31 July 2019

Highlights

- On 30 July, 15 days after the first confirmed case, a new Ebola confirmed case was reported in Goma. The 46-year-old man was coming from Bunia city and was admitted to the Ebola Treatment Center (ETC) in Goma.
- On 17 July, the Emergency Committee convened by the WHO Director-General declared the Ebola outbreak in DRC a Public Health Emergency of International Concern (PHEIC).
- During the last twenty-one days, Beni et Mabalako continued to be the main hotspots for EVD transmission: more than a half (52 per cent) of the 254 new confirmed cases reported during the last three weeks were reported in Beni and 11 per cent in Mabalako.
- The Ministry of Health (MoH), UNICEF and MSF vaccinated 40,629 persons against measles in IDP camps and health areas of Bunia, including 9,055 IDPs and 6,357 children aged 06-59 months. The campaign also incorporated additional measures to protect against Ebola transmission including the use of thermoflash and hand-washing stations.

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 interpersonal communication approaches (door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other)</td>
<td>26,500,000*</td>
<td>19,827,934</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>172,353 *</td>
<td>171,052</td>
</tr>
<tr>
<td># of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging</td>
<td>36,437</td>
<td>11,679</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information</td>
<td>47,000</td>
<td>31,926</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children</td>
<td>22,939**</td>
<td>7,953</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

SITUATION IN NUMBERS

2,687 total reported cases
(MoH, 29 July 2019)

2,593 confirmed cases
(MoH, 29 July 2019)

758 children <18 among confirmed cases
(WHO, 28 July 2019)

1,622 deaths among confirmed cases
(MoH, 29 July 2019)

20,426 contacts under surveillance
(MoH, 28 July 2019)

UNICEF Ebola Response Appeal
US$ 126.03 million

Ebola Response Funding Status 2018 - 2019

- Total funding available* = US$ 72,833,762
- Funding Gap = 61%
- Funding Gap = US$ 53,205,941

* Funding requirement includes budget for phase I ($8,798,899), phase II ($16,964,905), phase III ($24,385,917) and phase IV ($75,890,041)

**Funds available include Reprogrammed funds from Equateur Response and funds received since August 2018
### Epidemiological Overview

**Summary Table (28 July 2019)**

<table>
<thead>
<tr>
<th>Province</th>
<th>Health Zone</th>
<th>Confirmed and Probable Cases</th>
<th>Deaths</th>
<th>Number of days without confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed</td>
<td>Probable</td>
<td>Total</td>
</tr>
<tr>
<td>Nord-</td>
<td>Beni</td>
<td>565</td>
<td>9</td>
<td>574</td>
</tr>
<tr>
<td>Kivu</td>
<td>Butembo</td>
<td>259</td>
<td>0</td>
<td>259</td>
</tr>
<tr>
<td></td>
<td>Kalanguta</td>
<td>132</td>
<td>15</td>
<td>147</td>
</tr>
<tr>
<td></td>
<td>Kyondo</td>
<td>22</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Mabalako</td>
<td>354</td>
<td>16</td>
<td>370</td>
</tr>
<tr>
<td></td>
<td>Masereka</td>
<td>49</td>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Musienene</td>
<td>71</td>
<td>1</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Mutwanga</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Oicha</td>
<td>50</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Katwa</td>
<td>623</td>
<td>16</td>
<td>639</td>
</tr>
<tr>
<td></td>
<td>Vuhovi</td>
<td>95</td>
<td>13</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>Biau</td>
<td>15</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Kayna</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Mangureji</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Lubero</td>
<td>31</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Ituri</td>
<td>Alimbongo</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Goma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mambasa</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mandima</td>
<td>207</td>
<td>4</td>
<td>211</td>
</tr>
<tr>
<td></td>
<td>Komanda</td>
<td>34</td>
<td>9</td>
<td>43</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>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Rwanpara</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Ariwara</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>2,577</strong></td>
<td><strong>94</strong></td>
<td><strong>2,671</strong></td>
</tr>
<tr>
<td>Previous Total 16 July 2019</td>
<td></td>
<td>2,428</td>
<td>94</td>
<td>2,522</td>
</tr>
</tbody>
</table>

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1 Data source: Daily numbers by the National Coordination Committee (Comité National de Coordination, CNC).
Key Epidemiological Developments

Ebola Virus Disease (EVD) transmission continues to spread within several health Zones of North Kivu and Ituri provinces, both affected by conflicts and humanitarian crisis.

As of 29 July, a total of 2,687 EVD cases were reported, among which 2,593 confirmed and 94 probable cases. More the two third of EVD confirmed cases died: 1,716 deaths, among which 1,622 confirmed and 94 probable cases (global case fatality ratio 67 per cent). During the reporting period, the number of new reported confirmed cases remained stable, with 174 new confirmed cases in comparison to 171 in the previous two weeks².

The epidemics spread in two new health zones and touched nine health areas for the first time. Out of the 25 health zones affected by EVD³ since the beginning of the outbreak (August 2018), 18 health zones (72 per cent) of North Kivu and Ituri reported at least one confirmed EVD case in the last three weeks, with 65 EVD affected health areas.

On 14 July, a first confirmed case was reported in Goma city. The case was a pastor, resident in South Kivu who travelled first to Beni and then, fearing EVD symptoms, to Goma. Tested positive at the Goma ETC, he was ready to be transferred to Butembo ETC, well equipped for receiving EVD treatment, but died during the transportation.

On 30 July, 15 days after the first confirmed case, a new Ebola confirmed case was reported in Goma. The 46-year-old man was coming from Bunia city, he presented himself in a clinic the day before with advanced symptoms and was isolated and admitted in the ETC in Goma where he died on 31 July. The rapid response teams have started listing contacts and vaccination is expected to start in the coming hours.

The proportion of new confirmed cases listed as contacts remained low but slightly increased in comparison to the previous period (56.7 per cent on average in the last twenty-one days against 54.8 per cent during the previous three weeks). In comparison to the previous two weeks (25.7 per cent), the proportion of EVD deaths at community level increased, reaching 31.6 per cent and remains worrying. Almost one confirmed case out of three dies in the community⁴.

As of 28 July 2019, disaggregated data by gender and age shows that, out of the 2,671 total cases recorded, 56 per cent (1,500) are female and among these 56 per cent are childbearing age (15-49 years). Twenty-eight per cent (758) were children aged less than 18 years.

Eighteen (18) healthcare workers were affected by EVD during the last two weeks, reaching a total of 146 health personnel affected since the beginning of the epidemic outbreak (5.5 per cent of total cases).

Humanitarian Leadership and Coordination

UNICEF continues to support coordination in all locations with functional strategic or operational Commissions. UNICEF leads the Commissions on Risk Communication and Community Engagement (RCCE) and Psycho-social Support and co-leads Infection Prevention and Control (IPC)/WASH Commission with WHO. The strategic Ebola response coordination based in Goma maintains a strong support to active operational sub-coordinations in Butembo/Katwa, Mangina, Bunia, Goma, Benia and Komanda/Mambasa. In addition, multi-sectoral UNICEF rapid response teams are in place and deployed to new hotspots as required.

Together with OCHA, UNICEF is also co-leading the pillar III aimed to strengthen community ownership and support programs in response to community needs to enable Ebola control activities (UNICEF) and strengthen multi-sectorial humanitarian coordination (OCHA). UNICEF and its partners will promote community ownership and implement social and humanitarian programs to respond to critical community needs, mitigate the adverse effects of the response, and strengthen community systems to enable sustained community engagement.

On July 17th, the Emergency Committee convened by the WHO Director-General declared that the Ebola outbreak in DRC was a Public Health Emergency of International Concern (PHEIC). On July 20th, a switch in the leadership of the Ebola response in DRC was announced: the response is now no longer under the Ministry of Health but under a

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² New confirmed cases: 83 in week 28 and 91 in week 29.
³ Health zone having reported at least 1 confirmed or probable EVD case.
⁴ Proportion of death at notification: 28 per cent of confirmed cases during week 28 and 35 per cent during week 29.
Technical Committee directly dependent from the Presidency. Consequently, on July 21st, the Minister of Health, after his visit to Goma and then Beni ETC on July 19th, resigned.

**Response Strategy**

The **Public Health Response**

The Ebola response is based on the joint National Strategic Response Plan (SRP) against the EVD in North Kivu and Ituri provinces. The national SRP was first launched on 01 August 2018 and was revised four times. The SRP IV will cover the period from July to December 2019 and represents a « final push » for all the stakeholders for ending EVD epidemic in the two provinces.

In support of the SRP, the United Nations also developed a scale-up strategy to end the 10th Ebola outbreak in DRC. This strategy enhances the overall enabling environment within which the response is situated. It is implemented across five main pillars identified as essential for an effective response to end the Ebola outbreak. As part of the pillar I “Strengthened public health response in support of the Ministry of Health”, UNICEF continues to scale-up its RCCE interventions to enhance dialogue and partnerships between Ebola response teams and individuals or communities in affected areas enabling community ownership in the response and real time exchange of information. UNICEF also continues to work on improving IPC interventions in communities in affected areas, including the provisions of supplies and household decontamination for confirmed and probable cases. The Psychosocial support interventions is another key area of focus, and UNICEF continues to provide patients with EVD and their families psychosocial support through direct psycho-social care and provision of social support and food assistance to affected individuals and households.

Nearly a year into the Ebola epidemic, experts are increasingly concerned with the persistent EVD transmission in both Nord Kivu and Ituri provinces, with new areas recently affected and ongoing conflicts causing security challenges and humanitarian crisis. The situation in the Ebola-affected areas of DRC is deteriorating and the number of Ebola cases continues to increase. Many people continue to die in the community – either at home or in general healthcare facilities – and significant numbers of new confirmed cases cannot be traced to an existing contact with Ebola. Responding to the Ebola outbreak in the DRC requires a focus beyond specific Ebola prevention, care and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected areas. Approaches that strengthen the community resilience and the restoration of health system are critical to sustain the gains beyond the current Ebola Outbreak. These approaches will reinforce those of the Ebola outbreak response and bring a medium to long term perspective to reduce population vulnerability, increase resilience and strengthen primary health care. In addition, these approaches will also strengthen the humanitarian-development continuum linking the outbreak response to the long term sustainable development.

**Strengthened support to communities affected by Ebola**

Following the deterioration of the security situation in Ituri with multiple attacks involving the Hema and Lendu groups, 20,000 people have been displaced to Bunia. In the displacement camps, the threat of Ebola is combined with the risk of measles. In response, UNICEF launched on 11 July a measles campaign led by the Ministry of Health, and in collaboration with MSF. The campaign targeted 4 displacement camps in 7 health areas of the city. A total of 40,629 persons were vaccinated, including 9,055 IDPs and 6,357 children between 6 and 59 months. The campaign also incorporated additional measures to protect against Ebola transmission including the use of thermoflash and hand...
washing stations. In addition, UNICEF is also developing a multi-sector response to address the other IDPs humanitarian needs.

**Summary Analysis of Programme Response**

**Risk Communication and Community Engagement**

The risk communication and community engagement aim to (1) proactively engage with affected and at-risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviors, and (3) address community concerns and rumors. The strategy is implemented through 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 (SDB), and ETCs.

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

**Main activities during the reporting period**

On 16 July, on July , UNICEF and OCHA organized a workshop, in Goma, to validate the implementation mechanism of the support programmes for communities affected by Ebola. A coordination cell has been established to serve as an interface between the Ebola response system and the humanitarian system. The enlarged cell will be composed of OCHA, UNICEF, the RCCE Commission, 02 humanitarian NGOs, 02 national NGOs working on Ebola Coordination, the International Federation of the Red Cross (IFRC) and DRC Social Fund and/or World Bank (for extended meetings).

In addition, under the UN strategy, promoting community engagement and building capacities of local actors will be key priorities. In this context, the Community Animation Cells (CAC) will play a crucial role. The CAC are existing structures that will be used for the response for community alerts, follow-up of contacts, vaccination and SDB. Wherever the CAC are not active anymore, UNICEF will contribute to the establishment of new ones.

During the reporting period, in Beni, UNICEF and RCCE partners established 285 CAC in 18 Health Areas. On 16 July, the launching ceremony took place in Kwanzunlizuli health center, in the presence of the Beni mayor and 250 participants.

During the last two weeks, Butembo has seen a considerable drop in EVD cases. The RCCE strategy developed in Butembo contributed to this evolution. It is based on the creation of a network of focal points all ensuring at different levels that community resistances are reduced and that the response teams can access to communities to implement their activities. Moreover, as a best practice, a rapid response team intervening in reducing community’s resistances has been put in place. This small team is made of influential leaders (including religious leaders) that participate to community dialogues and facilitate the activities of the response teams.

In Butembo, 28 universities have been targeted in an EVD response global strategy and students are being involved. Indeed, since May, UNICEF and partners organized debates in 28 universities, reaching a total of 4,199 students. Following the debates, a total of 449 students and teachers visited the ETC. Besides, three debates on Ebola prevention were held among students and broadcasted on 26 community radios in Butembo.

**Responding to Refusals/Reticence and Rumors**

Local committees, rapid response teams and religious leaders play a crucial role in reducing resistances and rumors in the current hotspots. Thanks to their actions, many resistances have been solved, such as:

- In Bunia, communicators solved 198 out of 328 community incidents (60.3 per cent) coming from the different Commissions - PCI/WASH handwashing (70 per cent), Entry points (47 per cent), SWAB and safe and dignified burials (87 per cent), transfer to ETC (80 per cent).
- In Komanda, 4 out of 5 refusals (80 per cent) and 4 out of 4 (100 per cent) rumors were solved.
- In Butembo, RCCE actors solved 192 out of 308 community incidents (62.3 per cent) enabling the organization of rapid actions on positive cases. 15 community feedbacks were identified: 8 on communication, 1 on treatment, 1 on vaccination, 4 on PCI and 1 on psycho-social – 11 out of 15 were solved.
**Promotion of Preventive Behaviors**

In Goma, a new ETC is under construction in Monigi. The teams faced many resistances by local population, which slowed down the construction. The community was afraid that building the ETC will bring Ebola in Goma. In this context and to engage the community, UNICEF and RCCE partners conducted eight community dialogue sessions on the role and importance of the ETC gathering a total of 200 young leaders. The participants will then raise awareness among their communities and act as mobilizers.

Since the first confirmed case was reported in Goma, the Communication Sub-Commission has conducted a set of activities around the case to support other Commissions’ activities such as decontamination, vaccination, listing of contacts and follow-up of contacts for 21 days. The Commission has also facilitated the spread of preventive messages through the media.

To strengthen community engagement activities, the Communication Sub-Commission developed an Emergency Operational Action Plan that included a press conference to raise awareness on current issues such as the use of roads connecting the city of Goma with the epidemic zones, the role of moto-taxis, home visits by community relays. The strategy will also include the recording and dissemination of an audiovisual message of awareness by religious leaders, one by traditional healers and one by children reporters.

In Ariwara, after one case was reported from Beni, the Communication Sub-Commission recruited and trained 40 community mobilizers. Further 29 religious leaders, 12 youth associations, 8 women’s associations, 7 local NGOs and 11 community groups were identified and involved in Ebola prevention activities.

**Media/Communication C4D**

In Beni, UNICEF targeted owners of music selling kiosks to broadcast Ebola prevention messages in the city. As these kiosks play loud music in the streets, they can reach a large number of people. UNICEF gathered 80 owners of such kiosks during an awareness raising activity and distributed USB flash disks with Ebola messages for broadcast.

In Bunia/Ituri, RCCE partners edited and broadcasted the first interactive program across the city’s 14 radio stations focusing on Ebola prevention.

UNICEF implementing partner SFCG produced four newspapers about testimonies of Ebola survivors French, Swahili and Kinande and broadcasted them on 38 radio stations in Butembo.

### Key Results

<table>
<thead>
<tr>
<th>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</th>
<th>Target</th>
<th>Total Result 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, religious/traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).</td>
<td>67,695</td>
<td>52,685</td>
<td>3,547</td>
</tr>
<tr>
<td># of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.</td>
<td>40,321</td>
<td>31,576</td>
<td>2,172</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>26,500,000</td>
<td>19,827,934</td>
<td>1,191,934</td>
</tr>
<tr>
<td># of households for which personalized house visits was undertaken to address serious misconception about Ebola, refusals to secure burials or resistance to vaccination.</td>
<td>12,981</td>
<td>9,194</td>
<td>450</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>172,353*</td>
<td>171,052</td>
<td>16,025</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>80%</td>
<td>73%</td>
<td>0</td>
</tr>
</tbody>
</table>

* This figure indicates the number of listed eligible people for ring vaccination from August 8th, 2018 to July 20th, 2019

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7 Aged from 10 to 17, Child Reporters are girls and boys of all social backgrounds working for the protection, education, health and participation of children in the DRC. The UNICEF Child Reporters’ Program offers participants the opportunity to advocate for their rights by creating an environment that allows them to voice their concerns, ideas, recommendations and to be heard by decision-makers and leaders at all levels. Through training to understand and master basic journalistic techniques, Child Reporters are able to deliver their vision on the problems they encounter. They also learn to master advocacy tools such as videos, photos, public games and writing articles. For more information: https://ponabana.com/en/child-and-young-reporters/

8 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 IV (July to December 31st, 2019), covering all health zones in Ituri and North Kivu province.
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 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 supplies.

For IPC/WASH kits for schools, items are provided in accordance with three areas of support: (1) Screening (thermoflash), (2) handwashing (with soap), (3) cleaning and decontamination supplies.

11 Multidisciplinary teams comprise health specialists from the MoH and/or Medical NGOs as well as WHO.

Implementing Partners: Mercy Corps, Red Cross, OXFAM GB, MEDAIR, Action Contre la Faim (ACF), Programme de Promotion des Soins de Santé Primaires (PPSSP), Mutuelle de Sante Canaan (MUSACA) and Centre de Promotion Socio-Sanitaire (CEPROSSAN).

Main activities during the reporting period

Each IPC sub-committee continues to improve the use of the recently introduced data collection tool to provide an overview of all activities in the health centers, schools and communities. The information management team further developed a tool that automatically consolidates these databases resulting in centralized data management for the IPC/WASH coordination to better analyze activities and indicators.

In Butembo, the number of cases continues to decrease resulting in less gaps in ring coverage, however, cases are still being reported over a larger geographical area. As some health zones in Lubero, Alimbongo, Kayna and Masereka are still under the control of armed groups, this limits access and impacts activities. In the Kalunguta health zone, the security situation in Mbilinga health area remains a barrier and efforts are being made with community leaders to facilitate access. Given the number of health areas in Kalunguta, it is challenging to meet the needs in terms of human resources. In Lubero and Vuhovi, community resistance persists and WHO could not gain access for decontamination and UNICEF remains on standby to implement response activities.

Over the reporting period, activities were conducted in 12 affected health zones in response to 31 cases of EVD (including two children and 7 cases from the surrounding health zones of Beni, Mambasa, Mangina and Mabalako). Hygiene kits were distributed by Ministry of Health, WHO and partners CEPROSSAN and Mercy Corps to 459 households and 9 schools and 310 handwashing devices were installed in public places. These activities were accompanied by health messaging. To further strengthen prevention procedures, 169 health facilities received IPC/WASH kits and WASH infrastructure was reinforced with the construction of 6 latrines and 4 showers by CEPROSSAN at the Kitatumba General Reference Hospital.

In Beni, in response to an increase of 77 confirmed cases in 11 health areas response activities were scaled up. Partner PPSSP distributed hygiene kits to 558 households. Handwashing points were installed in 24 public places. Donations of IPC/WASH kits were made to 3 health facilities and 19 schools. Prevention activities in schools continued with hygiene promotion and dialogue exchange meetings, attended by 1,202 students and 4,276 teachers. Hygiene promotion sessions were held with 3,846 community sensitizers from grassroots organizations. Group discussions were hosted engaging 2,238 women on EVD prevention. Monitoring of 214 handwashing points ensures consistent access to water, with a consumption of 51,240 liters of chlorinated water.

UNICEF provided support to the completion of 20 latrines and 20 showers at the Beni Ebola Transit Centre. In preparation of State exams, provision of 396 WASH kits were made to 37 schools (28 primary schools and 9 secondary schools).

In Oicha health zone, 9 confirmed cases were reported within 4 health areas. In preparation of State examinations, provision of 23 schools (19 primary schools and 4 secondary schools) with 417 WASH kits was made. Local partner
association Organisation de Développement d’Oicha (ODO) supplied 208 public handwashing points with 69,440 liters of chlorinated water with follow up and monitoring of activities.

In Komanda health zone, activities were carried out by Supervisors of the IPC sub-commission in response to 2 confirmed cases. WASH kits were donated to 18 households along with hygiene information sessions were held with 123 people (61 male, 62 female) on the use of the kits and handwashing washing practice. In reaction to evaluations done in two health facilities, IPC/WASH kits were distributed, and 11 health care providers were briefed on the use of the kit items and preventative measures. 7 new handwashing devices were installed, and monitoring continued at an additional 25 handwashing points in public places.

Outside the rings, preparedness activities were ongoing with monitoring on the use and functionality of 24 handwashing points and the use of IPC/WASH kit items in 2 health facilities in Salama health area. IPC/WASH kits were distributed to 61 schools, 24 health facilities and 24 public places.

The first EVD case being reported in Goma, the dynamic shifted from preparedness to response activities for the Goma IPC/WASH sub-committee. By working closely within the sub-committee, this resulted in an opportunity to strengthen participation and coordination with the other actors. In reaction to this case, a ring approach was initiated and response activities were implemented within 3 rings. UNICEF partners PPSSP and Medair commenced with the distribution of IPC/WASH kits including hygiene kits to 67 households and 26 public places. Upon completion of IPC/WASH evaluations, kits were donated to 16 health facilities in Himbi (10) and Ruthsuru (6) health zones. Upon notification of the second ebola confirmed case in Goma, UNICEF worked closely with WHO and MoH partners to coordinate a rapid response. UNICEF in partnership with OXFAM and PPSP evaluated 7 health facilities and assessed the WASH related needs to coordinate the immediate distribution of hygiene kits that have been prepositioned as part of preparedness activities. Hygiene kits were distributed to 15 households including the house of the new confirmed case..

Key Results

<table>
<thead>
<tr>
<th>WATER, SANITATION &amp; HYGIENEF</th>
<th>Target12</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>3,884</td>
<td>2,16213</td>
<td>33</td>
</tr>
<tr>
<td># of target schools in high risk areas provided with handwashing facilities</td>
<td>3,800</td>
<td>2,18314</td>
<td>25</td>
</tr>
<tr>
<td># of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas</td>
<td>11,750</td>
<td>6,11115</td>
<td>238</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>79%</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>36,437</td>
<td>11,67916</td>
<td>1,162</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 behaviors, (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.

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12 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 IV (July to December 31st, 2019), covering all health zones in Ituri and North Kivu province.

13 This total has been adjusted to reflect some changes in the database (missing values, corrections, etc.).

14 This total has been adjusted to reflect some changes in the database (missing values, corrections, etc.).

15 This total has been adjusted to reflect some changes in the database (missing values, corrections, etc.).

16 This total has been adjusted to reflect some changes in the database (missing values, corrections, etc.).
Implementing Partners: Enseignement Primaire, Secondaire et Professionnel (EPSP), Associazione Volontari per lo Sviluppo Internazionale (AVSI)

Main activities during the reporting period

Sensitisation activities in classroom

Thanks to the financial support of UNICEF, AVSI, trained the 114 teachers and school directors in psycho-social support in the Health zones of Beni, Oicha and Mabalako, thus reaching a total of 1,140 teachers and directors trained.

Cross-sector and advocacy initiatives

In Butembo, since May 2019, UNICEF team started to discuss with EPSP about a student that survived from Ebola but missed his preliminary national test. Thanks to UNICEF advocacy work, the student met all the administrative requirements and was able to take his exam in Beni in July 2019.

UNICEF paid for his transport from Butembo to Beni and provided a nutrition kit and pocket money for the whole month he will spend in Beni. In Beni, UNICEF also undertook a similar advocacy initiative for four students (two from primary school and two from secondary schools) who are currently being treated for Ebola in the ETC and were at risk to miss their exams. The initiative allowed successfully the four students to take the exams from their ETC.

Key Results

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Target</th>
<th>Total Result UNICEF</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students reached with Ebola prevention information in schools</td>
<td>1,458,000*</td>
<td>891,048</td>
<td>18,150</td>
</tr>
<tr>
<td># of teachers briefed on Ebola prevention information in schools</td>
<td>47,000</td>
<td>31,926</td>
<td>354</td>
</tr>
</tbody>
</table>

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), Alima, DIVAS (Division Provinciale des Affaires Sociales)

In/around the Ebola Treatment/Transit Centers

During the reporting period, 307 children, of whom 20 confirmed (8 girls, 12 boys) and 287 suspect cases (127 girls, 160 boys) were admitted to the different ETCs or Transit Centers (TCs) and received individual psychological support, reaching a total of 5,487 children since the beginning of the epidemic. In Beni the situation of EVD-affected children is particularly worrying. Since July 8th, the health zone has registered more than 20 confirmed cases among children whose age ranges from 1 month to 14 years. Eight of them died at the ETC/TC or at the health facilities. Three came out cured (two boys and one girl), while nine are still treated in the ETC. The psychosocial commission of Beni actively worked to provide psychological support and material assistance to these children.

In nurseries
The Beni sub-coordination initiated an Ebola case finding activity within the communities. This activity has involved an increase in the number of admissions to the ETC and therefore an increase in the number of separated children. However, the capacity of the Beni nursery is limited to six beds. Discussions are ongoing with the General Director of Beni General Hospital to obtain space to increase the capacity of the nursery.

The Katwa nursery has been hosting two twins born of a cesarean section for the past two weeks. Their mother was first transferred to ETC of Katwa (where she was tested EVD negative), then to the Hospital following the infection of her wound that degenerated into generalized peritonitis. Her treatment was delayed because the family was not able to pay for blood transfusions and other care. UNICEF implementing partner Alima raised funds to help the mother and UNICEF covered the remaining fees. The twins will be soon reunified with their family, with their mother healed, their father and their six other brothers and sisters.

**In communities**

During the reporting period, 447 EVD-affected families received psychosocial support and material assistance to continue to have the emotional and material capacity to care for their children.

Psychological support was also provided to 3,422 persons who had contact with EVD-infected individuals.

A cured 7-years old boy and a 5-months old boy who were rejected by their own biological families because of their EVD status were placed in foster care families (of other cured persons who were discharged the same day as the children). UNICEF child protection team begun the family mediation, which failed until now. UNICEF proceed by "neighborhood" approaches to try to create a community dynamic and an impetus of solidarity so that families adhere.

Follow up of non-cases patients and orphans in the community continued through the provision of psychological support to combat the stigmatization they may face after their reintegration into the community. In Komanda, for example, the psychosocial commission followed 53 new non-case discharged including 23 men, 10 women and 20 children (11 boys and 9 girls) and 11 orphans (3 boys and 8 girls). Four of them received assistance in milk as well. Overall, during the reporting period 152 newly separated children and 44 newly orphaned children due to the Ebola epidemic were identified and assisted with appropriate care, in addition to NFI kits and food assistance.

A total of 82 newly orphaned children (43 girls and 39 boys) and 147 children (53 girls and 94 boys) newly separated, bringing a total of 1,185 and 1,890 the number of orphans and separated children identified and assisted since the beginning of the response. All of them received. The high number of orphans and separated children for this period is due both to the addition of figures from the last reporting period and an increase in community EVD deaths.

**Key Results**

<table>
<thead>
<tr>
<th>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</th>
<th>Target23</th>
<th>Total Result UNICEF</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>10,312*</td>
<td>5,487</td>
<td>307</td>
</tr>
<tr>
<td># of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance</td>
<td>22,939*</td>
<td>7,95324</td>
<td>447</td>
</tr>
<tr>
<td># of contact persons, including children, who receive psycho-social support</td>
<td>20,686 **</td>
<td>17,818</td>
<td>768</td>
</tr>
<tr>
<td># of separated children identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>2,950</td>
<td>2,091</td>
<td>152</td>
</tr>
<tr>
<td># of orphans identified who received appropriate care and psycho-social support as well as material assistance</td>
<td>1,960</td>
<td>1,229</td>
<td>44</td>
</tr>
<tr>
<td># of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families</td>
<td>1,300</td>
<td>856</td>
<td>11</td>
</tr>
</tbody>
</table>

* 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.

23 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 IV (July to December 31st, 2019), covering all health zones in Ituri and North Kivu province.

24 This total has been adjusted to reflect some changes in the database (missing values, corrections, etc.).
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.

Implementing Partners: ALIMA, ADRA, PRONANUT

Main activities during the reporting period

During the reporting period, nutritional activities in the ETCs continued to be implemented by UNICEF and its implementing partners: 773 new suspects and confirmed cases admitted in the ETC received adequate nutritional care. Among these, 15 were children under six months, 99 children aged from 6 to 59 months, 4 pregnant women and 6 lactating women.

At communities and household level, the nutritionists and psychosocial agents of the ECTs, supported by UNICEF, provided nutritional support (Ready-to-Use Infant Formula - RUIF) to 15 infants less than six months old non-breastfed (2 in Butembo, 3 in Mabalako, 5 in Katwa, 3 in Beni, 1 in Bunia and 1 in Goma).

Sensitization activities on adequate infant and young child feeding practices (IYCF) in the Ebola context at ETCs and contacts household level increased as well: 3,947 women caregivers (218 in Beni, 1272 in Mabalako, 887 in Butembo, 807 in Katwa, 38 in Goma, 522 in Bunia and 203 in Komanda) were sensitized by the communication agents, health promotion workers and nutritionists, a relevant increase in comparison to the 3,101 people sensitized during the previous reporting period.197 25 children under five suffering of Severe Acute Malnutrition were admitted for treatment in the OTPs (outpatients therapeutic programme) under the supervision of Health Zone nutritionists.

On 17-18 July, UNICEF nutrition team, together with implementing partner ADRA, organized a training for 47 health workers (nutritionists, psychosocial agents and pharmacists) coming from 12 EVD-affected health zones on how improve the monitoring of the nutritional status and health development of separated and orphan children in the Ebola context.

Key Results

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Target</th>
<th>Total Result UNICEF</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>51,865</td>
<td>42,310</td>
<td>3,947</td>
</tr>
<tr>
<td># Ebola patients who received nutrition support during treatment according to guidance note</td>
<td>8,750</td>
<td>6,364</td>
<td>773</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>600</td>
<td>465</td>
<td>15</td>
</tr>
</tbody>
</table>

Social Science Analysis Cell (SSAC)

The formative, social sciences analysis section seeks to increase the accountability to affected populations through the provision of social sciences analysis to inform response interventions. Social sciences research agenda and themes are primary developed from epidemiological and context analysis as well as directly from response interventions and via requests from the Commissions.

Social sciences analysis supports UNICEF programme teams and the overall response to better understand and engage the communities with which we work. UNICEF’s Social Sciences team contributes to the integrated Analysis Cell which includes Epi and Social Sciences work.

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25 Data for ECTs, Komanda, Butembo and Katwa health zones only.
26 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 IV (July to December 31st, 2019), covering all health zones in Ituri and North Kivu province.
UNICEF’s Social Sciences teams includes local, national and international researchers specializing in epidemiology, health demography, anthropology and social sciences health studies. The team involves the exploration of behavioural determinants of health and uses multiple methods to collect data such as questionnaires, structured and guided interviews, focus groups, informal discussions and observation. Data are triangulated and mapped by area and group in order to ensure saturation and representation.

Research results are presented at Commissions and weekly in Sub-Coordinations (or in ad hoc requests) to facilitate access. The UNICEF’s Social Sciences team have ensured that all raw data, presentations and reports as well as workshop tools and training modules are available openly for everyone in the response.

**Main results during the reporting period**

The teams continue to work in Butembo, Katwa, Vuhovi, Lubero and Kyondo in partnership and via the Ministry of Health Epi Cell and together with WHO, Centers for Disease Control and Prevention, IFRC, MSF and Africa Centers for Disease Control and Prevention.

**General activities & programmes**

1. The team in Mangina has finished the recruitment process of 10 local social scientists including 3 women. The team participated in a 3-day-training on research best practices and was introduced to all the Commissions.
2. Following up on the workshop organized end of June in Goma, the CASS team organized a half day workshop in Mangina for 30 participants to share CASS learning with partners and Commissions and to identify opportunities to facilitate and improve the use of Social Sciences recommendations.
3. In Butembo, two capacity-building-workshop have been organized for local Social Sciences teams (17 participants). Workshops focused on coding qualitative data and analyzing and grouping codes.

During the reporting period, Social Sciences Analyses (conducted as part of the Analysis Cell under the Ministry of Health and together with WHO and partners) has focused on:

- **Perceptions of decentralized transit centers and proximity in health-seeking behaviors in Butembo.** Results show that most people feel that these centers increase willingness to seek healthcare and be tested for Ebola and indicate greater trust thanks to the use of local staff and the structure being physically similar to the regular health center (not in plastic sheeting but in wood). In addition, in areas with and without the decentralized transit centers, the same transit center or isolation is not well perceived and study participants reported the importance of having a name similar to “regular” health centers.
- **The continued delays in health-seeking behaviors** which, according to a global epidemiological analysis, reports of up to 12 days delay among Ebola patients whereas mortality rates double after 5 days delay. The study showed that delays result from continued gaps and inability to recognize Ebola symptoms (both in households and by health workers). Moreover, the fear that going to a health center will result in referral to ETC and the perception that everyone dies in ETCs and there is no available treatment for non-Ebola are also some causes of these delays.

Recommendations have included scaling up and adapting communication and training on identifying Ebola symptoms and definitions of probable cases.

**Supply and Logistics**

UNICEF regularly monitors the supply chain and discusses with the different involved actors in order to ever improve efficiency of the supply and services facilitation for the Ebola response in Ituri and North Kivu provinces.

During the reporting UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US$ 145,682.02. The total value of procurement orders was US$ 338,867.19. Offshore procurement orders amounted to a value of US$ 200,526.41 (59 per cent), while local procurement orders amounted to a value of US$ 138,340.78 (41 per cent).

**Human Resources**

UNICEF continue to strengthen its presence on the ground to better respond to the expanding outbreak in North Kivu and Ituri provinces. The number of staff dedicated to the Ebola response scaled up up to 188 persons already working in the affected areas, with an additional 66 persons under recruitment. In addition, excluding Ebola staff, UNICEF has a capacity of 33 staffs 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 UNICEF Communication Office published 90 content pieces on its website http://www.unicef.org/drcongo and the Ebola landing page is updated weekly, linking to key figures, press releases, situation reports and stories. To show the impact of the epidemic on children and UNICEF’s response, the Communication team posted almost 750 messages on Facebook, Instagram and Twitter. Several tweets were amplified by UNICEF’s global Twitter account and by Executive Director Henriette H. Fore. New digital publications included Testimony of a child cured of Ebola.

Funding

The SRP4 provisional funding requirement for the public health response is US$ 287.6 million for activities until end December 2019. The DRC grand total budget for the Ebola response in North Kivu and Ituri provinces from August 2018 to December 2019 is estimated at US$ 563.8 million. As part of this joint response plan, the UNICEF estimated public health response requirements stands at US$75.9 million, out of a total of US$ 126 million. To date, the UNICEF response is 39 per cent funded.

UNICEF expresses its sincere gratitude to all current donors for their substantial contributions to UNICEF’s actions in favour of the Ebola response: The World Bank Group’s Pandemic Emergency Financing Facility (PEF), The European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi - the Vaccine Alliance, The Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government United Kingdom and the Paul G. Allen Family Foundation.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* $</th>
<th>Reprogrammed funds from Equateur Response $</th>
<th>Funds Received for North Kivu Phase I &amp; II $</th>
<th>Funds available ** $</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Hygiene and Sanitation - WASH / IPC</td>
<td>47,951,276</td>
<td>723,295</td>
<td>17,879,794</td>
<td>18,603,089</td>
<td>29,348,187</td>
<td>61%</td>
</tr>
<tr>
<td>Communication for Development (C4D) - Community engagement and Communication for Campaigns</td>
<td>51,440,240</td>
<td>371,558</td>
<td>13,356,698</td>
<td>13,728,256</td>
<td>37,711,984</td>
<td>73%</td>
</tr>
<tr>
<td>Child protection and Psychosocial Support ***</td>
<td>9,402,390</td>
<td>100,000</td>
<td>7,053,900</td>
<td>7,153,900</td>
<td>2,248,490</td>
<td>0%</td>
</tr>
<tr>
<td>Nutritional Care and Counselling in Ebola Treatment Center / Community ****</td>
<td>4,336,536</td>
<td>0</td>
<td>1,686,118</td>
<td>1,686,118</td>
<td>2,650,418</td>
<td>0%</td>
</tr>
<tr>
<td>Operations support, Security and Coordination costs and Information and Communications Technology</td>
<td>11,067,320</td>
<td>132,761</td>
<td>6,929,369</td>
<td>7,052,130</td>
<td>4,015,189</td>
<td>36%</td>
</tr>
</tbody>
</table>
DRC EBOLA SITUATION REPORT

31 July 2019

<table>
<thead>
<tr>
<th>Surveillance</th>
<th>1,520,000</th>
<th>720,000</th>
<th>720,000</th>
<th>800,000</th>
<th>53%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preaprdness Plan</td>
<td>322,000</td>
<td>0</td>
<td>322,000</td>
<td>322,000</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>126,039,762</td>
<td>1,327,614</td>
<td>47,937,880</td>
<td>49,265,494</td>
<td>76,774,268</td>
</tr>
</tbody>
</table>

* Funding requirement includes budget for phase I ($ 8,798,899), phase II ($ 13,031,305), phase II.I ($ 3,933,000), Phase III ($ 24,385,917) and Phase IV ($ 75,890,041)

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

Next Situation Report: 04 August 2019

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