Highlights

- On 8 August 2018, the Minister of Health visited Mangina to launch the Ebola vaccination, as a core strategy for the response. The vaccination will start with front line workers and contacts in the affected areas. UNICEF leads in the communication aspect of the vaccination.

- The response coordination mechanism is operational in Beni under the leadership of the Ministry of Health. The Emergency Operations Centre (EOC) in Beni is now functional with the presence of the Government, UNICEF, WHO and partners. On the UN side, the Deputy Humanitarian Coordinator is deployed in Beni to support coordination.

- The Joint response plan of the Government is being finalized with technical support from WHO, UNICEF, World Bank and other partners. This also includes the mapping of remaining funds mobilized for the Mbandaka response which can be re-programmed for the response in North Kivu.
Epidemiological Overview

Summary Table: (Source, MOH, 07.08.18)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone*(^1)</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths in Confirmed and Probable Cases</th>
<th>Suspect Cases under investigation</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>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>13</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mandima</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>16</td>
<td>27</td>
<td>43</td>
</tr>
</tbody>
</table>

*\(^1\) With better access, the number of health zones with Ebola cases was reviewed by the Surveillance commission and revised from 7 reported in the last update to 6 in this report.
Humanitarian leadership and coordination

The Crisis Management Team continued to meet daily under the leadership of the Ministry of Health with all concerned partners and with the chairs of the different working groups providing thematic updates. UNICEF continues to participate actively in the coordination meetings at the national level and in Beni (operational headquarters) and co-leads the commissions on communication, WASH and psychosocial care; and active in the working groups on logistics and vaccination. A UNICEF security specialist is also deployed in the field to support security assessment and safety of the operations.

Mabalako health zone remains the most concerning area for the response due to the high number of reported confirmed and probable cases. At present, three UNICEF staff members (Health, C4D, and driver) are deployed in Mabalako health zone supporting the Government and partners to put in place infection prevention and control activities in Mangina health area, of Mabalako health zone.

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 is 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 WASH 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 as well as contact families seeks to (1) provide psycho-social support; (2) establish or re-establish social and community networks and support systems; (3) provide social kits to EVD affected families (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic The key element of the strategy will include (i) psychosocial support activities for children and their families; (ii) material assistance to affected families 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). (vi) psycho-social assistance, appropriate care and research of long term solution to orphans and unaccompanied children.

Summary Analysis of Programme Response

Pending the release of the joint response plan, below is the overview of the key elements in the response with a special emphasis on UNICEF’s response.

Communication and social mobilization (C4D)

- 60 community leaders in Mangina health area of Mabalako health zone and 581 community members (comprised of public and private business owners, local authorities, community leaders, handicapped persons association) in Beni
health zone were briefed on Ebola prevention messages. In addition, 130 alert forms, 200 posters, and 300 Ebola prevention pamphlets were distributed at the two locations to promote Ebola prevention messages.

- A baseline knowledge, attitude and behaviour survey on Ebola prevention information and care was conducted in Beni City and Mangina health area of Mabalako health zone targeting 450 respondents.
- 100 community relays (RECOs) were briefed in five health areas on the Ebola virus (Kasanga, Butsili, Kanzuli, Mabolio, Malepe) in Beni Health Zone.
- 79 journalists and nine radio station hosts were briefed on Ebola virus and Ebola prevention messages in Beni town and Goma city. In addition, 10 members of the surveillance commission and 12 members from the communication commission were briefed on communication strategies to promote synergy of approach in Beni Health Zone.
- Mass communication on Ebola prevention messages is being integrated into activities in the churches and local radios, of which 241 churches in Beni Health Zone have received Ebola prevention messages.

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

- Installation of 29 handwashing points in public places (restaurants, parking places, churches) and in 15 “Formations Sanitaires” (FOSA) (health centers) in Beni, Mandima, and Mabalako Health Zone.
- Chlorination of one water reservoir and the installation of 24 chlorination points in Mabalako Health zone (Mangina and Mapekele health area).
- 68 actors in the General Hospital in Beni and ten members from the prevention commission were briefed on Ebola prevention measures and standards.
- 16 traditional practitioners were briefed on Ebola prevention methods, of which 15 received handwashing buckets and a total of 15kg of chlorine in Beni Health Zone.

**Psychosocial and Child Protection**

- At present, a total of 16 children have been hospitalized in the Ebola treatment centers (ETC), including 11 children in Mangina health area of Mabalako health zone and 5 children in Beni health zone. An orphaned child has been identified in Mangina ETC. Preparations are being finalized to offer appropriate child protection care and psycho-social assistance to these children and their families.
- The Psychosocial Commission has been set up in Beni Health Zone, which includes seven clinical psychologists. The Standard Operations Procedures (SOP) on psycho-social assistance have been developed and approved by the commission.
- Two psychologists at the ETC in Beni Health Zone provided daily psychosocial assistance to 10 persons (7 contacts and 3 suspected cases).
- Eight psycho-social agents have been trained in Mangina Health Area of Mabalako health zone.
- 90 psychosocial agents have been identified, and will receive training on providing psychosocial support on 11-12 August 2018.

**Nutrition**

UNICEF provided 461 Ready to Use Therapeutic Food to NGO MEDAIR, as well as therapeutic milk and other essential drugs to cover the treatment of at least 576 Sever Acute Malnourished cases in Beni Health Zone.

**Supply & Logistics**

A total of 12 Ebola protection kits, 80 drums of chlorine - 25kg each, 19 motorcycles, six water tanks, and 500 thermometers have been deployed to support the response in Beni, Butembo, and Mabalako health zones.

A UPS flight carrying 90 tons of UNICEF material has landed in Kigali, Rwanda on 8 August 2018 en route to Beni. The materials will be transported to Goma and Beni over the coming days to support UNICEF interventions in the affected areas.
Human Resources

As of 8 August 2018, 17 UNICEF staff members from C4D, Infocom, Child Protection, Health and WASH have been deployed to the affected health zones in North Kivu province. Additional 16 C4D staff are currently under recruitment to support UNICEF’s interventions in risk communication, social mobilization and community engagement in North Kivu.

External Communication

The press release that CO issued on 3 August (New Ebola epidemic in the DRC: UNICEF mobilizes staff and supplies to help with the response) was picked up on several media, including Reliefweb, FAAPA, Le Congolais, Congo.shafaqna.com, All Africa, adiac-congo.com, Panapress, Europa press, CGTN.

The CO finalised a first set of Q&A on 6 August that was shared with communication colleagues throughout the organisation, including to the National Committees for UNICEF, which will be updated on a regular basis.

The Chief of Communication of the CO traveled to the region to coordinate the external communication work on Ebola and UNICEF’s response. He is joined by a professional videographer.

Since the beginning of the crisis, the CO posted 2 Facebook posts and tweeted 15 messages.

Funding

At present, the UNICEF response plan is under finalization and the funding needs will be estimated based on the joint response plan of the government and partners.

Preparedness in Uganda, Rwanda and South Sudan

The countries at most risk of EVD spread are Uganda and Rwanda, that border DRC (Ituri for Uganda and North Kivu for Rwanda). Other countries in the region are at reduced risk of spread. In response to the recent EVD outbreak in Western DRC, WHO conducted an EVD preparedness assessment in nine countries surrounding DRC. In response to the current outbreak, a mission is planned by WHO and partners to the nine countries to update these assessments.

Uganda

The risk of Ebola importation to Uganda is very high because of the proximity with the focus of the outbreak in DRC (Beni, the affected area in DRC, is estimated to be 60 – 80 km from the Uganda border) and the intense cross-border movements between Uganda and the Eastern part of DRC. Since 2000, Uganda has reported three EVD outbreaks (2000, 2007, 2012).

Three radio spots developed covering prevention, signs and symptoms, and transmission of Ebola will be aired on 21 radio stations in 13 high-risk districts for three months in 13 languages¹ in August.

UNICEF has supported the following activities:

- Using the U-report platform, ten approved short messages on Ebola prevention and control will be sent to 98,665 U-reporters in 22 border districts every ten minutes for two weeks².
- Two chlorine generators were sent for installation to two health centres in the identified high risk areas.
- Pre-positioning available supplies to fill critical gaps as per the national preparedness plan.

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¹ Alur, English, Madi, Kakwa, Luganda, Lugbara, Ruyankole – Rukiga (RR1), Runyoro – Rutoro (RR2), Rubwisi, Rufumbira, Rukonjo, Rwamba, and Swahili

² U-Report is a FREE SMS social monitoring tool that helps 300,000+ Ugandans address issues that their community cares about. All information provided by U-Reporters is anonymous.
Three districts of Rwanda are at risk of cross border spread of EVD from Goma. These are: Rubavu, whose capital, Gisenyi, borders Goma; Musanze which is 67 km to Goma, and the urban district of Kicukiro, where Kigali International airport is located. To date, no EVD case has ever been reported in Rwanda. The Government of Rwanda held a high-level meeting with social cluster ministries, directorate of Migration and Police after the EVD declaration. The Ministry of Health emergency Ebola response mechanism was activated and communication plan is being updated with UNICEF support. EVD screening has started at all points of entry. Directors of District Hospitals and local authorities received a briefing on EVD. Related to risk communication, public service announcements on three TV stations; posters, messages aired on different radios, press release and a communiqué also aired on different radio stations were developed with the support of UNICEF.

**South Sudan**

The following preparedness actions have been taken with the support of UNICEF:

- The review and operationalization of the national EVD contingency plans is ongoing;
- Scale up of surveillance at points of entry is ongoing;
- IEC materials (pull-up banners and traveler’s cards) have been produced for point of entry screening at the airport and provided to all passengers;
- Review of stock levels of PPEs and other supplies ongoing;
- An MoH/WHO meeting on EVD preparedness with MOH and WHO is scheduled for 8 August;
- The toll-free hotline for Ebola and other outbreaks, located at the public health emergency operations centre, has been activated.

**Next Sitrep:** August 15, 2019