Highlights

- As of 28 April, 70 health areas in 14 health zones reported new cases during the previous three weeks; 45% of the 156 health areas affected to date.
- On 19 April, an attack by armed militia resulted in the tragic death of Dr Richard Mouzoko Kiboung, a WHO epidemiologist, and the injury of two other healthcare workers. Following the attack, Ebola response activities have been temporarily suspended in some high-risk health areas.
- UNICEF, WHO, the government of the Democratic Republic of the Congo, and other partners are actively collaborating to review the current strategic and operational security measures to ensure the protection of all outbreak responders in the field, improve effective coordination and information sharing amongst all security elements covering the response.

UNICEF’s Response

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td># of at-risk people reached through community engagement and</td>
<td>19,500,000</td>
<td>15,390,003</td>
</tr>
<tr>
<td>interpersonal communication approaches (door-to-door, church meetings,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>small-group training sessions, school classes, briefings with leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and journalists, other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of listed eligible people for ring vaccination informed of the benefits</td>
<td>109,441*</td>
<td>107,565</td>
</tr>
<tr>
<td>of the vaccine and convinced to receive the vaccine within required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>protocols.</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of</td>
<td>15,000</td>
<td>1,092</td>
</tr>
<tr>
<td>confirmed cases who received a hygiene and prevention kits with adequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>messaging.</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>32,296</td>
<td>19,666</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who</td>
<td>5000**</td>
<td>4,276</td>
</tr>
<tr>
<td>received one or several kits of assistance to support their children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The target is dynamic as listing of eligible persons is defined
** The target is estimated based on both the number of confirmed, probable and suspected case, and is adjusted according to the response.

1,466 total reported cases
(MoH, 28 April 2019)

1,400 confirmed cases
(MoH, 28 April 2019)

416 children <18 among confirmed cases
(MoH/WHO, 28 April 2019)

891 deaths among confirmed cases
(MoH, 28 April 2019)

12,506 contacts under surveillance
(MoH, 28 April 2019)

UNICEF Ebola Response Appeal
US$ 50.15 million

UNICEF DR CONGO EBOLA SITUATION REPORT

28 April 2019

Democratic Republic of the Congo
Ebola Situation Report
North Kivu and Ituri

SITUATION IN NUMBERS

28 April 2019

Photo Credit: UNICEF DRC Musangi

Total funding available**
US$ 32.95M
66%

Funding Gap
US$ 17.19M
34%

Funding requirements*
US$ 50,149,121

* Funding requirement includes budget for phase I (US$ 8,798,899), phase II (US$ 13,031,305), phase II.I (US$ 3,933,000) and phase III (US$ 24,385,917)
** Funds available include Reprogrammed funds from Equateur Response and funds received since August 2018.
## Epidemiological Overview

### Summary Table (28/04/19)

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Suspect Cases under investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Nord-Kivu</td>
<td>Beni</td>
<td>262</td>
<td>9</td>
<td>271</td>
</tr>
<tr>
<td></td>
<td>Butembo</td>
<td>141</td>
<td>0</td>
<td>141</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>59</td>
<td>13</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Kyonda</td>
<td>20</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>109</td>
<td>16</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>33</td>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>21</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>41</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>476</td>
<td>11</td>
<td>487</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>79</td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Biena</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mangurujipa</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Ituri</td>
<td>Mambassa</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>95</td>
<td>3</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>30</td>
<td>9</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Nyakunde</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tchomia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Bunia</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1400</td>
<td>66</td>
<td>1466</td>
</tr>
<tr>
<td>Previous Total 14 April 2019</td>
<td>1198</td>
<td>66</td>
<td>1264</td>
<td>748</td>
</tr>
</tbody>
</table>

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1 Data source: Epidemiological table based on daily numbers by the National Coordination Committee (Comité National de Coordination, CNC)
Key Epidemiological Developments

The Ebola outbreak in the Democratic Republic of the Congo (DRC) continues to take place in the provinces North Kivu and Ituri, both affected by conflict and armed violence. According to risk assessments by the World Health Organization (WHO), the risk of spill-over to neighbouring provinces and countries remains high, international spread has been successful in preventing the spread of the outbreak since the start of the epidemic in August 2018.

This past week saw a continued increase in the number of new Ebola virus disease (EVD) cases reported in the North Kivu and Ituri provinces of the Democratic Republic of the Congo, with a total of 126 new confirmed cases reported. The outbreak remains contained to a geographical area, with hotspot areas within Katwa, Mandima, Butembo, Mabalako and Musienene health zones. During the last 21 days (8-28 April 2019), a total of 297 confirmed cases were reported from: Katwa (141), Butembo (33), Mandima (33), Vuhovi (23), Mabalako (19), Beni (14), Musienene (14), Kalunguta (10), Masereka (5), Biena (1), Kyondo (1), Mutwanga (1), Oicha (1), and Komanda (1). During this period, 70 health areas in 14 health zones reported new cases; 45% of the 156 health areas affected to date.

As of 28 April 2019, a total of 1466 EVD cases, including 1400 confirmed and 66 probable cases, were reported. A total of 957 deaths were reported (overall case fatality ratio 65%), including 891 deaths among confirmed cases. Of the 1466 confirmed and probable cases with known age and sex, 56% (815) were female, and 28% (416) were children aged less than 18 years. The number of healthcare workers affected has risen to 92, including 33 deaths.

As of 28 April, 12,406 contacts have been registered and 10,068 contacts are currently under surveillance 2019².

Humanitarian Leadership and Coordination

UNICEF continues to support coordination in all locations with functional strategic or operational commissions, and co-leads the commissions on communication and community engagement, WASH - IPC, and psychosocial care. UNICEF is also active in the working groups on logistics, vaccination and nutrition.

Since the end of February, the overall strategic coordination of the Ebola response is based in Goma, while maintaining a strong focus on Butembo / Katwa³, Mangina, Mandima⁴, Vuhovi, Beni⁵ and all active health zones. One sub-coordination hub is operational in Bunia city. The coordination of UNICEF’s response is dynamic due to the identification of confirmed cases and the geographical extension of the epidemic to newly affected health zones. A multi-sectoral UNICEF Rapid response team is in place and deployed to new hotspots as required. Multi-sectoral teams have been deployed to Manbassa, OICHA and Biakato mines.

The security and safety of response personnel remain a top priority. As a result of the attack in Katwa, efforts are being made across all major stakeholders, including WHO, the UN, and the government of the Democratic Republic of the Congo to strengthen both strategic and operational security measures, and identify potential security gaps in the field. Additional security measures such as revising movement protocols, improving physical security at all fixed locations, active participation in security coordination cells and revamping contingency measures are being reviewed and further intensified. Analyses resultant from these reviews will be used to update the security risk management process. Engagement with communities through direct dialogue remains a priority to reinforce community ownership, as this is key to an effective response, as well as to ensuring the security and safety of both the outbreak response workers

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² Source: CNC numbers 28th April 2019
³ Current epicenter of the outbreak
⁴ 33 Ebola cases were reported in the past 3 weeks
⁵ Renewed focus and vigilance in Beni as 14 cases of Ebola were reported during the past three weeks
and the patients they are serving. Nevertheless, the overall security situation at this time remains volatile and challenging in every location of the response.

From 23rd to 25th of April, under the lead of the Ministry of Health, the coordination team in Goma held a validation workshop of the operational plans for SRP3 implementation. The Risk Communication and Community Engagement commission worked closely with the team to finalize the Operation Plans of the communication commissions.

**Response Strategy**

The Ebola response is based on the joint National Strategic Response Plan (SRP) III against the Ebola Virus Disease (EVD) in North Kivu and Ituri provinces, which covers a six-months period until 31 July 2019. SRP III aims at containing the transmission of EVD in the provinces of North Kivu and Ituri and to avoid the spread of the disease to new health zones as well as neighbouring provinces and countries. Through the broadening of the scope of the response to all 70 health zones in North Kivu and Ituri provinces to eradicate Ebola and due to the longer six-month time frame, in comparison with previous planning, SRP III allows for greater flexibility in adopting rapid, effective and needs-based response measures. The strategy further provides for a strong anchoring of the response in the local health system, the strengthening of the information management system, and a strong accountability framework. In support of SRP III, the UNICEF Ebola response strategy continues to focus on communication and community engagement, WASH, and psychosocial care, nutrition, and a cross-cutting education sector response.

**Summary Analysis of Programme Response**

An overview of the key elements in the Ebola response, with a special emphasis on UNICEF’s interventions in the affected health zones, is detailed below.

**Communication and Social Mobilization**

**The risk communication, social mobilization and community engagement** aims to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviours, and (3) address community concerns and rumors. The strategy is implemented through five pillars that include (i) community engagement; (ii) promotion of preventive behaviors; (iii) responding to resistance; (iv) advocacy and capacity building of actors and (v) communication in support of ring vaccination, surveillance, safe and dignified burials, and ETCs.

**Implementing Partners (IP):** Oxfam GB, Action Contre la Faim (ACF), Search for Common Ground, Caritas Congo, Réseau des Medias pour le Développement (ReMed), MEDAM

**Main activities during the reporting period**

**Risk Communication and Community Engagement (RCCE)**

From 23rd to 25th of April, under the lead of the Ministry of Health, the coordination team in Goma held a validation workshop of the operational plans for SRP3 implementation. The validation workshop held in Goma from 23-25 April raised the following focus points for the RCCE pillar:

- The need to reinforce preparedness activities for the 50 unaffected health zones around the current outbreaks by establishing or revitalizing community animation cells (CAC) in all villages / cells.
- The need to set up local committees in the emergency context or to strengthen existing structures community animation cells (CACs) in response zones; In Butembo sub coordination, 20 of the 22 committees, have already been set up, including 9/9 in Butembo, 7/7 in Katwa3, 5/6 in Vuhovi with 1 in Beni and 1 in Mandima. Each local committee has developed an action plan and participates in the resolution of the
numerous community incidents that occur in the community, related to the different pillars of the response, including vaccination, dignified and safe burial, care and support the PCI (Prevention and Control of Infection) assigned to the risks of EVD and its consequences.

- Revisiting the RCCE and taking into account (i) the recommendations from the RCCE workshop, (ii) community feedback and (iii) socio-anthropological results;

Responding to Refusals and Rumours

- In Musienene health zone, collaboration between UNICEF and the local committee resulted in a significant reduction in youth refusals concerning decontamination, vaccination, and contact listing.

- In the health zones of Butembo, Katwa, Vuhovi and Mangina, reticences\(^6\) was resolved by intensifying awareness-raising activities through educational talks and community dialogues. Out of 61 refusals and 19 cases of reticence recorded, 56 were resolved with the support of local committees in Butembo, Katwa, Vuhovi, Musienene, Masereka, Beni, Mabalako and Komanda. Refusal and reluctance persist concerning decontamination (8 refusals), Ebola Treatment Centers (ETCs) (21 refusals), Dignified and Safe Burials (DSB) (8 refusals) and vaccination.

- The main rumors that lead to refusals to decontaminate are the fear of being accused of collaborating with the response team or that patients never come back alive from ETCs. As a result, the RCCE commission of Butembo, Katwa, Mangina, Mabalako and Vuhovi intensified positive communication actions through the testimonies of Ebola survivors, many of whom received treatment in the ETCs.

- The RCCE sub commission of Beni, Butembo, Katwa have reinforced local committees and communication of risks to target groups including: youth, taxi drivers and motorcycle drivers, various social groups, women's organizations, business groups and leaders.

- A total of 76 radios broadcasted specific micro-programmes on testimonies of cured patients, visits to ETCs, sketches on DSB, Ebola songs etc. were shared in the 21 health zones affected. In addition, interactive radio programmes were broadcasted in the affected health zones with the participation of key local influencers to promote Ebola prevention messages.

Promotion of Preventive Behaviours

- In Kyondo health zone, the RCCE sub-committee and primary education inspectors has initiated activities for students in order to raise awareness about the risks of the disease and the means of prevention through the poems on Ebola, sketches, songs and dances, television news and fashion shows.

- 33 traditional healers, including 11 women, were briefed on the risks related to their profession in Kyondo health zone.

- In Komanda health zone, a consultation meeting with 51 community leaders (village chiefs and group leaders) and the Komanda coordination committee was held to discuss the current situation of Internally Displaced Persons (IDPs) in North Kivu and to promote preventive actions, such as diffusion of key messages to be implemented to avoid a possible spread of EVD. In this context, 5,835 passengers were sensitized in the Entry Points of LOYA, FONER and ITURI on the importance of hand washing.

- In Beni town, community members who have accepted to support the response were briefed to lead awareness sessions for bereaved families, to facilitate SDB at the community level by ensuring that burials have taken into account local culture and traditions.

Upcoming Activity:

- To address the identified gaps on the RCCE commission, a workshop organised by UNICEF, WHO and MPS will be held on May 15-17 to address messaging issues, including revisions/updates to key messages, content of response and engagement activities, and accurate comprehension by communities according to local

\(^6\) Reticence definition: hesitation
languages. Key partners, International Federation of Red Cross and Translation with Borders, will support this training.

**Key Results**

<table>
<thead>
<tr>
<th>COMMUNICATION AND SOCIAL MOBILIZATION</th>
<th>Target*</th>
<th>Total UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, women and women’s organisations, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, adolescents and private sector).</td>
<td>37,632</td>
<td>31,324</td>
<td>2602</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>15,561</td>
<td>17,624</td>
<td>2063</td>
</tr>
<tr>
<td># 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.</td>
<td>19,500,000</td>
<td>15,339,003</td>
<td>863500</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>4,350</td>
<td>4,903</td>
<td>1304</td>
</tr>
<tr>
<td># of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.</td>
<td>102,267*</td>
<td>107,565</td>
<td>7095</td>
</tr>
<tr>
<td>% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)</td>
<td>90%</td>
<td>56%</td>
<td>0</td>
</tr>
</tbody>
</table>

* The target is dynamic as listing of eligible persons is defined.

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

**The Water, Sanitation, and Hygiene (WASH) strategy,** as part of EVD Infection Prevention and Control (IPC), aims to stop the spread of the disease through (1) the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits and awareness raising of traditional practitioners (2) hygiene promotion and provision of WASH kits in schools, (3) WASH in communities through mass outreach on hygiene promotion and the setup of handwashing stations/ temperature check points in strategic transit locations, and (4) joint supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

**Implementing Partner:** Mercy Corps, Red Cross DRC, OXFAM GB, Action Contre la Faim (ACF), MEDAIR, Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA), and CEPROSSAN

**Main activities during the reporting period**

As a co-lead in the Infection Prevention and Control (IPC) commission, UNICEF works to strengthen and harmonize activities within the overall coordination at the Ebola Coordination Center in Goma. UNICEF and World Health Organisation (WHO) hosted a two-day workshop with over 35 participants from the Ministry of Health to brief staff on the validated IPC Standard Operating Procedures and the data collection tools. The workshop will be rolled out in the

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7 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.

8 KAP results will be shared in the next sitrep, 12 May 2019

9 IPC/ WASH kits for health centres, items are provided in accordance with four areas of support: (1) Triage and case identification, (2) handwashing, (3) individual protection equipment, (4) waste management, (5) cleaning and decontamination.

10 IPC/ WASH kits for health centres, items are provided in accordance with four areas of support: (1) Triage and case identification, (2) handwashing, (3) individual protection equipment, (4) waste management, (5) cleaning and decontamination.

11 Multidisciplinary teams comprise health specialists from the MoH and/ or Medical NGOs as well as WHO.
UNICEF DR CONGO EBOLA SITUATION REPORT 28 April 2019

other coordination in the coming weeks. All commissions, including IPC submitted operational action plans for the remainder of Strategic Response Plan III (SRP3) – these plans were presented in a workshop and revisions are ongoing to be completed the first week of May.

In Butembo health zone, 13 rings were opened to prevent the spread of the disease. Hygiene kits were provided to households affected by 13 Ebola cases reported and 129 households around the cases. At the Butembo Ebola treatment center (ETC), 40,000 liters of water was provided to meet the needs of 400 beneficiaries. In addition, a donation of 4,75 tons of chlorine was made to ensure adequate supply at the ETC and health centers.

Improvement of WASH facilities in health centers is ongoing with the construction of eight latrines and four showers at three health centers, benefitting an estimated 400 people. An additional 29 schools received WASH kits (benefitting 5,800 students) and WASH kits were provided to 70 public places.

Despite limited access to certain affected areas due to persistent community resistance and a decrease of activities during the reporting period as a result of the security incidents in Butembo and Katwa health zones, UNICEF was able to reach 167 households with hygiene kits (1,002 beneficiaries) in response to 16 identified cases in Katwa health zone. However, due to this insecurity, teams were accompanied by Police/Security and were unable to respond directly to all households or school alerts. The overall coordination has identified priority zones wherein extra security is being provided to facilitate access for the response teams. Longer terms solutions to the security issues is being examined by the overall coordination.

In Oicha health zone, UNICEF implementing partner Oicha Development Organization (ODO) continues to monitor water supply for 94 public handwashing facilities (benefitting 9,000 people) and UNICEF will continue this support and supervision over the next three months. The collection of GPS coordinates to finalize the mapping of public sites is also underway.

UNICEF partner Medair is constructing 13 showers and 13 latrines (benefitting approximately 650 people) at the Oicha Transit Centre.

In Beni health zone, 11 new confirmed cases were recorded during the reporting period. In response to these cases, 115 hygiene kits were provided to affected households and surrounding households, benefitting an estimated 690 people. Hygiene kits were also provided to 11 schools, 3 churches and 31 other public places (270 beneficiaries). Daily water supply of 9,000 liters was provided to hand washing devices through water trucking.

Forty confirmed cases were reported in the Mandima and Mabalaka health zones during the reporting period. 140 hygiene kits were distributed to 40 affected households (240 beneficiaries) and to 100 at-risk household located in close proximity to the cases (600 beneficiaries). In addition, one school, two churches and 20 public places (markets, car parks) were provided with hygiene kits. Insecurity also affected activities in some health areas in Mabalako (Visiki and Bingo) and as a result teams were unable to respond to all cases as planned.

In Komanda health zones, the team was able to respond to the last confirmed case dated 5/04 in Ndalya and distributed hygiene kits to the surrounding 69 households (414 beneficiaries). WASH kits were also provided to 2 formation sanitaires (FOSA) and 2 schools in the vaccination ring. A post-distribution survey was conducted in Bandihina (14) and Komanda (19) for households of confirmed EVD cases. Findings showed an overall satisfaction for the kits, however, a considerable number of households did not know how to use some items, such as bleach, and

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12 The ring approach includes intensive EVD prevention and control activities around a confirmed case within 24 hours of confirmation and up to seven days. In rural areas within a radius of 1000 meters and in urban areas within a radius of 500 meters, health centers, households neighbouring the home of a confirmed case, schools and public places are targeted with various interventions such as community engagement; intensified EVD awareness raising; psychosocial services; vaccinations; installation of handwashing facilities; distribution of hygiene kits; and disinfection of households and health facilities that had direct contact with the confirmed case.
some materials, such as cleaning cloths for the floor, were not appropriate for the households constructed in natural materials. Increased orientation to the beneficiaries concerning the kits are planned to ensure proper utilization of the items. The monitoring of the functionality of handwashing devices in schools, FOSAs and public places led to the rehabilitation/installation of 30 handwashing devices. An additional 10 new handwashing devices were installed in public places.

**Challenges:**
- In Mambasa health zone, the construction of a shelter at the Point of Entry Mabakese is ongoing and a needs assessment identified the need for 2 additional entry points to be installed at the Isiro and Kisangani axes. Lack of water sources and absence of trucks for water trucking result in challenges in water provision for public spaces

**Key Results**

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENE</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities in affected health zones provided with essential WASH services.</td>
<td>1887</td>
<td>1099</td>
<td>45</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>2,400</td>
<td>1,072</td>
<td>14</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>8,000</td>
<td>2,226</td>
<td>56</td>
</tr>
<tr>
<td>% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized</td>
<td>100%</td>
<td>56%</td>
<td>0</td>
</tr>
<tr>
<td>Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>15,000</td>
<td>1,092</td>
<td>254</td>
</tr>
</tbody>
</table>

**Education**

The education strategy involves key EVD prevention measures on schools, including (1) the mapping of schools to identify their proximity to a confirmed case and identification of schools in the affected health areas, (2) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces, parents’ association) on Ebola prevention in schools including WASH in school, psychosocial support in classrooms, and against discrimination, (3) provision of infrared thermometers and handwashing kits in schools including clean water, soap, and capacity reinforcement on hygiene behaviours, (4) provision of school cabins for school entry checking, (5) provision of specific documentation and protocol for prevention, guidance, and management of EVD suspect cases in school, (6) provision of key messages on Ebola prevention to families, and (7) close monitoring of the effective use and implementation of the protocol of prevention of EVD in schools.

**Implementing Partner**: Enseignement Primaire, Secondaire et Professionnel (EPSP)

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13Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
Main activities during the reporting period:

Specific interventions\(^{14}\) in eight primary schools\(^{15}\) and four secondary schools\(^{16}\) have been implemented due to the identification of 13 confirmed cases of students in these schools during the reporting period. These cases are presently not attending attending school. UNICEF supported one school in Musienne health zone with handwashing kits, thermometers and Ebola prevention messages, benefitting 1,109 children (604 girls) and 26 teachers (18 women).

In North Kivu province, UNICEF continues to support the provincial Ministry of Education in organizing Ebola Guidance Note trainings. 342 teachers, school head teachers, members of parent committees from 83 schools in Beni, Kalunguta, Mabalako and Oicha health zones were trained on the guidance note and 816 Ebola guidance notes were distributed. This training is targeting new schools and utilizes the Guidance Note that was newly validated by the MoE at a national level. For schools already reached with trainings, they will receive only the Guidance Note to be used by teachers for their daily work on Ebola prevention.

In Ituri province, UNICEF briefed 42 teachers and school authorities on Ebola prevention and sensitized 1,477 students on the usage of handwashing facilities, thermos flashes and Ebola prevention messages in the Mambassa health zone. In addition, 349 teachers and 9,020 students were sensitized on the usage of handwashing facilities, infrared thermometers and Ebola prevention message in the 10 schools from Katwa, Butembo, Kyondo health zones.

Since the beginning of the response, a total of 412,277 student out of 1,090,006 (38%) and 19,666 teachers out of 32,296 targeted (61%) have been covered through UNICEF interventions.

In North Kivu Province, follow up visits following the trainings on the guidance note was conducted by UNICEF and the Provincial Ministry of Education to ensure the implementation of the note in four schools and two primary schools (Biena and Masimbembe) and two secondary schools (Mangina and Masimbembe). The four schools have previously received handwashing disposals and thermoflashes. During the visit, it was observed that 55 teachers and school principals were trained and 32 guidance notes were gives to all the four schools visited.

In Ituri Province, particularly in Nyakunde and Kamanda health zones, the Provincial Ministry of Education conducted some general assemblies in five primary schools\(^{17}\) and in two secondary schools (Mahala and Bwanasula). 459 parents, of which 342 women, had participated in the general assemblies. The purpose of these assemblies was to disseminate the messages of the Guidance Note for the Prevention and Control of EVD in Schools. These meetings will continue in other schools throughout May 2019. 2,317 students, of whom 986 girls, were sensitized on measures to prevent and combat EVD in schools, by film projection, either by dialogue in the seven schools that have organized the parents’ general assemblies.

**Key Results**

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of interventions: sensitization of parents, teachers and learners to adhere to vaccinations, provision of WASH facilities with thermoflashes and monitor how teachers apply the guidance note on EVD prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musimba, Fatanyayo, Kirindera, Mavono, Ndando, Molo, Meso and Kainama</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Gloire, Bahati, Kambali, and Kanyangungu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mahala, Biane, Djugu, Bwanasura and Bwanasula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# of students reached with Ebola prevention information in schools | 1,090,006 | 412,277 | 11,606
# of teachers briefed on Ebola prevention information in schools | 32,296 | 19,666 | 759

**Psychosocial Support and Child Protection**

The Child Protection and Psycho-Social Support (CPPSS) strategy seeks to respond to the specific needs of EVD confirmed and suspect cases and their family members as well as contact persons. The key elements of the CPPSS strategy include the provision of (1) psychosocial support for EVD confirm and suspect cases, including children, in the ETCs; (2) material and psychosocial assistance to affected families to better support children; (3) psychological support of contacts to support the Surveillance Commission in the follow up to contacts; (4) psycho-social assistance, socio-culturally appropriate care and research for long-term solution to orphans and unaccompanied children; and (5) support to specialized staff for assisting children and families with more severe psychological or social needs, especially regarding Ebola survivors; and (6) integrating mental health and psychosocial support in the different components of the response (vaccination, decontamination procedures and organization of Safe and Dignified Burials etc).

**Implementing Partners**: Danish Refugee Council (DRC) in North Kivu province and DIVAS (Division Provinciale des Affaires Sociales) in Bunia in Ituri province.

**Main activities during the reporting period**

**Regarding Ebola Treatment Centres/ Transit Centres**
- During the reporting period, 403 children, of which 17 confirmed (9 girls, 8 boys) and 386 suspect cases (192 girls, 194 boys) were admitted to the different ETCs or Transit Centres (TCs) and received individual psychological assistance, reaching a total of 3,370 children since the beginning of the epidemic.
- A total of 27 children (11 girls) received nutritional and psychosocial care in the nursery of Beni and Butembo.

**In the communities**
- For the provision of improved support to children, 600 families received psychosocial support and material assistance in all affected health zones of North Kivu and Ituri Provinces. A total of 1,003 kits of material assistance kits (hygiene, funeral, NFI, newborn kits and food assistance) were distributed to discharged and cured patients as well as to affected families.
- A total of 1,758 persons who had contact with EVD-infected individuals received psycho-social support in all EVD affected health zones as part of contact follow up activities. Contact follow up in order to provide psychosocial support remain difficult, particularly in Butembo and Katwa. Physical addresses are often approximate, and people are moving on a regular basis.

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19 The UNICEF Child Protection team in DRC co-leads the psycho-social pillar of the Ebola response with the Ministry of Health. The implementing partners are Danish Refugee Council (DRC) for North Kivu and Caritas for Ituri. All results, unless otherwise stated, are UNICEF results with implementing partners.

20 Psychosocial support is comprised of daily individualized household visits to break stigmatization and identify any social problems which may result following the case of Ebola.

21 Material assistance is assessed on a case by case basis, according to the specific needs of children and their families.

22 According to the local context and socio-cultural norms.

23 This figure is issued from data collected by the psychosocial commission.
A total of 60 orphans (34 girls and 26 boys) and 254 children newly separated due to the Ebola epidemic (58 girls and 95 boys) were newly identified, reaching a total of 853 orphans and 1,291 separated children since the beginning of the response. All of them received appropriate care, including NFI kits and food assistance.

**Human resources and capacity building**

- 60 new psychosocial agents have been trained and deployed in Lubero, Musienne and Masereka. Due to the recent security incidents, activities were slowed down in Butembo and Katwa.

**Coordination needs or gaps identified**

- Due to security incidents, activities were slowed down in Butembo and Katwa and few information and figures on MHPSS activities were consequently shared.
- In Mangina, UNICEF’s child protection team is conducting family mediation to find a solution in the best interest of a MVE cured infant, whose mother died of Ebola and family refuses to take back.
- UNICEF’s child protection section organized a retreat on the MHPSS response with all the members of the Psychosocial Commissions (Ministry of Health, UNICEF’s partners and WFP) as well as Presidents of the other Commission (PCI/Wash – Communication) and teams of other UNICEF’s sections (wash/C4D/education/nutrition). The main recommendations are the following: (1) Development of a standard protocol to specifically address psychosocial needs of children and adolescents in the ETC or transit centers and nurseries (2) Strengthen and improve case management tools to better understand and respond to the specific needs of affected families and vulnerable children and capture some qualitative data (3) Hold regular case management meetings for children whose situation is particularly difficult to resolve (4) Allocate some specific time during the Psychosocial Commissions meetings to review anthropological findings which have immediate impact on the work of psychologist and psychosocial agents within communities.
- In addition, discussions were held about the need to rapidly develop a range of activities for children and adolescents in affected communities that will both benefit them in strengthening their ability to cope the current situation and engage the older one in the Ebola response itself. This will be developed in consultation communities and the children and adolescents themselves.
- Finally, the need to reinforce intersectoral approach within UNICEF sections and to rationalize activities between C4D and MHPSS activities was once again stressed.

**Key Results**

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target24</th>
<th>Total Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs</td>
<td>5,000</td>
<td>3,370</td>
<td>403</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>5000*</td>
<td>4,276</td>
<td>600</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>12406**</td>
<td>10,068</td>
<td>856</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1700</td>
<td>1,291</td>
<td>254</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1400</td>
<td>853</td>
<td>60</td>
</tr>
</tbody>
</table>

24 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
UNICEF DR CONGO EBOLA SITUATION REPORT
28 April 2019

| # of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families | 1300 | 794 | 60 |

* The figure has been adjusted in regard to the high number of persons joining every day the transit centers and ETCs as suspect cases. The figure includes the support provided to family having MVE probable, suspect and/or confirmed cases.

** The target changes with changes in the epidemiology

Nutrition

The nutrition strategy seeks to provide appropriate nutritional care for EVD patients, including children. UNICEF contributes to the promotion and protection of infant and young child feeding practices in Ebola contexts, including ETCs and communities. UNICEF strategy addresses orphans, separated, and other vulnerable infants and young children such as children with lactating mothers who are at high risk of contact with EVD infected individuals, e.g. lactating mothers engaged as frontline health workers. Early detection of acute malnutrition cases and the adequate management of severe acute malnutrition in the affected health zones is a strong focus of UNICEF’s work. UNICEF supports the Government in strengthening the coordination of the nutrition response through the cluster coordination mechanisms.

Main activities during the reporting period

For the reporting period, 570 new cases of Ebola (suspects and confirmed patients) were admitted in Ebola Treatment Centers (ETC) and received adequate nutritional care, including 14 children under six months, 82 children aged from 6 to 59 months, 11 pregnant women and 17 lactating women.

In the communities and at household level, nutritionists and psychosocial agents supported by UNICEF provided support for 40 infants less than six months old non-breastfed (3 in Mabalako, 17 in Beni, 11 in Butembo 3 in Katwa, 6 in Komanda); 22 separated children and orphans aged from 6-23 months in the communities of Beni, Mabalako, Butembo, Katwa, Bunia, Komanda health zones were monitored for growth and health monitoring by the nutritionists. Around 2,538 women caregivers were sensitized on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context (295 in Beni, 388 in Mabalako, 417 in Butembo, 1,006 in Katwa, 358 in Komanda and 74 in Goma). 238 children under five old suffering of Severe Acute Malnutrition (SAM) were admitted for treatment in affected EVD health zones. UNICEF nutrition staff conducted technical supervision of nutritional activities in ETCs of Beni, Mabalako, Komanda, Katwa, Goma and Butembo. UNICEF also participated in different strategic meetings and clinical care partners meeting to ensure the implementation of EVD best practices and finalization of optimal supportive care protocol and IYCF strategies.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target25</th>
<th>Total UNICEF</th>
<th>Result</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of &lt; 23 months children caregivers who received appropriate counselling on IYCF in emergency</td>
<td>24,756</td>
<td>17,879</td>
<td>2538</td>
<td></td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>3000</td>
<td>2,720</td>
<td>564</td>
<td></td>
</tr>
<tr>
<td># 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</td>
<td>190</td>
<td>180</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

25 Targets cover the period since the beginning of the outbreak in August 2018 and include the more recent targets based on the Strategic Response Plan III (1 February to 31 July 2019), covering all health zones in Ituri and North Kivu province.
The formative research section aims at increasing the accountability of those involved in the response to communities and to enhance community acceptance as well as their full and conscious participation in the Ebola response. Existing epidemiological and anthropological data is used to facilitate and adapt programme design and planning. UNICEF research involves the exploration of behavioural determinants and uses multiple methods to collect data. Formative research supports UNICEF programme teams to better understand the population and the factors that influence behaviour. Through providing a better understanding of community context, needs and behaviours, the research section guides UNICEF’s integrated communication, WASH, Psychosocial and Nutrition interventions toward a more effective response.

Main results during the reporting period

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo health zones in partnership with the Ministry of Health Epi Cell, World Health Organisation and Africa Centers for Disease Control and Prevention.

Data needs are identified by context, epidemiological situation and programme interventions. Furthermore, data requests from commissions collected using various questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data triangulation is utilised for community feedback and commission reports. Data are collected from local, social sciences research team members with the support of UNICEF and WHO staff via structured questionnaires, focus groups, and from reporting sheets when they accompany commission teams (IPC, Surveillance and SDB). The data are compiled and analysed regularly, coding for recurrent themes and then triangulated with existing thematic research results as well as with community feedback and KAP studies.

Key considerations around funeral and inhumation practices include:
- The use of white Personal Protective Equipment (PPE) is perceived as dressing as ghosts coming to take the dead. When family members are given the option to dress in white PPE, this can be viewed as a bad omen. Black and red are also colours related to death, whereas (light) blue or yellow would be accepted. Similar results have been found in other Ebola outbreaks, where the all-white PPE have been found to be ghosts or death itself coming to claim people.
- The donation of coffins can be perceived as showing a lack of respect for the dead; implying that the family of the dead did not invest in the person. Furthermore, the coffins are not always the choice or kind that the family would like (either in colour, material etc).
- Women’s roles in inhumation and funerals is very specific: often elderly women are responsible for preparing the body (arranging eyes, hair, clothes) even before the SDB teams arrive. Women however are not accepted in roles of burying or placing the body in the coffin, nor placing the coffin in the ground.

Supply and Logistics

The total value of items composed of WASH, C4D, Child Protection, Health, Education and ICT supplies that were distributed for the Ebola response in Ituri and North Kivu provinces during the reporting period was US$ 312,157.28

The total value of procurement orders during the reporting period was US$ 1,428,018.43. Offshore procurement orders amounted to a value of US$ 1,350,552.73 (94.58per cent), while local procurement orders amounted to a value of US$ 77,465.70 (5.42 per cent).

Human Resources

UNICEF DRC continues to reinforce its staff presence on the ground to respond to the expanding outbreak in North Kivu and Ituri provinces. There are 152 UNICEF currently working staff in the affected areas, with an additional 42 persons...
UNICEF DR CONGO EBOLA SITUATION REPORT
under recruitment.

External Communication


Since the beginning of the Ebola-outbreak, the Country Office published 74 content pieces on its website www.unicef.org/drcongo and 600 posts on its social media channels (Facebook, Twitter and Instagram). The Ebola landing page is updated weekly to show the impact of the epidemic on children and UNICEF’s response, linking to key figures, press releases, situation reports and stories.

Following deadly attacks on healthcare workers in Butembo, the CO communicated through Twitter to reaffirm its commitment to help the children, families and communities affected by Ebola.

Funding

As part of the joint Strategic Response Plan for Ebola, UNICEF’s response strategy focuses on community engagement, IPC/ WASH, psychosocial care, nutrition and a cross-cutting education sector response.

Since the beginning of the Ebola outbreak in North Kivu and Ituri provinces in August 2018, the UNICEF Strategic Response Plan (SRP) was revised three times. The initial Response Plan (Strategic Response Plan I, August - October 2018) was estimated at US$ 43,837,000 and focused on 4 out of 6 health zones with a special focus on two health zones (Beni and Mabalako) where the epicentre of the outbreak was identified.

- On 19 October 2019, the MoH released the revised Ebola Response Plan (Strategic Response Plan II, November 2018 – January 2019) to scale-up the response and respond to the current epidemiology. The revised response plan was estimated at US$ 61,274,545.
- On 20 December 2018, the MoH updated the Ebola Response Plan II (Strategic Response Plan II-I, November 2018 – January 2019) to include assumptions and additional needs until 31 January 2019, estimated at US$ 23,506,000 million.
- On 13 February 2019, the MoH launched the Ebola Response Plan III (Strategic Response Plan III, February – July 2019) for a total amount of US$ 147,875,000. As part of the SRP III, UNICEF initial requirements are estimated at US$ 24,385,917.

The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to July 2019 is estimated at US$ 276,188,187. As part of this joint response plan, the UNICEF response is estimated at US$ 50,149,121. To date, UNICEF was able to mobilize US$ 32,951,473 from different Donors and has a current funding shortfall of US$ 17,198,647 (34 per cent of the budget). Lack of funding will affect UNICEF’s response in the field and the implementation of its key activities.

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s actions in favour of the Ebola response: World Bank, European Commission – European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, United States Agency for International Development (USAID), Central Emergency Response Fund (CERF), Government of Japan, the German Committee for UNICEF and most recently, the Department for International Development (DFID).

Funding Requirements

as defined in the UNICEF component of the Joint Ebola Response Plan 2018 - 2019

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26 UNICEF still has a funding gap of 3.9 million in SRP II.I
27 During the reporting period, UNICEF received a generous contribution of US$ 7,589,880 by DFID.
### Appeal Sector

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* US$</th>
<th>Funds available ** US$</th>
<th>Funding gap US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>23,543,036</td>
<td>15,176,713</td>
<td>8,366,323</td>
<td>36%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>13,172,505</td>
<td>9,633,389</td>
<td>3,539,116</td>
<td>27%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support</td>
<td>3,474,300</td>
<td>2,354,000</td>
<td>1,120,300</td>
<td>32%</td>
</tr>
<tr>
<td>Medical Care: Management of Severe Acute Malnutrition in Ebola Treatment Centre</td>
<td>949,800</td>
<td>950,800</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>7,167,480</td>
<td>4,116,571</td>
<td>3,050,908</td>
<td>43%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>1,520,000</td>
<td>720,000</td>
<td>800,000</td>
<td>53%</td>
</tr>
<tr>
<td>Preparedness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50,149,121</strong></td>
<td><strong>32,951,473</strong></td>
<td><strong>17,198,647</strong></td>
<td><strong>34%</strong></td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I (US$ 8,798,899), phase II (US$ 13,031,305), phase II.I (US$ 3,933,000) and Phase III (US$ 24,385,917)

** Funds available include reprogrammed funds from Equateur Response and Funds received since the beginning of the North Kivu and Ituri outbreak (August 2018)

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**Next Situation Report: 12 May 2019**