Highlights

- Twenty new cases of Ebola Virus Disease (EVD) were reported in the week, versus 39 cases in the previous week. The decline in the number of cases may reflect operational and security challenges affecting the reporting of cases and the overall response.
- To facilitate early alerts of suspected EVD cases in Mandima and Somé, UNICEF succeeded in engaging with the communities and establishing a dialogue with mine inspectors and communities to access mine quarries, where several EVD suspected cases may be hidden.
- Following a similar positive experience in Beni, UNICEF has started to establish support groups for Ebola survivors working in Ebola Treatment Centres (ETCs) in Goma.
- As part of Pillar 3 and based on an assessment of community needs conducted in Mambasa, UNICEF distributed handwashing kits, chlorine and soap in ten health facilities and in eight schools along the Mambasa-Lolwa axis.

### 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>34,000,000</td>
<td>28,230,548</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>232,263*</td>
<td>230,489</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>36,437</td>
<td>16,895</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>38,467</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>11,497</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
Key Epidemiological Developments

Since August 2018, confirmed cases of Ebola Virus Disease (EVD) continue to be reported in North Kivu and Ituri. As of 29 September, a total of 3,191 EVD cases were reported, among which 3,077 confirmed and 114 probable cases. More than two thirds (2,133) of EVD cases died (global case fatality rate remains 67 per cent).

During the reporting period, the number of new reported confirmed cases almost halved to 20 cases in comparison to the previous week (39 cases). This decrease could be explained by operational and security challenges in certain health zones, challenging the response, as well as the detection and reporting of cases. For instance, in Lwemba in Mandima health zone where activities have been stopping since 14 September, when a major security incident occurred.

Twenty-nine (29) health zones have reported at least one confirmed and/or probable case of EVD since the beginning of the epidemic, and 13 of them (45 per cent) have reported at least one confirmed EVD case in the last three weeks. During the reporting period, seven health zones were reported at least a confirmed and/or probable case.

Mambasa, Mandima and Kalunguta health zones remained the hotspots of the epidemic with 64 per cent of 110 confirmed cases reported during the last three weeks.

Of the total confirmed and probable cases with reported sex and age data, 56 per cent (1,788) were female, 28 per cent (906) were children aged less than 18 years, and 5 per cent (161) were healthcare workers. A total of 984 survivors have been reported so far.

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1 Data source: EVD RDC External Situation Report 61 – WHO.
2 Mambasa 27 per cent (30 cases out of 110), Mandima 23 per cent (25 cases out of 110) and Kalunguta 14 per cent (15 cases out of 110).
Response Strategy

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the EVD in North Kivu and Ituri provinces. The national SRP was first launched on 1 August 2018 and was revised four times\(^4\). The SRP4 is covering the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces. On 6 September 2019, the Multisectoral Committee for the Response to the Ebola outbreak released the National Strategic Response Plan 4.1 (SRP4.1) approved and signed by the Prime Minister of the Democratic Republic of Congo (DRC). The SRP4.1 imbeds preparedness activities aimed to ensure that 20 identified and additional health zones (HZ) are ready to effectively and safely detect, investigate and report potential Ebola virus disease (EVD) cases, and to mount an effective response.

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\(^3\) Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).

\(^4\) The National Strategic Response Plan (SRP) was launched on August 1\(^\text{st}\) 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 19\(^\text{th}\), 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 20\(^\text{th}\), 2018, the MoH updated the Ebola Response Plan II (SRP2.1, November 2018 – January 2019) to include assumptions and additional needs until January 31\(^\text{st}\), 2019, estimated at US$ 23,506,000 million. On February 13\(^\text{th}\), 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 15\(^\text{th}\), 2019, The MoH released the Ebola Response Plan 4 (SRP4, July – December 2019) for a total amount of $ 287,590,149.
The United Nations developed a scale-up strategy to end the 10th Ebola outbreak in DRC. This strategy enhances the overall enabling environment within which the response is situated. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak.

Under the SRP4, UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. UNICEF leads the Commissions on Risk Communication and Community Engagement (RCCE) and Psychosocial Support and co-leads Infection Prevention and Control (IPC)/Water, Sanitation and Hygiene (WASH) Commission with World Health Organization (WHO). The Programme Coordination team, based in Beni, maintains a dedicated support to active operational Sub-Coordinations in Beni, Bunia, Butembo/Katwa, Goma, Komanda, Mangina and Mambasa. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

UNICEF continues to strengthen its presence on the ground to better respond to the spread of the outbreak and get closer to programmes. 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 will be roving between the various Sub-Coordinations to follow the epidemic dynamic and support the teams on the ground.

**Summary Analysis of Programme Response**

**Humanitarian Response Beyond Ebola (Pillar III)**

The Pillar III, in support of the SRP4, Pillar I, aims to strengthen community ownership and support programs responding to community needs to enable Ebola control activities while strengthening multi-sectorial humanitarian coordination. Under Pillar III, the “Community ownership and essential services” component (programme 3.2) led by UNICEF aims to strengthen community ownership and provision of basic social services as a way to address community needs in order to increase community acceptance to create a conducive environment for the EVD response. UNICEF will continue implementing activities such as measles campaigns and malaria prevention, while selecting available partners to deliver multisectoral assistance addressing communities needs in Ebola affected areas.

**Implementing partners:** The Pillar III is supported by UNICEF, OCHA and the World Bank, under the EERC (Ebola Emergency Response Coordinator) leadership.

The programme 3.2 led by UNICEF is premised on partnerships with existing communities’ networks as well as longstanding collaboration with provincial technical authorities.

**Main developments:**

As part of the Call of interests launched by UNICEF for implementing projects to support the access to basic social services in response to population needs and following panels organized in all sub-coordinations, 53 NGOs were finally selected, of which 84 per cent are national. An internal audit is ongoing to review their legal status and ensure their reliability before proceeding to contracting.

The selection process focused on partners that are already present in hotspot zones and accepted by local community. Among the selected partners, 41 met these criteria. Among these, 31 are national NGOs, all of them working at least in two sectors, which will facilitate the integrated approach. For instance, Mambasa being one of the current EVD hotspots, UNICEF conducted a rapid evaluation to assess the humanitarian needs. Two local NGOs already active in the area are being contracted to immediately conduct RCCE and WASH activities to restore the community dialogue and respond to urgent needs such as access to safe water points and rehabilitation in health facilities, in schools and in the community.

Besides, on 25 September, UNICEF distributed WASH items in eight health centers, two hospitals and eight schools along the Mambasa-Lolwa axis. In total, UNICEF provided these establishments with 290kg of chlorine, two thermoflashes per schools and over 100 hand washing stations.

In the Kalunguta HZ, from 25 to 26 September, a UNICEF multisectoral mission composed of nutrition, health, education and protection staff carried out a needs assessment mission focusing on Kalunguta, Mataba, Kabasha and Maboya health areas. The team met with local authorities and organized focus groups with women and children to assess the local community needs. In addition, UNICEF distributed therapeutic foods and inputs for 50 children suffering from

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1 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.
Severe Acute Malnutrition (SAM), including 1 box of F75, 1 box of F100, 10 boxes of Plumpy nut, 10 boxes of LNPE Milk and 5 packages of 50 Mid-Upper Arm Circumference (MUAC).

**Risk Communication and Community Engagement**

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

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

**Main activities during the reporting period**

During the reporting period, the RCCE team participated in an intervention aimed at negotiating access to communities around the mining areas of Mambasa, specifically in Mandima and Some, where some EVD contacts used to hide or circulate, and where strong resistance prevented the response teams from conducting activities. After a few days of negotiations, the RCCE teams successfully resolved the situation and overcame the resistance in order to access the mining quarries. A key factor in being able to access the mines to conduct health promotion activities was the involvement of community stakeholders, opinion leaders, and in particular, the Mambasa Mines Division. This latter employs 90 mine inspectors who visit the 347 mining quarries on a weekly basis, and who are now sharing Ebola-related health information and supporting communities for providing early alerts of suspected EVD cases.

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

The RCCE teams in Goma, Beni, Butembo, Bunia, Bukavu and Mwenga resolved 318,249 cases of handwashing refusal, 71 community incidents, 16 refusals of swab, 73 of SDB, 715 of temperature screening, 3 decontamination cases and 156 refusals to go to the ETC. RCCE’s support to other pillars has been crucial in resolving these refusals and reluctance as well as in reinforcing the utilization of EVD response services in general. In fact, the RCCE team reached 90 front-line officers with messages about EVD risks and benefits of the vaccine in term of transmission risk reduction and sensitized 1,378 bereaved family members on the importance of SDBs.

The teams also facilitated the decontamination of ten households and two health centers, the vaccination of 263 people, the sensitization of 453 people and the listing of 14 contacts around 11 rings. The RCCE teams persuaded 20 household managers on the importance of investigating community deaths and another 180 on the importance of community-based surveillance. In addition, they briefed 3,661 people on the importance of going to the Transit Centers (TCs) and referred a total of 930 patients and 231 suspected cases to health facilities.

At points of entry and points of control, the RCCE teams persuaded 533 people for hand washing and temperature screening. They also briefed 315 participants, including health center wardens and care providers, on EVD prevention measures.

**Risk communication and community engagement**

RCCE teams from Goma, Beni, Butembo, Bunia, Bukavu and Mwenga reached approximately 69,482 people, including members of the Parliament of Children, school children, motorcycle taxi drivers and travellers from EVD affected areas, with EVD health and hygiene promotion information. They also had exchanges with an additional 188,889 people through community dialogues and through a series of “Community Expression” gatherings. Community members in Mwenga participated in a series of discussions inspired by short movies on Ebola containing testimonials of survivors, life stories on community members and health workers with a soundtrack of Ebola-related pop songs.

In the areas of Musienene, Lubero, Kayna, Alimbongo, Vuhovi, Kyondo, Masereka and Kalunguta, the teams raised awareness among 6,665 pupils, including 3,370 girls in 16 schools, on hand washing prevention in schools.

**Capacity building**

The RCCE teams continued to mobilize the engagement of community and opinion leaders in Goma and Butembo, with the collaboration of 49 religious leaders who in turn sensitized 2,128 worshippers. The RCCE teams met with key leaders in Bulenger, including the Mayor and 140 influential community members to establish Community Animation

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6 The Parliaments of Children are an initiative of the Congolese Government created to enable children to participate in decision-making on national issues that affect them. They are platforms for expressing children’s views on issues discussed by national public authorities. The latter collect the children’s point of view when they examine an issue relating to their rights and duties. For more information, see https://ponabana.com/en/committees-childrens-parliament/
Committees (CACs), which are groups of elected leaders who take charge of the community engagement activities, helping Ebola Response actors promote health and hygiene and gain access to Ebola-affected households and families. During the reporting period, in Goma, Beni, Butembo, Bukavu and Mwenga, RCCE teams strengthened the capacity of 298 local actors (community mobilizers, leaders, nurses, teachers, managing officers of health zones, Health Development Committees (CODESA) and journalists) on community-based surveillance, on the existing ways to report an EVD suspected case, on the monitoring and reporting system of visitors, on the CACs and other Ebola response services. In addition, the RCCE teams oversaw the implementation of 319 CACs in Beni and Mwenga, as well as the revitalization of 15 CACs in Butembo. In this context, the Goma sub-coordination organized a training of 287 local facilitators of the Nyarongo, Karisimbi and Goma health zones on the establishment of CACs.

Other capacity building activities included the mapping of community structures, the organization of community meetings at the local level for the election of CAC members, the identification of local facilitators in several intervention areas, the guidance of partners on setting up community structures through the creation of CACs, as well as the briefing of new RCCE focal points on different areas of the EVD response.

Media

Finally, RCCE interventions were reinforced by ongoing media coverage: 60 radio stations broadcast 103 shows, including spots, testimonies of cured people and general information on EVD. This included 53 interactive and participatory programs and documentation of 36 cured cases.

<table>
<thead>
<tr>
<th>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</th>
<th>Target7</th>
<th>Total Result UNICEF</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, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).</td>
<td>84,000</td>
<td>69,229</td>
<td>1,641</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>36,718</td>
<td>320</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>28,230,548</td>
<td>799,056</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misperception about Ebola, refuse secure burials or resistance to vaccination.</td>
<td>18,500</td>
<td>16,921</td>
<td>1,317</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>232,263*</td>
<td>230,489</td>
<td>3,767</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 28 September 2019

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

**The Water, Sanitation, and Hygiene 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 kits4 and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools9, (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) joint10 supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

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

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7 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri and North Kivu province.
8 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
9 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.
10 Multidisciplinary teams comprise health specialists from the MoH and/or Medical NGOs as well as WHO.
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 26 to 29 September, UNICEF and its partners of the IPC Commission, participated in a joint mission with the Ebola general coordination team in the Tshopo, one of the EVD at risk provinces where the contingency plan for preparedness and operational activities shifted to the planning phase. To ensure the preparation of the province, the mission aimed at improving the IPC/WASH capacities of health workers and to ensure a standardized approach to practices and procedures for all health structures in Kisangani, the provincial capital, as a strategic crossroads city.

During the reporting period, UNICEF supervisors and hygienists decontaminated 44 households, 24 health facilities and three public places. Decontamination teams were able to respond within 24 - 48 hours, except for when teams were met with community or family resistance. In response to confirmed cases, UNICEF and its partners provided IPC/WASH kits to 406 health facilities, 269 households, 60 schools and 314 public places. In addition, for areas without reported cases, 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 1,238,376 liters of water to health facilities and community handwashing and water points. In addition, UNICEF organized information sessions on Ebola prevention measures attended by 2,134 people at health facilities, 1,533 at schools and 6,306 at public places.

UNICEF, in collaboration with its partners, installed 203 new handwashing points in Mambasa (118), Butembo (23) and Komanda (62) in public places. Implementing partner PPSSP reached 161,942 people with messages on the importance of handwashing at 26 existing handwashing points throughout Goma.

On 25 September, in Karisimbi health zone (Goma), UNICEF and WHO hosted a joint visit with the Ambassador of Canada along with UNICEF partners Medair and Oxfam to the Hebron Health Centre to observe the IPC improvements (water storage, latrines, waste management) implemented by partner Medair and the IPC sub-commission. They also visited community water points installed by Oxfam in Kiziba, which is having a positive impact on the population in reducing diarrheal diseases.

### INFECTION PREVENTION & CONTROL AND WATER, SANITATION & HYGIENE

<table>
<thead>
<tr>
<th>Target11</th>
<th>Total Result UNICEF</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>3,884</td>
<td>2776</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2513</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>8,471</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>38%</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>16,895</td>
</tr>
</tbody>
</table>

### Education

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

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

12-13 Numbers in the table are underestimated, 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.
Implementing Partners: Enseignement Primaire, Secondaire et Professionnel (EPSP), Associazione Volontari per lo Sviluppo Internazionale (AVSI), Femmes Congolaises pour le Développement (FECONDE) and ASOPROSAFD (Actions des SOlidarités pour la PROmotion de la SAnté Familiale et Développement)

Main activities during the reporting period
During the reporting period, UNICEF partners ASOPROSAFD and EPSP jointly distributed 150 WASH kits in 36 schools and school kits to 8,460 students, including to 4,232 girls. They also sensitized 36 directors and 40 members of the parents’ committees on the prevention of EVD in schools and the correct use of these materials.

In Beni HZ, UNICEF, in collaboration with its partners EPSP and ANAPECO (National Association of School Parent Committees) briefed 38 teachers and directors (two women) and sensitized 17 parents (six women) on Ebola prevention measures in four primary and secondary schools. In addition, UNICEF partner AVSI oversaw awareness raising activities on EVD prevention through recreational and psychosocial activities in four primary and secondary schools reaching 2,780 students (1,309 girls) and 129 teachers (70 women).

In Ituri, in Nyankunde and Komanda HZ, UNICEF supported the EPSP in the briefing of 115 school directors and authorities (eight women) on the implementation of the Guidance Note on the prevention and control of EVD in schools and on the effective and efficient management of handwashing devices.

In Nia-Nia HZ (Mambasa), a joint UNICEF WASH, Education and RCCE team organized a first awareness meeting on EVD prevention in schools with 22 school directors, 20 Parents’ Committee chairs (COPA) and five local leaders.

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target16</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000</td>
<td>1,023,617</td>
<td>11,240</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>38,467</td>
<td>243</td>
</tr>
</tbody>
</table>

Psychosocial Support and Child Protection

The Child Protection and Psycho-Social Support (CPPSS) strategy seeks to respond to the specific needs of EVD confirmed and suspect cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support17 for EVD confirmed and suspected cases, including children, in the ETCs; (2) material18 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 care19 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).

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

Main activities during the reporting period
Activities in ETCs, TCs and nurseries
In ETCs and TCs, UNICEF and its partners provided psychological support to 243 newly affected children, including 237 suspected cases (126 boys and 111 girls) and six confirmed cases (four boys and two girls). In the four UNICEF-run nurseries, they provided nutritional care and psychological support to 19 children (seven boys and 12 girls).

To date, UNICEF works with 40 Ebola survivors to support the implementation of psychosocial and child protection activities both in the ETCs and in the nurseries in the affected health zones.

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16 The UNICEF Child Protection team in DRC co-leads the psycho-social pillar of the Ebola response with the Ministry of Health. The implementing partners are Danish Refugee Council (DRC), Alima and DIVAS. All results, unless otherwise stated, are UNICEF results with implementing partners.
17 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.
18 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.
19 According to the local context and socio-cultural norms.
Following the positive experience of Beni\(^{20}\), in Goma clinical psychologists supported by UNICEF started to organize support groups for Ebola survivors working in the ETCs. These activities help survivors to deal with their past experience as ETC patients and to cope with the hard situations they could face as caregivers in the ETCs.

**Activities in communities**

At community level, UNICEF provided appropriate care and support to 238 newly separated children (122 boys and 116 girls) and 68 new orphans (28 boys and 40 girls), including material assistance. For instance, in Butembo and Katwa health zones, 82 school kits (uniforms, school items) were distributed to EVD-related orphans and cured children.

In addition, UNICEF, in collaboration with its partners, assisted 435 newly affected families through psychosocial support and material assistance in all Ebola-impacted health zones.

During the reporting period, UNICEF and its partners focused their activities in the hotspot areas, mainly in Mambasa and Mandima: a total of 124 new affected families received psychosocial support and material assistance, with a significant increase in the number of assisted families in Mandima in comparison to previous weeks\(^{21}\). A similar increase is also visible for the psychosocial follow-up of contacts with a total of 649 contacts reached during the reporting period in comparison to the previous weeks\(^{22}\). Finally, in the two health zones, UNICEF and its partners distributed 110 kits of material assistance, reaching a total of 365 kits (hygiene kits, non-food items, food assistance etc) distributed during the reporting period to affected families according to their needs.

In Lwemba, the week was marked by the cessation of activities due to security incidents against agents of the Ebola response. Thirty-three (33) psychosocial agents have been evacuated and benefited from psychological consultation by the Psychosocial Commission actors.

UNICEF and its partners of the Psychosocial commission intervene in the 28 EVD-affected health zones with a team of 91 psychologists and 991 psychosocial agents. During the reporting period, UNICEF organized a workshop in Beni gathering together the UNICEF psychosocial team leaders of the different health zones to evaluate the current operational approach and challenges and identify possible solutions to further improve quality and timely psychosocial support of children and their families and to better adapt the response to their needs.

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target(^{13})</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>10,312*</td>
<td>7,727</td>
<td>243</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>11,497</td>
<td>435</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>6,507**</td>
<td>6,057</td>
<td>0(^{24})</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>3,733</td>
<td>238</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,900</td>
<td>2,042</td>
<td>68</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>1,082</td>
<td>69</td>
</tr>
</tbody>
</table>

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

\(^{**}\) The target number has been changed in relation to the evolution of the epidemic.

**Nutrition**

The nutrition strategy seeks to provide appropriate nutritional care for EVD patients, including children. UNICEF contributes to the promotion and protection of infant and young child feeding practices in Ebola contexts, including ETCs and communities. UNICEF strategy addresses orphans, separated, and other vulnerable infants and young children such as children with lactating mothers who are at high risk of contact with EVD infected individuals, e.g. lactating mothers engaged as frontline health workers. Early detection of acute malnutrition cases and the adequate

\(^{20}\) See UNICEF Ebola SitRep # 42.

\(^{21}\) Assisted families: 76 in week 39, 51 in week 38 and 27 in week 37.

\(^{22}\) Followed-up contacts: 649 in week 39, 597 in week 38 and 304 in week 37.

\(^{23}\) Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan IV (July to 31 December 2019), covering all health zones in Ituri, North Kivu and South Kivu provinces.

\(^{24}\) As the number of followed up contacts is lower than the number of contacts assisted during the previous reporting period, the cumulative difference from the last report is zero.
management of severe acute malnutrition in the affected health zones is a strong focus of UNICEF’s work. UNICEF supports the Government in strengthening the coordination of the nutrition response through the cluster coordination mechanisms.

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

**Main activities during the reporting period**

UNICEF and its implementing partners continue to increase their efforts in providing adequate nutritional care for EVD cases in the ETCs: 570 new suspected and confirmed cases were assisted during the reporting period with a slight increase in comparison to the previous week (556). Among these cases, four were children under six months, 104 children aged from six to 59 months, seven pregnant women and one breastfeeding woman. Butembo reported the higher number of cases (296) assisted with nutritional support, with a significant increase in comparison to the previous week (183).

Two hundred twenty-one (221) children under five suffering of Severe Acute Malnutrition (SAM) were admitted for treatment in the Outpatients Therapeutic Programme (OTPs). Of these, 36 were admitted in ETCs and 185 in the different health facilities of affected health zones.

In addition, UNICEF and its partners such as communication agents, health promotion workers and nutritionists sensitized 3,692 women caregivers on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context. Of these, 1,335 women were sensitized in the ECTs (590 in Butembo, 166 in Katwa, 27 in Beni, 509 in Mabalako, 40 in Komanda and 3 in Goma) and 2,357 in community contact households’ level (546 in Kalunguta, 711 in Butembo, 813 in Alimbongo, 204 in Kayna, 40 in Lubero, 43 in Musienene).

UNICEF reinforced its presence in the field through the deployment of a Nutrition Specialist in Beni.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target</th>
<th>Total Result</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>70,000</td>
<td>60,964</td>
<td>3,692</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>11,500</td>
<td>10,770</td>
<td>570</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>1,623</td>
<td>981</td>
<td>4</td>
</tr>
</tbody>
</table>

**Social Science Analysis Cell (CASS)**

The **formative, social sciences analysis section** seeks to increase the accountability to affected populations through the provision of social sciences analysis to inform response interventions. Social sciences research agenda and themes are primary developed from epidemiological and context analysis as well as directly from response interventions and via requests from the Commissions. Social sciences analysis supports UNICEF programme teams and the overall response to better understand and engage the communities with which we work. UNICEF’s Social Sciences team contributes to the integrated Analysis Cell which includes Epi and Social Sciences work.

UNICEF’s Social Sciences teams includes local, national and international researchers specializing in epidemiology, health demography, anthropology and social sciences health studies. The team involves the exploration of behavioural determinants of health and uses multiple methods to collect data such as questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated and mapped by area and group to ensure saturation and representation. Research results are presented at Commissions and weekly in Sub-Coordinations (or in ad hoc requests) to facilitate access. The UNICEF’s Social Sciences team have ensured that all raw data, presentations and reports as well as workshop tools and training modules are available openly for everyone in the response.

The teams continue to work in Butembo, Katva, 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.

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

In Beni, the CASS team collected data for a new research on the willingness of Ebola survivors and discharged “non-cases” people to be involved in response activities and how to meaningfully engage them. Indeed, previous studies revealed that public visibility events and testimonies of survivors are one of the most effective motivators of communities for seeking early EVD treatment to the ETCs and TCs. At the moment, few survivors in Beni are involved in communications and community engagement activities and the study results will allow to better understand how to increase their number and engage those who have knowledge and firsthand experience of the ETC to support communication and potentially alleviate community resistance towards the ETC.

On 28 and 29 September, in Butembo/Katwa, the CASS organized a training on quantitative data collection for six members of the CASS team. The teams learned to programme and use mobile data collection software in preparation for upcoming quantitative surveys. A qualitative study on health, self-medication and vaccination was also conducted and data is currently undergoing analysis. The results of this study will be used to inform the communication strategy related to the upcoming vaccination campaign.

To date, the Social Sciences team has identified and proposed 52 research recommendations in all zones of the outbreak. Among them:

- 86 per cent have been implemented or are on-going and 8 per cent still require validation.
- 50 per cent concern RCCE interventions and 27 per cent are related to IPC/WASH (including SDB). The remaining recommendations are shared between Education (6 per cent), psychosocial and case management (10 per cent), the Coordination (2 per cent) and the Vaccination Commission (2 per cent), UNICEF-CASS (3 per cent).

Two new recommendations were validated this week by the IPC/WASH Commission: one focused on improving the distribution of hygiene kits for households living around a confirmed case through an improved communication on eligibility criteria to decrease potential conflicts and negative perceptions between recipients and non-recipients. The second recommendation focused on improving communication and knowledge on menstrual health and hygiene for Beni IPC/WASH sub-commission actors through a dedicated training, to be able to provide key messages during the activities in the community.

Supply and Logistics

UNICEF regularly monitors the supply chain and discusses with the different involved actors to ever improve efficiency of the supply and services facilitation for the Ebola response in Ituri and North Kivu provinces. During the reporting period, UNICEF distributed WASH, CAD, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 160,818. The total value of procurement orders was US$ 2,316, of which 59 per cent offshore and 41 per cent local procurement.

Human Resources

UNICEF continue to strengthen its presence on the ground to better respond to the expanding outbreak in North Kivu and Ituri provinces. The number of staff dedicated to the Ebola response scaled up to 232 persons already working in the affected areas, with an additional 65 persons under recruitment. In addition, UNICEF has a capacity of 33 staffs in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication

The external communication team continued work to spotlight UNICEF’s Ebola response. Since the beginning of the outbreak, the CO published 112 content pieces on its Ebola landing page, including a new webstory about UNICEF’s work to keep Ebola out of schools. The CO has also posted more than 1030 messages on Facebook, Instagram and Twitter. During the reporting period, professional photographer and videographer travelled with UNICEF in Ebola-affected areas to document the response – new multimedia material are available to media and partners via WeShare. Highest performing on social media was this UNICEF Facebook post which reached more than 400,000 persons.

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26 UNICEF staff on ground includes 20 staff in Goma (EOC), 13 staff in Goma sub-coordination, 72 staff in Beni, 61 staff in Butembo/Katwa, 9 staff in Mangina, 10 staff in Bunia, 9 staff in Komanda, 9 staff in Mambasa, 12 staff in Chowe/Bukavu and 17 staff in Kinshasa.
Funding

As part of the National Ebola Strategic Response Plan, UNICEF requires US$175.7 million to implement critical activities needed to stop the spread of the outbreak (public health response/Pillar1: US$ 111,649,413) and to strengthen support to communities affected by Ebola (Pillar 3: 64,100,900).

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

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

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* $</th>
<th>Reprogrammed funds from Equateur Response $</th>
<th>Funds Received for North Kivu Response $</th>
<th>Funds available ** $</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>41,919,063</td>
<td>723,295</td>
<td>18,779,794</td>
<td>19,503,089</td>
<td>22,415,974</td>
<td>53%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>43,076,120</td>
<td>371,558</td>
<td>14,559,781</td>
<td>14,931,339</td>
<td>28,144,781</td>
<td>65%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,944,617</td>
<td>8,044,617</td>
<td>1,357,773</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>4,342,520</td>
<td>0</td>
<td>2,436,118</td>
<td>2,436,118</td>
<td>1,906,402</td>
<td>0%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>11,067,320</td>
<td>132,761</td>
<td>6,855,306</td>
<td>6,988,067</td>
<td>4,079,252</td>
<td>37%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>0</td>
<td>720,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
</tr>
<tr>
<td>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>Strengthened support to communities affected by Ebola / PILLAR 3</td>
<td>64,100,900</td>
<td>0</td>
<td>3,000,000</td>
<td>3,000,000</td>
<td>61,100,900</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>175,750,313</td>
<td>1,327,614</td>
<td>54,617,617</td>
<td>55,945,231</td>
<td>119,805,082</td>
<td>68%</td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 16,964,905), Phase III ($ 24,385,917) and Phase IV ($ 125,600,592 - Pillar 1: $61,4 & Pillar III $64,1)

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

Next Situation Report: 06 October 2019

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