance note for the prevention and fight against Ebola in schools as well as on the importance of the teacher engagement in communicating on EVD risks and the importance of prevention measures both in schools and in the community. Once trained, the 28 EPST staffs, in collaboration with UNICEF partner ASOPROSAFD, proceeded to the training of 3,313 teachers, school directors and members of parents’ committees, including 895 women, in 352 schools in eight EVD-affected health zones. Training was focused on the Guidance note for prevention and fight against Ebola in schools. They also distributed 1,148 hand washing kits in 195 schools to strengthen prevention measures for 60,212 students (30,708 girls) and provided three recreational kits in three primary schools, thus benefiting to 2,425 students including 1,237 girls.

In Musienene health zone, the UNICEF Education and RCCE teams jointly sensitized 11,184 students including 5,957 girls, in 23 schools on prevention, hand washing in school, and the importance of vaccination.

In Beni health zone, EPST and the local association ANAPECO (National Association of Committees of Parents of Pupils) jointly briefed and sensitized 119 teachers, school directors (32 women) and 85 parents on EVD and prevention measures, including measures to be taken when a visitor comes for a visit, and on the importance of vaccination in primary and secondary schools. In addition, 840 students (447 girls) and 31 teachers (14 women) were sensitized on EVD and prevention (hand washing) through participatory theatre.

In the health zone of Oicha, supported by UNICEF, the EPST briefed 30 teachers and 1,380 students (674 girls) on the operationalization of school brigades and the management of hygiene and sanitation tools in 37 primary and secondary schools.

Finally, in the health zones of Beni, Mabalako, Lubero, Masereka, Musienne, UNICEF in collaboration with AVSI, organized recreational activities in 91 primary and secondary schools with 31,207 students (15,263 Girls) and 286 teachers (54 Women) with a special focus on EVD prevention measures.

Main results during the reporting period

On 7 October, in Beni, the social science analysis cell (CASS) organized a training with local researchers on the theoretical background of scientific research in order to prepare future practical training on quantifying qualitative data with Atlas.ti software. This training included information on how to ensure quality of research (standards/approaches), how to apply anthropology to the humanitarian context and what are the main differences between quantitative and qualitative studies.

On 11 October, in Mambasa, the CASS team presented the results of the population Perceptions and Behaviour survey to the sub-coordination and sub-commissions. The main results show a lack of knowledge on EVD dry symptoms and continued reported high-risk practices (contact with a sick person and/or a dead person) within the community. Over one quarter of the respondents still have doubts on the existence of the epidemic. The majority of the population still reports wanting more information to better understand essential response interventions including vaccination (36 per cent), how the ETC operates (31 per cent) and SDB (28 per cent).

From 30 September to 5 October, the CASS team collected qualitative data in Beni, Biakato Mines (Mandima health zone), Aloya and Mangina (Mabalako health zone) on perception of maternal and child health and access to health services since the beginning of the Ebola outbreak. The main objective of the study is to better understand how Ebola is affecting health routine services to guide future interventions related to Pillar 3 which is aimed at strengthening non-Ebola programs responding to community needs.

From 30 September to 3 October, the CASS conducted a meta-synthesis on perceptions around vaccines and health services for children, in support of the launch of the routine vaccination campaign. This study included new qualitative data collection in Butembo and Beni as well as a review and analysis of existing quantitative data. The CASS shared a report, with key recommendations, to the teams prior to the launch of the vaccination campaign, to inform the questions&answers used by communications teams.

In Butembo, from 6 to 10 October, UNICEF CASS teams collected data for a quantitative study looking at perceptions and use of health services beyond Ebola, including child healthcare and perceptions of routine vaccinations. Data analysis is ongoing. During this process, new local researchers were trained in quantitative data collection methods.

To date, the Social Sciences team has identified and proposed 58 research recommendations in all zones of the outbreak. Among them:

- 91.4 per cent have been implemented (53.4 per cent) or are on-going (37.9 per cent) and 1.7 per cent still require validation.
• 50 per cent concern RCCE interventions and 24.1 per cent are related to IPC/WASH (including SDB). The remaining recommendations are shared between Education (5.2 per cent), psychosocial and case management (8.6 per cent), the Coordination (1.7 per cent), the Vaccination Commission (3.4 per cent), UNICEF-CASS (5.2 per cent) and the Pilar 3 (1.7 per cent).

• In Mambasa, four recommendations were validated during the reporting period with the RCCE Sub-commission according to the population survey mentioned above. The recommendations aim at improving communication on dry symptoms, focus on the importance to seek an early treatment. The recommendations are also focusing on how to better explain some interventions of the response, such as vaccination which is still not fully understood by communities. The implementation of the four recommendations is ongoing. A fifth one was addressed to the UNICEF/CASS to support the RCCE in analyzing the trends of the community feedbacks in the August to October period and triangulate them with results of the population survey. The main results of the feedback show that the community in Mambasa still have a lot of questions for the response which is linked to a high level of rumors, especially related to the vaccine.

• CASS also discussed with the RCCE and the sub-commission teams on the importance of implementing general recommendations which are replications of successful strategies in other zones of the epidemics (engage community first, recruit locally, include influential women, religious leaders and include survivors to provide positive messages to the community).

Pillar 3: Humanitarian response to communities affected by Ebola

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

Since the beginning of the response, the teams on the ground have already started to provide communities with basic social services including building latrines units, boreholes and conducting measles campaigns in Ebola affected-areas. The Pillar 3 strategy thus supports this pre-existing markadown 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 have been identified following a Call for expressions of interest. These partners will work with UNICEF in delivering multisectoral assistance addressing communities’ needs. In addition, UNICEF will continue implementing activities such as measles campaigns and malaria prevention in collaboration with the government.

Summary analysis of the humanitarian response (Pillar III)

Major campaigns

In North Kivu, vaccination against polio was interrupted in March 2019 mainly because health resources (including medical personnel) were working in the Ebola response. Since 7 October 2019, in collaboration with the MoH, UNICEF has been conducting an oral polio vaccination (OPV) campaign in 17 North Kivu health zones affected by EVD, with a target of 825,000 children aged 0-59 months. The OPV campaign is combined with Vitamin A supplementation for children aged 6-59 months and deworming for children from 12 to 59 months. Vaccination, supplementation and deworming activities are conducted through door-to-door visits by 2,600 teams (of 3 people each) previously trained by UNICEF on IPC measures to be observed during vaccination activities to avoid infection transmission.

As of 12 October 2019, a total of 750,478 children were vaccinated against polio (91 per cent coverage). A total of 410,257 households were reached through both health area-level visits conducted by four social mobilizers (four social mobilizers for each of the 293 health areas) and radio broadcasts to ensure the door-to-door vaccination was accepted by the caregivers of the children who needed it.

Vitamin A supplementation reached some 680,760 children, representing a 92 per cent coverage while 601,730 children received deworming Mebendazole treatment (86 per cent coverage).

In some health zones, communities showed resistance toward vaccination. Through both mass and community sensitization activities UNICEF-supported social mobilizers and RCCE teams worked together for promoting community acceptance of vaccination and to reduce misunderstanding about the difference between the polio and Ebola vaccine. As a result, most of the reluctant was successfully overcome. The RCCE teams in the sub-coordinations are already working to document these cases in order to prepare and anticipate for the next polio vaccination campaigns in Ituri.

In addition, UNICEF teams provided support to the MoH for the organization of the next follow up campaign of measles vaccination planned for the end of October in Ituri, including eight EVD affected and at-risk zones, targeting over 237,000

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 6,357 children aged 06-59 months (more information in the Situation Report #35 of 31 July 2019. A second measles vaccination campaign occurred in August. In total, 81,534 persons were vaccinated, among them 73,529 children from 6 to 59 months, in four health zones, namely Bunia, Rwamara, Nyankunde and Tchomia (more information in the Situation Report #39 of 26 August 2019).
children in 128 vaccination sites. This intervention requires strong support in infection disease and control, to ensure safety of both the children and the health staff.

**Integrated response at community level**

In Mambasa, one of the hotspots of the epidemic, UNICEF conducted a WASH rapid evaluation mission to assess the humanitarian needs of a population of around 85,000 people. To restore the community dialogue and respond to urgent needs, a first partnership was signed with MUSACA, a national partner already implementing RCCE and WASH activities in this area and that will conduct activities such as drilling of 20 boreholes (8,000 beneficiary people) and rehabilitating water points in primary health facilities, in schools and in the community in three health zones.

UNICEF also distributed ten WASH items in eight health centers, two hospitals. Fifty-seven (57) kits were distributed in eight schools along the Mambasa-Loleta axis. In total, UNICEF provided these establishments with 290kg of chlorine, two thermoflashers per schools and over 100 hand washing stations.

In Lwemba, UNICEF in collaboration with WHO, provided psycho-social, non-food items and small cash (for food) to support 35 Ebola response officers (who were affected by an earlier attack on their houses) to enable their recovery and their reinsertion in the community. UNICEF also worked on reestablishing humanitarian access with local communities after the attacks on the Ebola response actors and community leaders. In addition, as part of RCCE activities, a UNICEF team was deployed to Lwemba to discuss with community leaders and assess the humanitarian needs of the population living in the area. Access to water was identified as the first priority. Local leaders agreed that UNICEF and its local partner BEHCOGEN (Bureau d’Etudes, d’Hydraulique et de Constructions Générales) will carry out a technical evaluation of the different water sources in the village. Based on this evaluation, BEHCOGEN with the support of UNICEF, started implementing WASH in emergency activities, including work to rehabilitate ten water sources and the construction of 24 sustainable school latrine doors.

In addition, responding to the request of the population, UNICEF provided support to restore the foundation for social cohesion in the Lwemba community - between the population and their leaders, through the organization and facilitation of a “forgiveness” ceremony, held on 6 October. UNICEF provided some materials (iron sheets, nails, boards, etc.) to the community for them to rebuild the houses that were burned down during the attacks in mi-September.

UNICEF’s approach in Lwemba is based on a strategy to ensure the community acceptance of the activities before their implementations.

In terms of child protection, needs assessment were conducted in Kalungunta (Nord Kivu) as well as in Mambassa (Ituri) to better understand the situation of children living in communities affected by the EVD, and then to develop an adapted response. The presence of unaccompanied and separated children, children associated with armed forces or armed groups and children victims of violence including sexual violence was reported – the children have limited access to proper child protection services in those areas. To provide a timely and adequate response, a partnership agreement will be signed in the coming days with two national NGOs.

With regards to Education, school kits, recreation kits and hand washing facilities were distributed in 153 schools in 13 health areas located in the health zone of Kalunguta. These kits reached 39,093 students including 15,997 girls and 23,096 boys. Out of 10 agreements, 3 partners have already received orientation and technical support in finalizing their proposals.

**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$ 24,003. The total value of procurement orders was US$ 1,157,191, - all items were procured locally.

**Human Resources**

UNICEF continue to strengthen its presence on the ground to better respond to the outbreak in North Kivu and Ituri provinces. The number of staff dedicated to the Ebola response scaled up to 221 persons already working in the affected areas6, with an additional 70 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**

During the period from 30 September to 13 October, media coverage of UNICEF activities and the Ebola response was twofold. Thanks to two UNICEF consultants (photo and video) who sent their material to New York, nine activities and stories were covered - including the story of Victorine, the miraculous baby. Many of these topics were retrieved and relayed on social media, mainly Facebook and Twitter. In addition, the international media showed their interest in UNICEF as part of the Ebola response. A team from CBS News came for three days. Interviews were given to Europe 1, Reuters and the Italian agency Nawart Press.

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6 UNICEF staff on ground includes 13 staff based in Goma (EOC), 9 staff in Goma sub-coordination, 55 staff in the Beni programme coordination, 32 staff in Beni sous-coordination, 60 staff in Butembo/Katwa, 13 staff in Mangina, 6 staff in Bunia, 8 staff in Komanda, 9 staff in Mambasa and 16 staff in Kinshasa. Staff includes people coming in surge from the regional or headquarter office.
Next SitRep: 28 October 2019


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Annex A

Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Communication and Community Engagement</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>71,131</td>
<td>1,902</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>37,348</td>
<td>630</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>29,741,655</td>
<td>1,511,107</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>18,500</td>
<td>19,032</td>
<td>2,111</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>239,747*</td>
<td>237,956</td>
<td>7,467</td>
</tr>
</tbody>
</table>

*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 12 October 2019

WASH/IPC

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>3,884</td>
<td>2,780</td>
<td>975</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,533</td>
<td>208</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>11,750</td>
<td>8,587</td>
<td>1169</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>92</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>100%</td>
<td>65%</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>17,149</td>
<td>254</td>
</tr>
</tbody>
</table>

Psychosocial Support

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>10,312*</td>
<td>8,336</td>
<td>609</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>12,482</td>
<td>985</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>5,916**</td>
<td>5,254</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>4,500</td>
<td>4,079</td>
<td>346</td>
</tr>
</tbody>
</table>

Numbers in the table are under-estimated, because of lack of reporting by implementing partners on the online Activity Info database. UNICEF is actively working on the improvement of partners’ reporting capacities.
# of orphans identified who received appropriate care and psycho-social support as well as material assistance & 2,900 & 2,300 & 258
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families & 1,300 & 1,082 & 0

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

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

## Health and Nutrition

| # of < 23 months children caregivers who received appropriate counselling on IYCF in emergency | 70,000 | 63,606 | 2,642 |
| # of Ebola patients who received nutrition support during treatment according to guidance note | 11,500 | 11,583 | 813 |
| # 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 | 988 | 7 |

## Education

| # of students reached with Ebola prevention information in schools | 1,458,000 | 1,137,552 | 107,248 |
| # of teachers briefed on Ebola prevention information in schools | 47,000 | 42,246 | 3,779 |

## Annex B

### Funding Status

**Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response Plan - SRP4)**

<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>
Annex C

UNICEF Comprehensive Strategy in the Ebola response under the SRP4

The risk communication and community engagement aim to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviors, and (3) address community concerns and rumors. The strategy is implemented through five pillars that include (i) community engagement; (ii) promotion of preventive behaviors; (iii) responding to resistance; (iv) advocacy and capacity building of actors and (v) communication in support of ring vaccination, surveillance, safe and dignified burials (SDB), and Ebola Transit Centers (ETCs)10.

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 kits11 and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools12, (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) joint13 supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed14.

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 support15 for EVD confirmed and suspected cases, including children, in the ETCs; (2) material16 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 care17 and research for long-term solution to orphans and unaccompanied children; (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of SDB etc)18.

10 Implementing Partners (IP): Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground (SFCG), Caritas Congo, Réseau des Medias pour le Développement (ReMed), Association Medias Auto Centré pour le Développement du Maniema (MEDAM) and Adverist Development and Relief Agency (ADRA).
11 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
12 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.
13 Multidisciplinary teams comprise health specialists from the MoH and/or Medical NGOs as well as WHO.
14 IP: Mercy Corps, Red Cross, OXFAM GB, MEDAIR, Action Contre la Faim (ACF), Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA) and Centre de Promotion Socio-Sanitaire (CEPROSSAN).
15 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.
16 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.
17 According to the local context and socio-cultural norms.
18 Implementing Partners: Danish Refugee Council (DRC), Alliance for International Medical Action (Alima), Division Provinciale des Affaires Sociales (DIVAS), Division de l’Intérieur (DIVInter)
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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19 Implementing Partners: ALIMA, Adventist Development and Relief Agency (ADRA), Programme National de Nutrition (PRONANUT)
20 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)
21 The teams works 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.