



Photo Credit: Mark Naftalin

1 October, 2018

Democratic Republic of the Congo

Ebola Situation Report

North Kivu and Ituri



SITUATION IN NUMBER

Highlight

- An Ebola Treatment Center has been established in Tchomia Health Zone, Ituri Province to provide treatment to the confirmed cases in the surrounding affected areas. A coordination hub for the response is being put in place in Tchomia, with a strategic coordination hub in Bunia, the capital of Ituri province. WASH items have been deployed to Tchomia as a first response to contain the spread of the virus.
- 26 September, UNICEF's Representative conducted a high level mission to Bunia Health Zone to conduct a situation analysis of the Ebola response.
- The social unrest in Beni city which affected implementation is now easing and response activities are now being resumed.
- A review of the Ebola response to respond to the current situation is currently underway, under the leadership of the Ministry of Health to include the newly affected health zones.

160 total reported cases
(MoH, 30 September 2018)

128 confirmed cases
(MoH, 30 September 2018)

105 deaths recorded
(MoH, 30 September 2018)

1,463 contacts under surveillance
(MoH, 30 September 2018)

UNICEF Ebola Response Appeal

US\$ 7.624M

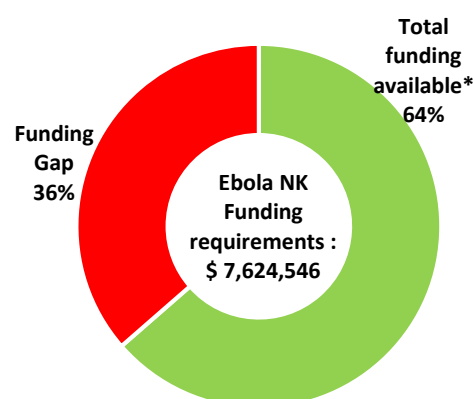
UNICEF's Response

	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)	5,750,000	4,182,552
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	13,295 [†]	12,875
# of people with access to safe water in the affected health zones	952,946	639,134
# of teachers briefed on Ebola prevention information	7,200	3,566
# of families with confirmed, suspects, or probable cases who received psycho-social support and/or material assistance	160*	160

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

*The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response matures

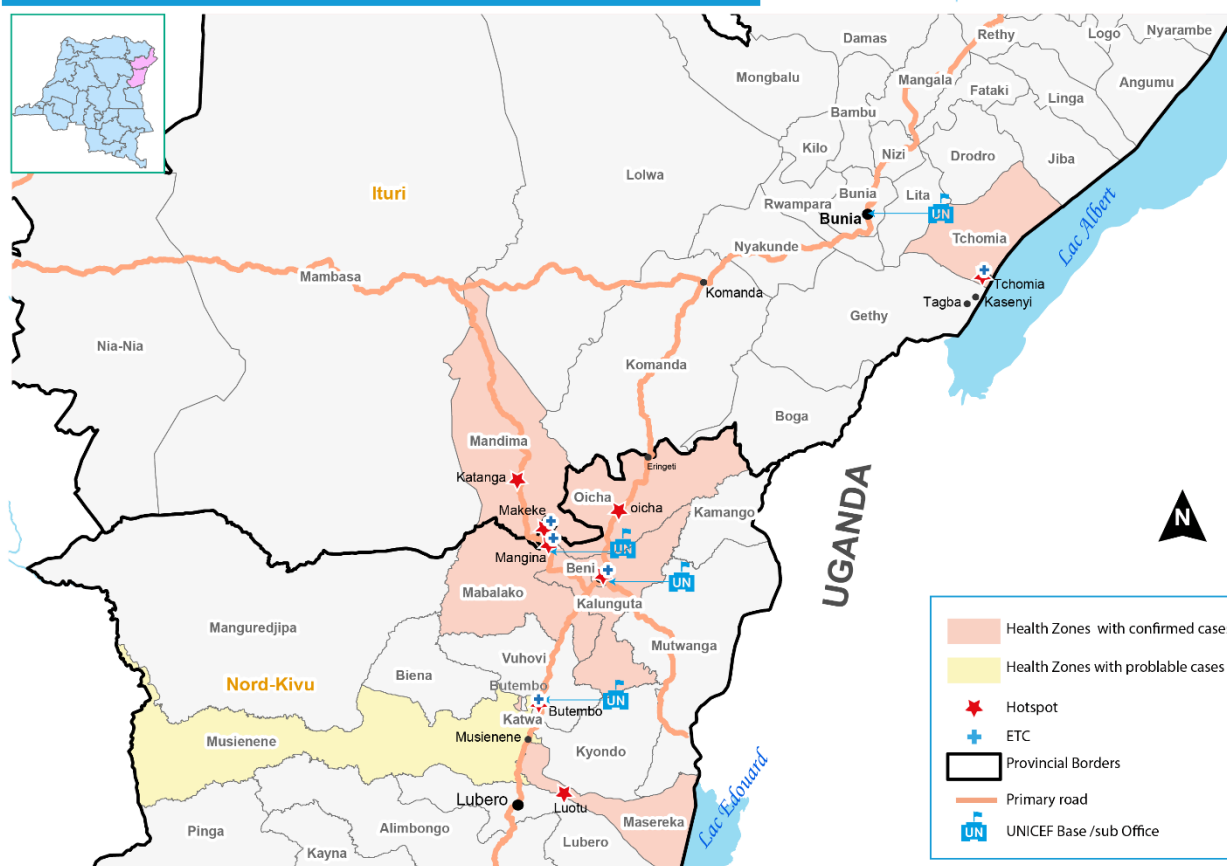
Ebola Response Funding Status 2018



*Funds available include Reprogrammed funds from Equateur Response

EBOLA - AFFECTED HEALTH ZONES

unicef | for every child



Epidemiological Overview

Summary Table (30.09.18):

Province	Health Zone	Confirmed and Probable Cases			Total Deaths Recorded	Suspect Cases under investigation
		Confirmed	Probable	Total		
Nord-Kivu	Mabalako	69	21	90	65	2
	Beni	37	5	42	29	4
	Oicha	2	1	3	1	0
	Butembo	7	2	9	4	2
	Musienene	0	1	1	1	0
	Masereka	1	0	1	1	0
	Kalunguta	1	0	1	0	0
Ituri	Mandima	9	2	11	3	0
	Tchomia	2	0	2	1	1
TOTAL		128	32	160	105	9
Previous Total 24 September 2018		119	31	150	100	11

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.

Beni health zone is 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 around four coordination hubs based in Beni, Butembo, Bunia, and Mabalako Health Zone.

The coordination of UNICEF's response is dynamic due to the identification of confirmed cases in Makeke, Mandima Health zone, Oicha Health Zone, Butembo, Masereka, and Tchomia 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 coordination hub is put in place in Butembo Health Zone, which will also support the response in Masereka Health Zone. Due to the security access in Oicha and Masereka Health Zone, UNICEF works through local partners to implement its activities.

The identification of a confirmed case in Tchomia Health Zone, Ituri, is important in the evolution of the Ebola epidemic as the confirmed Ebola case is located near Lake Albert, which is in close proximity to Uganda. This increases the risk of disease spill over to Uganda due to high movements of population across the lake and in the vicinity. Furthermore, the identification of a new case near Lake Albert places Bunia city at risk, which is located about 30km from Tchomia Health Zone. Due to security reasons, UNICEF's response will be coordinated from Bunia, of which a coordination hub is currently being established.

Response Strategy

The joint response plan of the government and partners is currently under review, to identify key progress, challenges and modifications to upscale the response and respond to the current epidemiology. In addition, the MoH out in pace a team that include MoH WHO, UNICEF and World Bank to review the joint response plan based on the field level review.

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.
- 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 six 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

The targets for the response indicators were revised to [take into account](#) Tchomia, Masereka and Butembo Health zones with new confirmed cases of Ebola, in addition to Beni and Mabalako Health zones. UNICEF staff and implementing partners are currently operational in Beni, Mandima, Mabalako, Musienene, Butembo, Tchomia, Bunia, Oicha, and Masereka to support WASH, C4D, and psychosocial activities. Furthermore, the response indicators were adjusted to evolve with the epidemiological trend. Overview of the key elements in the response, with a special emphasis on UNICEF's response in the affected health zones, [is detailed below](#).

Communication and social mobilization (C4D)

The reporting period was largely characterized by Beni's five-day civil lockdown and the activation of Tchomia's Communications commission. Due to high security risks, the social mobilization teams were not allowed to move and dialogue with affected communities in Beni City. The situation has now improved and activities related to the Ebola response have resumed.

The new confirmed case in Tchomia, Ituri Province, required an early deployment of C4D, WASH, and psychosocial team to the affected area. The zone is characterized by insecurity, cross-border commerce with Uganda, heavy traffic of fisherman throughout Lake Albert ports, and some groups of resistant young people. Upon arrival of C4D team in the area, the communications commission was activated and teams were formed to visit the two most influential Chiefs in the area, the Sectorial Chief (Political/administrative), and the high Traditional Chief (religious/traditional). Following many questions concerning the disease and its dangers, both leaders ensured full engagement and representation in the Communications response. Soon after, the commission sponsored a successful meeting organized by two religious networks, reaching a total of 233 religious leaders from 141 churches in Tchomia Health Zone. The aim was to inform, discuss the role and responsibilities of the church and its leaders toward Ebola disease. They also met with youth leaders, engaged moto-taxi associations and organized a caravan of 300 motorcycles, implemented awareness raising activities in 11 fishing ports, engaged with two radio stations and provided materials to broadcast in local languages.

In addition, the Butembo team succeeded in engaging 14 influential personalities to join the Ebola communications commission. These influential leaders included the president of the moto-taxi associations, three youth leaders, a popular comedian, two well-respected journalists and two religious leaders. The two leaders were able to identify an additional 31 leaders, with the aim to reach out to all 224 churches and mosques in the area. During the reporting period, a significant meeting organized by the two mayors in the city of Butembo reached 204 political actors. Following a presentation and Q&A, they were all engaged and acknowledged the importance of their support for the response. During the reporting

period, 710 influential leaders and groups were reached on Ebola prevention messages during the reporting period, reaching a total of 7,156 (100% coverage) leaders since the beginning of the response.

In support of the interventions with influential leaders, 913 frontline workers (RECOs) were mobilized in the affected health zones on Ebola response and participatory community engagement approaches, reaching a total of 4,015 (86% coverage) out of the targeted 4,650 workers.

Since the beginning of the response, 4,182,552 (73% coverage) at risk population were reached through community engagement, church meetings, radio, adolescent groups, reaching 283,380 persons during the reporting period. As part of those reached during the reporting period, the communications and WASH teams helped unite 700 young people in Butembo to address their concerns on Ebola Treatment Units (ETU). Prior to the meeting, the young people requested to visit the ETU with real Ebola patients inside. With innovative help from the WASH team and Médecins Sans Frontières' (MSF) collaboration, the team was allowed to enter, film the inside of the center and interview a well-known health worker survivor. In addition, the team also interviewed a suspected Ebola person. The video was projected in front of the 700 young people, and upon seeing the health worker's testimony, they were positively astonished and amazed to see her again and talking. It was reported by the team that this initiative stimulated an immediate trust and change in behavior towards ETUs.

Two nurses in Butembo Health Zone have heroically fought and survived Ebola under the care and encouragements of the medical teams. On September 27, the coordinator of the commission himself came to present them with their certificate of good health, fully healed from Ebola. There was a very big celebration in the ETU, as a large team gathered to congratulate them, and gift them with new clothes, shoes, make-up and other gifts. "It was a moment of immense joy to see the two nurses smiling again," said the coordinator. They both thanked the entire team, acknowledged how well they were treated, and one of them said, "at the beginning I was very scared, then seeing the help I was getting, I started to gain courage little by little, today I am 100% healed, and I want to now call my family I am coming home." At the end of the ceremony, the psychosocial and Communications teams escorted the two nurses back to their homes. Both psychosocial and communication teams continue to work on their re-integration and assure that communities do not stigmatize Ebola survivors.

The community-based alert system in the hotspots of Ndindi neighborhood, Beni Health Zone, has shown positive outcomes in terms of community ownership and actions, with 13 alerts reported to the surveillance and communication teams. With temporary suspension of field activities in Beni city, the continuous feedback by the telephone system has been crucial to ensure that communities were informed on Ebola and maintained trust in the communications' system. 126 of the 158 engaged local leaders have made calls and reported on suspected resistance cases. Due to this positive and enabling environment, the teams have experienced closer collaboration between community focal points and the local health authorities, and have also reported self-referral cases of people who were in contact with positive Ebola patients, of which three suspected cases have been identified this far. The team will continue this week to address negative perceptions of Dignified and Safe Burials (SDB), trust in ETUs, acceleration of referrals, and improved trust in vaccination teams.

In the Butembo suburbs, the Communication commission revisited Muslim leaders who have expressed concern over the religious and cultural aspect of SDBs, namely not washing and purifying the body of a deceased family member. Immediate action was taken to train three Imams on SDB protocols and procedures by Red Cross. Upon completion of this training and to relieve the tension in communities, a public declaration was made to Muslims, validating the Ebola protocols until the epidemic is over. A telephone system was proposed for citizens to call if they had concerns or needed to report a suspected case, a qualified Muslim leader would be available to respond. In all, Muslim leaders and followers were engaged and committed to fight against Ebola.

UNICEF facilitated a two-day workshop with North Kivu Risk Communication and Community Engagement Commission to update and finalize the Beni Health Zone communication intensification strategy. Identified strategic elements was an update of the situation analysis (KAP1/KAP2), participant analysis, influencers, media analysis, and taking into account lessons learned from the response so far, especially in Mangina Health Area. In addition, a theory of change for the Beni

RCCE Response was developed, and the vice president of the commission has a good command of it and can easily explain it to partners. The strategy will be presented to partners next week as well as the overall coordination meeting.

In an effort to break down reluctance on Ebola vaccination, treatment in ETCs, or refusal of secure and dignified burials, 55 households were reached through the communications team during the reporting period, reaching a total of 302 (82% coverage) out of the targeted 368 since the beginning of the response. Furthermore, 1,377 (97% coverage) listed eligible people were informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.

Water, Hygiene and Sanitation (WASH)

During the reporting period, one new health facility in the affected health zones in North Kivu provinces benefitted from essential WASH activities; 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 117 (37% coverage) out of the 320 targeted since review of UNICEF targets.

In Tchomia Health Zone, UNICEF carried out interventions in 11 schools, six health centers and 12 community sites. The activities included distribution of WASH kits in schools, essential WASH activities in health centers and installation of handwashing facilities in community sites.

In coordination with the C4D team, WASH partners received training in Butembo Health Zone on how to ensure community dialogue while implementing WASH activities. The training includes understanding on how to respond to sensitive questions and address rumours through participative discussion.

As of 28 September, 449 (50% coverage) community sites (ports, market places, local restaurants, churches) out of the targeted 900 were provided with handwashing facilities for Ebola infection control in Beni, Mandima, Mabalako and Butembo Health zones in partnership with Oxfam, Programme de Promotion des Soins de Sante Primaire (PPSSP) and Centre de Promotion Socio-Sanitaire (CEPROSSAN).

Since the beginning of the response, a total of 639,134 (61% coverage) persons have gained access to safe water in the affected health zones, out of the targeted 952,946.

Key activities in the last seven days:

- In the General Hospital of Tchomia, UNICEF completed the disinfection of a 20m² water tank, construction of a protection structure and installation of six handwashing facilities.
- 28 September, two trucks with WASH materials were sent from Beni to Bunia and Tchomia Health Zones as a first response to contain the spread of the virus. Materials deployed included five tents of 72m², 100 Plastic Tarpaulin rolls (4X50m) and 100 Sprayer knapsacks (20l).
- WASH partners in Butembo Health Zone received training on communication and ensuring dialogue with community during the implementation of WASH activities. These teams will be providing trainings in health centres, teachers and community leaders, in addition to provision of water and handwashing stations. The same training is ongoing for UNICEF WASH partners in Bunia and Tchomia Health Zones.

Education

As of 1 October, 60,785 (20% coverage) school children were reached with Ebola prevention messages, of which 12,660 were reached during the reporting period. In addition, 403 teachers were briefed on Ebola prevention, reaching a total of 3,566 (50% coverage) teachers since the beginning of the response. Of those teachers reached during the reporting period, 355 were from Tchomia and Kasenyi Health Zones. During a workshop organized by UNICEF, 48 schools out of the targeted

65 were present for the workshop. The low number of schools represented can be explained by the high population movement to Uganda due to the repetitive insecurity incidents in the affected area.

In addition, UNICEF briefed 30 authority members from EPSP Ituri on Ebola prevention messages, provision of psychosocial support in schools, and the importance of handwashing as a prevention mechanism. The role of authority members, media, and the provision of free treatment for suspect cases in school settings was highlighted.

Psychosocial and Child Protection

In Tchomia and Bunia (Ituri province), the Psychosocial Commissions are currently being established. In Tchomia Health Zone, four psychosocial assistants (APS) have been deployed to rapidly respond to the first needs of children and families affected by Ebola Virus Disease (EVD). 50 psychosocial assistants have been identified in Tchomia Health Zone and will receive training in psychosocial support.

During the reporting period, 10 affected families by EVD received psychosocial support and material assistance in 9 health zones¹; reaching a total of 160 (100% coverage) out of the targeted 160 affected families.

In Mangina Health Area, 22 former cured patients continued to be followed by psychologists.

11 newly separated/orphaned children due to the Ebola epidemic were identified and received appropriate care, reaching a total of 181 (60% coverage) out of the targeted 300 children since the beginning of the response. Among them, 5 orphans have been identified from one woman who died from EVD in the Tchomia Health Zone. All 5 children received temporary assistance and are currently placed with their extended family in Beni Health Zone. In addition, 15 previously identified separated/orphan children received Non Food Items (NFIs) and school kits.

Also during the reporting period, 355 contact families received psychosocial support, reaching a total of 1,706 families (90% coverage) out of the targeted 1,983 since the beginning of the response.

Nutrition

Four nutritionists provided nutrition care to all in patients in Ebola Treatment Centers (ETCs) and providing counseling on Infant and Young Child Feeding (IYCF) to pregnant and lactating women, reaching 69 (7% coverage) women during the reporting period in Mangina and Beni ETC.

On 28 September, two nutritionists received training on bio-security and started providing nutrition care to in-patients in Butembo ETC.

The nutritional team from UNICEF, World Food Programme (WFP), and National Nutrition Program, based in Beni Health Zone has developed a nutritional care protocol for Ebola in-patients, including children under 6 months, from 6 to 59 months, older children and adults. The nutritional care protocol and monitoring indicators was approved by the director of the national nutrition program.

UNICEF held a workshop with the psychosocial care committee in Beni Health Zone to identify the list of orphans and separated children by affected health zones, which will enable UNICEF to provide adequate nutritional care and food assistance to the orphaned and separated children. As part of this intervention, a three-month old orphan whose mother has died from Ebola, was identified and put under breastmilk substitute in Beni Health Zone under the supervision of the community psychosocial support staff and nutrition supervisor.

An agreement (fiche technique) is currently under development between the national nutrition programme of the Government of the DRC (PRONANUT) Ituri and UNICEF to provide nutritional care in Tchomia ETC.

¹ Beni, Butembo, Kalunguta, Mabalako, Masereka, Musienene, Oicha, Mandima, Tchomia Health Zones.

Supply & Logistics

25 September, 9.5 metric tons of WASH items composed of buckets, infrared thermometers, gloves, boots, chlorine High Test Hypochlorite (HTH), apron, soap, and chlorine pool tester has been deployed from Kinshasa and was delivered by air to Bunia via Goma.

Since the beginning of the response, USD \$ 1,672,602 worth of items composed of WASH, C4D, Child Protection, Health and Education supplies have been procured for the Ebola response in Ituri and North Kivu province.

Human Resources

As of 24 September, 60 UNICEF staff members have been deployed to the affected health zones in North Kivu and Ituri provinces.

External Communication

The CO issued a press release focused on the [involvement of Ebola-survivors in the community communication activities](#) that UNICEF is running with its partners to help avoiding the further spread of the disease. New video material and photo material on UNICEF's response to the epidemic was posted on [WeShare](#). During the reporting period media coverage of UNICEF's response to the Ebola outbreak included [CNN](#), [VOA](#), [ABC.es](#), [De Volkskrant](#), [Xinhua News Agency](#), [Radio Okapi](#), [All Africa](#), [UN News](#), [Reliefweb](#).

Since the beginning of the outbreak, CO published in total 27 articles on humanitarian related issues on its blog [www.ponabana.com](#) during the reporting report, as well as 22 Facebook posts, 15 Instagram posts and more than 150 tweets.

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. A revision of the plan is current on-going under the leadership of MoH.

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.

Agreement was approved and signed with the DRC Government through the World Bank's funded project "DRC Health System Project" for a total amount of US\$ 3,947,688.

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 ²	\$	%
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%

* Does not include funds in the pipeline

Next Sitrep: October 8, 2018

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² The World Bank fund is yet to be disbursed to UNICEF

Ebola Response Tracking Indicators (1 October 2018)	Target	Total results	Change since last report ▲ ▼
RESPONSE COORDINATION			
# of affected localities with functioning partner coordination mechanism	4	4	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.	7,156	7,156	710
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	4,650	4,015	913
# 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.	5,750,000	4,182,552	283,380
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	368	302	55
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	11,904 [†]	12,875	1,377
% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)	80%	74%	0
WATER, SANITATION & HYGIENE			
# of <u>health facilities in affected health zones</u> provided with essential WASH services.	320	117	1
# of <u>target schools in high risk areas</u> provided with handwashing facilities	600	345	36
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	900	449	11
# of people with access to safe water source in the affected areas	952,946	639,134	0
EDUCATION			
# of school children reached with Ebola prevention information	297,000	60,785	12,660
# of teachers briefed on Ebola prevention information	7,200	3,566	403
CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT			
# of families with confirmed, suspects, probable cases who received psycho-social support and/or material assistance	160*	160	10
# of contact family members, including children, who receive psycho-social support and/or material assistance	1,463**	1,706	355
# of unaccompanied children and orphans* identified who received appropriate care and psycho-social support	300 ^{††}	181	11
NUTRITION			
# of < 23 months children caregivers who received appropriate counseling on IYCF in emergency	9,756	571	21
[†] The target is dynamic as listing of eligible persons is defined [*] The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response matures ^{**} The target is dynamic and 100% of listed contacts is the identified target ^{††} The target is an estimation and dynamic based on field experience ^{†††} Result is cumulative since initiation of the activity. Note number of contact is on the decline as the response proceeds			