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Six-year-old Marie-Hélène at her school in Beni, North Kivu, where UNICEF-supported WASH and infection prevention supplies are helping keep children safe and learning during the Ebola response.

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Humanitarian Situation Report No. 5

Reporting Period
1 October -31 October 2026

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

HIGHLIGHTS

- The Ebola outbreak in the Democratic Republic of the Congo (DRC) has surpassed 10,000 cases, with children disproportionately affected. Children aged 17 years and below account for 28 per cent of confirmed cases and 35 per cent of reported deaths.
- UNICEF expanded Ebola Risk Communication and Community Engagement (RCCE) activities to additional health zones, mobilizing 9,944 frontline workers and broadcasting prevention and awareness messages through 114 radio stations, reaching an estimated 5.8 million people. UNICEF maintained an operational presence across 59 affected health zones, delivering services in support of the Ebola response.
- In October, 209,522 children and adolescents (53 per cent of girls) accessed safe and adapted learning opportunities, while 1,200 teachers and school parent committee members were trained on Ebola prevention, surveillance, and case referral.
- Mental health and psychosocial support services reached 28,701 people through individual support and 28,160 people through group-based psychosocial activities, while 266 orphaned and separated children received family tracing, follow-up, and referrals to appropriate care services.
- October saw a further scale-up of infection prevention and control (IPC) and water, sanitation and hygiene (WASH) support, with an additional 320 schools receiving IPC kits and awareness-raising activities, and 50 health facilities and 7 Ebola Treatment Centres (ETCs) equipped with essential WASH and IPC supplies.

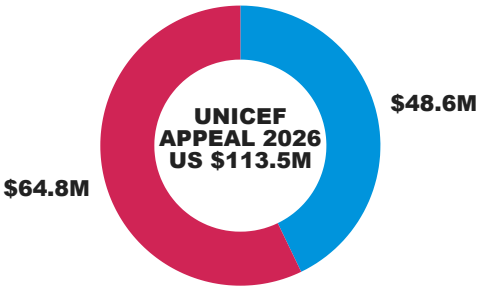
SITUATION IN NUMBERS

10,467
Confirmed cases as of 31 October 2026

5,103
People deceased as of 31 October 2026

2,824
Recoveries as of 31 October 2026

FUNDING STATUS (IN US$)**



** 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 31 October 2026, the DRC reported a net increase of 2,091 confirmed Bundibugyo virus disease (BVD) cases and 1,061 deaths. As of 31 October, cumulative confirmed cases had reached 10,467, including 5,103 deaths, corresponding to a case fatality ratio (CFR) of 48.8 per cent. The outbreak continued to expand geographically, with confirmed cases reported in Nord-Ubangi Province, bringing the number of affected provinces to eight (Ituri, North Kivu, South Kivu, Haut-Uélé, Tshopo, Bas-Uélé, South-Ubangi and Nord-Ubangi).

During October, an additional four health zones reported confirmed cases, increasing the total to 67 affected health zones since the beginning of the outbreak. At the end of October, Ebola cases were active in 42 health zones across North Kivu, Tshopo, Ituri and Haut-Uélé provinces, highlighting the scale of transmission and the need for increased prevention, surveillance and response measures. UNICEF maintained an operational presence across 59 affected 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 70.8 per cent of all confirmed cases (7,412 cases and 3,483 deaths), followed by North Kivu (2,479 cases and 1,382 deaths) and Haut-Uélé (460 cases and 204 deaths). Transmission also continued in Tshopo, Bas-Uélé, South Kivu, South-Ubangi and Nord-Ubangi. Women and girls represent approximately 53.3 per cent of reported confirmed cases.

Children are disproportionately affected by the Ebola outbreak. Children aged 17 years and below account for 28 per cent of confirmed cases and 35 per cent of reported deaths. The burden is particularly severe among children under five, who represent 60.9 per cent of all deaths among children aged 17 and below.

During October, 91 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 the response to cover 59 health zones across Ituri, North Kivu, South Kivu, Haut-Uélé, Bas-Uélé and Tshopo. Working with the Government and partners, UNICEF is delivering integrated interventions across affected and high-risk areas, including community surveillance and contact tracing, Risk Communication and Community Engagement (RCCE), IPC/WASH, nutrition, Mental Health and Psychosocial Support (MHPSS), child protection, gender-based violence (GBV), paediatric care, and continuity of essential services and humanitarian assistance, while strengthening readiness in high-risk areas.

Despite the scale-up of response activities, operational and coverage gaps remain across several response pillars and geographic areas, underscoring the need for continued partner engagement, surge capacity and resource mobilization to ensure comprehensive support to affected and high-risk health zones.

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. UNICEF is revising its response plan as the outbreak continues to expand geographically and operational complexities increase. The current funding requirement stands at US$113.5 million.

COORDINATION, GOVERNANCE AND TECHNICAL SUPPORT

UNICEF continues to align its response with the collective interagency 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, RCCE, case management, nutrition and IPC/WASH, while strengthening cross-border coordination and continuity of essential services for children and families. UNICEF's interventions are aligned with the revised Government-led Ebola Response Plan and support priority response activities based on evolving epidemiological trends and operational needs. UNICEF is also supporting 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. By the end of October, UNICEF was supporting the implementation of community-based surveillance in 29 of 67 Ebola-affected health zones, with plans to further expand support to an additional 24 health zones.

In October, UNICEF supported the training and deployment of 1,236 RECOs across two provinces: 618 in Ituri, 618 in North Kivu. This increased the cumulative number of UNICEF-supported RECOs from 16,024 in September to 17,260 by the end of October strengthening surveillance coverage in affected and high-risk areas. Community based surveillance generated 30,126 alerts, supporting

early detection, alert verification, case investigation and referrals. Contact follow-up reached 70 per cent of registered contacts in October.

To strengthen community-based surveillance through the village approach in Ituri Province, UNICEF mobilized five implementing partners across 52 health areas in 13 health zones, targeting 6,085 community actors for training, while 618 of the 2,556 targeted community health workers (24 per cent) had been trained, in collaboration with WHO and Africa CDC. Despite progress, surveillance coverage gaps remain across several affected health zones, requiring continued expansion of trained community networks and partner capacity.

In October three vaccination interventions were underway: compassionate, the BRAVO study, and the ERVEBO Phase III trial vaccine. By 31 October 2026, the compassionate vaccine programme had reached 18,970 healthcare workers across 22 health zones, achieving 57.5 per cent of the 33,000-person target. Women accounted for 39.1 per cent of vaccine recipients, including 59 pregnant women, while 181 children and adolescents aged 5 to 17 years were vaccinated.

In Bunia, implementation of the BRAVO study continued and the ERVEBO Phase III trial began for contacts of confirmed Ebola cases. To date, 3,543 frontline workers have been vaccinated through BRAVO study and 81 participants have received the ERVEBO Phase III trial vaccine. Building on its support for the deployment of 68,920 ERVEBO doses, UNICEF will focus on vaccine availability and delivery through support for cold-chain systems, last-mile delivery, data monitoring, resource mobilization and community engagement.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

UNICEF continued to co-lead the RCCE pillar, leveraging community feedback and behavioural evidence to inform response strategies and strengthen community trust. In October, UNICEF supported RCCE activities in 59 health zones, working closely with surveillance, case referral and follow-up, IPC, safe and dignified burials (SDB), and MHPSS actors to strengthen community engagement and promote early treatment-seeking. Priorities included organizing RCCE pillar intra-action review, consolidating the mapping of 115 partners, developing a school-based RCCE package and a tailored plan for the mining sector.

During the reporting period, UNICEF and partners trained and mobilized 9,944 frontline workers, including 1,236 RECOs supporting community-based surveillance and 8,708 community actors, of whom 29 per cent were women. These included Community Animation Cells, community and religious leaders, youth and women's groups, teachers, motorcycle dirvers, journalists and U-Reporters supporting risk communication, community engagement and referral of suspected cases. The cumulative number of frontline workers mobilized since the start of the response reached 46,207.

Innovative approaches included organizing guided visits to Ebola treatment centres, allowing community representatives, including journalists, community and faith leaders and affected families to discuss admission, care and discharge with healthcare workers. In Beni, 17 relatives of people who tested positive visited the centre. Follow-up, psychosocial support and dialogue also facilitated the transfer of 11 people to ETCs. In Butembo, 32 neighbourhood chiefs were briefed and deployed as RCCE focal points across 16 health areas. Engagement around confirmed cases and sustained presence in hotspots linked RCCE with surveillance, IPC and MHPSS pillars. Youth leaders conducted radio, digital and community outreach in schools and markets, while Ebola survivors shared their experiences with concerned households.

In October, UNICEF-supported community actors reached 3,417,182[1] (56 per cent of women) people, including repeat contacts with the same individuals, through interpersonal communication approaches. As part of these efforts, community actors conducted around 826,071 household visits.

During the reporting period, 98,192 children (51 per cent of girls) received age-appropriate information on Ebola prevention, symptom recognition and referral pathways, while 834 teachers and school directors were briefed to reinforce prevention measures. This brought the cumulative number of children reached through school-based interventions to 220,960.

UNICEF and partners collaborated with 114 radio stations across four affected provinces, reaching an estimated 5.8 million people. Complementing these efforts, 623 digital volunteers supported awareness campaigns through Veilleurs du Web and U-Report, generating a social media reach of 1.16 million people and 360,800 interactions. In addition, U-Reporters conducted 323 community outreach activities reaching 111,000 people. UNICEF also strengthened the capacities of nine RCCE partners to improve their understanding of the U-Report community model and on how to train youth people in affected health zones.

UNICEF-supported social and community listening mechanisms collected and analysed more than 11,623 rumours, questions and feedback items, approximately 52 per cent of which were addressed. Feedback centred on vaccine access, treatment options and fear of treatment centres. Other concerns included confusion with malaria or typhoid, reliance on traditional remedies and inadequate school prevention supplies. Online narratives questioned funding management and included allegations of financial gain, highlighting the need for enhanced transparency, improved service delivery and access to treatment and prevention supplies.

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

Overall, the IPC/WASH pillar maintained a presence in 59 of 67 affected health zones, with UNICEF and its partners operating in 28 health zones and contributing significantly to pillar results, including support to ETCs, health facilities and school-based IPC interventions. Expansion of partner presence and strengthened monitoring systems remain priorities to close geographic coverage gaps.

At national and provincial levels, UNICEF supported coordination and standardization of IPC/WASH interventions by harmonizing data collection tools across ETCs, health facilities and public settings, including schools, places of worship, displacement sites and detention facilities. UNICEF also contributed technical expertise to the Intra-Action Review, helping identify lessons learned and recommendations to strengthen preparedness, coordination and response capacity.

In Ituri, UNICEF and partners continued to strengthen IPC/WASH activities across Ebola-affected health zones, improving access to safe water and reducing transmission risks in health facilities, schools and communities, while contributing to the continuity of essential health and education services. Two boreholes, each equipped with six water points, were completed at Health Centre Héritage in Bambu and the Evangelical Medical Centre Ebola Treatment Centre in Rwampara, while four additional boreholes were completed in health facilities across affected areas. School-based prevention efforts were reinforced through the distribution of 35

WASH kits. IPC/WASH kits were also provided to 134 households with confirmed Ebola cases, 309 neighbouring contact households in Bunia, Rwampara, Bambu and Nizi, and the ETC in Biakato (Mandima). Sensitization messaging reached 7,063 students and 41,413 community members, while 22 vehicles supported the deployment of 11 decontamination teams. Installation of water storage tanks and solar-powered systems is planned next month to make the new water supply systems fully operational.

In North Kivu, UNICEF continued to support IPC/WASH interventions in Ebola-affected areas. A total of 269 schools received school WASH kits to strengthen infection prevention measures. At the Katwa ETC (20 beds), 205,000 litres of potable water were provided to ensure continuity of essential services, while 30,000 litres of water were supplied to community handwashing stations in Beni. In Musienene, UNICEF supported the connection of the newly established ETC to the hospital water network through the installation of six water storage and chlorination tanks. IPC/WASH kits were also provided to four ETCs in Musienene, Biena, Mabalako and Mutwanga to support safe patient care and infection prevention measures. To strengthen decontamination activities, two decontamination kits, sufficient to support approximately 180 interventions, were provided along with eight vehicles to mobilize four decontamination teams responsible for decontaminating locations visited by confirmed cases. Capacity-building activities reached 70 healthcare workers and 20 health zone staff on IPC measures, while IPC/WASH assessments were conducted in 22 health facilities. Community engagement activities on hygiene promotion, Ebola prevention, and PSEA reached more than 9,400 people.

In Haut-Uélé, UNICEF strengthened IPC/WASH response capacity across affected health zones. A total of 22 health facilities were assessed for the first time, and six received IPC/WASH kits, while the ETCs in Pawa and Wamba were also equipped with IPC/WASH kits to support safe patient care and infection prevention measures. Six decontamination teams were supported across five health zones (Pawa, Bomangbetu, Rungu, Isiro and Wamba), contributing to the decontamination of 260 households and 88 healthcare facilities. Operational capacity was further reinforced through the provision of four additional decontamination vehicles in Rungu and Bomangbetu.

In South Kivu, where no active Ebola transmission has been reported, UNICEF continued to support preparedness activities. Seven semi-permanent triage areas were completed in health facilities in Miti-Murhesa and Katana health zones, bringing the cumulative total to nine. In addition, seven gender-segregated emergency latrine blocks with associated shower facilities were completed, strengthening IPC/WASH readiness capacity.

Operational challenges persist, including delays in partner deployment, funding constraints and limited response capacity in newly affected areas. UNICEF continues to prioritize critical IPC/WASH interventions while working with government and partners to sustain service delivery and close remaining coverage gaps.

HOLISTIC CASE MANAGEMENT

CLINICAL CARE FOR PEDIATRIC EBOLA PATIENTS

Case management services remained under significant pressure throughout October. Based on the available daily situation reports, at least 5,202 new admissions were recorded in ETCs and Transit Centres in Ituri and North Kivu (2,497 in Ituri and 2,705 in North Kivu). During the reporting period, a total of 1,937 confirmed Ebola cases were recorded in October, including 615 cases among children aged 17 years and below. Of these, 342 were recorded as deceased in the available data, including 230 children aged 0–5 years. Children aged 0–5 accounted for approximately 67.3 per cent of recorded paediatric deaths, highlighting their heightened vulnerability. Key challenges included delayed case detection and referral, persistent community deaths, pressure on treatment capacity, and difficulties ensuring timely access to quality clinical care, particularly for vulnerable children. Given the disproportionate impact of Ebola on young children, UNICEF continues to prioritize child-sensitive Ebola case management, with a focus on adequate treatment capacity, reinforced access to safe water through continued construction of the solar-powered borehole at ETC and Transit Centre, uninterrupted 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 October 2026, UNICEF, in collaboration with its government and non-governmental partners, including the National Nutrition Programme (PRONANUT), stakeholders involved in the Food and Nutrition Support (SAN) sub-pillar of the Ebola response, provincial health authorities, and implementing partners, continued to strengthen the nutrition response in Ebola-affected and high-risk health zones across Ituri, North Kivu, and South Kivu provinces.

In parallel, UNICEF maintained its support through the provision of nutrition supplies for the care of infants and young children aged 0-23 months in Haut-Uélé and Tshopo provinces.

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. UNICEF also supported SAN sub-pillar coordination, capacity building, deployment and technical support of nutritionists in ETCs, other treatment centres and nurseries, technical supervision, improved reporting, and the controlled provision of Ready-to-Use Infant Formula (RUIF), in accordance with approved protocols.

During the reporting period, 5,081 children with severe or moderate acute malnutrition were admitted for treatment, including 85 in ETCs and 4,996 in other targeted health facilities, bringing the cumulative total to 23,833 children (12,329 girls and 11,504 boys), representing 209.8 per cent of the initial target. Services were supported through a network of at least 400 community outreach groups, 334 outpatient therapeutic programme sites and 35 inpatient stabilization centres across 35 affected health zones.

In addition, 44 infants under six months (25 girls and 19 boys) received specialized nutrition support, bringing the cumulative total to 393 infants. IYCF-E counselling reached 5,377 caregivers of children aged 0–23 months (4,278 women and 1,099 men), bringing the cumulative total to 110,210 caregivers, or 67.3 per cent of the target. Integrated nutrition services were available in 34 of 104 targeted ETCs (32.7 per cent), including 23 in Ituri, 10 in North Kivu and one in South Kivu. UNICEF also continued to support other implementing partners continued in ETCs, other treatment centres and nurseries.

Community-based nutrition screening reached 123,282 children aged 6–59 months in October, bringing the cumulative total to 720,542 children, representing 90.1 per cent of the target of 800,000.

Key priorities include expanding nutrition services coverage and strengthening community-based screening and referral through the Family Mid-Upper Arm Circumference approach. Particular emphasis will be placed on improving IYCF-E services and targeted support for

vulnerable infants, while ensuring the uninterrupted availability of nutrition supplies.

In parallel, UNICEF will reinforce IPC measures across treatment facilities, strengthen coordination and monitoring, and improve the quality of nutrition reporting.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

During October, UNICEF and partners strengthened the integration of child protection, GBV, and MHPSS interventions within the Ebola response. UNICEF's participation in the Government-led Intra-Action Review contributed to a strategic reorientation of the response, with greater emphasis on multisectoral programming and the integration of MHPSS into the survivor programme to better support recovery, social reintegration, and long-term well-being. As the outbreak continues to affect children and families across multiple provinces, protection and psychosocial needs remain significant, reinforcing the importance of integrated MHPSS, child protection and GBV services as part of the overall response.

To strengthen protection services for young children affected by the outbreak, UNICEF continued supported 16 operational childcare centres (crèches) within ETCs, providing safe and child-friendly spaces for children whose parents or caregivers are admitted for treatment. To expand coverage, UNICEF is working with partners and through child protection and MHPSS coordination mechanisms to increase the number of ETCs with a crèche. Additional resources are required to scale up crèche coverage and ensure that more children affected by the outbreak have access to safe and appropriate care.

During the reporting period, 28,701 people received individual psychosocial support, while 28,160 people participated in group psychosocial support activities. In addition, 266 orphaned and separated children were supported through identification, family tracing, follow-up, and referral to appropriate services. GBV prevention, response, and risk mitigation activities reached 12,392 people, while 156 GBV survivors were identified and referred to specialized services.

Despite ongoing response efforts, community resistance remains a significant challenge in some affected areas. Incidents involving the vandalism of ETCs and violence against response personnel have disrupted access to essential health, protection, and psychosocial services. These incidents increase protection risks for children, hinder the identification and follow-up of orphaned and separated children, and limit vulnerable families' access to appropriate care and support.

Since the beginning of the outbreak, 2,224 orphaned and separated children have received protection assistance. Overall, 99,003 people have benefited from individual psychosocial support and 123,020 people have participated in group psychosocial support activities. In addition, 46,007 people have been reached with GBV prevention and risk mitigation activities. Despite these achievements, protection and psychosocial needs continue to exceed available capacities, highlighting the need for sustained investment in alternative care, family reunification, integrated MHPSS services, and community engagement to strengthen acceptance of the response.

HUMANITARIAN RESPONSE AND SERVICE DELIVERY

As the Ebola outbreak continued to affect communities already facing insecurity, displacement and a severe cholera outbreak, UNICEF and partners supported the continuity of essential services and humanitarian assistance in affected areas.

During the reporting period, UNICEF's Rapid Response Mechanism (RRM) reached 66,504 people with emergency assistance in Ebola-affected areas in Ituri and North Kivu provinces. This included the distribution of 10,583 non-food items (NFI)/WASH and shelter kits to 64,732 people (including 44,246 children). In parallel, 2,872 people accessed integrated primary healthcare and nutrition services, while 40 children, including six children with severe acute malnutrition (SAM) and 34 children with moderate acute malnutrition (MAM), recovered and were discharged. UNICEF also supported 37 women with safe deliveries by qualified health workers. In Nia-Nia Health Zone, UNICEF aligned its rapid response health and nutrition interventions with the Ebola response to address critical health needs and maintain essential services.

Concurrent cholera transmission continued to increase operational pressures in Ebola-affected provinces. In October, DRC reported 9,395 suspected and confirmed cholera cases nationwide, bringing the cumulative number since January to 60,190 suspected cases-the highest level in two years[2] . In South Kivu and North Kivu , Case Area Targeted Intervention (CATI) teams reached 22,884[3] people in communities with suspected and confirmed cases, ensuring support within 48 hours of case notification. In both provinces, hygiene awareness activities reached 216,179 persons. These achievements were made possible through rigorous infection prevention and control measures and adherence to Ebola response protocols validated by national health authorities. However, insecurity, access constraints, community perceptions, and the risk of crowding during distributions continue to pose challenges to the safe, timely and quality delivery of humanitarian assistance.

Education in Emergencies (EiE) interventions continued to support safe and inclusive learning opportunities for children and adolescents affected by the Ebola outbreak. Schools remained open across Ituri and North Kivu in October 2026, with attendance remaining high at 98 per cent. Available evidence indicates that children who contracted Ebola were primarily exposed through transmission within households and communities, with no evidence of sustained transmission in school settings.

Through its integrated EiE response to Ebola, UNICEF supported 209,522 children and adolescents, including 110,074 girls (52.5 per cent), to access safe and adapted learning opportunities in Ituri (76,329) and North Kivu (133,193). Interventions included infection prevention and control (IPC) and WASH measures in schools, the distribution of learning materials, catch-up education programmes, teacher training, and support for school-based prevention and surveillance efforts.

In Ituri, 8,961 students, including 4,773 girls, continued to benefit from catch-up classes and vocational training in the Mambasa, Irumu and Djugu territories. In addition, 1,200 teachers and members of school parent committees were trained on Ebola prevention, surveillance and case referral through a joint initiative led by education and health authorities and partners. IPC and WASH interventions reached 211 of the 300 targeted schools during the reporting period.

Despite these achievements, significant challenges remain. The Ebola context requires continued vigilance, close monitoring and community awareness to ensure safety and protection in schools, keep children learning and limit interruptions. UNICEF, the Government and partners aim to expand Ebola prevention measures and teacher training from 900 schools currently reached to 4,284 priority schools across affected areas of Ituri and North Kivu.

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

In October 2026, with the support of UNICEF and its partners, 50,453 people (10,690 men, 12,133 women, 14,342 girls, and 13,288 boys) gained access to safe reporting mechanisms for sexual exploitation and abuse (SEA), while 52,804 people (10,841 men, 12,378 women, 15,558 girls, and 14,027 boys) received information PSEA and safeguarding. This brings the cumulative number of people with safe access to reporting channels to 644,655 since the start of the response.

PSEA capacity-building activities continued across the Ebola response, reaching more than 150 healthcare workers, IPC/WASH response personnel, community actors, university student representatives, and private-sector stakeholders. In addition, 58 community actors, including psychosocial workers, community health volunteers, community action committee members, and community-based organizations, received PSEA training through the Heal Africa UNICEF-supported project. Awareness sessions were also conducted during field monitoring missions to reinforce understanding of PSEA and safeguarding standards among protection and nutrition personnel.

Two joint programme monitoring and PSEA risk assessment missions were conducted along the Nia-Nia–Mambasa and Mangala–Bambu–Nizi axes in Ituri Province. The missions assessed PSEA integration across partner interventions, reviewed safeguarding measures in Ebola childcare facilities and identified protection risks affecting vulnerable communities. Key findings included gaps in mandatory pre-deployment PSEA briefings, inadequate supervision and limited integration of PSEA into local BVD coordination structures. Community consultations highlighted increased protection vulnerabilities among Ebola-affected households, particularly children who had lost parents or primary caregivers, potentially increasing their exposure to sexual exploitation, abuse and other protection risks. Findings were promptly shared with partners, and recommendations were developed to strengthen partner accountability, safe reporting mechanisms and follow-up support for affected families.

In addition, a separate technical support mission assessed the integration of gender equality and adolescent girls' needs into the Ebola response. Key findings highlighted the need to strengthen multi-sectoral coordination, improve the availability and use of sex- and age-disaggregated data, enhance partners' capacity for gender-responsive programming, and increase recognition of women frontline workers and women-led organizations. Recommendations have been developed to strengthen gender-responsive action across the response.

In parallel, persistent PSEA-related challenges include insufficient personnel training, limited integration of PSEA within local coordination mechanisms, security and access constraints, and heightened vulnerabilities among Ebola-affected households. Addressing these gaps will be critical to strengthening accountability, inclusion, and protection across the response.

HUMAN INTEREST STORY



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Zawadi Antoinette, President of the Collective of Women's Associations (CAF), briefs two of her colleagues before their deployment for door-to-door Ebola virus disease awareness activities in Butembo,

Women's Associations at the heart of Ebola response in Eastern part of DRC

Women are at the heart of UNICEF's community response to Ebola. By strengthening the capacities of local women's associations and other community partners, UNICEF is helping trusted voices share accurate information, address rumours, and encourage families to adopt lifesaving protective behaviours. This community-led approach is essential to reducing transmission risks and protecting children and their families.

Faced with the rapid spread of Ebola virus disease in a context marked by mistrust and the circulation of rumours, women play a central role in raising awareness among families and mobilizing communities. "The health of our community depends largely on us, the women. It is our responsibility to raise awareness and inform our families and neighbours. If we fully commit ourselves and spread the right messages around us, I am confident that we can defeat Ebola," said Zawadi Antoinette at the end of the two-day training conducted by UNICEF teams.

UNICEF is focusing on strengthening the capacity of local women's organizations while continuing dialogue with youth leaders and community advocacy groups. The objective is to promote the adoption of protective behaviours, reduce transmission risks, and strengthen the protection of children and their families.

Read more here: Women's Associations at the heart of Ebola response in Eastern part of RDC | 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 community engagement, child protection and education. A video was produced on Salema 1 Primary School in Bunia, where over 300 hygiene and protective kits were distributed. On 6 October, the "Baby Lina" story and accompanying B-roll highlighted the more than 1,900 orphaned or separated children since May was picked up by CBC .

Media coverage included AFP on UNICEF-supported nurseries Bunia and Mongbwalu and disruption to access to healthcare with Reuters . The reporting reached international audiences and was republished by RFI . Other coverage included in-depth feature in Le Temps , Radio France , SABC , CGTN , providing further opportunities to sustain international attention.

On 15 October, RFI dedicated special programming to the Ebola epidemic, five months after the outbreak began. UNICEF was featured in two segments focused on an interview on the specific vulnerability of children under five to Ebola, how they are cared for; and a report from a nursery in Bunia , offering a concrete look at the efforts to protect and support children and families as part of the response.

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 67 affected health zones across eight provinces, including intensified interventions in hotspots, preparedness in areas at heightened risk, and the continuity of essential services and humanitarian assistance.

As of 31 October, UNICEF had mobilized US$48.6 million, leaving a funding gap of approximately US$64.8 million, equivalent to 57 per cent of the $113.5 million 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
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NEXT SITREP: 15 DECEMBER 2026

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	46,207	▲ 20%	-	-	-
# 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	11.1 million	▲ 23%	-	-	-
# 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	220,960	▲ 25%	-	-	-
	Girls	-	192,000	114,495	▲ 26%	-	-	-
	Boys	-	208,000	101,225	▲ 23%	-	-	-
Community base surveillance/Case finding & contact Tracing in community								
# Of Community Health Workers (CHW) trained, equiped and deployed for active case finding and contact tracing in household	Total	-	5,747	1,554	0%	-	-	-
	Women	-	2,969	877	0%	-	-	-
	Men	-	2,778	677	▲ 1%	-	-	-
# Of Community Mobilizers (RECO) trained, equiped and deployed for active case finding and contact tracing in household	Total	-	34,212	17,260	▲ 4%	-	-	-
	Women	-	17,675	8,109	▲ 3%	-	-	-
	Men	-	16,537	9,151	▲ 4%	-	-	-
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	17	▲ 70%	36	26	▲ 19%
# Of health facilities equipped with IPC kits and whose staff were trained on IPC	Total	-	800	191	▲ 6%	4,517	306	▲ 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	203	▲ 6%

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	578	▲ 36%	3,672	780	▲ 9%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients								
# Of confirmed cases receiving care in UNICEF-supported Ebola Treatment Center (ETC)[4]	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	222,023	▲ 112%	-	-	-
	Girls	-	15,829	32,309	▲ 54%	-	-	-
	Boys	-	15,386	37,742	▲ 70%	-	-	-
	Women	-	13,444	87,366	▲ 190%	-	-	-
	Men	-	12,995	64,606	▲ 152%	-	-	-
# Of children who have received individual case management	Total	-	1,560	1,776	▲ 11%	-	-	-
	Girls	-	791	847	▲ 4%	-	-	-
	Boys	-	769	929	▲ 18%	-	-	-
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	23,833	▲ 45%	-	-	-
	Girls	-	5,749	12,329	▲ 60%	-	-	-
	Boys	-	5,612	11,504	▲ 29%	-	-	-
# Of <6 months children who received appropriate nutritional support in nurseries, treatment centers, childcare institutions, and community settings	Total	-	1,138	355	▲ 4%	-	-	-
	Girls	-	578	191	▲ 6%	-	-	-
	Boys	-	560	164	▲ 2%	-	-	-

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	110,210	▲ 3%	-	-	-
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	358,425	▲ 18%	-	-	-
	Girls	-	102,823	115,542	▲ 22%	-	-	-
	Boys	-	94,913	117,537	▲ 23%	-	-	-
	Women	-	89,369	67,093	▲ 12%	-	-	-
	Men	-	82,495	58,254	▲ 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	18,506	▲ 8%	-	-	-
	Girls	-	9,793	5,259	▲ 9%	-	-	-
	Boys	-	9,039	4,403	▲ 8%	-	-	-
	Women	-	8,511	5,594	▲ 10%	-	-	-
	Men	-	7,867	3,250	▲ 6%	-	-	-
# 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	641,967	▲ 36%	-	-	-
	Girls	-	108,164	196,181	▲ 44%	-	-	-
	Boys	-	99,844	175,879	▲ 54%	-	-	-
	Women	-	94,012	174,679	▲ 41%	-	-	-
	Men	-	86,780	95,228	▲ 2%	-	-	-
# Children and adolescents living in the Ebola affected zones who have access to safe and appropriate learning opportunities	Total	-	360,000	385,826	▲ 58%	-	-	-
	Girls	-	180,000	200,604	▲ 61%	-	-	-
	Boys	-	180,000	185,222	▲ 55%	-	-	-
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	644,655	▲ 9%	-	-	-
	Girls	-	178,250	152,030	▲ 8%	-	-	-
	Boys	-	123,467	142,917	▲ 11%	-	-	-
	Women	-	168,928	194,146	▲ 7%	-	-	-
	Men	-	85,000	155,562	▲ 13%	-	-	-
# Of people accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	17,296	46,007	▲ 82%	-	-	-
	Girls	-	4,749	4,115	▲ 11%	-	-	-
	Boys	-	4,616	2,958	▲ 8%	-	-	-
	Women	-	4,033	23,475	▲ 201%	-	-	-
	Men	-	3,898	15,459	▲ 132%	-	-	-

**Progress in the reporting period 1 October -31 October 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	607,536	-	2,183,306	78%
Community base surveillance	16,939,061	10,148,591	-	6,790,470	40%
Risk Communication and Community Engagement (RCCE)	18,765,137	9,824,523	-	8,940,614	48%
Infection Prevention and Control (IPC-WASH)	22,403,175	13,751,995	-	8,651,180	39%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients	5,516,453	902,752	-	4,613,701	84%
Holistic Case Management, Nutritional Care	4,552,871	2,141,825	-	2,411,046	53%
Holistic Case Management, MHPSS	11,021,497	3,379,575	-	7,641,922	69%
Humanitarian Response and Service Delivery	20,938,281	3,553,350	-	17,384,931	83%
Gender equality, GBV risk mitigation and PSEA	1,850,555	171,088	-	1,679,467	91%
Operational support	8,673,665	4,132,305	-	4,541,360	52%
Total	**113,451,537**	**48,613,540**	**0**	**64,837,997**	**57%**

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. Ministry of Public Health, Hygiene and Social Welfare (MoPH)
3. Number represents cholera cases at the household level plus the “cordon sanitaire”, which is 15 households around a cholera case.
4. This indicator cannot be counted as cumulative or total result as it risks double counting.