



Democratic Republic of the Congo

Ebola Situation Report # 48

North Kivu, Ituri and South Kivu

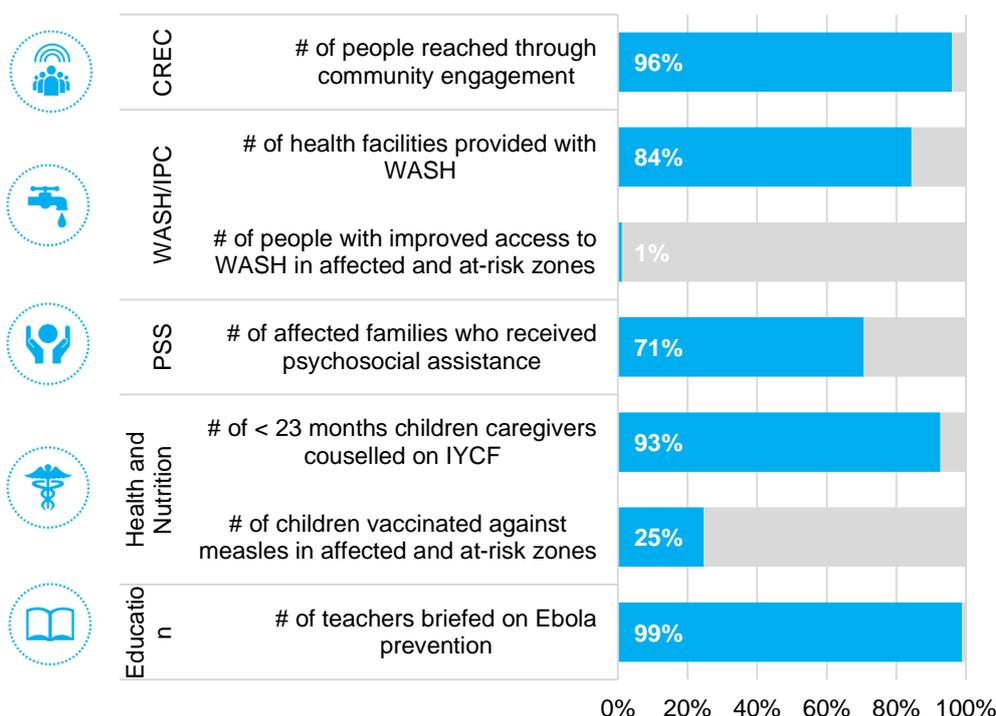


Reporting Period: 10 to 24 November 2019

Highlights

- In **Beni**, the FARDC's military campaign against the ADF is affecting the civilian population. During the reporting period, the number of civilian casualties has significantly increased, resulting in population displacement, the slow-down of response activities in Beni and Oicha health zones and a rising insecurity in the city of Beni. On 26 November, UNICEF temporarily redeployed non-essential Ebola coordination staff from Beni to other Sub-Coordinations.
- On 27 November, the Ebola response Sub-Coordinations' living quarters in **Biakato and Mangina**, were attacked in what appears to have been a simultaneous targeted operation. Three EVD response workers and a policeman were killed, and six other people were injured in Biakato. UNICEF relocated all its 11 staff based in Biakato to Goma. A similar measure was adopted for the eight non-essential staff based in Mangina.
- A new string of community deaths in Lwemba are suspected as likely EVD cases, although collective efforts by Ebola response teams and negotiators have not yet managed to gain access and community acceptance for Ebola activities in-situ. The last attempt of physically entering Lwemba resulted in high-risk contacts fleeing to Beni, Oicha and Mangina and this hotspot remains the single greatest challenge to avoid another flare-up which would reverse gains over the previous four months.
- On 20 November, to mark **World Children's Day**, UNICEF organized many events in schools including in hotspot areas like Bingo (Mabalako Health Zone). In total, UNICEF celebrated this special day together with more than 7,500 school children in Ebola affected zones.
- In **Nia Nia**, 1,200 school children celebrated this day for the first time with UNICEF Rapid Response Team. Deployed since the beginning of the month in this at-risk health zone, the team is implementing **preparedness activities** and rehabilitated a water source benefitting more than 100,000 people.

UNICEF's Response*



Key epidemic numbers

- 3,185** confirmed cases (WHO, 24 November 2019)
- 892** children <18 among confirmed cases (WHO, 24 November 2019)
- 2,081** deaths among confirmed cases (WHO, 24 November 2019)

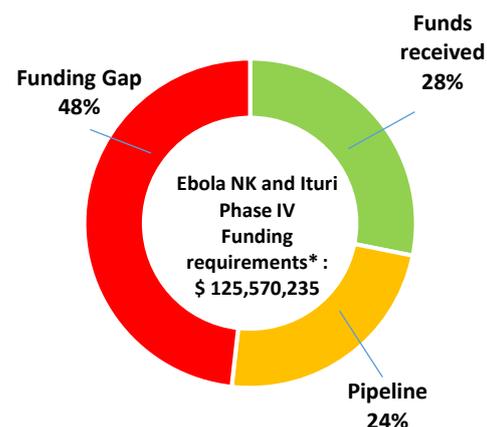
Key figures

- 36** implementing partners, including **17** national actors
- 2,775** community workers and mobilizers
- 140** community radio partners
- 1,112** psychosocial agents, including caregivers, in UNICEF-run nurseries
- 90** IPC/WASH supervisors and **433** hygienists for decontaminations
- 34** nutritionists and **4** supervisors in Ebola Treatment Centers (ETC)

Ebola Response Appeal (Pillars I and III)

US\$ 125.6 million

Ebola Response Funding Status SRP4 - 2019



* Percentages in the table refer to results for the period August 2018 to 24 November 2019 out of targets for the period August 2018 to 31 December 2019

Epidemiological overview¹

With an additional 16 new confirmed cases in the last two weeks, a total of 3,303 Ebola Virus Disease (EVD) cases were reported as of 24 November 2019, among which 3,185 confirmed and 118 probable cases. More than two thirds (2,199) of EVD cases died (global case fatality rate remains 67 per cent). Of the total confirmed and probable cases, 56 per cent (1,862) were female and 28 per cent (935) were children.

Context highlights²

On 14 November, in Lwemba, the suspected death of a moto taxi driver was reported. Information about five members of his family being sick was also circulated to the response actors. Access to the Lwemba community is limited to specific activities especially related to the construction of WASH infrastructures according to the needs expressed by the population³, but Ebola response activities still cannot take place yet. On 22 November, UNICEF, jointly with MSF, organized a meeting with the authorities in Biakato (response sub-coordination covering the Lwemba area) and the representative of the Yira community to discuss this critical situation and negotiate an access to Lwemba. On 24 November, the sub coordination from Biakato sent a team with military escort to extract the patients which resulted in high-risk EVD contacts fleeing from Lwemba who subsequently arrived in Beni, Oicha and Mangina. Considering that Lwemba population is mainly composed of miners coming from different places in North Kivu and Ituri, there is a structural risk that inhabitants move to other locations, something which needs to be accounted for in future attempts to access Lwemba for sensitive operations on the ground including risk communication, surveillance, vaccination, decontamination and safe and dignified burials.

In addition to the delay in monthly payments, the announcement by the Ministry of Health of the future reduction of some of the Ebola community agents' salaries, combined with the recent signs of the end of the epidemic, resulted in increasing tensions and strikes by response actors on the ground in several locations including Lolwa, Komanda, Butembo, Beni and Mangina.

In Beni, the ongoing conflict is continuously affecting the population. During the reporting period, there has been a significant increase in the number of civilians killed during combat between the ADF and FARDC and during nocturnal incursions by the ADF armed group into Oicha and Beni health zones. These events resulted in the decline of response activities in certain areas near the fighting and in population displacement to Komanda and Mangina.

From 19 November, this violence also fueled protests from the population and insecurity progressively increased in the city of Beni. Demonstrations started to target MONUSCO for not being able to protect civilians against armed groups. The response activities significantly slowed down. In this context of escalating violence, Butembo joined the movement in support with Beni and on 25 November, the MONUSCO Boikene Office was invaded and looted by protestors. On 26 November, to ensure business continuity, the Programme Coordination team and the Beni Sub-Coordination team based in Beni were temporarily redeployed to other Sub-Coordinations such as Mangina, Biakato, Goma and Bunia. Only UNICEF essential staff remained in Beni. From 27 November to 1 December, they progressively resumed key response activities and conducted field visits to encourage partners, keeping low profile in the city.

On 27 November, in what appears to have been a simultaneous targeted operation, the Ebola response Sub-Coordinations' living quarters in Biakato and Mangina, were attacked overnight. Three EVD response workers and a policeman were killed, and six other people were injured in Biakato. Vehicles and buildings were also put on fire. At the same time, in Mangina, the police was able to fight off the attack against the Ebola Coordination Center. As a consequence of this violence, on 28 November, UNICEF relocated all its 11 staff based in Biakato to Goma. A similar measure was adopted for the eight non-essential staff based in Mangina. In Goma, UNICEF and WHO established a Crisis Cell to organize the staff redeployment-related logistics and set up a psychological peer support group. In addition, UNICEF made available the staff counsellor to provide psychological care to affected staff members.

Following these events, , activities were suspended in Biakato, including in Lwemba. On 30 November, three UNICEF staff members including the Security Manager conducted a security assessment mission to Biakato and Mangina to understand in which extent the activities could resume in this hotspot area. Following this mission, UNICEF redeployed two essential staff members to Biakato, in particular to enhance the organization of dialogues with the local community and resume critical response activities. Four additional staff members from the rapid response team are currently on their way from Nia Nia to strengthen this core team. Indeed, Biakato Sub-Coordination continues to report confirmed cases on a weekly basis, especially from Lwemba. UNICEF restarted to be operational also in Mangina with a team of five essential staff. The other staffs will progressively join the team according to the security situation in the area.

¹ Source: External Situation Report # 68 and # 69, WHO.

² The Ebola response team thought useful to add information about major security incidents that occurred outside the reporting period to this specific Sitrep. For more information, please refer to the Annex C: Flash Updates #1 (28 Nov) and #2 (2 Dec)

³ UNICEF is currently supporting local partners Faevu and Behcogen in building boreholes for Lwemba. More information in Sitrep #45, page 8

Risk Communication and Community Engagement

Main activities during the reporting period

Risk Communication and Community Engagement

UNICEF intensified its risk communication and community engagement (RCCE) activities in hotspot and EVD-affected areas. In Biakato sub-coordination, one of the hotspots where community resistance against EVD response is still an issue, the RCCE team intensified awareness raising activities to promote EVD prevention measures and engage the local population in the response interventions. In the Lukaya health area, for example, the UNICEF RCCE team organized communication sessions in brothels and sensitized 50 women on EVD prevention practices. On 13 November in Biakato Mayi, the team facilitated a meeting with 22 women of local women's associations to assess RCCE activities carried out, mainly sensitization of their family and community members on EVD prevention, surveillance, alert and referral systems. In Biakato Mines the RCCE team conducted mass sensitization in churches, resulting in 371 people receiving messages on preventive measures against EVD, on the importance of vaccination, safe and dignified burials (SDBs) and SWABs. In addition, on November 17 and 18, the teams coordinated the organization of a motorized caravan with two local moto-taxi drivers associations, which led to the sensitization of members on the risks of EVD and resulted in the vaccination of 63 motorcyclists. As part of the Getting to Zero Ebola campaign, the RCCE team organized on 24 November two football gala matches between the response team and the main football clubs of Biakato Mines. This activity contributed to reinforce community acceptance and engagement in the response.

In Beni, on 12 November the RCCE team in collaboration with SDB agents conducted an awareness campaign against EVD in schools where more than 200 students participated in a demonstration of the use of the burial bag. The session was completed by the testimony of an Ebola survivor who stressed the importance of preventive measures to fight the virus. RCCE activities continued also in the different EVD-affected zones. In Mambasa on 16 November, the RCCE team organized a training session on community engagement for 37 village leaders. During this session, the leaders proposed priority actions against the EVD and committed themselves to start implementation of their commitments immediately, under the monitoring and support of the RCCE team of Mambasa. Their commitments included sensitization of their community members to adhere to the response interventions (immunization, SDB, handwashing, community-based surveillance, etc.). The day ended with a visit of all participants to the Ebola Treatment Centre (ETC) of Mambasa, where they received a briefing on how the ETC works and they were able to witness what is really happening there. This activity helped to dispel rumors about the ETC and strengthen community leaders' support for this key EVD intervention.

During the reporting period, the RCCE teams reached 83,251 people in the different sub-coordination zones through mass communication in churches, schools, public places, bus stations and through popular forums. The RCCE teams also organized home visits, educational talks and interpersonal discussions that reached more than 7,108 people with messages of EVD prevention, treatment and community-based surveillance.

In Goma on 24 November, the RCCE team sensitized 500 people, including 350 women and 150 men, on the EVD during the launch of 16 Days of Activism against Gender-Based Violence campaign⁴.

UNICEF and its partners accelerated the set up and operationalization of the Community Animation Cells (CACs). At the end of the reporting period, 3,603 (91.4 per cent) CACs out of the 3,942 planned are in place. Of these, 2,468 (62 per cent) are operational. About 11,316 CAC members out of 47,304 are trained. For hotspot zones specifically, the Mangina sub coordination RCCE team has established 153 CACs (out of the 130 initially planned) and finalized the training of their members on their role in the response against the EVD. In the Biakato sub coordination, the process of CACs implementation is at the stage of local facilitators training (with 41 already trained). In the Beni sub coordination, 134 of the 180 planned CACs (74 per cent) are operational. Key content of the CAC training module includes the definition of CAC and community workers (RECO) roles in the EVD response, essential information on EVD, key messages for different target populations, RCCE techniques and tools, community action planning and reporting. CACs action plans evolve around the community priority issues. For instance, in Goma the CACs engaged in sensitized the local community on the importance of hygiene prevention measures at household level for preventing diseases such as EVD and typhoid, on the adoption of the essential family practices and on early referral of a sick person to health facilities in case of fever.

On 16 November in Butembo, the RCCE team coordinated a meeting to share community feedbacks and assess the progress of CAC implementation with all the response thematic commissions. The main concerns of local communities focused on the provision of IPC kits, construction of sanitary latrines, and drinking water adduction.

UNICEF and the other RCCE actors continued to provide support to other pillars and to manage community reticence and refusals all along the reporting period. In Biakato, Bunia, Butembo, Komanda, Mambasa, Mangina and Goma, RCCE teams supported other response pillars to sensitize 7,785 people on accepting and using the different services

⁴ The [16 Days of Activism against Gender-Based Violence](https://www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/16-days-of-activism) is an annual international campaign that kicks off on 25 November, the International Day for the Elimination of Violence against Women, and runs until 10 December, Human Rights Day. For more info see: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/16-days-of-activism>

of the response. Of these, 1,384 people were sensitized on vaccination, 3,876 on SDB and SWABs, 94 on infection prevention and control (IPC) and 180 on community-based surveillance.

As a result, 297 people accepted to visit the ETC (including 20 pygmies in Mangina), 54 people were convinced to refer sick family members to the ETC and 105 SDBs and swab refusals were resolved by the RCCE teams. In Biakato sub-coordination, particularly in Alima, Biakato Mines and Katanga health areas, the RCCE teams positively managed 73 cases of reticence and refusals related to hand washing at the points of control, six cases related to the transfer of suspect cases to the ETC, 45 cases of vaccination, two SWABs and two SDBs.

Capacity building

On 14 November in Biakato Mines, the RCCE teams organized a training for 12 community mobilization on community-based surveillance, risk communication and community engagement and briefed 18 members of the motorcycle taxi brigade on RCCE and EVD preventive measures to be applied in bus parks and points of control. On 21 and 22 November in Mambasa, UNICEF and the other RCCE actors organized a training on RCCE for 48 agents of the RCCE sub coordination. In addition, in Beni, the teams trained 25 journalists from community radio stations in Beni city, Mangina and Biakato health zones in partnership with the local section of the National Press Union of Congo (UNPC).

Media

On 12 November, UNICEF-supported radio stations in Goma covered the press conference co-hosted by Médecins Sans Frontières (MSF) for the launch of the new Ebola vaccine introduced in Goma. The press conference brought together 45 journalists representing some 20 national and international media. The press conference was followed by the launch of EVD vaccination activities, covered by seven radio stations in Goma. In the following days, the radio continued to forecast messages about the new vaccine, the importance of vaccination and the risks of slackening the adherence to EVD prevention measures. In Beni, a press conference was organized on 16 November to explain the introduction of the new vaccine and address the main community rumors.

In their daily bulletins in local and French languages, local radio stations in Biakato and Mambasa, broadcast information on the epidemiological situation and testimonies of Ebola survivors. In Butembo sub coordination, three interactive and participatory programs were produced and broadcast on 49 radio stations, covering testimonies of EVD survivors and the promotion of the response. In total, UNICEF and its partners of the EVD response collaborate with 140 radio stations in three provinces of North Kivu, South Kivu and Ituri.

In November 2019, UNICEF introduced the U-Report system for the Ebola response. It is a free SMS monitoring tool designed to improve community engagement in the response. By sending “Go” by SMS to 101 from every Mobile Network in DRC, people can register for free and participate in weekly polls conceived to identify EVD information gaps and issues that the population cares about⁵. To date, 5,831 people are registered in the platform, particularly several scouts in Goma and CAC members in Beni and Goma. On November 22, the UNICEF U-Report team launched the first survey on the knowledge, perceptions and the use of Ebola vaccine. About 822 people participated on this survey and sent their feedbacks by SMS. Among responders, 8 per cent declared not to know that Ebola vaccine exists, 13 per cent said they were not ready to be vaccinated (among which, almost one third for fear of secondary effects) and 23 per cent among those who were ready to be vaccinated ignored where to go for receiving vaccination. These results were presented at the RCCE coordination meeting in Goma for taking measures to improve information and awareness activities in the community around the survey results. Results were also published through social media (45 interactions) and via SMS to 4,800 people registered. During the reporting period, the U-Report team also received 63 relevant feedbacks (need of information) on EVD through SMS and 100 per cent were answered.

Coordination

In Goma, the Strategic Cell RCCE team participated in the finalization and validation of the RCCE strategy for SRP 4.1. The strategy aims at promoting the adoption of appropriate behaviors to prevent the spread of the EVD epidemic and reduce its impact among the populations in the three EVD-affected provinces.

The UNICEF Strategic Cell RCCE team also assisted Cinéastes Sans Frontières, a local NGO and partner of the RCCE commission, in finalizing and obtaining the validation by the RCCE Commission for a video providing messages on EVD prevention, vaccination and the use of ETCs to the general public.



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

Main activities during the reporting period

As part of the roll out of the standardized IPC/WASH package, from 19 to 23 November, in Biakato sub-coordination, UNICEF together with the Ministry of Health and the WHO organized a training session to improve capacity and further disseminate the new IPC/WASH tool kit for IPC supervisors, health workers and implementing partners to strengthen the quality of interventions. The training was attended by 56 people.

Due to violence and civil unrest, some activities were disrupted in Beni and Butembo, though IPC and WASH activities continued in health facilities and Ebola affected communities. In response to confirmed cases, UNICEF in collaboration

⁵ U-Report was also designed in DRC to automate the feedback mechanism, provide interactive, accurate, life-saving and contextualized information on Ebola via voice (helpline) and text to the population to work for change. U-Report also helps to share guidelines, rules and key information with social workers and influence the decision making.

with its partners distributed IPC WASH kits to 98 health facilities, 198 households, 25 schools and 38 public places. New handwashing points were installed in 128 locations (80 in Mangina, 43 in Biakato, three in Mambasa and two in Goma) within the community and 450,165 liters of clean water were supplied along with soap to promote hand hygiene.

With regards to ongoing IPC and WASH response activities, UNICEF teams conducted decontamination in 22 households, 15 health facilities and one public place. Hundred per cent were achieved within 72 hours.

In addition, UNICEF conducted awareness raising sessions on Ebola prevention measures attended by 2,404 people at health facilities 944 at schools and 3,284 at public places. For areas without reported cases, hygienists joined the IPC teams to support activities and to monitor the use and management of WASH kits in health facilities, schools and public places.

In Goma, UNICEF partner PPSSP provided 125,200 litres of water and reached 256,574 people with EVD prevention messages at 33 public handwashing points and 10 in Rutshuru. In addition, the Ebola Coordination including members from the IPC Task Force carried out a joint mission to Isiro, in the Haut Uele province to assess the level of preparedness activities at the local level.



Psychosocial Support and Child Protection

Main activities during the reporting period

Activities in ETC, transit centers and nurseries

Even if the number of new reported EVD cases is decreasing, UNICEF and its partners continue to ensure psychosocial support for suspect cases and their families as well as for contacts, separated children and response workers. Follow up of orphans and survivors continue through regular home visits adequate assistance.

In ETCs and TCs, UNICEF and its partners provided psychological support to 585 newly affected children, including 583 suspected cases (303 boys and 280 girls) and two confirmed cases (one boy and one girl).

Suspect case figures continue to be similar and do not decrease from one period to another. This is partly due to the fact that EVD initial symptoms are similar to those of many other diseases, like malaria, and thanks to an improved sensitization on early referral to the ETC and the progressive community acceptance of EVD response in several areas, people go the ETC and TC and are accounted as suspected cases. Another reason could be linked to the assistance provided to cases admitted in the ETC and TC at the moment of their exit (hygiene kits and food assistance). As the number of suspected cases remains stable, the same stands for the number of separated children supported by UNICEF is the nurseries. During the past two weeks, 76 children (43 boys and 33 girls) received nutritional care and psychological support in the five operational UNICEF-run nurseries.

The provision of psychosocial assistance to suspected cases in TC/ETC is often used as an entry point for UNICEF to identify and respond to other child protection vulnerabilities including gender-based violence (GBV) cases affecting children and women. For example, during the reporting period, UNICEF has provided a holistic assistance to a girl as suspect case, who was affected by early pregnancy as a result of a rape. Given the context of armed violence in several EVD-affected areas, access to response services for survivors of violence need to be strengthened as part of the current Ebola response. Priority should be given to health and psychosocial services and socio-economic assistance, together with awareness raising activities about available services and implementing actors.

UNICEF is currently finalizing the elaboration of a child-friendly book, specifically conceived to improve the comprehension about EVD, prevention measures and response actions. The book will be translated in local languages and used by psychologists in their work with children in the ETC, nurseries and in the community.

In addition, and through the payment of transport/accommodation fees and provision of emotional support, UNICEF continue to facilitate relative visits in the ETCs, especially for children with a parent admitted to the ETC.

Activities in communities

At community level, UNICEF provided appropriate care and support, including material assistance to 382 newly separated children (209 boys and 173 girls) and 12 new orphans (seven boys and five girls). Activities were particularly focused in the hotspot areas that registered new confirmed cases. For example, 14 children from a same affected family were identified and received psychosocial and material assistance (non-food item kits) in the Bingo health area.



Health and Nutrition

Main activities during the reporting period

Despite insecurity observed in some EVD-affected health zones, nutritional support activities continued in the ETCs and TCs⁶, with 286 new confirmed and suspected cases assisted during the reporting period, including, 29 children aged

⁶ Due to security reasons and related reporting challenges especially for the period 18 to 24 November, data from Beni, Butembo, Katwa and Mangina are partial. Missing data will be reported in the next Ebola SitRep.

from six to 59 months, 257 children over five years old and adults including one lactating woman and four pregnant women. The highest number of cases assisted was reported in the ETC of Mangina (87 cases) followed by the ETC of Komanda (61 cases) and the ETC of Bunia (56 cases).

Nutritional assistance for EVD-related separated and orphaned children continued all along the reporting period. In the ETCs and UNICEF-run nurseries affiliated to the ETCs, UNICEF and health zones nutritionists admitted 112 new separated and/or orphaned children, including 23 infants under six months and 89 children aged from six to 23 months. They supplemented their diet, respectively, through the Ready to Use Infant Formula (RUIF) and pasteurized milk at high temperature (UHT).

In addition, 15 children admitted in ETC received treatment for severe acute malnutrition (SAM).

Thanks to the UNICEF support, communication agents, health promotion workers and nutritionists sensitized 157 caregivers of children under 23 months, including 26 parents, on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context.

Education

Main activities during the reporting period

On 20 November, UNICEF celebrated the World Children's Day and the anniversary of the Convention on the Rights of the Child, UNICEF RCCE and Education teams supported the Ministry of Education in organizing public events in Butembo, Mambasa, Komanda, Mangina and Goma sub-coordination zones. In particular, UNICEF provided financial, logistic and technical support for elaborating the agenda, identifying participating schools and supporting children in preparing the celebration activities. In Beni, on 20 November, the security situation didn't allow the team to organize any event.

In Bingo (Mabalako Health Zone) UNICEF gathered 2,600 children, 54 teachers and 36 parents from five different schools to mark the World Children's Day. In the presence of the Bingo main leaders, children made speeches and played theater to promote Ebola prevention messages and children rights.

In Komanda, UNICEF raised awareness of 3,665 children on Ebola preventive measures through different activities and in Mambasa, the RCCE team supported the organization of a caravan in which 1,352 children (including 783 girls) and 428 teachers (239 women) from ten schools participated. During the march in the city, the children took the opportunity to raise awareness among local population on their rights and on the EVD risks and response interventions through theatre sketches, poems and traditional dance.

In Goma, the RCCE team projected videos on EVD and its prevention measures with a child as a main speaker. About a hundred of children and their parents attended this event that took place in the Children's parliament in Goma city.

In non-affected health zone like Nia Nia, the rapid response team was able to organize this celebration for the first time for the community. More than 1,200 school children and 43 teachers were briefed on Ebola prevention measures as part of preparedness activities.

EVD-related Education activities continued in all sub-coordinations and a total of 11,504 students (5,672 girls) and 523 teachers and school directors (175 women) were reached through participatory theatre sketches organized by the UNICEF partner EPST and RCCE team members in Butembo, Katwa, Beni, Komanda and Mambasa. These short plays were made to improve students and teachers' understanding of the EVD prevention Guidance note and of handwashing techniques as a mean to prevent EVD and other diseases in the school settings.

In Butembo, UNICEF implementing partner ASOPROSAFD, jointly with RCCE teams, provided four schools with seven handwashing kits each, benefitting to a total of 1,554 students, including 818 girls. This partner also briefed 34 members of student committees and class leaders, including 19 girls, and 67 teachers, including 41 women, on the correct management of the provided equipment and the promotion of WASH in schools. In Komanda, the EPST and the RCCE teams carried out the same activities, thus reaching 3,077 school children, including 1,506 girls and 85 teachers, including 18 women.

Social Science Analysis Cell

Main results during the reporting period

As part of regular capacity building activities, UNICEF CASS team trained ten members of its local team in Beni on the interpretation of data and presentation skills. Though, due to security issues, all CASS activities were suspended in Beni from 20 November to present.

In Butembo, results of a combined qualitative and quantitative study on health knowledge, perceptions and practices were presented at the sub coordination level on 18 November. According this study, 91 per cent of the respondents reported that they changed their health seeking behaviors since the beginning of the epidemic. Among them, 53 per cent are waiting longer before going for a consultation because they fear to be transferred to the ETC. Moreover, almost 30 per cent still wonder how to protect themselves from EVD when asked what question they will have for the response

agents. The qualitative portion of a joint study with WHO on the Risk and Rate of Infection of Ebola among children started in Butembo and Katwa before security issues obliged the CASS team to interrupt the study in Butembo on 22 November.

At the strategic and coordination level, the Wellcome Trust funded a study (led by CASS-UNICEF and University of Oxford) started on 11 November. This study will, in part, result in the development of a “CASS Model” to be used in future outbreaks. Stakeholders workshops on lessons learned to build the model will begin in January 2020.

An integrated analysis of five studies on health workers (conducted in Bunia-Rwampara, Beni, Butembo-Katwa, Goma and Mambasa) was completed and presentations are ongoing. This integrated analysis allows for a comparison of results across sub-coordinations regarding health workers’ reported knowledge and perceptions on their capacity to practice infection prevention and control of Ebola and other diseases as well as their perceived community dynamics. The study results are being used to support new IPC strategies and SOP trainings as well as to inform the Support to Health Systems and Services Working Group, a thematic group expected to be created under the next phase of the national Strategic Response Plan (SRP).

An integrated analysis of perceptions of vaccines (Ebola and other diseases) was presented to a special working group on vaccines. This analysis compared all existing data regarding vaccines and provided very specific recommendations to support ongoing routine vaccination, measles campaigns as well as the introduction of the new EVD vaccine. Recommendations were presented to UNICEF health teams (for vaccination campaigns), MSF, WHO and the MoH vaccination and RCCE teams as well as diffused widely to the other response actors.

Follow up on recommendations

To date, the Social Sciences team has identified and proposed 92 research recommendations in all zones of the outbreak. Among them:

- 83 per cent have been implemented (54 per cent) or are on-going (29 per cent) and 12 per cent still require validation.
- 40 per cent concern RCCE interventions and 24 per cent are related to WASH/IPC (including SDB). The remaining recommendations are relevant to Education (3 per cent), Psychosocial and case management (10 per cent), Vaccination (4 per cent), UNICEF-CASS (2 per cent), Health (2 per cent), Surveillance (2 per cent), Pillar 3 (8 per cent) and 4 per cent are crosscutting.

In Mambasa, a recommendation related to the Knowledge, Attitudes and Perceptions (KAP) study on health personnel was validated with the RCCE sub-commission. The recommendation focuses on ensuring that traditional healers in Mambasa are trained on key Ebola related information, on raising alerts for EVD cases and on how to use the IPC kits they received. In addition, in Mambasa, following the CASS recommendations, the Psychosocial Commission hired the “President of EVD Survivors” as an active member of the sub-commission and developed a guidelines’ document on reintegrating survivors into the community together with sub commission partners.

Preparedness activities in Nia Nia health zone

Since beginning of November, UNICEF has been implementing preventive and preparedness activities in Nia Nia health zone, 300km from Kisangani. UNICEF was the first partner to arrive in this at-risk health zone after the notification of EVD cases in Efulu⁷. This preparedness mission aimed at promoting community engagement and building trust in advance of a possible multisectoral response to the EVD epidemic led by the Ministry of Health and its partners.

This preventive approach started with a community dialogue gathering 69 leaders in the city of Nia Nia, on 12 November. During this meeting, UNICEF introduced its mandate and explained the reasons of its presence. The team took this opportunity to collect feedback on the community basic needs. Among these, an improved access to water, the promotion of child protection and building latrines in schools. The Nia Nia leaders also highlighted the importance for UNICEF to regularly report and provide feedback to the community during their mission. In the same area, from 18 to 21 November, UNICEF also met with 366 leaders in four health areas on the Isiro axis.

UNICEF also conducted activities with local media: on 14 November, the team trained 18 journalists from two local radio stations on the role and responsibilities of the media during epidemics and on specific preventive messages on essential familial practices and Ebola vaccination.

In schools, UNICEF briefed and sensitized 38 directors and members of parents’ committees on EVD preventive measures.

Following a multisectoral assessment conducted in the Reference General Hospital, 88 health centers and 60 schools, UNICEF prepared for the construction of a drilling and latrines for the hospital and for the rehabilitation of a water source benefitting 115,725 people. In addition, thanks to the UNICEF support and following community’s feedback, the health zone headquarters were rehabilitated and the roof over the main water source was replaced.

Besides, UNICEF and MSF, together with the community leaders’ support, worked on identifying and referring children victims of sexual violence for psychosocial support. Eight local nurses benefitted from a basic training on psychosocial support in the Ebola context.

On 14 November, the Ministry of Health and WHO led a 3-day visit to Nia Nia. It was the opportunity to exchange on UNICEF approach adopted in Nia Nia and to agree on the decision that the Ebola vaccine will only be introduced in Nia

⁷ For more information, see Sitrep #46 (page 3), published on 27 October 2019

Nia once the community will grant its full acceptance. In the meantime, UNICEF has started to raise awareness on the availability of the Ebola vaccine through four local radios and numerous community dialogues. As of today, 350 people already volunteered for the vaccination.

Summary analysis of the humanitarian response (Pillar III)

Major campaigns

In North Kivu, there were more than 30,000 cases of measles including a hundred of deaths as of week 44. It is therefore urgent to organize a measles follow-up vaccination campaign for the 2.2 million children aged 6 to 59 months living in the 34 health zones of North Kivu. In the 23 health zones affected by the EVD, this measles vaccination follow-up campaign is part of pillar 3 and targets more than one million children.

UNICEF RCCE teams supported the government of the DRC in conducting preparation activities in the EVD-affected health zones in Goma and Butembo to implement the Public Health Ministry guidelines on strengthening IPC, enhanced social mobilization and community engagement. These activities include the development of a strategic plan on community engagement in the EVD context and its implementation by all stakeholders. Communication materials with context-specific messages were developed in local languages and are being produced for dissemination. A message guide adapted to the EVD context was developed and validated by all stakeholders (government, civil society organizations and other partners). In addition, UNICEF RCCE teams trained 34 provincial supervisors on key messages and communication techniques for community engagement. Moreover, the teams trained 46 journalists from local radio stations on the messages and attitudes to be adopted in the EVD context.

The measles vaccination campaign will be conducted gradually as the security situation evolves. In areas affected by the MVE, it is expected to start on 10 December.

Integrated response at community level

Lwemba health area remains a hotspot. Access in the area is challenged due to security issues. For **WASH**, to meet the urgent needs of Lwemba community (Mandima health zone) and also, to create an enabling environment for Ebola response, UNICEF and implementing partners continue improvement works on 10 natural water spring by constructing an appropriate spring catchment system. This will improve access to safe drinking water for nearly 10,000 people.

As part of **Psychosocial and Protection** interventions, UNICEF signed a small-scale agreement with the local women association SAFDEF (Solidarité des Associations Féminines pour les droits de la Femme et des Enfants) with an aim to provide psychosocial support and strengthening protection mechanisms for children, women and communities in seven health zones in Butembo sub-coordination which are affected by the EVD. In response to the needs' assessment carried out by SAFDEF, four tents were distributed to Child Protection partners to establish Child Friendly Spaces. Child friendly spaces aim at delivering recreational and psychosocial activities for vulnerable children affected by conflict and EVD. They also help to identify child victims for whom assistance is needed. In addition, in the health zones of Butembo/Katwa, UNICEF IPC/WASH and psychosocial teams distributed 70 thermoflashes and 35 wash kits as EVD preventive measures.

Moreover, and in close collaboration with governmental partners as well as members of Child Protection Working Groups (Sub-Cluster), UNICEF organized events to celebrate the thirtieth anniversary of the Convention on the Rights of the Child. Children and adolescents, including some children affected by the EVD (as orphans, survivors), took part in the different events, especially through the development of advocacy messages to combat stigmatization of children affected by Ebola but also to put an end to violations affecting children, particularly in contexts of armed conflicts.

With regards to **RCCE**, in the Bingo health area (Biakato sub-coordination), the alarming EVD epidemiological situation has attracted the attention of the community and EVD response partners. As a result of a series of RCCE activities conducted, the population showed progressive acceptance towards the response. For example, on 17 November, the RCCE team supported the organization of a community forum in the Batangi-Bingo locality on the management of overall resistance to vaccination. A total of 49 participants were sensitized on the importance of measles vaccination campaign and took this opportunity to discuss other issues in their community. In addition, participants took the opportunity to identify their priority needs, namely drinking water supply, basic school materials (benches, chalk, notebooks and pens), qualified staff for the health centre. The RCCE team referred these needs to the Mangina sub coordination for appropriate action.

Regarding **Education**, in Komanda, UNICEF organized a multisectoral rapid assessment (with APEC, a potential partner for the Education section of the pillar 3) and thus visited 17 school in Idohu health area. Among the major challenges reported by the communities were: the high number of out of school children, the need to rehabilitate school infrastructures, including latrines, and to provide school supplies.

In Mambasa, another rapid assessment mission focusing on educational needs was conducted in 29 primary, secondary and catch-up schools in the health areas of Lolwa, Binase, Mambasa and Salama. In these schools, the major challenges include the need to rehabilitate and equip the schools with desks, blackboards and chairs; the need to distribute school kits, recreational kits and teaching materials and the need for teachers' training on gender-based violence and psychosocial support.

During the reporting period, UNICEF finalized the agreement with three local organizations for implementing WASH and Protection activities at community level. In Butembo, UNICEF signed a small-scale agreement with local partner ACEKA

(Association des Consommateurs d'Eau de Katwa) to improve access to water and sanitation access in health facilities in the Katwa health area (Butembo HZ) for 4,800 people, including 2,808 children and 1,008 women. Another agreement was signed with the organization HYFRO (Hydraulique Sans Frontieres) to improve the wash coverage in the community, health facilities and schools in EVD affected areas of the Butembo health zones, with a planned target of 6,000 people including 3,510 children and 1,260 women. The package is designed to address community needs or to increase community wash coverage. It can include: increasing access to safe water for the community through the construction/rehabilitation of water points, or improved access to sanitation through construction or rehabilitation of latrines/sanitation infrastructures. In addition, UNICEF signed an additional agreement with its partner CEPROSSAN (Centre De Promotion Socio-Sanitaire) aimed at improving the WASH coverage in the community, health facilities and schools, with a target of 38,224 people including 8,031 women and 22,373 children in four health areas (Maboya, Kalunguta, Kabasha and Mataba) in the Kalunguta health zone.

Supply and Logistics

UNICEF regularly monitors the supply chain and discusses with the different involved actors to improve the effectiveness of the supplies and services in support of the Ebola response in Ituri and North Kivu provinces. During the reporting period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US\$145,325. The total value of procurement orders was US\$151,797. Offshore procurement orders amounted to a value of US\$25,037 (16 per cent) while local procurement orders amounted to a value of US\$126,760 (84 per cent).

Human Resources

UNICEF continued to strengthen its presence on the ground to better respond to the outbreak in North Kivu and Ituri provinces. A total of 221 staff are dedicated to the Ebola response and deployed in the affected areas⁸, with an additional 32 persons under recruitment. In addition, UNICEF has 33 staff in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication

Since the beginning of the outbreak, the external communication team published 125 content pieces on its [Ebola landing page](#), including this [new webstory](#) highlighting how Ebola survivors are playing a crucial role in the fight against Ebola. During the reporting period, the communication team posted almost 30 messages on [Facebook](#), [Instagram](#) and [Twitter](#). Highest performing on social media was [this UNICEF Facebook](#) post which reached more than 100,000 persons.

Next SitRep: 09 December 2019

UNICEF Ebola Preparedness and Response: <https://www.unicef.org/appeals/ebola-preparedness-response.html>

Who to contact for further information: **Edouard Beigbeder**
Representative
UNICEF DRC
Tel: + (243) 996 050 399
E-mail : ebeigbeder@unicef.org

Katya Marino
Deputy Representative
UNICEF DRC
Tel: + (243) 829350363
E-mail : kmarino@unicef.org

Grant Leaity
Ebola Coordinator
UNICEF DRC Beni
Tel : + (243) 829 086 610
E-mail : gleaity@unicef.org

⁸ UNICEF staff on ground includes 21 staff based in Goma (EOC), 7 staff in Goma sub-coordination, 44 staff in the Beni programme coordination, 23 staff in Beni sous-coordination, 44 staff in Butembo/Katwa, 13 staff in Mangina, 5 staffs in Nia Nia, 13 staffs in Biakato, 6 staff in Bunia, 9 staff in Komanda, 15 staff in Mambasa, 1 staff in Bukavu, 1 staff in Kasindi and 19 staff in Kinshasa. Staff includes people coming in surge from the regional or headquarter office.

Summary of Programme Results

Pillar 1: Strengthened public health response	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).	84,000	76,964	273
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	47,500	39,709	226
# of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces.	34,000,000	32,627,017	187,701
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	31,193	23,064	212
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	257,043*	255,156	4,802
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 23 November 2019			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	3,884	3,276	90 ⁹
# of target schools in high risk areas provided with handwashing facilities	3,800	2,712	27 ¹⁰
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	11,750	9,755	47 ¹¹
% of households, health facilities and public places with reported cases decontaminated in the 72h	100	100	0
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100	53	0
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	36,437	18,805	40
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	12,262*	10,330	585
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	22,939*	16,211	1,085
# of contact persons, including children, who receive psycho-social support	3,169**	2,636	0
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	6,000*	5,332	382
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,900	2,476	12
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families	1,300	1,112	0
* This figure has been adjusted in regard to the high number of persons being admitted daily to the transit centers and ETCs as suspect cases. It includes support provided to families with suspect, probable or confirmed EVD members. ** The target number has been changed in relation to the evolution of the epidemic.			
Health and Nutrition			
# of < 23 months children caregivers who received appropriate counselling on IYCF in emergency	70,000	64,882	157
# Ebola patients who received nutrition support during treatment according to guidance note	15,284	13,364	286
# of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery's, orphanages and in the communities	1,623	1,092	23
Education			

^{9, 9, 12} Numbers in the table are under-estimated, because of lack of reporting by implementing partners on the online Activity Info database. UNICEF is actively working on the improvement of partners' reporting capacities.

# of students reached with Ebola prevention information in schools	1,458,000	1,214,740	24,986
# of teachers briefed on Ebola prevention information in schools	47,000	46,456	1,200

Pillar 3: Humanitarian response to communities affected by Ebola¹²	Target	Total results*	Change since last report ▲ ▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	11,316	11,316
Proportion of projects carried out by Pillar 3 resulting from CACs	60	0	0
WASH/IPC			
# of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk	700,000	8,000	0
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	0	0
# of students (aged 5 to 17) in schools in areas affected by EVD who received a water, hygiene and sanitation intervention (disaggregated by gender)	60,000	0	0
# of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk.	80,000	0	0
Psychosocial Support and Child Protection			
# of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces	21,855	0	0
# of vulnerable children and/or affected by humanitarian emergencies (including unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.) identified and who access referral services or individualized case management through a formal or informal protection network	3,318	0	0
Health and Nutrition			
# of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender)	826,123	750,478	0
# of children (6-59 months) vaccinated against measles in affected and at-risk zones	883,938	217,683	217,683
# of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk	120	11	0
# of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk	20,000	50	0
# of children (6-59) months of age who received vitamin A	743,075	680,760	0
# of children (6-59) months of age who received deworming (12-59 months)	699,363	601,730	0
Education			
# of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials	426,900	27,601	361
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	0	0

¹² The nature of the activities implemented does not allow progress to be reported weekly in the HPM. These humanitarian activities are in line with the regular programmes for which reporting is done by clusters on a monthly basis. For some projects with a long implementation period, such as the rehabilitation of the Butembo Water system, results will be reported at the end of the project.

Funding Status

Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response Plan - SRP4)					
Appeal Sector	Requirements \$	Received Current Year \$	Pipeline \$	Funding gap	
				\$	%
Water, Hygiene and Sanitation - WASH / IPC	18,375,138	10,060,880	2,639,200	5,675,058	31%
Communication for Development (C4D) - Community engagement and Communication for Campaigns	29,872,397	8,171,532	2,720,800	18,980,065	64%
Child protection and Psychosocial Support	5,728,090	5,167,344	833,400	0	0%
Nutritional Care and Counselling in Ebola Treatment Center / Community	3,592,720	2,685,008	0	907,712	25%
Operations support, Security and Coordination costs and Information and Communications Technology	3,900,990	4,369,219	1,630,840	0	0%
Strengthened support to communities affected by Ebola / PILLAR 3	64,100,900	4,897,976	21,848,401	37,354,523	58%
Total	125,570,235	35,351,959	29,672,641	60,545,635	48%