



Photo credit: Jonathan Shaddid, UNICEF DRC 2018

24 November 2018

Democratic Republic of the Congo

Ebola Situation Report

North Kivu and Ituri



SITUATION IN NUMBERS

395 total reported cases
(MoH, 23 November 2018)

348 confirmed cases
(MoH, 23 November 2018)

184 deaths recorded
(MoH, 23 November 2018)

3,929 contacts under surveillance
(MoH, 23 November 2018)

UNICEF Ebola Response Appeal

US\$ 21.8M

Highlights

- 3,875 households were visited through C4D door-to-door sessions.
- 1340 persons affected by the EVD received psychosocial support in the Ebola Treatment Centers.
- A malaria prevention plan was developed to address an increase in malaria cases, observed through the many fever-related cases in the Ebola-affected health zones. The strategy includes the distribution of 275,000 insecticide treatment mosquito nets, locally adapted radio messages on malaria prevention, and training of frontline health workers on malaria prevention and treatment. It is expected that an effective response to the increase in malaria will bring about a drop in Ebola alerts and visits to health facilities and ETUs.

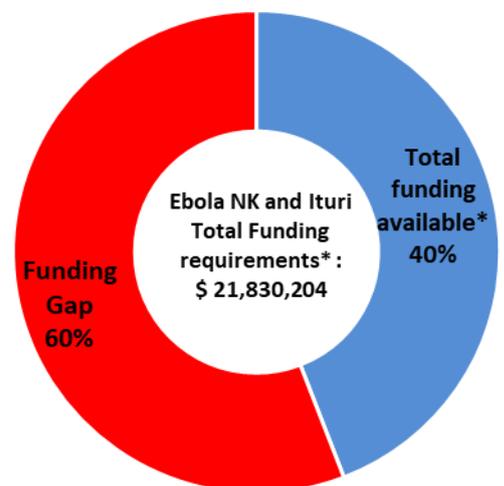
UNICEF's Response

	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)	11,500,000	6,375,987
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	35,105 [†]	34,839
# of people with access to safe water in the affected health zones	952,946	876,200
# of teachers briefed on Ebola prevention information	7,200	4,257
# of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children	451 [*]	451

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

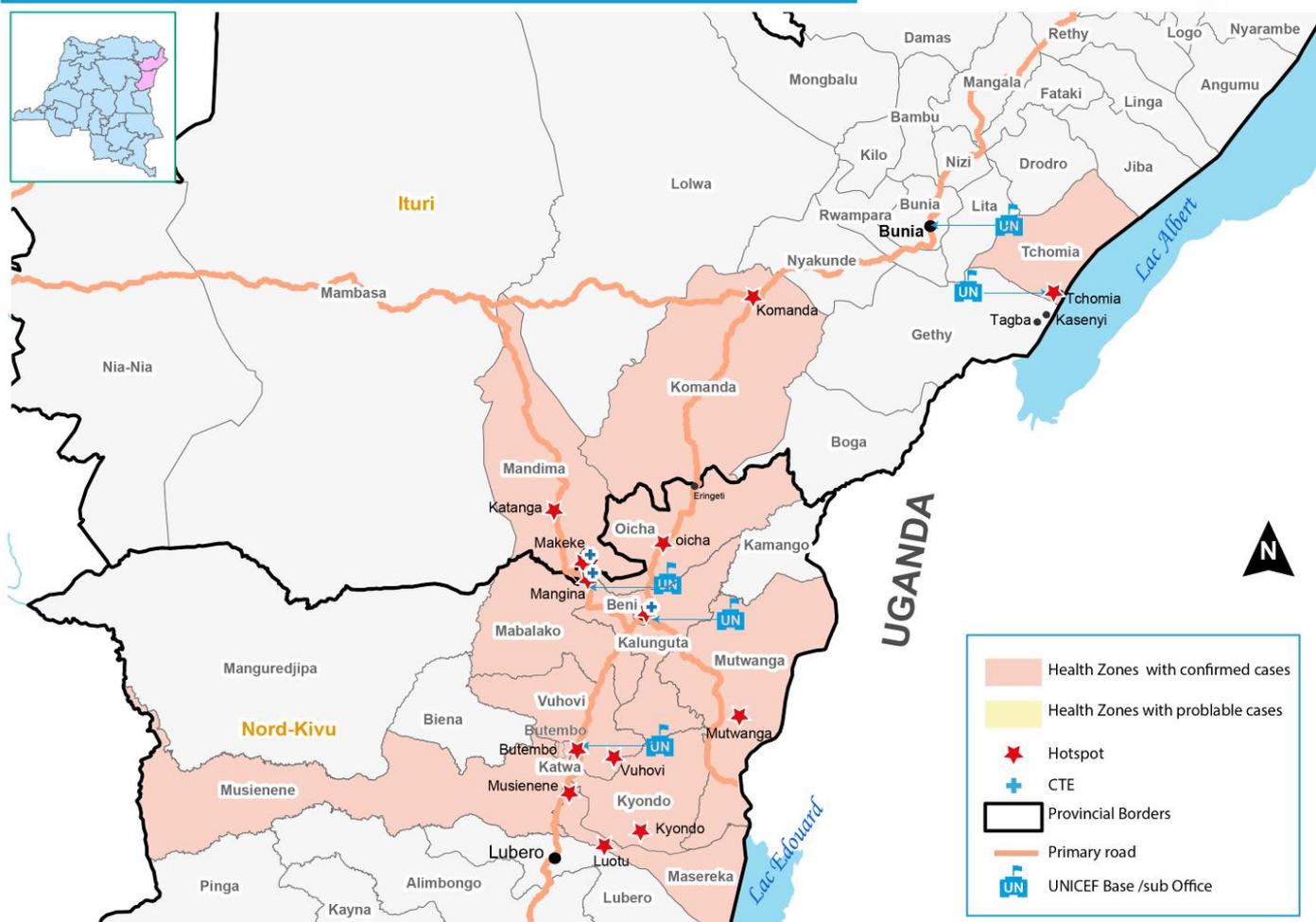
^{*} The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response matures

Ebola Response Funding Status 2018



* Funding requirement includes budget for phase I (\$ 8,798,899) and budget for phase II (\$ 13,031,305)

EBOLA - AFFECTED HEALTH ZONES



Epidemiological Overview¹

Summary Table (23.11.18):

Province	Health Zone	Confirmed and Probable Cases			Total Deaths Recorded	Suspect Cases under investigation
		Confirmed	Probable	Total		
Nord-Kivu	Beni	168	9	177	93	36
	Butembo	11	0	11	12	4
	Kalanguta	28	12	40	10	4
	Kyondo	2	2	4	1	0
	Mabalako	67	16	83	36	0
	Masereka	6	1	7	1	0
	Musienene	3	1	4	3	0
	Mutwanga	2	0	2	1	1
	Oicha	4	0	4	1	2
	Katwa	36	3	39	14	7
Ituri	Vuhovi	2	0	2	1	0
	Mandima	16	3	19	9	2
	Komanda	1	0	1	0	0
	Tchomia	2	0	2	2	0
TOTAL		348	47	395	184	56
Previous Total 12 November 2018		302	38	340	212 ²	43

1 Data source: Epidemiological table based on daily CNC numbers

2 The decrease in the total number of deaths recorded is due to corrections in data following a data verification process conducted by the CNC and the WHO last week.

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. UNICEF is also 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 and Butembo health zones are the most concerning areas 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 five coordination hubs based in Beni, Butembo, Tchomia, and Mabalako health zones. One sub-coordination hub is operational in Bunia city.

The coordination of UNICEF's response is dynamic due to the identification of confirmed cases and the geographical extension of the epidemic to newly affected health zones. UNICEF coordinates Musienene, Katwa, Masereka, Vuhovi, Kalanguta, and Kyondo's response from the sub-coordination group based in Butembo health zone.

Response Strategy

In support of the joint response plan, the UNICEF response strategy will continue to 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, surveillance, safe and dignified burials, and Ebola treatment centers
- 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 public and private health care facilities, as well as reinforcement of basic WASH services and awareness with traditional practitioners, which includes providing water and WASH kits, (2) hygiene promotion and the provision of WASH kits in schools, including handwashing stations and soap/temperature check points, (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, and (4) joint supervision of health infrastructures to ensure quality and efficient sustainability of programs are developed
- The child protection and psychosocial support to EVD confirmed and suspect cases and their family members as well as contact families seek to (1) provide psychosocial support, (2) establish or re-establish social and community networks and support systems, (3) provide social kits to EVD affected families, and (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic. The key elements of the strategy includes (i) psychosocial support for EVD confirmed and suspect cases, including children, in the ETCs, psychosocial activities for children and their families, (ii) material assistance to affected families to better support children, (iii) the facilitation of professional help to children and families with more severe psychological or social problems/needs, (iv) the coordination mental health and psychosocial support (MHPSS), and (vi) psychosocial assistance, appropriate care, and research of long-term solutions for 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 in the six health zones affected by Ebola or in situations of nutritional alert in North Kivu province. In addition, it will address infant

and young child feeding practices that are impacted by the increasing number of women affected by the Ebola epidemic

- The education sector strategy involves key EVD prevention measures on the school premises, including: (1) mapping of schools to identify its proximity with a confirmed case and the 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 suspected 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

Summary Analysis of Programme Response

An 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)

As an increase in Malaria cases was registered in the region, the cases of malaria-related fever further aggravated the situation through the increased number of false Ebola alerts and visits to health centers. In response, the C4D team led the efforts through the development of a malaria prevention communication strategy. The plan was adapted to the present situation in Nord Kivu and includes ways to simultaneously address Ebola and malaria. The control of malaria is expected to also contribute to a drop in Ebola alerts and visits to hospitals and ETUs, while, if not controlled, the malaria epidemic could also have an adverse effect on the Ebola response.

The Malaria communications strategy includes the pairing of IPC with the distribution of 275,000 mosquito nets, realized through an ambitious door-to-door campaign by 4,700 trained social mobilizers. In addition, locally adapted radio programs are being produced to inform the population and reduce confusion between the Ebola and Malaria teams. Workshops to reinforce the capacities of frontline workers have already began, and the campaign is expected to be launched before end of the month.

Community Engagement

With the telephone alert system active in Butembo, 1,533 phone calls were received this week from village chiefs, representing a 95% reporting rate from those who received a mobile phone or phone credit. These reports include alerts of suspected cases, deaths, or acts of serious resistance in communities. These calls to the surveillance and communication teams resulted in the investigation of 11 alerts, 5 deaths, and 7 resistance cases, all resolved by the surveillance and communication teams.

With the spread of the disease to other health areas, the communication teams continue to focus on the engagement of youth and women. Over the reporting period alone, 173 youth leaders were trained in Butembo and the surrounding health zones of Lubero, Vuhovi, and Musienene. An estimated 13,000 additional youth benefited from direct sensitization from these leaders. In addition, dialogue sessions with 627 women were completed in the same zones.

Promotion of preventive behaviors

3,875 households were visited through door-to-door sessions. These visits were organized and completed by the local communication teams in the health zones of Butembo, Katwa, Masereka, and Musienene. This was an important opportunity to distribute printed materials and personally respond to concerns of families.

Responding to Resistance and Rumors

In the new high-risk health zones of Kalunguta, Vuhovi and Kyondo, 11 additional local radio stations were engaged to join the fight against Ebola. They will each begin broadcasting pre-recorded programs and testimonies from survivors, and covering positive Ebola activities and community engagement events.

Over 210 cases of resistance were reported in communities, with 59 requiring personal visits by the communication teams in both Beni and Butembo. These visits resolved strong and, at times, aggressive behavior towards vaccination, safe and dignified burials, or surveillance response teams. With continued concern that negative information can quickly influence others, follow-up with the concerned groups is scheduled and implemented on a routine basis.

C4D Preparedness

Mass awareness and engagement sessions were completed in over 170 churches in the surrounding provinces of Ituri, Tchopo, and Tanganyika. In addition, over 630 frontline workers were briefed in the Ituri province and 14 radio stations continue to support the response with innovative peer-to-peer approaches and programing. In Goma, two round-table radio sessions were produced with community leaders and Ebola experts to address a potential spread of Ebola to their city and ways to identify and prevent it. UNICEF C4D has committed to play a critical role in the design and implementation of a larger government initiative to prepare all neighboring provinces for a potential response.

Water, Hygiene and Sanitation (WASH)

During the reporting period, activities and interventions on the ground were limited due to the deterioration of the security situation in Beni. A performance-based financing system to improve service quality and eliminate infections in health centers has been validated by the general coordination body as well as the Beni coordination. Through bi-weekly follow-up visits, a team made up of representatives of the WASH, IPC, and Prevention Commissions evaluate the quality of service based on a pre-defined list of indicators. One or more staff members of UNICEF partners will be part of the team, with UNICEF staff supporting them as needed. Payments will be based on the scores of each IPC/WASH indicator, and will increase as performance improves. The follow-up visits in the health centers started during the reporting period. To ensure a clear and harmonized communications strategy on the programme, a presentation followed by an information session regarding the system was conducted with the Communications Commission.

As of 24 November, 12 additional health facilities in the affected health zones in North Kivu province benefitted from essential WASH activities. These include the provision of handwashing points, briefing of staff on hygiene promotion, disinfection, and the installation of chlorination points. Since the beginning of the response, a total of 374 out of the 400 (95% coverage) targeted health facilities have been reached. As the epidemic persists, the response also needs to consider how the support provided can be sustained over time. WASH materials in the targeted facilities are therefore being restocked every two months, and the performance-based financing system described above looks at both the continued availability of materials and their proper use.

As of 24 November, 913 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, Butembo and Tchomia Health zones. These were provided in partnership with Oxfam and PPSSP and CEPROSSAN.

Since the beginning of the response, a total of 876,200 persons have gained access to safe water through the distribution and chlorination of water, the distribution of Aquatabs, or the rehabilitation of water points in the affected health zones. This represents 92% out of the 952,946 persons targeted by UNICEF.

In terms of preparedness activities, additional activities are starting in Bunia, Goma and Bukavu, thanks to USAID support. These activities are being implemented in coordination with DPS and WHO. Preparedness activities will follow the Ebola strategy by focusing on FOSA, schools, and public places, to reinforce prevention mechanisms and support the sustainability of infrastructure in selected areas. UNICEF will collaborate with a total of four partners to support the implementation of activities.

Key activities in the last seven days:

- In Beni and Butembo, UNICEF continued the distribution of WASH packages in 12 new health centers. These centers benefited from the installation of the essential WASH package.
- As of 24 November, 19,768 people benefited from drinking water treated through functional chlorination points, in Beni, Tchomia and Butembo.
- In Beni, UNICEF completed the construction of 6 latrines in the General Hospital. Also, work on the construction of two water distribution points is ongoing with the REGIDESO.
- In Butembo, UNICEF continued the follow-up and distribution of 7,500 liters of chlorinated water for 67 handwashing facilities in public areas.

Education

Since the beginning of the response, UNICEF has reached 434 schools out of the 600 targeted, with seven schools supported during the reporting period. Activities over the reporting period reached 5,338 children, bringing the total number of children reached by the response to 89,227 (30% coverage).

Four schools in Butembo and Lubero Health Zones (EP Kipese, Ep Mihake, EP Malio et Matanda) received handwashing kits for Ebola prevention and Ebola sensitization. UNICEF also briefed 328 teachers and head of schools from these schools on the usage of handwashing facilities, thermal flashes and Ebola prevention messages. A briefing on EVD prevention was also given by UNICEF to 310 new inspectors about to be transferred to the school administration, using their pre-service training as an opportunity to conduct this activity. The refresher briefing or sensitization was done jointly with C4D colleagues. An additional three schools in Butembo (EPA Annuarite, EP Bunyuka and Institut Bunyuka) also benefitted from sensitization activities.

In Tchomia and Kasenyi health zones, inspectors of the Ituri Provincial Ministry of Education conducted follow-up visits targeting 20 schools which already received prevention kits to ensure that the prevention protocol is understood and implemented accordingly. The follow-up shows that in most schools that are close to water wells, there is no problem with hand-washing daily. However, this is a problem faced in some schools due to the dry season, when wells are dried up. Students are then forced to bring water, sometimes unclean, from home, or simply don't wash their hands. Following this, inspectors recommended that school directors insist that parents provide clean water to children for handwashing. UNICEF's Education and WASH sections are coordinating in order to provide the concerned schools with a more sustainable solution.

During the reporting period, UNICEF also continued its efforts to advocate for the effective start of schools in a protective environment for children, meeting with the Beni sub-provincial education director, together with UNESCO and MONUSCO.

Psychosocial and Child Protection

EVD-affected children and families

Since the start of the response, 1340 persons affected by the EVD received psychosocial support in the Ebola Treatment Centers. During the reporting period, 62 children (4 confirmed, 58 suspect cases)³ in the ETC received specific individual psychological assistance, reaching a total of 421 children since the beginning of the epidemic⁴. Among these 62 children, 37 (two confirmed, 35 suspected cases) were in the ETC of Beni, 11 (two confirmed, nine suspected cases) were in the

³ This figure is issued from data collected by the psychosocial commission.

⁴ Idem

ETC of Butembo, and 14 (all suspected cases) were in the ETC of Mangina. Nine recreational kits were also distributed in the ETCs.

The psychologists play a key role in the ETC. Beyond psychological counselling, they explain the functioning of the ETC, prepare the patients for a change of status (to confirmed or to no case), welcome the families for visits, and pay special attention to children. Cured patients also play a crucial role as caregivers for children in the ETCs. Although training has been provided to them on psychosocial support for children, UNICEF is planning to further reinforce this with specific training on childcare. Moreover, there are not enough cured patients in the ETC of Butembo to take care of the children. Consequently, four EVD-cured persons of Mangina were transferred to Butembo to support teams inside the ETC.

141 families newly affected by EVD (confirmed and suspected cases) received psychosocial support and/or material assistance in all the affected health zones in North Kivu Province, reaching a total of 520 families throughout the response. Discharged and cured patients were provided with 160 hygiene kits and 179 food assistance. Nine families received funeral kits, 21 families received newborn kits, and 19 families received NFI kits. 208 previously identified EVD-affected families received continuous psychosocial support through regular visits of psychosocial agents in their communities.

Orphans and separated children⁵

17 new orphans due to the Ebola epidemic were identified and received appropriate care, reaching a total of 406 orphans and separated children out of the targeted 600. Follow-up visits to 54 previously identified orphans and separated children were conducted by psychosocial agents. The majority of children are psychologically stable: they are well-integrated in the community and play with other children. Additional material assistance is provided when specific needs are identified.

However, it should be noted that despite the advocacy of UNICEF and partners for the reopening of schools, the continuous closure of schools in Beni and some schools in Butembo (teachers' strike because of insecurity) can cause serious child protection issues. Children are often alone during the day, exposing them to more risks of EVD contamination or risks of exploitation. In addition, all children identified for school reintegration currently cannot benefit from assistance. This problem particularly affects orphaned children but also children who are cured from EVD.

Contact persons

A total of 297 contact families received a psychosocial support in Beni and Butembo, reaching a total of 3,929 out of the 4,187 targeted contact family members. In Tchomia, 22 contact persons received a follow up visits.

In Butembo, the psychosocial commission continued to follow children and contact persons from the orphanage where confirmed cases of EVD were identified. As a prevention measure, an evaluation of the other orphanages in the city was also conducted. Hygiene and NFI kits are going to be distributed to prevent any contamination.

Nutrition

From the 12th to the 24th of November 2018, appropriate nutritional care was provided to 138 patients in the ETCs. At the same time, 456 pregnant and lactating women, who are contacts and caregivers of children in the ETCs, were reached by infant and young child feeding nutrition counselling. These counselling sessions were held in the centers and in the communities. During the same period, ten orphaned and or separated children under 6 months of age had access to adequate nutrition care according to the IYCF-E guidelines.

In addition, the UNICEF nutrition expert in the field conducted an assessment of nutritional and health status and hygiene conditions in three orphanages located in Butembo town (Malaika, Nain and Compassion for Children in Distress). The

⁵ Orphans and separated children are those who have either lost one or both parents/caregivers or are separated from their parents/caregivers due to the Ebola epidemic.

number of children in these orphanages varied, from 20 (Malaika) to 58 (Compassion for Children in Distress). Unclean conditions were observed in all orphanages, and it was recommended that:

- Colleagues from WASH, Communication, and Child Protection be invited to assess and integrate awareness messages in orphanages on preventive measures against EVD, as well as reinforcement of hygiene measures with posters on Ebola and hand-washing kits including soaps;
- Information be shared with the surveillance team to monitor the six sick children in the Compassion orphanage;
- A focal point be designed for the collection of information on the use of milk substitutes for children <6 months and 6-12 months for the four orphanages;
- Nutritionists in the health zone be empowered to raise awareness about IYCF in the three orphanages.

Supply & Logistics

Since the beginning of the response, \$3,231,145.88 worth of items composed of WASH, C4D, Child Protection, Health, Education and ICT supplies have been procured for the Ebola response in Ituri and North Kivu province. Out of the total value of items, \$ 163,983.00 are ICT equipment for staffs.

Human Resources

As of 24 November, 76 UNICEF staff members are deployed to the affected health zones in North Kivu and Ituri provinces. Through the network of implementing partners mobilized by UNICEF for the response, a total of 429 personnel are currently deployed in the affected areas supporting the response.

External Communication

During the reporting period the Ebola crisis and UNICEF's response received media coverage in [Deutsche Welle](#), [Telegraph.co.uk](#), [BBC News](#), [CNN](#), [Emol.com](#), [El Mundo](#), [Montevideo](#), [Excélsior](#), and [Actualite.cd](#). The UNICEF CO published 44 articles on its blog since the beginning of the crisis, as well as 42 [Facebook](#) posts, 28 pictures on [Instagram](#), and almost 300 [tweets](#).

Funding

Based on the Joint Response plan of the Ministry of Health and partners, the total funding required for the response is estimated at USD 105 million. As part of the joint response plan, UNICEF response strategy focused on Communication, WASH and Psychosocial care, nutrition and cross-cutting education sector response is estimated at US\$21.8 Million.

At present, the UNICEF response has a funding shortfall of USD 12.03 Million.

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	\$	%
Water, Hygiene and Sanitation - WASH / IPC	10,536,519	2,962,719	7,573,800	72%
Communication for Development (C4D) - Community engagement and Communication for Campaigns	6,097,005	3,333,405	2,763,600	45%
Child protection and Psychosocial Support	1,851,200	648,800	1,202,400	65%
Medical Care: Management of Severe Acute Malnutrition in Ebola Treatment Center	749,800	549,800	200,000	27%
Operations support, Security and Coordination costs and Information and Communications Technology	2,273,680	1,304,175	969,505	43%
Preparedness Plan	322,000	0	322,000	100%
Total	21,830,204	8,798,899	13,031,305	60%

Next Sitrep: 29 November 2018

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Ebola Response Tracking Indicators (24 November 2018)	Target	Total Results	Change since last report ▲▼
RESPONSE COORDINATION			
# of affected localities with functioning partner coordination mechanism	5	5	0
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.	15,500‡	10,454	411
#of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	10,200‡	6,540	466
# 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.	11,500,000‡	6,375,987	361433
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	900‡	676	59

# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	35,105†	34,839	5,848
% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)	80%†	91%	8%
WATER, SANITATION & HYGIENE			
# of <u>health facilities in affected health zones</u> provided with essential WASH services.	400‡	378	12
# of <u>target schools in high risk areas</u> provided with handwashing facilities	600‡	438	8
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	900‡	913	47
# of people with access to safe water source in the affected areas	952,946‡	876,200	19768
EDUCATION			
# of students reached with Ebola prevention information in schools	297,000	89,227	5338
# of teachers briefed on Ebola prevention information in schools	7,200	4,257	328
CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT			
# of affected families with confirmed, suspects, probable cases who received one or several kits of assistance to support their children	451*	451	68
# of affected families, including children, with confirmed, suspects and probable cases who received continuous psycho-social support in their community	451*	451	68
# of contact family members, including children, who receive psycho-social support and/or material assistance	4,187**	3,929	0
# of unaccompanied children and orphans* identified who received appropriate care and psycho-social support	600‡	326	17
NUTRITION			
# of < 23 months children caregivers who received appropriate counseling on IYCF in emergency	9,756	2,188	456
† The target is dynamic as listing of eligible persons is defined +The target changes with changes in the epidemiology ‡ The target changes with changes in the epidemiology and as geographical coverage expands *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			