Highlights

- On May 30th, the United Nations activated the System-Wide Scale-Up for Ebola response for an initial period of three months. The activation targets health zones in the DRC in which transmission is occurring and likely to occur, with the possibility of including other geographical areas should the disease spread.

- On June 4th, the Minister of Health launched the process for the development of the joint national Strategic Response Plan (SRP) IV against EVD in cooperation with WHO, UNICEF and other partners covering a six-months period until the end of December 2019.

- On June 7th, a new confirmed case death has been reported in Rwampara health zone (Hoho health area), Ituri province, after 115 days without any new confirmed cases.

- On June 11th, the Uganda’s Ministry of Health and the World Health Organization (WHO) confirmed a case of Ebola Virus Disease in Uganda.

2,062 total reported cases
(MoH, 09 June 2019)

1,968 confirmed cases
(MoH, 09 June 2019)

575 children <18 among confirmed cases (MoH, 09 June 2019)

1,296 deaths among confirmed cases
(MoH, 09 June 2019)

14,697 contacts under surveillance
(MoH, 09 June 2019)

UNICEF’s Response

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td># of at-risk people reached through community engagement and interpersonal communication approaches (door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other)</td>
<td>21,500,000</td>
<td>16,845,559</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>134,263 *</td>
<td>131,860</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>15,000</td>
<td>3,895</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>32,296</td>
<td>23,454</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>7,000**</td>
<td>5,517</td>
</tr>
</tbody>
</table>

* The target is dynamic as listing of eligible persons is defined
**The target is estimated based on both the number of confirmed, probable and suspected case, and is adjusted according to the response.

UNICEF Ebola Response Appeal
US$ 50.15 million
Epidemiological Overview

Summary Table (09/06/19)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Number of days without confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Nord-Kivu</td>
<td>Beni</td>
<td>318</td>
<td>9</td>
<td>327</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>238</td>
<td>0</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>108</td>
<td>15</td>
<td>123</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>19</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>236</td>
<td>16</td>
<td>252</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>38</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>62</td>
<td>1</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>41</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>584</td>
<td>16</td>
<td>600</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>85</td>
<td>13</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Biena</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Manguredjipa</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Alimbongo</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mandima</td>
<td>159</td>
<td>4</td>
<td>163</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>28</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>1968</td>
<td>94</td>
<td>2062</td>
</tr>
<tr>
<td>Previous Total 26 May 2019</td>
<td>1826</td>
<td>94</td>
<td>1920</td>
<td>1187</td>
</tr>
</tbody>
</table>

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

The Ebola outbreak in the Democratic Republic of the Congo (DRC) continues to take place in the provinces North Kivu and Ituri, both affected by conflict and armed violence.

As of June 9th, a total of 2062 confirmed (1,968) and probable (94) EVD cases have been reported, of which 1,390 died (case fatality ratio 67 per cent).

During the past weeks, reports indicate that the number of new confirmed cases remained the same during the week 22 (May 27th to June 2nd) as in the previous week and decreased in week 23 (June 3rd to 9th). A diminution of new confirmed case is observed in the last two weeks in comparison to previous two weeks (142 vs 209 cases).

The proportion of new confirmed cases listed as contacts remains low (53 per cent on average in the last 3 weeks). During the last 3 weeks transmission remained most intense in three main hotspot areas: Mabalako (28 per cent of new confirmed cases), Butembo (22 per cent) and Katwa (15 per cent). Collectively, these health zones account for the majority (65 per cent) of the 230 cases reported in the last 21 days. In the last three weeks, 230 new cases were reported in 68 health areas in 11 health zones of North Kivu and Ituri. A new confirmed case was reported in Rwamara health zone, after 115 days without any new case notification.

Of the total cases with recorded sex and age, 54 per cent (1,123) are female. Among these, 58% are childbearing age (15-49 years). 22 per cent (435) of total cases are children under 5.

The number of healthcare workers affected has risen to 113 (5 per of total cases), with 6 new cases reported in the last 3 weeks.

On June 11th, the Uganda’s Ministry of Health and the World Health Organization (WHO) confirmed a case of Ebola Virus Disease (EVD) in Uganda. The confirmed case was a 5-year-old child from the Democratic Republic of the Congo who travelled with his family on 9th June 2019. He died over the night and the Ugandan authorities subsequently identified two other cases — family members of the deceased. His 3-year-old brother and 50-year-old grandmother have Ebola and have been isolated at a hospital near the border.

Humanitarian Leadership and Coordination

On May 30th, the United Nations activated the System-Wide Scale-Up for Ebola response for an initial period of three months. The activation targets health zones in the DRC in which transmission is occurring and likely to occur, with the possibility of including other geographical areas should the disease spread. The Scale Up declaration will focus on five strategic priorities: i) strengthened political engagement to create an enabling environment for the response; ii) strengthened multi-sectoral humanitarian coordination that fosters greater community engagement; iii) timely and sustainable financing, monitoring and reporting on the use of funds; iv) enhancing the public health response, working with the Ministry of Health; and v) leadership for a contingency cell in Goma and redouble preparedness efforts in other countries (Burundi, South Sudan, Rwanda and Uganda).

In this framework, and thanks to its leadership role in the WASH, Education, and Nutrition clusters, as well as the Child Protection Working Group (CPWG), UNICEF is positioning as a lead actor in developing a multisectoral early development and emergency response approach to the impacted area with a strong focus on reinforcing its role in community engagement.

On June 4th, the Minister of Health launched the process for the development of the joint national Strategic Response Plan (SRP) IV against EVD in cooperation with WHO, UNICEF and other partners covering a six-months period until the

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2 121 new confirmed cases in week 20, 88 in week 21, 88 in week 22 and 54 in week 23.
end of December 2019. This new plan will address the issue on the increase in the number of new EVD cases, challenges in response coordination together with standing insecurity and need for a renovated community engagement, UNICEF remains an active leader in essential pillar during the design of this new plan and bring its expertise and presence to develop a “beyond Ebola” strategy to broadly answer to needs of Ebola affected communities.

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

The strategic Ebola response coordination based in Goma maintains a strong support to active operational coordination (Butembo / Katwa, Mangina, Bunia, Beni and all active health zones. A multi-sectoral UNICEF Rapid response team is in place and deployed to new hotspots as required.

During the reporting period, the number of new EVD cases slightly decreased in comparison to the previous two weeks and the overall security situation has allowed for the resumption of most response activities. Though no major insecurity incidents were recorded during the reporting period, outbreak response teams, local healthcare workers, and community members cooperating with response efforts, are increasingly subjected to threats, through leaflets or direct intimidation, made by armed groups present in hotspot areas such as Katwa and Butembo. Increased tensions in Bunia are closely monitored to prevent any incident which could impact UNICEF response activities. The coordination team continues to harmonize the response to decrease community resistance and ensure the security of response teams.

**Response Strategy**

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the EVD in North Kivu and Ituri provinces. SRP aims at containing the transmission of EVD in the provinces of North Kivu and Ituri and to avoid the spread of the disease to new health zones as well as neighbouring provinces and countries. The national SRP was launched on August 1st 2018 and was revised three times. The current one, SRP III was launched in February 2019 and covers a six-months period until July 31st 2019. Through the broadening of the scope of the response to all 70 health zones in North Kivu and Ituri provinces to eradicate Ebola and due to the longer six-month time frame, in comparison with previous planning, SRP III allows for greater flexibility in adopting rapid, effective and needs-based response measures. The strategy further provides for a strong anchoring of the response in the local health system, the strengthening of the information management system, and a strong accountability framework. In support of the SRP, the UNICEF response strategy focuses on a cross-cutting Community Engagement approach including WASH/Information, Prevention and Control (IPC), Psycho-social care, Risk Communication, Education and Nutrition interventions.

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1 The National Strategic Response Plan (SRP) was launched on August 1st and was revised three times. The initial Response Plan (SRP I, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified. On October 19th 2019, the MoH released the revised Ebola Response Plan (SRP II, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545. On December 20th 2018, the MoH updated the Ebola Response Plan II (SRP II-I, November 2018 – January 2019) to include assumptions and additional needs until January 31st 2019, estimated at US$ 23,506,000 million. Finally, on February 13th 2019, the MoH launched the Ebola Response Plan III (Strategic Response Plan III, February – July 2019) for a total amount of US$ 147,875,000.
Summary Analysis of Programme Response

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

Communication and Social Mobilization

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

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

Main activities during the reporting period

An all-partner workshop was held to update, create and unify EVD messages in all critical challenges and pillars. These messages will be used to improve and create new education tools and also to reinforce the capacity of mobilizers and frontline workers with a complementary training on interpersonal communications. During the reporting period, messages were validated with inputs from all pillars on their technical validity, they will now be pre-tested in communities and with mobilizers.

A special meeting was held with the senior members of the Federation of Business sectors (FEC), to discuss how they can better address and improve awareness concerning movements of population and EVD preventive measures. UNICEF engaged with 81 radio stations to place a stronger focus on EVD prevention and decontamination, vaccination and engagement of communities.

Through the continuous community feedback mechanisms in place, many suggestions and needs were resolved by the response teams, particularly concerning more trainings, list of people in their communities who they can go to, information about possible creation of a transit center to get tested for fever, without going to the Ebola Treatment Unit.

74 CAC have been put in place. Following the Community Accountability Committees (CAC) workshop held on May 27th to 29th, the RCCE team began to develop an operational plan to put in place and train 1,200 community platforms in both Ituri and Nork Kivu affected and non-affected areas. Platforms will be responsible for surveillance, monitoring, report alerts, and provide community dialogue sessions.

In Beni, security threats continue to slow the RCCE teams from systematically working in affected neighborhoods.

Key Results

<table>
<thead>
<tr>
<th>COMMUNICATION AND SOCIAL MOBILIZATION</th>
<th>Target 1</th>
<th>Total UNICEF</th>
<th>Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, women and women’s organisations, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, adolescents and private sector).</td>
<td>47,695</td>
<td>43,488</td>
<td>1,486</td>
<td></td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>27,927</td>
<td>27,557</td>
<td>883</td>
<td></td>
</tr>
</tbody>
</table>

1 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Infection Prevention and Control (IPC) and Water, Hygiene and Sanitation (WASH)

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

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

**Main activities during the reporting period**

At the Ebola Coordination Center in Goma, as co-lead, UNICEF works with the IPC commission to strengthen and harmonize activities within the overall coordination. From June 1st to 6th, the Ministry of Public Health with UNICEF’s support, continued a series of workshops aiming at introducing and reinforcing the IPC standard operating procedures and work with the IPC sub-coordination to review and strengthen activities. This last wave of workshops in the Butembo sub-coordination operational area covered 14 health zones with over 120 participants. Over the last month eight 2-day workshops were held for approximately 400 individuals involved in IPC activities as part of the response. In conjunction with the above IPC workshops, a series of information management trainings is ongoing in each IPC sub-committee to introduce the improved data collection tool and to provide a consolidated overview of all activities in the health centers, schools and communities achieved along with the associated indicators. In addition to previous sessions in Butembo and Katwa, 4 trainings were held in Beni (2 Data Encoders of the IPC sub-commission and 5 partners responsible for data management) and in Mangina (3 Ministry of Health Data Encoders attended along with 2 Oxfam staff).

Although the security situation is improving in Butembo health zone, teams remain on high alert. Access to Musienene, Vuhovi, Kalunguta, Masereka and Kayna is only possible with security escorts which not only limits response flexibility but increases the distrust of communities towards the response efforts. IPC/WASH partners continue the collaboration with the Community Engagement sub-committee to build trust and gain access in reluctant communities. This is

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5 KAP results will be shared in the next sitrep, 12 May 2019

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

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

8 Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
particularly important in regard to household decontamination and is the reason for which a new strategy is being introduced to involve community members themselves in the household decontamination process.

Decontamination of households and public places is a critical aspect of IPC activities. In Butembo over the reporting period, decontamination took place in 4 schools, 3 churches, 54 health facilities and 47 households. These activities were accompanied by health messaging and hygiene or WASH kits distribution. Distribution of kits took place in 447 at risk households and 37 schools. It is important to note that IPC activities go beyond simply decontamination and distribution of kits to include briefing on EVD and IPS protocols; indeed, to reinforce prevention procedures, 48 health facilities received IPC/WASH kits and 867 health personnel were briefed on EVD and IPC protocols. Moreover, public handwashing facilities were installed in 119 sites.

In Beni, Oicha and Mutwenga health zones case numbers remained constant with 17 confirmed cases in 10 health areas and 117 affected households were identified. In response to this, 92 households received a hygiene kit (552 beneficiaries). The other 25 households remained inaccessible due to their resistance. A total of 8,640 people was briefed on Ebola prevention measures and 540 women engaged in group discussions.

Prevention activities in schools continued with hygiene promotion sessions, attended by 130 teachers and 1,762 students. Nine schools were supplied with WASH kits containing soap, cleaning supplies, and thermoflash for temperature screening. WASH kits were distributed to 5 health care facilities. An estimated 352 handwashing points across at risk areas were supplied with over 530,350 liters of chlorinated water.

In Oicha health zone, UNICEF partner, National Society of Rural Hydraulics (SNHR), is finalizing the construction of a new borehole for the Oicha General Reference Hospital. Water quality testing and final technical verifications are expected in the coming week. The borehole is expected to be fully functional within the following weeks, providing much needed access to safe water for the health facility.

Fatal attacks by armed groups in Rwangoma, community protests and a strike of motor bike drivers disrupted and hampered planned activities in Beni. Based on recent assessments, a scale-up of activities is needed in Mutwanga health area with, as a first step, a mapping of the health area, including the key actor of IPC Supervisors and Hygienists is near completion. As access is only by MONUSCO security escorts to both Oicha and Mutwenga health zones, the flexibility in activities implementation is limited.

In response to cases being reported in the Mandima and Mabalako health zones (Mangina sub-coordination) 26 health facilities and 41 households have been decontaminated. WASH kits were distributed to 26 health facilities, 2 schools and 10 public places as well as 257 households received hygiene kits (total of an estimated 5,600 beneficiaries). However, activities of the sub-commissions were halted due to a general strike by the Ministry of Health staff due to unpaid salaries. Since June 7th, decontamination, evaluation and distribution activities around confirmed cases were not carried out. Negotiations are underway within the Ministry to solve this issue with a team from the general coordination traveling to Mangina in the coming week.

Reinforcement of EVD prevention activities continues in Komanda health zone. During the reporting period treated water was provided to 9 chlorination points, for hand washing in 70 public places, 4 points of entry and 3 health facilities. For schools, over 3,000 students were reached with 11,022 litres of safe water in 12 schools including 4 primary schools and 8 centers where the National End of Primary Studies Test (TENAFEP) took place. In 13 TENAFEP centers, 3,882 students were sensitized on hand washing practices and Ebola awareness and prevention in schools. – Based on needs, some centers received a donation of WASH kit items such as Thermoflash to replace dysfunctional ones, replacement of broken handwashing devices and reinforcement of water storage.

Monitoring of the use of WASH kits in 65 schools, 33 health facilities and 69 public places is ongoing. WASH kits were provided to 6 traditional practitioners and 1 school. 36 health facilities were equipped with incinerators for safe disposal of medical waste.
In Mambasa health zone, preparedness activities focused on schools with 107 teachers and 1,463 students briefed on key prevention MVE measures including critical hand-washing, signs and symptoms of EVD and how to report a suspected case. WASH kits were donated to 3 schools. In total, distribution of complete WASH kits has been made to 48/61 schools and 7/27 health facilities, however, due to ruptures in key items for handwashing stands (buckets, basins and plastic stools) there is a gap of 13 schools and 20 health facilities awaiting distribution. Monitoring is ongoing on the use of WASH kits in 31 schools, 8 health facilities and 24 public places. Five hand washing points were installed in the community and 9,080 liters of chlorinated water were supplied to 24 public places and 2 entry points. In Mambasa, limited water supply is a challenge to ensure that sufficient water is being supplied to these public handwashing points. WASH needs assessments were completed in 3 scholastic testing centers with WASH kits being donated to 2 centers and 1,820 liters of water being supplied to all 3 schools.

At the Mambasa General Reference Hospital, borehole drilling activities will recommence as a new agreement was signed with UNICEF local NGO partner MUSACA. In the meantime, to ensure adequate water supply, 16,800 liters were supplied to the Hospital.

After 115 days without a case, on June 7th health authorities in Bunia confirmed a positive case of Ebola in the Hoho health area in the Rwampara health zone. Response efforts kicked into action with IPC/WASH partners distributing hygiene kits and health messages to 15 households around the confirmed case (90 beneficiaries) and WASH kits to 6 health facilities. An estimated 243,175 liters of chlorinated water was supplied to 17 health facilities and 32 public places in Bunia and 9 health facilities and 14 public places in Rwampara.

Efforts are being made to ensure consistent supply of kits for distribution particularly with ongoing challenges of purchasing materials locally and the considerable number of health facilities and schools that are included in both health zones. Partner Action Against Hunger has received all supplies needed to facilitate planned distribution activities of hygiene kits.

In Goma, an increased effort was made to collaborate with traditional practitioners through the distribution of 34 WASH kits and the conduction of follow up visits to 5 traditional practitioners to reinforce prevention measures. Coaching and mentoring of 15 Hygienists in 7 health facilities is ongoing to improve hygiene and IPC practices. Follow-up visits were made to support activities in additional 6 health facilities. An IPC training was held with 25 providers of EVD care in the Goma and Karisimbi health zones.

26 public handwashing points were supplied with 278,880 liters of water along with hygiene promotion messaging. An additional 8 local associations have been identified and agreements with partners are being finalized to extend and expand preparedness activities. An agreement was signed with partner PPSSP for the establishment and monitoring of 20 handwashing points. Initial discussions have begun with the national Red Cross and the IPC Commission for the establishment of Rapid Mobile Teams which could be deployed urgently, should a positive case be detected in Goma health zone.

Key Results

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Targeta</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>1887</td>
<td>1298</td>
<td>66</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,400</td>
<td>1,271</td>
<td>52</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>8,000</td>
<td>3,937</td>
<td>626</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>78%</td>
<td>24%</td>
</tr>
</tbody>
</table>

aTargets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Education

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

Implementing Partners: Enseignement Primaire, Secondaire et Professionnel (EPSP)

Main activities during the reporting period

During the reporting period, 8 EVD confirmed cases (including 3 girls) were students, 1 in Beni and 7 in Komanda. A confirmed case (10-years old girl) died in Beni health zone. She was attending the Mupanda primary school which accounts a total of 113 students. Since she had not attended school for about one month before the onset of the disease, the evaluation of school revealed no threat in terms of EVD contamination. The school had already been included in the EVD prevention program, the director and teachers briefed on the Ebola Guidance Note, awareness raising activities on EVD prevention measures performed, and 2 hand washing devices and a Thermoflash distributed.

In Komanda, 4 students from the primary schools of Bamende, Komanda and Muangaza were admitted to the Treatment Center of Ebola as suspect cases, then resulted negative to EVD. In the Health zones of Butembo, Katwa and Kalunguta, 7 confirmed cases were notified, of which 3 primary school students, 3 of the secondary school and 1 teacher. The 6 students (2 girls) are death cases occurred either at Community level or at ETC and the teacher is under treatment at the ETC. In these 6 schools, public health interventions were undertaken including decontamination, vaccination of contacts, distribution of WASH materials and Thermoflashes, sensitization of students and teachers.

Response activities in schools:

Prevention and control of EVD in school’s activities were made in the HZ of Komanda, Nyankunde and Mambasa. In terms of communication activities, 3,882 primary school students (1,804 girls), 80 teachers and 13 heads of Exam Centers were sensitized on hygiene practices in the Health zones of Komanda and Nyankunde.

In Mambasa, 1,304 students (667 girls) were sensitized and supported throughout the period of the end of primary studies exams. 60 Guidance Notes for school-based prevention and control of EVD were distributed in 10 schools and 10 school directors and 50 teachers were briefed on the utilization of these guidance notes.

In Butembo, sensitization activities were organized in 16 primary and secondary schools reaching 3,947 students (1,732 girls). 40 WASH kits and 38 Thermoflashes have also been distributed in other 19 schools. In addition, 16 National End of Primary Studies Test (TENAFEP) centres received additional IPC/WASH kits and Thermoflash.

Intersectoral initiatives:
In the Ebola Coordination Center in Goma, Education and Psychosocial teams met with UNICEF implementing partner AVSI to review its Psychosocial support (PSS) module (validated in 2013 by the Education Cluster at the national level and approved by the Ministry of Education) and adapt it to the EVD response.

In Butembo and Katwa, the Education team together with the Risk Communication and Community Engagement (RCCE) Commission are working to develop activities in 24 universities. 1,877 students (917 girls) from 8 universities attended 8 conferences organized on the EVD preventions protocols. The facilitators were the experts of the different Commissions (Surveillance, Vaccination, IPC/WASH, Psychosocial, and RCCE) of the Ebola Response Team. Planned actions include also setting up Committees (peer students) which will oversee the alerts on suspect cases and communicate them to the Surveillance Commission.

Advocacy Initiatives:

In Butembo, Education team advocated for the case of a 6th grader student who missed his National Exam because he was in treatment in the ETC. Education team met the head of Education Inspectors who engaged himself to contact the national level in order to allow the student to take his exam together with students from the academy of Beni whose exam agenda has been delayed for one month and will take place in August.

Key Results

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target10</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
<th>▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,090,006</td>
<td>822,127</td>
<td>26,792</td>
<td></td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>32,296</td>
<td>23,454</td>
<td>143</td>
<td></td>
</tr>
</tbody>
</table>

Psychosocial Support and Child Protection11

The Child Protection and Psycho-Social Support (CPPSS) strategy seeks to respond to the specific needs of EVD confirmed and suspect cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support12 for EVD confirm and suspect cases, including children, in the ETCs; (2) material13 and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in the follow up to contacts; (4) psycho-social assistance, socio-culturally appropriate care14 and research for long-term solution to orphans and unaccompanied children; and (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of Safe and Dignified Burials etc).

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

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10 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
11 The UNICEF Child Protection team in DRC co-leads the psycho-social pillar of the Ebola response with the Ministry of Health. The implementing partners are Danish Refugee Council (DRC) for North Kivu and Caritas for Ituri. All results, unless otherwise stated, are UNICEF results with implementing partners.
12 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.
13 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.
14 According to the local context and socio-cultural norms
Main results during the reporting period:

- **In/around the Ebola Treatment / Transit Centers**
  During the reporting period, 583 children\(^\text{15}\), of whom 15 confirmed (7 girls, 8 boys) and 568 suspect cases (247 girls, 321 boys)\(^\text{16}\) were admitted to the different ETCs or Transit Centers (TCs) and received individual psychological support, reaching a total of 4,554 children since the beginning of the epidemic. The high number of suspect cases is linked to an increase of referral of children in the transit centers or ETC, particularly in Beni.

A total of 26 children (15 girls) received full time care from UNICEF nutritional and psychosocial teams in the temporary residential nurseries of Beni and Butembo. EVD-cured women caring for children in the nurseries are encouraged to visit take the children daily to visit their mothers who are patients in ETCs. These daily visits - at a distance due to the danger of contamination - greatly diminish the emotional distress caused their abrupt separation in both the child and the mother. The care workers in the Butembo nursery noticed a positive change in children's moods and behaviour after visits to their mothers.

- **In communities:**
  As a way to support affected families to continue having the emotional and material capacity to care for their children, 390 affected families received psychosocial support and material assistance in all Ebola-impacted health zones of North Kivu and Ituri Provinces. A total of 713 kits of material assistance (hygiene, funeral, NFI, new-born kits and food assistance) were distributed to discharged and cured patients as well as to affected families.

A total of 1,422 persons who had contact with EVD-infected individuals received psycho-social support in all EVD affected health zones. Due to the high number of contacts, the Psychosocial Commission is currently increasing its efforts to track high-risk contact persons, as well as the level of psychosocial support given to contacts, with the aim of increasing the level of trust (1) to better stabilize them geographically, (2) to learn about better know their movements should they happen, (3) to help them to receive WFP food assistance, and (4) to encourage them to rapidly seek treatment if they develop EVD symptoms.

A total of 56 new orphans (34 girls and 22 boys) and 222 children (112 girls and 110 boys) newly separated due to the Ebola epidemic were identified, bringing a total of 1,058 and 1,743 the number of orphans and separated children identified and assisted since the beginning of the response. All of them received appropriate care, including NFI kits and food assistance.

Following the new confirmed case in Bunia, the Psychosocial Commission actively worked around these new cases, more particularly:

- to prepare the family for the news of the positive result and provide adequate psychosocial support to ensure that family members are accompanied emotionally and materially during the different prevention steps (decontamination, vaccination, safe and dignified burials) which they must go through as part of Ebola containment and prevention measures
- to jointly work with the Surveillance Commission for the listing of 54 contacts as well as to provide psychosocial support to medical staff of the health center where the positive patient received initial treatment
- to provide psychosocial support to contact persons who were vaccinated through more personalized listening and sharing of information and important orientations
- to follow-up and provide psychosocial assistance to two families, whose bodies of relatives were stored with the body of the EVD cases at the mortuary as well as to support staff of the mortuary.

In Komanda, psychosocial agents and psychologists conducted several follow-up visits for the Ebola-recovered persons, paying particular attention to children, adolescents and orphans. 17 orphans and 8 cured persons received...
psychosocial support; 5 of them were accompanied in Beni from the Psychosocial Commission for medical check-up as part as the National program for EVD survivors.

In Beni, a widow and 10 orphans - whose father died of EVD on May 13 – received regular psychological support and appropriate material assistance, including payment of school fees. The family - of Muslim faith – also benefitted from specific food assistance for the Ramadan festivities. This personalized support allowed a better follow-up of the family (as contacts) by surveillance teams.

In Butembo and Katwa, UNICEF’s child protection teams are closely working with the Education and WASH sections to expand support and assistance to children in communities affected by EVD. Schools, where orphans of EVD are reintegrated, are indeed prioritized for rehabilitation and sanitation works.

Key Results

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target16</th>
<th>Total UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>6,000*</td>
<td>4,554</td>
<td>583</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>7,000*</td>
<td>5,517</td>
<td>390</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>14,697*</td>
<td>11,834</td>
<td>0</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,000</td>
<td>1,743</td>
<td>222</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,400</td>
<td>1,058</td>
<td>56</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>814</td>
<td>0</td>
</tr>
</tbody>
</table>

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

** The target changes with changes in the epidemiology

Nutrition

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

Main activities during the reporting period

For the reporting period, 551 new cases (suspects and confirmed patients) admitted in ETC received adequate nutritional care, including 12 children under six months, 99 children aged from 6 to 59 months, 7 pregnant women and 10 lactating women.

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16 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
In the communities and at household level, the nutritionists and psychosocial agents supported by UNICEF distributed the Ready-to-Use Infant Formula (RUIF) to 56 infants less than six months old non-breastfed (17 in Mabalako, 22 in Beni, 12 in Butembo 3 in Katwa and 2 in Komanda).

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

Around 3,198 women caregivers were sensitized on adequate infant and young child feeding practices (IYCF) in the Ebola context (299 in Beni, 1,219 in Mabalako, 491 in Butembo, 1,031 in Katwa and 158 in Komanda).

210 children under five old suffering of Severe Acute Malnutrition (SAM) in EVD affected health zones were admitted for treatment in the OTPs (outpatients therapeutic programme) of the 5 health zones.

UNICEF nutrition staff conducted technical supervisions of nutritional activities in ETC of Beni, Mabalako, Komanda, Katwa, Goma and Butembo in order to reinforce the capacities of ETCs and OPTs local nutritionists. In addition, they participated in two meetings on nutrition implementation strategies where all implementing partners analyzed the different operational approaches as well as areas of complementarity in the nutrition sector.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target17</th>
<th>Total UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>32,416</td>
<td>32,416</td>
<td>3198</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>4,125</td>
<td>4,125</td>
<td>551</td>
</tr>
<tr>
<td># of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery’s, orphanages and in the communities</td>
<td>333</td>
<td>333</td>
<td>56</td>
</tr>
</tbody>
</table>

**Social Science Research**

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

**Main results during the reporting period**

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the MoH Epi Cell and together with WHO, CDC, IFRC, MSF and and Africa CDC. Research themes are identified from metasynthesis of data and based on analysis of context, the epidemiological situation and programme interventions or from requests from commissions. Data are collected using various questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated with community feedback and commission reports. Research results from the Social Sciences Research Group are presented as part of the weekly Epi presentations at the EOC coordination meeting (Wednesdays).

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17 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Recent research and data collection haves focused on:

1. Understanding community perspectives of isolation and testing centres as part of community health centres; two centres are already operational (from Alima) in Butembo and Katwa as well as Beni (MSF). The aim of this research is to inform existing and new structures on best approaches for acceptance and use.

2. Ongoing in-depth context analysis (with WHO and MSP) in Mangina to understand barriers and enablers to engaging with the response and how and with who response interventions should be working to ensure appropriate and accountable approaches.

3. Knowledge, Attitude, Perceptions and Practice survey with community and health workers has started in Katwa and Butembo. This is the second survey (first conducted in January) which will allow for comparison over time. The survey is expected to be complete by the 20th of June.

Supply and Logistics

The weekly monitoring of the supply chain and discussions between the different involved actors lead to ever improving efficiency of the supply and services facilitation. Efforts are underway to ensure more warehousing space in the city of Butembo.

The total value of items composed of WASH, C4D, Child Protection, Health, Education and ICT supplies that were distributed for the Ebola response in Ituri and North Kivu provinces during the reporting period was US$ 454,055.86. The total value of procurement orders during the reporting period was US$ 539,218.23. Offshore procurement orders amounted to a value of US$ 81,753.41 (15.16 per cent), while local procurement orders amounted to a value of US$ 457,464.82 (84.84 per cent).

Human Resources

UNICEF has offices in Goma (North Kivu) and Bunia (Ituri) to support the ongoing emergency response, however, Goma has been established as a coordination hub to support the ongoing emergency response, with antennas established as sub-coordination hubs. UNICEF DRC continues to reinforce its staff presence on the ground to respond to the expanding outbreak in North Kivu and Ituri provinces. There are 160 UNICEF currently working staff in the affected areas, with an additional 63 persons under recruitment.

External Communication

During the reporting period, the CO facilitated the coverage of the Ebola-epidemic and the response of UNICEF in Beni and Butembo for ITV. Press coverage included Forbes, Relief Web, National Geographic, Sverige Radio, News Press, 20 Minutos and Mediacongo. Since the beginning of the outbreak, the CO published 82 posts on its website, 80 on Facebook, more than 520 tweets and 45 pictures on Instagram. During the reporting period, new stories included Hand-washing during an epidemic and Combatting the stigmatization of Ebola survivors.

Funding

Since the beginning of the Ebola outbreak in North Kivu and Ituri provinces in August 1, 2018, the national Strategic Response Plan (SRP) was revised three times. The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to July 2019 is estimated at US$ 276,188,187. As part of this joint response plan, the UNICEF response is estimated at US$ 50,149,121. To date, UNICEF was able to mobilize US$ 42,532,757 from different Donors and has a current funding shortfall of US$ 9,342,404 (19 per cent of the budget).

Ten months following the declaration of the North Kivu Ebola epidemic, experts are increasingly concerned with the fragile and unpredictable expansion of the epidemic.
Responding to the Ebola outbreak in the DRC requires a focus beyond specific Ebola prevention, care and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected areas. Approaches that strengthen the community resilience and the restoration of health system are critical to sustain the gains beyond the current Ebola Outbreak. Indeed, these approaches will reinforce those of the Ebola outbreak response and bring a medium to long term perspective to reduce population vulnerability, increase resilience and strengthen primary health care. In addition, these approaches will strengthen the humanitarian-development continuum linking the outbreak response to the long term sustainable development.

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

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* $</th>
<th>Reprogrammed funds from Equateur Response $</th>
<th>Funds Received for North Kivu Phase I &amp; II $</th>
<th>Funds available ** $</th>
<th>Funding gap $</th>
<th>Funding gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>23,543,036</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>4,939,947</td>
<td>21%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>13,172,505</td>
<td>371,558</td>
<td>10,436,698</td>
<td>10,808,256</td>
<td>2,364,249</td>
<td>18%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>3,474,300</td>
<td>100,000</td>
<td>4,853,900</td>
<td>4,953,900</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>949,800</td>
<td>0</td>
<td>1,196,240</td>
<td>1,196,240</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>7,167,480</td>
<td>132,761</td>
<td>5,796,510</td>
<td>5,929,271</td>
<td>1,238,208</td>
<td>17%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Preparedness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50,149,121</strong></td>
<td><strong>1,327,614</strong></td>
<td><strong>41,205,143</strong></td>
<td><strong>42,532,757</strong></td>
<td><strong>9,342,404</strong></td>
<td><strong>19%</strong></td>
</tr>
</tbody>
</table>
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* Funding requirement includes budget for phase I ($8,798,899), phase II ($13,031,305), phase II.I ($3,933,000) and Phase III ($24,385,917)

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

*** The Appeal Sector is overfunded since the requirement was based on an estimated 4,980 individuals in households affected by EVD. To date, the target increased with changes in the epidemiology - See HPM.

**** The Appeal Sector is overfunded since the requirement was based on an estimated 2,500 individuals both in CTE and in the community. To date, the target increased with changes in the epidemiology - See HPM

Next Situation Report: 23 June 2019

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