Highlights

- The Minister of Health declared an outbreak of Ebola Virus Disease (EVD) on August 1st, 2018, following the confirmation of four cases of Ebola in the Mabalako health zone of the territory of Beni, North Kivu province, Eastern DRC.

- As of August 3, 2018, a total of 49 cases have been reported across 7 health zones in two provinces, i.e. five health zones (Beni, Butembo, Oicha, Musienene and Mabalako) in North Kivu province; and two health zones (Mandima and Mambasa) in Ituri province.

- The affected territory is affected by armed conflicts and facing security challenges.

- This is the first-time Ebola outbreak reported in this part of the country and the 10th known outbreak in DRC.

- August 2, 2018, a high-level mission comprised of the Minister of Health, the Governor of North Kivu, WHO Representative, UNICEF Deputy Representative, MONUSCO DSRSG, the Deputy Humanitarian Coordinators and a Representative of the World Bank visited Beni and Mangina (the epicenter of the outbreak) for field level assessment and to organize the response.

- A UNICEF multi-disciplinary team comprised of two health specialists, two C4D specialists, two WASH specialists, a security specialist and a driver are already deployed in Beni as part of the first intervention team in support of the Government response team.
Humanitarian leadership and coordination

The first Crisis Management Team - Comité National de Coordination (CNC) meeting was held on 01 August under the leadership of the Minister of Health with all concerned partners and the Governor of North Kivu province. The Ministry of Health (MoH) is leading the coordination at the national level and the Director General of the Division of Disease Control of the MoH has been appointed as the coordinator of the response. The national level coordination would be organized around ten commissions (i) epidemiological surveillance (including contact tracing); (ii) patient care/management; (iii) laboratory examinations; (iv) communication; (v) water, hygiene, and sanitation; (vi) logistics (vii) psychosocial care; (viii) research, (ix) control of point of entry, (x) vaccination and (xi) security. UNICEF is the lead technical member of commissions on communication, WASH (including Safe and Dignified Burials) and psychosocial care, and would also support the commissions on logistics and security. The joint response plan is currently under finalisation by the MoH with technical support from UNICEF, WHO and other partners.

A field level coordination structure has been established in Beni under the leadership of the Ministry of Health to lead the response in the field. An additional operational level technical team is being constituted in Mangina health area of Mabalako health zone, the epi-centre of the response.
Response Strategy

The joint response plan of the government and partners is under finalisation informed by the experience from the Equateur response. In support of the joint response plan, the UNICEF response strategy will focus on three key areas of communication, WASH and Psycho-social care as follows:

- **Risk communication, social mobilization and community engagement** with the 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 will be implemented through 5 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.

- **The water and sanitation strategy**, as part of the Infection Prevention and Control (IPC), aims to stop the spread of the disease through the availability of 1) WASH in health care facilities, which includes providing water and WASH kits, 2) hygiene promotion and the provision of WASH kits in schools, including handwashing station and soap/temperature check points, and 3) WASH in communities, through mass outreach on hygiene promotion to vulnerable communities and the setup of handwashing stations/temperature control in strategic transit locations, as well as the disinfection of households/neighborhoods of confirmed cases.

- **The child protection and psycho-social support** to EVD survivors and family members of EVD cases seeks to (1) provide basic services; (2) establish or re-establish social and community networks and support systems; (3) provide focused, but nonspecialized services to especially vulnerable children, women and men; and (4) provide specialized care to a significantly smaller, severely affected, proportion of the population. The key element of the strategy will include (i) psychosocial support activities for children; (ii) support to parents and other community members to better support children; (iii) facilitation of professions help to children and families with more severe psychological or social problems / needs; (iv) coordinate mental health and psychosocial support (MHPSS).

**Summary Analysis of Programme Response**

Overview of the key elements in the response with a special emphasis on UNICEF’s response.

**Communication and social mobilization (C4D)**

- To support the Ebola response, 2,500 Ebola posters; 10,000 Ebola pamphlets and 20 megaphones have been sent to the affected areas to support awareness raising on Ebola prevention.
- Translation of Ebola pamphlets to Swahili and Nande (the local languages) have been done.
- Radio messages have also been translated to Swahili and Nande, and being validated by the communication commission.

**Water, Hygiene and Sanitation (WASH)**

- A total of 300 laser thermometers and 2,000 kg of chlorine have been sent to affected areas.
- In addition, six water tankers and two water distribution kits are en-route to the affected areas.

**Psychosocial care & Protection**

- Evaluation of the needs of children and families affected by the outbreak is currently underway.

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1 UNICEF might include a thematic area on nutrition based on on-going nutrition analysis
Identification of local partners to support child protection and psycho-social care is ongoing in the affected health zones.

Nutrition

- The nutrition cluster and UNICEF have started discussions with INGO MEDAIR to integrate Severe Acute Malnutrition (SAM) management in the minimum package of health facilities activities in Mabalako, Oicha, Mutwanga, and Kakunguta health zones.
- The nutrition cluster and UNICEF will continue to monitor the needs through the UNICEF team deployed, and support will be provided as needed in terms of nutrition supplies and human resources.

Supply & Logistics

- Inventories of available stocks are underway and the first stocks of personal protection kits have been deployed to the affected areas.
- The main logistical difficulties in the affected territory is related to armed conflict and high population movement.

Human Resources

A UNICEF multi-disciplinary team comprised of two health specialists, two C4D specialist, two WASH specialists, a security specialist and a driver are already deployed in Beni as part of the first intervention team in support of the Government response team.

External Communication

The official announcement by the Minister of Health of the new epidemic on 1 August lead to media coverage with UNICEF being mentioned in Tribune de Genève, France 24 and Le Figaro.

The CO prepared a communication line on the Ebola epidemic in North Kivu and UNICEF’s response on 2 August that was shared with the communication colleagues at HQ and the Regional Office, to guide them to respond to possible external questions about the epidemic and UNICEF’s response.

The CO issued a press release on 3 August New Ebola epidemic in the DRC: UNICEF sends in staff and supplies to help with the response. It also tweeted 3 messages and published 1 Facebook posts.

Funding

At present, the response plan is under finalization and the funding need would be estimated based on the joint-response plan.

Next SitRep: August 8, 2019