



10 September, 2018

Democratic Republic of the Congo

Ebola Situation Report

North Kivu and Ituri



SITUATION IN NUMBER

Highlights

- 5 September, a confirmed case has been identified in Masereka Health Zone, North Kivu province
- A coordination hub has been set up in Butembo Health Zone, with the psychosocial and communications already in place. UNICEF has deployed C4D, WASH, and psychosocial staff to support UNICEF interventions in Butembo Health Zone and Masereka Health Zone
- As of 8 September, vaccinations have started in Masereka and Butembo Health Zone, in addition to previously affected health zones

132 total reported cases
(MoH, 9 September 2018)

101 confirmed cases
(MoH, 9 September 2018)

91 deaths recorded
(MoH, 9 September 2018)

1,945 contacts under surveillance
(MoH, 9 September 2018)

UNICEF Ebola Response Appeal

US\$ 7.624M

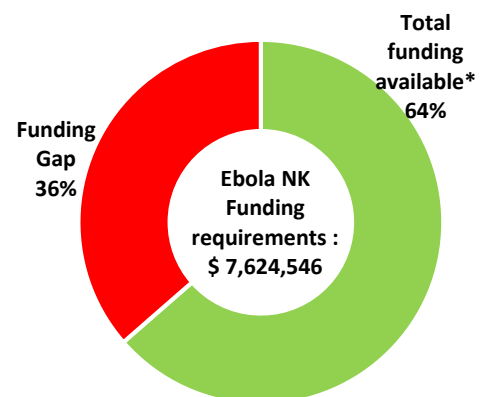
UNICEF's Response

	Target	Result
# 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)	3,600,000	3,368,172
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	7,537 [†]	7,390
# of people with access to safe water in the affected health zones	681,649	563,842
# of teachers briefed on Ebola prevention information	2,089 [‡]	2,089
# of families with confirmed or probable cases who received psycho-social support and/or material assistance	131 [‡]	131

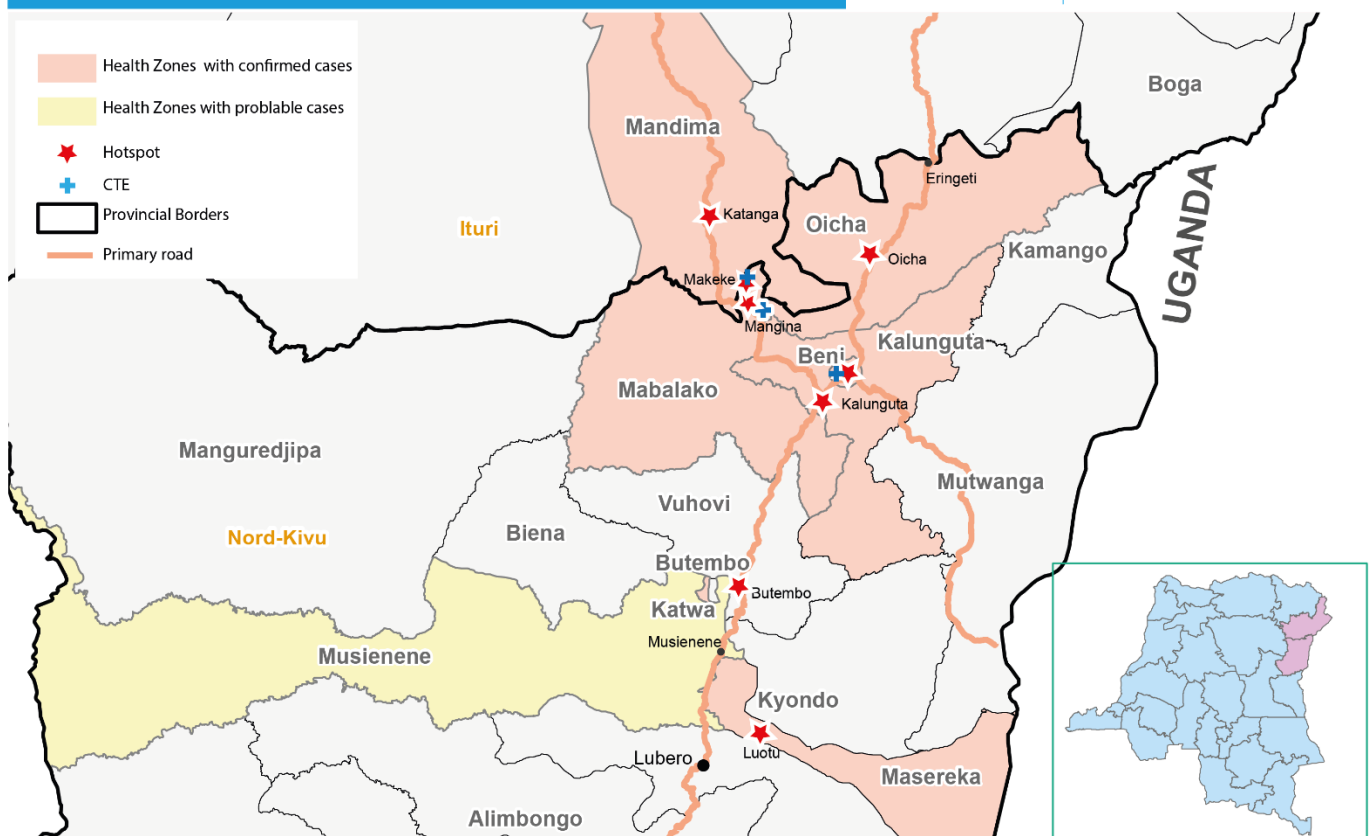
[†] The target is dynamic as listing of eligible persons is defined

[‡] The target is dynamic based on epidemiological changes

Ebola Response Funding Status 2018



*Funds available include Reprogrammed funds from Equateur Response

EBOLA - AFFECTED HEALTH ZONES (as of 10th Sep 2018)unicef  for every child

Epidemiological Overview

Summary Table (09.09.18):

Province	Health Zone ^{*1}	Confirmed and Probable Cases			Deaths in Confirmed and Probable Cases			Suspect Cases under investigation
		Confirmed	Probable	Total	Confirmed	Probable	Total	
Nord-Kivu	Mabalako	66	21	87	42	21	63	4
	Beni	20	4	24	15	4	19	0
	Oicha	2	1	3	0	1	1	0
	Butembo	2	2	4	1	2	3	16
	Musienene	0	1	1	0	1	1	0
	Masereka	1	0	1	0	0	0	0
	Kalunguta	1	0	1	1	0	1	0
Ituri	Mandima	9	2	11	1	2	3	0
TOTAL		101	31	132	60	31	91	20
<i>Previous Total 5 September 2018</i>		96	31	127	56	31	87	4

¹ With better access, the number of health zones with Ebola cases was reviewed by the Surveillance commission and revised from 7 reported in the last update to 6 in this report.

Humanitarian leadership and coordination

The Crisis Management Team continued to meet daily under the leadership of the Ministry of Health with all concerned partners and with the chairs of the different working groups providing thematic updates. UNICEF continues to participate actively in the coordination meetings at the national level and in Beni (operational headquarters) and co-leads the commissions on communication, WASH and psychosocial care; and active in the working groups on logistics and vaccination. A UNICEF security specialist is also deployed in the field to support security assessment and safety of the operations.

Mabalako health zone remains the most worrying area for the response due to the high number of reported confirmed and probable cases. At the moment, UNICEF activities in risk communication and prevention, WASH, and psychosocial care are focused in Beni and Mabalako Health Zone, North Kivu province, however, UNICEF continues to implement prevention activities in other parts of North Kivu and Ituri provinces.

The coordination of UNICEF's response is dynamic due to the identification of confirmed cases in Makeke, Mandima Health zone, Oicha Health Zone, Butembo and Masereka Health Zone. UNICEF coordinates Makeke's Ebola response from the coordination team based in Mangina Health Area and the coordination response for Oicha Health Zone. A new coordination hub is currently being put in place in Butembo Health Zone, which will also support the response in Masereka Health Zone. A psychosocial and communication commissions have been set up in Butembo Health Zone, composed of five clinical psychologists and communications specialists. Due to the security access in Oicha and Masereka Health Zone, UNICEF works through a local partner to implement its activities.

Response Strategy

The joint response plan of the government and partners has just been finalised based on the recent experience from the Equateur Ebola response. In support of the joint response plan, the UNICEF response strategy will focus on communication, WASH, and Psycho-social care, nutrition and cross-cutting education sector response.

- Risk communication, social mobilization and community engagement with the 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 5 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.
- The WASH strategy, as part of the Infection Prevention and Control (IPC), aims to stop the spread of the disease through the availability of 1) WASH in health care facilities, which includes providing water and WASH kits, 2) hygiene promotion and the provision of WASH kits in schools, including handwashing station and soap/temperature check points, and 3) WASH in communities, through mass outreach on hygiene promotion to vulnerable communities and the setup of handwashing stations/temperature control in strategic transit locations, as well as the disinfection of households/neighborhoods of confirmed cases.
- The child protection and psycho-social support to EVD survivors and family members of EVD cases as well as contact families seeks to (1) provide psycho-social support; (2) establish or re-establish social and community networks and support systems; (3) provide social kits to EVD affected families (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic. The key element of the strategy will include (i) psychosocial support activities for children and their families; (ii) material assistance to affected families to better support children; (iii) facilitation of professions help to children and families with more severe psychological or social problems / needs; (iv) coordinate mental health and psychosocial support (MHPSS); (vi) psycho-social assistance, appropriate care and research of long term solution to orphans and unaccompanied children.

- The nutrition component will focus on provision and pre-positioning of Ready for Use Therapeutic Food (RUTF), therapeutic milk and other drugs for systematic treatment of severe acute malnutrition (SAM) cases to the 6 health zones affected by Ebola or in situation of nutritional alert in North Kivu province. In addition, address young child and infant feeding practice that is impacted by the increasing number of women affected by the Ebola epidemic
- The cross-cutting education sector strategy involve key EVD prevention measures on the school premises, include: (i) mapping of schools to identify its proximity with a confirmed case and the identification of schools in the affected health areas (ii) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces) on Ebola including WASH in school, psychosocial support and against discrimination, (iii) provision of infrared thermometers and handwashing facilities, clean water, soap, and capacity reinforcement on hygiene behaviours in schools (iv) construction of isolation rooms for suspected cases at school (v) provision of specific documentation and protocol for prevention, guidance and management of suspected cases in school (vi) provide key messages on Ebola prevention to families.

Summary Analysis of Programme Response

Overview of the key elements in the response with a special emphasis on UNICEF's response in the affected health zones

Communication and social mobilization (C4D)

Since the beginning of the response, 5,118 (100% coverage) **persons** out of the targeted 5,118 members of influential leaders and groups were reached through advocacy, community engagement, and interpersonal communication activities, reaching 1,916 during the reporting period. Of those reached during the reporting period, 120 youth leaders met for a meeting organized in Mangina health area, which represent 20 youth associations from eight surrounding health areas.

Common questions among leaders are questions related to the 'source' of Ebola: "How can a bat bring all of this? Are all bats infected? Are bats the real origin? How do animals in the forest get Ebola? How can we stop the bats?" Such questions are responded to by highlighting transmission mechanisms and prevention measures.

In addition, 387 frontline workers (RECOs) in the affected zones were mobilized on Ebola response and community engagement approaches, reaching a total of 2,509 (81% coverage) out of the targeted 3,100.

As of 10 September, 3,368,172 (94% coverage) at-risk population were reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces etc, reaching 636,948 persons during the reporting period. Of those reached during the reporting period, 9,418 church goers were provided life-saving information on Ebola, of which 2,435 were members of youth groups. To reinforce mass communication, eight Ebola survivors' testimonies have been broadcasted on 24 radio stations in Beni and Butembo Health zone and Mangina Health Area, sharing their success stories:

"I am an Ebola survivor, and this testimony is real, as I have nothing to gain. If you have any symptoms of fever or vomiting, you can get checked very quickly, and then released, but if they think it may be Ebola, then staying in the treatment center is the only chance one has to survive, the sooner you get treated the better chance you have"

During the reporting period, 35 households presenting resistance/reluctance to Ebola vaccination benefited from personalized house visits to address general concerns, including refusals of secure and dignified burials practices, reaching a total of 167 (100% coverage) households since the beginning of the response.

As of the time this report was compiled, 7,742 (98% coverage) eligible people for the Ebola vaccination were informed about the benefits of the vaccine and were convinced to receive the vaccine within required protocols, including 1,399 persons during the reporting period. Communication members joined the surveillance teams in a joint mission to help locate 10 contacts in Butembo's Vutsundo neighbourhood. After responding to their concerns and questions about Ebola, all contacts were identified and families engaged to cooperate with the Ebola response.

In order to respond to the new needs in Ndindi neighborhood of Beni, a local committee of 15 people made up of community leaders under the direction of the ward chief was set up for a multisectoral response (communication, psychosocial, SDB and epidemiological surveillance).

On the community engagement component, within the partnership with Oxfam, to date, 77 “chefs d’avenue” (chief of street) and 30 community leaders (religious, youth leaders and women’s associations) have been identified and briefed on the EVD risks, preventive measures as on community monitoring and resistance/conflict management and are already holding community dialogue sessions in the Ndindi neighborhood to strengthen the community’s understanding of the risks of the disease and promote the adoption of preventive measures. For reestablishing trust towards response interventions, visits to CTEs are planned for community leaders and chiefs of wards and streets. In the same perspective, EVD survivors have been recruited for testimonials during dialogue sessions in the community. Follow-up meetings will be held weekly to assess progress and decide on possible corrective actions. In addition to what is done with Oxfam, two discussion meetings were organized with chiefs of wards and streets, and other community leaders, coordinated by the the response coordinator, and the Mayor of Beni City, who responded to all the concerns raised. This has largely contributed to reducing resistance in the community, especially with respect to vaccination against the Ebola virus.

Results for the KAP survey will be presented in the next sitrep.

Key activities in the last seven days:

- Three UNICEF C4D staff and a senior anthropologist from Butembo University have been deployed to Butembo Health Zone with the objectives to define clear approaches on how to discuss and listen to local populations, while also recommending ways that all leaders cooperate with the medical protocols.
- The two free existing Ebola telephone lines are used as a communication tool to provide important information about Ebola and report cases. Additional staff training and recruitment of more operators are needed. In addition, 16 large billboards were erected in Mangina health area and Beni health zone as a reminder for the general population that only through collaboration and calling the free service numbers can we beat Ebola.
- Two workshops on risk communications were conducted, of which 43 journalists participated in Beni health zone and 33 journalists in Butembo Health Zone. Journalists discussed their critical roles and responsibilities in emergency situations, especially how to report and respond to negative rumors, as well as ways to amplify positive testimonies and report on Ebola activities in their neighborhoods.

Water, Hygiene and Sanitation (WASH)

During the reporting period, 13 new health facilities in the affected health zones in North Kivu provinces received WASH support; these include the provision of handwashing points, briefing of staff on hygiene promotion, and disinfection, and the installation of chlorination points, reaching a total of 66 (47% coverage) out of the 140 targeted since the beginning of the response. While 66 health facilities have been fully covered so far, WASH response in additional 36 health facilities are on-going with the support of UNICEF partners.

As of 7 September, 359 (100% coverage) community sites (ports, market places, local restaurants, churches) were provided with handwashing facilities for Ebola infection control in Beni, Mandima, and Mabalako Health zones, in partnership with Oxfam and *Programme de Promotion des Soins de Santé Primaire*.

In the reporting period, UNICEF and our partners maintained the same number of water points/water supply networks to be chlorinated and monitored daily, supplying safe water to 563,832 people (83% coverage), out of the targeted 681,649.

Key activities in the last seven days:

- UNICEF WASH teams supported the joint efforts between humanitarian actors to provide basic services in Ndindi, Beni city, where community resistance has limited the Ebola Response. In close coordination with the local committee of key leaders, UNICEF provided WASH hygiene kits in all schools (23) and in 13 health facilities in Ndindi.
- With new confirmed cases in Butembo, UNICEF WASH team collaborated with WHO to identify a list of priority health facilities and schools in the affected zones of the city. UNICEF and WHO will join efforts to cover at the same time WASH and IPC activities in the priority health structure identified.

Education

During the reporting period, 3,480 children were reached with Ebola prevention information, reaching a total of 4,403 (5% coverage) out of the targeted 82,500. It is reported that school attendance remains low in EVD affected areas. In addition, a total of 2,089 (100% coverage) teachers were briefed on Ebola prevention messages since the beginning of the response, reaching 499 teachers during the reporting period.

As schools officially opened on 3 September 2018, UNICEF continued to scale-up WASH interventions in schools, reaching a total of 255 (81% coverage) schools with WASH activities. WASH activities in schools includes rapid WASH assessment, briefing of schools teachers/Directors, and provision of WASH hygiene kits (which contains infrared thermometers, handwashing stations, and soap). These activities will reach an estimated 115,000 children registered in the schools covered. Monitoring visits have also been made in 45 schools that reached WASH support during the previous reporting period. UNICEF, in partnership with Oxfam, will also target 60 additional schools in Oicha.

Psychosocial and Child Protection

The Psychosocial Commission has been set up in Butembo Health Zone during the past week, which includes five clinical psychologists. 40 psychosocial agents have also been trained.

During the reporting period, five affected families by Ebola Virus Disease (EVD) received psycho-social support and material assistance, including food assistance, in Beni, Mandima², and Mambasa Health zones; reaching a total of 132 (100% coverage) out of the targeted 132 families. It is important to note that the target of affected families also includes the assistance to suspected cases /discharged patients (who have been tested negative to EVD), the total figure can consequently be higher than the total number of EVD cases³.

Since the beginning of the Ebola epidemic, 41 children (24 boys and 17 girls) have been admitted in the Ebola Treatment Center (ETC) of Mangina. Among them, nine died from EVD, one survived and 27 were discharged. Currently, there are four children in the CTE (three boys and one girl). All the children received specific psycho-social support as well as a material assistance for the one who have cured/discharged.

Eight new separated/orphan children due to the Ebola epidemic has been identified and received appropriate care; a total of 129 (86% coverage) out of the targeted 150. NFI and food assistance have been distributed to the caregivers of seven separated/orphan children previously identified.

Eight family members visiting their relatives received psychosocial support in the ETC of Mangina and in the transit ETC of Makeke.

² Includes Makeke Health Area

³ Source: <http://www.who.int/ebola/situation-reports/drc-2018/en/>

The Psychosocial Commission identified eight households of EVD died patients, who have not been yet vaccinated. These families have been referred to the Vaccination Commission.

190 contacts families received a psycho-social support, reaching a total of 626 (80% coverage) out of the targeted 778.

Nutrition

During the reporting period, one UNICEF nutritionist based in Goma was deployed to Beni Health Zone to inventorize nutrition supplies and set up a distribution system.

As of 8 September, the Ebola Treatment Center (ETC) in Beni Health Zone had eight hospitalized patients and four recovering patients, of which two are lactating women. Given the risk of transmission of EVD virus to their infants, the infants were separated from their mothers and were provided with breastmilk substitutes and complementary feeding. Three women affected by Ebola were counseled on Infant and Young Child Feeding (IYCF) practices. In addition, 530 pregnant and breastfeeding women were counseled on IYCF practices at the Regional Hospital in Beni Health Zone.

F75, F100 milk, and Ready to Use Therapeutic Food (RUTF) was provided to patients in ETCs through UNICEF interventions.

On 10 September, an agreement between UNICEF and the national nutrition programme of the Government of DRC (PRONANUT) was signed at the Goma office to support training on Integrated Management of Acute Malnutrition (IMAM) including Severe Acute Malnutrition case management, coordination of nutrition activities in health zones affected by EVD, and quality assurance and supervision of activities.

Supply & Logistics

Since the beginning of the response, USD \$1,256,039 to USD\$ 1,437,846 worth of items have been deployed for the Ebola response in Ituri and North Kivu province.

Human Resources

As of 10 September, 54 UNICEF staff members have been deployed to the affected health zones in North Kivu and Ituri provinces.

External Communication

The CO focused its external communication work on the situation of the Ebola epidemic on the resuming of the school year in Ebola affected area. The CO facilitated during the reporting period visits of UNICEF supported programmes for Radio Okapi, the UN Radio in DRC. Additionally, the CO provided support to Okapi Service, an interactive programme of Radio Okapi recorded live from Beni. 200 persons attended the recorded programme which focused on preventing at risk practices and prevention measures. Main media coverage since previous Situation Report included [RFI](#), [Radio Okapi](#), [All Africa](#). The CO has published 19 articles on its blog since the announcement of the epidemic, as well as more than 90 tweets, 16 Facebook posts and 13 pictures on Instagram.

Funding

The Response Plan developed jointly with the Ministry of Health, United Nations Agencies and in coordination with other actors is estimated at US\$ 43.837 million. Based on the joint response plan, UNICEF estimated amount required for immediate response is US\$ 7.624 million.

Funds available include funds reprogrammed from Equateur Response in consultation with World Bank (PEF), USAID, ECHO and Japan. At present, funds from Gavi (US\$ 120,000), CERF (US\$ 900,000), USAID (US\$ 2 million), and UNICEF National Committee in Germany -German Natcom (US\$503,147) have been allocated to support the Ebola response in North Kivu and Ituri province.

The World Bank Group through the Contingent Emergency Response Component (CERC) of its DRC Health System Project investment also approved an additional funding of US\$ 3,947,688 based on the current funding gap.

Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response plan and aligned to the UNICEF Humanitarian Appeal 2018)				
Appeal Sector	Requirements	Funds available	Funding gap	
		Funds Received Current Year*	\$	%
WASH	2,346,521	2,297,364	49,157	2%
Communication for Development (C4D)	2,602,340	1,595,536	1,006,804	39%
Psychosocial Support	433,321	400,000	33,321	8%
Management of Severe Acute Malnutrition	500,000	50,000	450,000	90%
Operations support and Coordination costs + ICT	1,742,364	504,861	1,237,503	71%
Total	7,624,546	4,847,761	2,776,785	36%

*Funds available include proposed funds to be reprogrammed from Equateur Response
 ** Does not include funds in the pipeline

Next Sitrep: September 17, 2018

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Ebola Response Tracking Indicators	Nord Kivu and Ituri Provinces, 2018 (11 September 2018)		
	Target	Total results	Change since last report ▲ ▼
RESPONSE COORDINATION			
# of affected localities with functioning partner coordination mechanism	3	3	1
COMMUNICATION FOR DEVELOPMENT			
# 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.	5,118‡	5,118	1,916
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	3,100	2,509	387
# 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.	3,600,000	3,368,172	636,948
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	167*	167	35
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	7,912†	7,742	1,399
% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)	80%	26%	0
WATER, SANITATION & HYGIENE			
# of <u>health facilities in affected health zones</u> provided with essential WASH services.	140	66	13
# of <u>target schools in high risk areas</u> provided with handwashing facilities	315‡	255	78
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	359‡‡	359	15
# of people with access to safe water source in the affected areas	681,649	563,832	0
EDUCATION			
# of school children reached with Ebola prevention information	82,500	4,403	3,480
# of teachers briefed on Ebola prevention information	2,089‡	2,089	499
CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT			
# of families with confirmed or probable cases who received psycho-social support and/or material assistance	132‡	132	5
# of contact, including children, who receive psycho-social support and/or material assistance	778**	626	190
# of unaccompanied children and orphans identified who received appropriate care and psycho-social support	150††	129	8
<p>* The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response mature</p> <p>† The target is dynamic as listing of eligible persons is defined</p> <p>*** Baseline result of the KAP study undertaken during 6 – 8 August, 2018 (the week following declaration of the epidemic). The next KAP study is scheduled for the 8-10 September</p> <p>‡ The target changes with changes in the epidemiology</p> <p>** The target is dynamic and 40% of listed contacts is the identified target</p> <p>†† The target is an estimation and dynamic based on field experience</p> <p>‡‡ The target is dynamic, based on the number of affected areas and new community sites identified for hygiene promotion</p> <p>‡‡‡ The original target was exceeded because of an increase in the number of affected health zones, therefore, the target has been readjusted</p>			