



Students at Tchemtchem school in Bunia received UNICEF school kits, providing essential learning materials for a safe and supportive learning environment, on 25 September 2026.

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Humanitarian Situation Report No. 4

Reporting Period
1 September -30
September 2026

Democratic Republic of the Congo - Ebola Outbreak caused by Bundibugyo virus

HIGHLIGHTS

- Children continued to bear a disproportionate share of the outbreak. As of 30 September, children accounted for approximately 27 per cent of confirmed cases but nearly 38 per cent of deaths, with children under five representing almost two-thirds of child deaths.
- In response to the outbreak's geographic expansion, UNICEF scaled up its multisectoral operations from 60 to 63 health zones, maintaining a presence in all 16 hotspots.
- Community-based surveillance was strengthened through the deployment of 3,469 additional community mobilizers. Risk Communication and Community Engagement (RCCE) activities expanded to 55 affected health zones, mobilizing 11,513 frontline and community actors, extending collaboration from 108 to 114 radio stations, and launching intensified digital engagement and rumour management.
- Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) interventions transitioned from initial deployment to implementation at scale. UNICEF delivered more than 590,000 litres of safe water, expanded support to health facilities and schools, strengthened decontamination capacity, and deployed assistance to newly affected areas.
- With the start of the school year, 167,343 children and adolescents accessed safe and adapted learning opportunities, while 158,188 unique children received school or IPC/WASH kits.
- UNICEF requires US\$ 113.5 million for its revised six-month response plan. As of 30 September, US\$ 41 million had been mobilized, leaving a US\$ 72.5 million funding gap. Timely, flexible funding is urgently required to sustain outbreak control, protect children and maintain essential health including mental health and psychosocial support, nutrition, education, IPC/WASH and protection services in communities already affected by conflict, displacement and cholera.

SITUATION IN NUMBERS



8,300

Confirmed cases as of 31 August 2026



4,018

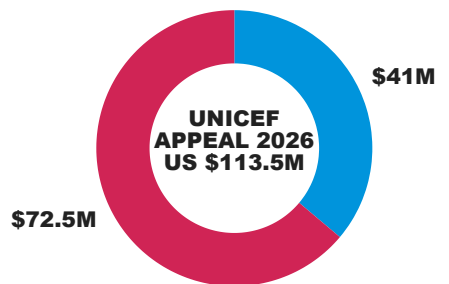
People deceased as of 31 August 2026



2,161

Recoveries as of 31 August 2026

FUNDING STATUS (IN US\$)**



● Humanitarian Resources

● Funding gap

** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

EPIDEMIOLOGICAL SITUATION UPDATE

Between 1 and 30 September 2026, the Democratic Republic of the Congo (DRC) reported 2,050 additional confirmed Bundibugyo virus disease (BVD) cases and 979 deaths. As of 30 September, cumulative confirmed cases had reached 8,300, including 4,018 deaths, corresponding to a case fatality ratio (CFR) of 48.4 per cent. The outbreak continued to expand geographically, with confirmed cases reported for the first time in Sud-Ubangi Province, bringing the number of affected provinces to seven (Ituri, North Kivu, South Kivu, Haut-Uélé, Tshopo, Bas-Uélé and South-Ubangi).

During September, an additional three health zones reported confirmed cases, increasing the total to 63 affected health zones, representing 37.7 per cent of the country's 167 health zones. 16 health zones across North Kivu, Ituri and Haut-Uélé provinces were identified as Ebola hotspots, highlighting the scale of transmission and the need for increased prevention, surveillance and response measures. UNICEF maintained an operational presence across all 16 hotspot health zones, delivering services in support of the Ebola response.

The outbreak is now the largest Ebola outbreak ever recorded in the DRC and the second largest globally. Ituri province remains the epicentre, accounting for 75.8 per cent of all confirmed cases 6,293 cases and 2,902 deaths, followed by North Kivu 1,601 cases and 950 deaths and Haut-Uélé 346 cases and 144 deaths. Transmission also continued in Tshopo, Bas-Uélé, South Kivu and South-Ubangi. Women and girls represent approximately 53.4 per cent of reported confirmed cases.

Children aged 17 years and below account for approximately 27.4 per cent of confirmed cases and 37.6 per cent of reported deaths, indicating a disproportionate mortality burden among children. Children under five bear the greatest burden, representing approximately 63.8 per cent of deaths among children aged 17 years and below.

During September, 16 health workers were identified among confirmed cases reported during the month, underscoring ongoing risks to frontline responders.

UNICEF'S EBOLA OUTBREAK RESPONSE

As the Ebola outbreak continues to expand, UNICEF has scaled up its multisectoral response from 60 to 63 health zones across Ituri, North Kivu, South Kivu, Haut-Uélé, Tshopo and South-Ubangi. Working with the Government and partners, UNICEF is delivering integrated interventions across affected and high-risk areas, including community surveillance and contact tracing, RCCE, IPC/WASH, nutrition, Mental Health and Psychosocial Support (MHPSS), child protection, Gender-Based Violence (GBV), pediatric care, and continuity of essential services and humanitarian assistance, while strengthening readiness in high-risk areas.

The expanding outbreak and increasing operational complexity have increased UNICEF's funding requirement from an initial US\$40.5 million to US\$113.5 million. UNICEF continues to coordinate closely with the Ministry of Public Health, World Health Organization (WHO), Africa Centres for Disease Control and Prevention (CDC) and other partners, adapting interventions as the outbreak evolves. Gender-responsive programming, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse (PSEA) remain integrated across the response to ensure safe and equitable assistance.

COORDINATION, GOVERNANCE AND TECHNICAL SUPPORT

UNICEF continues to align its response with the collective inter-agency effort and contribute to Government-led coordination, providing strategic, operational and technical support to the national, subnational and continental BVD response, working closely with government authorities, WHO, Africa CDC and partners. In line with the Inter-Agency Standing Committee (IASC) System-Wide Scale-Up for Ebola, UNICEF has extended its Level 3 Corporate Emergency Activation Procedure until February 2027, enabling sustained support to the response. Through active engagement in the Incident Management Support Team (IMST) structures in Kinshasa, Bunia and Kampala, together with UNICEF's internal emergency coordination and technical mechanisms, UNICEF supports coherence and alignment across national, subnational, regional and global levels.

At country level, UNICEF provides technical support across key response areas, including community-based surveillance, risk communication and community engagement, case management, nutrition and IPC/WASH, while strengthening cross-border coordination and continuity of essential services for children and families. UNICEF supported the revision of the Government-led DRC Ebola Response Plan, ensuring alignment with evolving epidemiological trends and operational priorities. UNICEF also supported the Government and Africa CDC in implementing the village approach, bringing prevention, surveillance, community engagement and essential services closer to affected communities. Through local leaders and community structures, the approach aims to strengthen trust, early detection and rapid response at village level. In partnership with WHO, UNICEF co-led the training and deployment of community-based surveillance (CBS) networks, strengthening the surveillance pillar and expanding coverage in high-risk health zones. UNICEF also provided technical support for data analysis and strategic planning, refining the CBS approach and strengthening epidemiological analysis. This included trend monitoring, hotspot mapping, and intervention prioritization, enabling evidence-based decision-making and targeted resource allocation.

At the continental level, UNICEF contributes to the implementation of the BVD Strategic Preparedness and Response Plan (SPRP). UNICEF has deployed Supply, Logistics and Health Specialists to the WHO Africa CDC-led continental IMST, supporting coordination and consolidation of inputs across pillars and providing technical expertise to strengthen operational readiness and response.

COMMUNITY BASED SURVEILLANCE

UNICEF continued to strengthen community-based surveillance and early detection through the recruitment, training, and supervision of community health workers, community mobilizers (RECOs) and community surveillance focal points across affected and high-risk health zones. Improvements have been made to strengthen early detection, alert verification, and contact tracing across affected provinces.

In September, UNICEF supported the training and deployment of 3,469 RECOs across three provinces: 165 in Ituri, 995 in North Kivu and 2,313 in South Kivu. This increased the cumulative number of UNICEF-supported RECOs from 12,555 in August to 16,024 by the end of September (representing 47 per cent of overall target), strengthening surveillance coverage in affected and high-risk areas. The surveillance network generated 30,001 alerts, supporting early detection, alert verification, case investigation and referrals. These efforts contributed to strengthened community-level outbreak

monitoring and transmission interruption activities. Contact follow-up reached 80.6 per cent of registered contacts in September. Serious funding challenges continue to impact community surveillance efforts, with a funding gap of 52 per cent.

As of 30 September 2026, three complementary vaccination interventions were underway: compassionate vaccination, the BRAVO study and the ERVEBO Phase III trial. UNICEF supported the deployment of 68,920 ERVEBO doses, vaccine stock management and cold-chain strengthening. Under the compassionate vaccination programme, 7,148 of 33,000 targeted individuals were vaccinated across 12 health zones (Bafwasenda, Bulu, Bunia, Buta, Ganga, Gemena, Gombo, Kabondo, Lubunga, Mangobo, Masiko and Tshopo), mainly health workers; 38.3 per cent were women, including 19 pregnant women. The BRAVO study continued during the month of September. The Phase III amended protocol was also approved, with vaccinations expected by the end of October. UNICEF support will prioritize vaccine availability, cold-chain capacity, logistics, data monitoring, field deployment, resource mobilization, communication and community engagement to accelerate vaccinations and address operational constraints across affected health zones.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In September, UNICEF supported RCCE activities in 55 out of 63 affected health zones (87 per cent coverage). RCCE pillar priorities included approving new joint national RCCE indicators, consolidating a 4W dashboard mapping over 90 RCCE organizations, and developing a common community feedback system to strengthen coordinated follow-up and feedback loop closure.

During the reporting period, UNICEF and its partners trained and mobilized 11,513 frontline workers and community actors, including the 3,469 RECOs supporting community-based surveillance and 8,044 additional actors, 39 per cent of whom were women. Among these community actors, there were 3,034 Community Animation Cell members, 605 youth associations members and U-Reporters, 467 community leaders, 399 religious leaders, 292 members of women's groups, 210 nurses and 48 traditional healers. This brought the cumulative number of frontline workers mobilized since the beginning of the response to 36,263, representing 74 per cent of the overall target.

Innovative community engagement approaches helped strengthen acceptance of Ebola prevention and response measures. Trusted community actors, including religious leaders, teachers, motorcycle taxi drivers, survivors and local authorities, supported community dialogue, outreach and rumour management. Integrated RCCE, community-based surveillance and infection prevention activities combined home visits, social listening and community engagement to support referrals, contact tracing and follow-up of resistance. In Ituri, survivor testimonies shared through women-led community discussions improved understanding of Ebola treatment centres, encouraged early care-seeking and increased acceptance of transfers of suspected cases. Similar awareness efforts were also supported by student committees in North Kivu and parliamentarians in Tshopo.

In September, UNICEF-supported community actors reported 3,495,296¹ person-contacts (54 per cent of women) through interpersonal communication approaches. As part of these efforts, community actors conducted around 660,000 household visits during the reporting period.

In the first month of the new school year, 86,769 children (53 per cent of girls) received age-appropriate information on Ebola

prevention, symptom recognition and referral pathways, while 534 teachers were equipped to reinforce these messages. This brought the cumulative number of children reached through school-based interventions to 122,768.

UNICEF and its partners expanded collaboration from 108 to 114 radio stations across four of the seven affected provinces, broadcasting radio spots more than 1,200 times and producing interactive programmes and other formats. The addition of six radio stations increased the estimated potential audience by 775,988 people, bringing the radio total potential reach to approximately 5.8 million people.

A U-Report poll involving 24,286 participants in Ituri, North Kivu and South Kivu found that 63 per cent of respondents reported household impacts from the Ebola outbreak, including isolation, contact tracing, movement restrictions and school closures. Most respondents perceived an increase in violence against women and girls, particularly physical violence, followed by sexual, psychological and economic violence. Households, communities and schools were identified as the primary settings of concern. Key barriers to seeking assistance included fear, distance to services, lack of information, service unavailability and low trust. Findings will inform RCCE interventions to address protection risks and improve awareness of available services.

UNICEF supported the back-to-school campaign through digital social and behaviour change and community outreach, sending over five million SMS messages across the country, including 209,305 in Ituri. Social media content reached 40,256 people and engaged 1,566. U-Reporters also reached 1,050 students, 173 teachers and 1,720 parents with information on preventive measures to stay safe at school.

Following the launch of the Ebola digital campaign at the end of September, UNICEF-supported Veilleurs du Web and U-Reporters disseminated reliable information and responded to online rumours. Initial results included more than 218,000 people reached through social media, nearly 14,000 interactions and 6,904 actions to counter misinformation through posts and constructive comments by Veilleurs du Web. Alongside digital activities, U-Report community networks in Ituri, North Kivu and South Kivu continued face-to-face outreach. U-Reporters reached more than 32,210 people, including in schools, with information on Ebola prevention and protective behaviours.

UNICEF-supported social listening mechanisms collected over 6,433 rumours, questions and feedback items, approximately 51 per cent of which had been addressed. Community feedback indicated that unavailable or delayed services were undermining trust in health facilities and response teams. Key concerns included difficulties accessing treatment, medicine shortages, delayed test results and limited support for suspected cases and contacts. Communities requested clearer information on response procedures, greater involvement in decision-making, access to vaccination and prevention supplies, particularly in schools. While home visits were valued, unmet needs highlighted the need to link RCCE efforts with timely services and follow-up.

Reducing community deaths remains a priority across the response. Promoting early care-seeking must be matched by rapid detection and referral, reliable transport, and accessible, well-equipped treatment services.

INFECTION PREVENTION AND CONTROL (IPC) / WATER, SANITATION AND HYGIENE (WASH)

During September, UNICEF scaled up IPC/WASH support across affected provinces, with the response increasingly shifting from initial deployment to implementation at scale. Activities combined strengthened IPC capacity in health facilities and schools, safe water provision, training of frontline personnel, and operational support to decontamination teams, alongside rapid assessments and deployment to newly affected health zones. As the epidemiological situation evolved and new areas reported cases, UNICEF continued to adapt its footprint, while reinforcing national and provincial IPC coordination to ensure partners and resources were aligned with emerging response priorities.

In Ituri, UNICEF and partners continued to strengthen IPC/WASH response across 11 health zones. IPC/WASH supplies were provided to 180 schools, while 40 additional health facilities were equipped with IPC/WASH kits, including screening supplies, strengthening infection prevention measures in schools and health facilities. Access to safe water was reinforced through continued construction of the solar-powered borehole at the Bunia Ebola treatment centre (ETC) and the start of six additional solar-powered boreholes in Lita, Mungbwalu and Bambu. In Mungbwalu, emergency water supply continued, with 303,000 litres of safe water delivered to four health facilities. To strengthen rapid response capacity, five new decontamination kits, sufficient for 450 decontaminations, were provided and seven existing kits replenished, providing capacity for an additional 630 decontaminations. 22 vehicles also supported the mobility of decontamination teams across nine health zones. Following the detection of cases in Biakato, Fataki, Mandima and Mangala, UNICEF participated in joint assessments to identify priority IPC/WASH needs and support coordination of the response.

Across North Kivu, UNICEF supported WASH and IPC activities across eight affected health zones: Beni, Butembo, Kalunguta, Katwa, Kyondo, Musienene, Masereka and Vuhovi. A total of 915 frontline personnel were trained on IPC, including 450 healthcare providers, 390 cleaners and hygiene brigade members, and 75 frontline supervisors. Community-based response capacity was strengthened through operational support to 10 decontamination teams and 73 supervisors, including eight vehicles to facilitate response activities. In preparation for IPC/WASH kit distribution, 105 health facilities and 300 schools were assessed across targeted health zones. Safe water provision also continued, with 64,000 litres supplied to four public handwashing stations and 224,000 litres to the Katwa ETC.

Through its support to decontamination teams in Haut-Uélé, UNICEF contributed to the decontamination of 409 households and 91 health facilities in Isiro, Pawa and Wamba health zones. Six teams were activated, trained and equipped with three decontamination kits and six vehicles, while 14 health facilities were assessed and provided with IPC/WASH kits. A total of 141 personnel were trained on Ebola prevention measures, including 36 hygienists, 24 zonal pillar members from Bomamangbetu, Isiro, Pawa and Wamba, and 81 healthcare workers from 19 assessed health facilities. A joint mission to Dungu extended IPC/WASH support to a seventh affected health zone in the province.

In South Kivu, UNICEF supported IPC/WASH activities across affected health zones, including the installation of two semi-permanent triage areas, provision of personal protective equipment (PPE) to six health facilities, and replenishment of IPC/WASH supplies at seven points of entry/control. In addition, 100 hygienists

from 25 health facilities were trained on IPC, while 3,714 household visits reached 31,781 people with BVD prevention messages.

As co-lead of the IPC Pillar, UNICEF continued to strengthen national and subnational coordination through weekly IPC Task Force meetings, consolidation of response updates across active provinces, updated partner mapping and active engagement in provincial coordination mechanisms. A joint mission to North Kivu with national and provincial IPC Pillar leadership covered the hotspots of Beni, Butembo, Katwa and Musienene, engaging provincial and zonal coordination teams and response partners to strengthen partner integration and coordination, alongside visits to ETCs.

HOLISTIC CASE MANAGEMENT

CLINICAL CARE FOR PEDIATRIC EBOLA PATIENTS

Case management services remain under significant pressure. In September, 2,609 patients received care in Ebola Treatment Centres and Transit Centres supported by UNICEF (2,394 in Ituri and 215 in North Kivu). During the reporting period, 555 confirmed Ebola cases were recorded among children aged 17 years and below in the available line list². Of these, 289 were recorded as deceased at the time of sampling, including 192 children aged 0-5 years. Children under five accounted for approximately 66.4 per cent of recorded paediatric deaths, highlighting their heightened vulnerability. Given the disproportionate impact of Ebola on young children, UNICEF continues to prioritize child-sensitive Ebola case management, with a focus on early referral and timely access to quality care, adequate treatment capacity, reliable referral and transport services, uninterrupted food and nutrition support, appropriate infant and young child feeding, management of acute malnutrition and severe illness, and psychosocial support for affected children and caregivers.

NUTRITIONAL CARE

In September, UNICEF, in collaboration with the National Nutrition Programme (PRONANUT), provincial health authorities and implementing partners, continued to strengthen the nutrition response in Ebola-affected and high-risk areas of Ituri, North Kivu and South Kivu. Nutrition interventions focused on maintaining essential nutrition services in ETCs, health facilities and communities, including acute malnutrition treatment, nutrition screening, Infant and Young Child Feeding in Emergencies (IYCF-E), specialized support for infants under six months and nutrition surveillance. Additional nutrition supplies were provided to support infants and young children in Haut-Uélé and Tshopo.

During September, 1,905 children with severe or moderate acute malnutrition were admitted for treatment, bringing the cumulative number reached since the beginning of the response to 18,752 children, including 8,880 boys and 9,872 girls. This represents 165.1 per cent of the initial target of 11,361 children. Treatment services were supported through a network of 334 outpatient therapeutic programme sites and 35 inpatient stabilization centres across 35 affected health zones.

During the reporting period, 205 infants under six months (109 girls and 96 boys) received specialized nutrition support, bringing the cumulative total to 311 infants (157 girls and 154 boys). In addition, 1,321 caregivers of children aged 0-23 months (991 women and 330 men) received IYCF-E counselling, bringing the cumulative number reached to 104,833 caregivers, representing 64.0 per cent of the target of 163,836.

Integrated nutrition services were available in 34 of 104 targeted ETCs (32.7 per cent), compared with 32 ETCs in August. Community-based screening also continued, with 132,883 children aged 6–59 months (69,615 girls and 63,268 boys) screened during September, bringing the cumulative total to 597,260 children (74.7 per cent of the target of 800,000).

Priorities remain strengthening nutrition service coverage in ETCs, expanding Family MUAC screening and referral, improving support for vulnerable infants and caregivers, maintaining safe infant-feeding practices and adequate nutrition supplies, and reinforcing infection prevention and control. Continued efforts to improve data completeness, reporting timeliness and consistency across reporting periods are essential for effective monitoring of the response.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

UNICEF and partners continue to implement integrated MHPSS, Child Protection (CP), and GBV interventions for the Ebola-affected population. Children and families remain exposed to protection risks and psychosocial distress in a context marked by conflict, displacement, and limited access to basic services. As the outbreak spreads to new areas, protection and GBV needs continue to rise, further stretching already limited response capacities.

During September, 148 psychosocial workers (PSWs), 70 psychologists and 28 lullaby caregivers provided psychosocial support services in ETCs, nurseries and affected communities. Services included psychological first aid, counselling, referrals, case management and psychosocial support for patients, survivors, children and families affected by Ebola. During the same period, 26,758 people received individual psychosocial support, while 47,569 participated in group psychosocial support activities. Particular attention was given to children who had been orphaned or separated from their families, with 371 children receiving support through identification, family tracing, follow-up and referral to appropriate services.

Since the beginning of the outbreak, 1,903 orphaned and separated children have received protection support, including identification, family tracing, follow-up and referral services. In total, 66,930 people have received individual psychosocial support, and 90,600 have participated in group psychosocial support activities.

During the reporting period, 9,386 people benefited from GBV prevention, response and risk mitigation activities, and 22 survivors were referred to specialized services. Since the beginning of the response, 31,844 people have been reached and 1,611 survivors referred for specialized care and support.

As co-lead of the multisectoral MHPSS Pillar, UNICEF continued to support strategic coordination through situation and response monitoring, harmonization of tools and indicators, advocacy, and operational support to coordination mechanisms. UNICEF also supported the MHPSS Pillar to develop the village center approach to support the continuity of services.

Despite these efforts, child protection and MHPSS needs continue to outpace response capacity. Only 12 nurseries are operational across nearly 49 ETCs, limiting access to safe spaces and appropriate care for young children. The growing number of children orphaned or separated by Ebola further underscores the need for increased investment in alternative care, family reunification and MHPSS services that include tailored capacity building and support for frontline child protection and MHPSS workers to ensure functioning referral pathways.

HUMANITARIAN RESPONSE AND SERVICE DELIVERY

Despite insecurity, displacement, and concurrent BVD and cholera risks, UNICEF and partners maintained the delivery of critical services and life-saving assistance across affected areas. During the reporting period, UNICEF's Rapid Response Mechanism reached 50,601 people with emergency assistance, including through the distribution of 8,021 non-food items (NFI)/WASH and shelter kits to 47,565 people. In parallel, 3,984 people accessed integrated primary healthcare and nutrition services, while 98 children with severe acute malnutrition (SAM) and 196 children with moderate acute malnutrition (MAM) received treatment and nutrition support. UNICEF also supported 177 women with safe deliveries by qualified health workers.

The number of suspected and confirmed cholera cases reached 2,647, marking the highest level recorded in the past two years. In South Kivu and North Kivu, where cases continued to rise, Case Area Targeted Intervention (CATI) teams reached 10,351 people in communities with suspected and confirmed cases, ensuring support within 48 hours of case notification.

With the start of the new school year, education in Emergencies (EiE) interventions continued to ensure safe and inclusive learning opportunities for children and adolescents affected by the Ebola outbreak in Ituri Province. During September 2026, a total of 167,343 children and adolescents (85,757 girls and 81,586 boys) accessed safe and adapted learning opportunities through a combination of remedial education, vocational training, and school-based infection prevention interventions.

The implementation of remedial education and vocational training activities continued throughout the month, reaching 8,961 children and adolescents, including 4,773 girls. These activities helped mitigate learning losses caused by the health crisis and strengthened children's resilience by supporting their continued engagement in education.

UNICEF undertook a large-scale distribution of essential school support kits. Adolescent kits were distributed in 205 schools across Bunia, Irumu 1, Irumu 2, and Nizi, benefiting 123,761 children, including 63,269 girls. In parallel, IPC/WASH kits were provided to 221 schools across Bunia, Djugu 1, Irumu 1, Irumu 2, Mambasa 3, and Nizi, reaching 125,152 children, including 64,147 girls. These interventions strengthened hygiene practices, reinforced infection prevention and control measures, and contributed to maintaining safer learning environments in Ebola-affected communities. In total, 158,188 unique children, including 80,882 girls, received at least one type of kit across 273 schools.

The Ebola context continues to challenge safe and uninterrupted access to education. Sustained efforts are needed to maintain school attendance, ensure adherence to prevention measures, and address community concerns. To support safe and continuous learning, partners continued community engagement and awareness-raising activities, regular school monitoring, learner follow-up, and reinforcement of infection prevention and control measures.

GENDER EQUALITY, GBV RISK MITIGATION AND PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

Sexual Exploitation and Abuse (SEA) risk mitigation activities were integrated into the back-to-school campaign in Ebola-affected areas. 45 Ministry of Education inspectors (30 per cent women) in Bunia were trained on PSEA and the importance of maintaining functional reporting and complaint mechanisms within the education system. UNICEF, in collaboration with the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) Gender Unit, conducted awareness-raising sessions on PSEA and sexual violence for 30 pupils at EPO Primary School in Bunia. UNICEF also systematically disseminated PSEA messages during the distribution of handwashing kits in schools across Ituri Province.

Promotion of the PSEA chatbot on the U-Report platform was scaled up in September, enabling approximately 1,500 additional users to access information on PSEA and available reporting channels. UNICEF also piloted a new tool to monitor PSEA training and capacity-building among partners. By the end of September, more than half of civil society organization (CSO) partners had been trained on the tool. In addition, UNICEF continued to strengthen community engagement through its implementing partners, facilitating access to safe and accessible SEA reporting mechanisms for 594,202 people since the start of the response, including 182,013 women, 144,872 men, 137,688 girls and 129,629 boys.

In collaboration with United Nations partners and the inter-agency PSEA Network, UNICEF supported the Government of DRC to develop a national PSEA Strategy and implementation plan to improve PSEA outcomes. The Ministry of Public Service is expected to submit the strategy to the Inter-Ministerial Council for validation.

UNICEF DRC, in collaboration with UNICEF Uganda, launched a cross-border PSEA risk assessment for the current Ebola outbreak. The cross-border risk assessment is ongoing, and preliminary results show a weak presence of specialized PSEA capacities on the Aru-Arua border between the DRC and Uganda.

In collaboration with the Gender in Humanitarian Action (GiHA) Working Group, a mapping of women- and girls-led organizations in Ebola-affected provinces was completed. The exercise informed an operational plan to strengthen their capacity, engagement, and leadership in preparedness and response activities.

A gender analysis of national Ebola Situation Reports (SitReps) was also conducted to assess the availability and use of sex- and age-disaggregated epidemiological data. Its recommendations are guiding efforts to strengthen surveillance systems and promote gender-responsive decision-making and planning throughout the Ebola response.

HUMAN INTEREST STORY



9-year-old Obed returns to school in Ituri.

Despite Ebola, 9-year-old Obed finds his way back to school in Ituri

In Ebola-affected provinces, the start of the school year is tailored to the level of risk: in-person learning with preventive measures in green zones, strengthened precautions in orange zones, and temporary distance learning in red zones. These measures are helping children continue their education in a safer environment.

In Bunia, nine-year-old Obed Dawa was delighted to return to Bakoko Primary School, despite his fear of Ebola. Each day, before entering the classroom, students wash their hands and have their temperature checked. The equipment is part of the infection prevention and control and water, sanitation and hygiene kits provided by UNICEF to schools in Ebola-affected areas. In Ituri, 350 schools are targeted for support, and 202 have already received the kits.

At school, Obed does more than learn to read and count. Alongside his classmates, he also learns to recognize the signs of Ebola and the actions that can help reduce the risk of transmission. Across the province, 150 trainers have been trained to support more than 19,000 teachers in Ituri with guidance on preventing and controlling Ebola in schools. Through these teachers, the messages can also reach students, their families and their communities.

During an outbreak, keeping children in school is not only about ensuring continuity of learning. It also gives them the knowledge and tools they need to better protect themselves.

Read more here: [Despite Ebola, 9-year-old Obed finds his way back to school in Ituri | UNICEF](#)

EXTERNAL MEDIA

Additional photos and video content continued to be added to UNICEF's WeShare platform during the month to raise the visibility of the response, with new materials focused on [school-based awareness on child protection, the prevention of sexual violence and Ebola prevention measures](#), [U-Report awareness about Ebola at Mongbwalu](#), and [the distribution of school kits in Bunia](#). Media coverage included [Associated Press](#) on children's return to school, which was syndicated by several other outlets including [CBC](#) and [All Africa](#), other coverage included [El País](#), [NOS](#), [NOS](#), [NPO Radio 1](#), [NOS Instagram](#), [ABC News](#), [The Standard](#) and [APO](#). Many outlets, including partners, continued to mention UNICEF's analysis that children make up roughly a quarter of cases but nearly a third of

deaths, such as [SciDev](#). Sky News, Fox, and other broadcasters also mentioned UNICEF's response in broadcasts about Ebola.

NEXT SITREP: 15 NOVEMBER 2026

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF requires US\$113.5 million to implement its revised six-month Ebola response plan in the Democratic Republic of Congo, up from the initial requirement of US\$40.5 million. The increase reflects the expansion of the response to cover 63 affected and high-risk health zones across Ituri, North Kivu, South Kivu, Haut-Uélé and Tshopo, including intensified interventions in hotspots, preparedness in areas at heightened risk, and the continuity of essential services and humanitarian assistance.

As of 30 September, UNICEF had mobilized US\$41 million, leaving a **funding gap of approximately US\$72.5 million**, equivalent to 64 per cent of the revised requirement. Sustained funding is needed not only to strengthen community-based Ebola response efforts, but also to ensure the continuity of critical health, nutrition, education, WASH and child protection services in communities already affected by conflict, displacement and recurrent disease outbreaks.

UNICEF gratefully acknowledges the generous support of its donors, whose flexible contributions enabled the timely delivery of life-saving assistance. During the first two months of the response, humanitarian funding was provided by the European Commission through its Civil Protection and Humanitarian Aid Operations (ECHO); the United States Government through the Bureau of Global Health Security and Diplomacy Department of State; the Government of Japan; and the Mastercard Foundation. The response was further supported through the Central Emergency Response Fund (CERF) and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF Global Humanitarian Thematic Funds, including global and country-level thematic allocations that provided flexible resources to address evolving needs. Private-sector and individual contributions mobilized through National Committees for UNICEF also played a vital role, including support from the National Committees in Argentina, Austria, Canada, France, Germany, Luxembourg, the United Kingdom and the United States.

Timely and flexible donor support remains critical to sustain frontline operations in a rapidly evolving outbreak. Flexible funding enables UNICEF and its partners to adapt interventions in line with changing risk levels, rapidly deploy personnel and supplies, respond to newly identified transmission chains, and address emerging operational gaps. It also ensures that resources can be allocated across the full spectrum of response priorities, including areas that may receive less visibility but remain essential to an effective response, such as child protection, PSEA, and the continuity of essential service delivery.

HAC APPEALS AND SITREPS

- GLOBAL Appeals
<https://www.unicef.org/appeals/global-support>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Risk Communication and Community Engagement								
# of frontline workers (RECOs, teachers, and others community actors) in affected zones trained for RCCE on BVD prevention and response	Total	-	49,335	36,263	▲ 23%	-	-	-
# of at-risk people reached with prevention or access to services messages through one way communication approaches (radio and TV spots and programmes, SMS, U-Report reach, IEC materials,etc)	Total	-	14.9 million	7.7 million	▲ 8%	-	-	-
# of children in schools and temporary learning spaces accessing Ebola life-saving messages to prevent the spread of the epidemics in schools	Total	-	400,000	122,768	▲ 22%	-	-	-
	Girls	-	192,000	64,417	▲ 23%	-	-	-
	Boys	-	208,000	53,111	▲ 18%	-	-	-
Community base surveillance/Case finding & contact Tracing in community								
# of Community Health Workers (CHW) trained, equipped and deployed for active case finding and contact tracing in household	Total	-	5,747	1,528	▲ 19%	-	-	-
	Women	-	2,969	871	▲ 22%	-	-	-
	Men	-	2,778	657	▲ 15%	-	-	-
# of Community Mobilizers (RECO) trained, equipped and deployed for active case finding and contact tracing in household	Total	-	34,212	16,024	▲ 10%	-	-	-
	Women	-	17,675	7,531	▲ 6%	-	-	-
	Men	-	16,537	8,493	▲ 15%	-	-	-
Wash and Infection and Prevention Control measures								
# of Ebola Treatment Centres (ETCs) where UNICEF provided WASH/IPC supplies to the case management partner	Total	-	10	10	0%	36	19	0%
# of health facilities equipped with IPC kits and whose staff were trained on IPC	Total	-	800	141	▲ 9%	4,517	256	▲ 1%
# of households with confirmed Ebola cases that were decontaminated, provided with IPC kits, and reached with prevention and hygiene awareness messages	Total	-	1,000	8	0%	2,424	52	0%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
# of schools in the affected health zones provided with IPC kits and awareness-raising activities	Total	-	900	258	▲ 16%	3,672	460	▲ 4%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients								
# of confirmed cases receiving care in UNICEF-supported Ebola Treatment Center (ETC) ³	Total	-	3,000	2,877	0%	-	-	-
	Girls	-	867	417	0%	-	-	-
	Boys	-	954	452	0%	-	-	-
	Women	-	648	1,105	0%	-	-	-
	Men	-	531	903	0%	-	-	-
Holistic Case Management, Mental Health and Psychosocial Support								
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	57,654	157,530	▲ 129%	-	-	-
	Girls	-	15,829	23,789	▲ 98%	-	-	-
	Boys	-	15,386	27,023	▲ 124%	-	-	-
	Women	-	13,444	61,817	▲ 174%	-	-	-
	Men	-	12,995	44,901	▲ 125%	-	-	-
# of children who have received individual case management	Total	-	1,560	1,611	▲ 5%	-	-	-
	Girls	-	791	817	▲ 5%	-	-	-
	Boys	-	769	794	▲ 5%	-	-	-
Holistic Case Management, Nutritional Care and Food Assistance								
# of patients with acute malnutrition (SAM/MAM) admitted and receiving nutrition treatment in Ebola Treatment Centres (ETCs) and other health facilities located in Ebola-affected health zones	Total	-	11,361	18,752	▲ 17%	-	-	-
	Girls	-	5,749	8,880	0%	-	-	-
	Boys	-	5,612	9,872	▲ 34%	-	-	-
# of <6 months children who received appropriate nutritional support in nurseries, treatment centers, childcare institutions, and community settings	Total	-	1,138	311	▲ 18%	-	-	-
	Girls	-	578	157	▲ 17%	-	-	-
	Boys	-	560	154	▲ 19%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
# of primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	163,836	104,833	▲ 1%	-	-	-
Humanitarian Response and Service Delivery								
# of people whose life-saving non-food items, emergency shelter and wash needs were met through supplies within 7 days after a rapid needs assessment through a RRM mechanism in areas affected	Total	-	369,600	293,693	▲ 13%	-	-	-
	Girls	-	102,823	93,375	▲ 13%	-	-	-
	Boys	-	94,913	95,458	▲ 15%	-	-	-
	Women	-	89,369	55,983	▲ 12%	-	-	-
	Men	-	82,495	48,878	▲ 11%	-	-	-
# of people benefiting from quality primary healthcare and nutrition services, for the populations affected by crisis, in particular women and children supported by the UNIRR intervention	Total	-	35,200	15,634	▲ 15%	-	-	-
	Girls	-	9,793	4,408	▲ 14%	-	-	-
	Boys	-	9,039	3,687	▲ 13%	-	-	-
	Women	-	8,511	4,776	▲ 22%	-	-	-
	Men	-	7,867	2,763	▲ 13%	-	-	-
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	Total	-	388,800	500,406	▲ 45%	-	-	-
	Girls	-	108,164	148,365	▲ 48%	-	-	-
	Boys	-	99,844	122,009	▲ 42%	-	-	-
	Women	-	94,012	136,558	▲ 52%	-	-	-
	Men	-	86,780	93,474	▲ 39%	-	-	-
# children and adolescents living in the Ebola affected zones who have access to safe and appropriate learning opportunities	Total	-	360,000	176,304	▲ 46%	-	-	-
	Girls	-	180,000	90,530	▲ 48%	-	-	-
	Boys	-	180,000	85,774	▲ 45%	-	-	-
Gender Equality, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	555,645	594,202	▲ 96%	-	-	-
	Girls	-	178,250	137,688	▲ 74%	-	-	-
	Boys	-	123,467	129,629	▲ 100%	-	-	-
	Women	-	168,928	182,013	▲ 89%	-	-	-
	Men	-	85,000	144,872	▲ 155%	-	-	-
# of people accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	17,296	31,844	▲ 53%	-	-	-
	Girls	-	4,749	3,611	▲ 3%	-	-	-
	Boys	-	4,616	2,569	▲ 3%	-	-	-
	Women	-	4,033	15,364	▲ 133%	-	-	-
	Men	-	3,898	10,300	▲ 91%	-	-	-

*Progress in the reporting period 1 September -30 September 2026

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Coordination, Governance and Technical Support	2,790,842	608,849	-	2,181,993	78%
Community base surveillance	16,939,061	8,169,111	-	8,769,950	52%
Risk Communication and Community Engagement (RCCE)	18,765,137	8,122,988	-	10,642,149	57%
Infection Prevention and Control (IPC-WASH)	22,403,175	12,529,681	-	9,873,494	44%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients	5,516,453	904,704	-	4,611,749	84%
Holistic Case Management, Nutritional Care	4,552,871	1,838,569	-	2,714,302	60%
Holistic Case Management, MHPSS	11,021,497	2,668,479	-	8,353,018	76%
Humanitarian Response and Service Delivery	20,938,281	2,403,501	-	18,534,780	89%
Gender equality, GBV risk mitigation and PSEA	1,850,555	171,458	-	1,679,097	91%
Operational support	8,673,665	3,581,050	-	5,092,615	59%
Total	113,451,537	40,998,390	0	72,453,147	64%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
 Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
 Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. This number represents cumulative reached, not a count of unique individuals. Community actors visit the same household and engage with the same people multiple times during the month.
2. Line list refers to individual-level information on all reported cases (suspected, probable, confirmed, and sometimes discarded cases) being investigated or monitored during an outbreak.
3. This indicator cannot be counted as cumulative or total result as it risks double counting.