



# UNICEF EOC<sup>1</sup> - DRC Ebola Response

## Nord-Kivu and Ituri. What has been done since 1 year (August 2018 - July 2019)



### Population Nord-Kivu and Ituri<sup>2</sup>



**14,4 M**  
inhabitants



**7,4 M**  
female



**8,4 M**  
children



**2,7 M**  
children < 5 ans

### Ebola<sup>3</sup>



**2 749**  
Confirmed cases



**1 813**  
Deaths

### Psychosocial



**13**

UNICEF provided lead support to the Government in the Psychosocial Commission based in Goma with sub-commissions in other areas in North Kivu and Ituri affected by the epidemic. The mobilization of psychosocial assistants (APS) and psychologists to provide direct and individualized support to Ebola affected children and families has been the key strategy of MHPSS response. The APS, as the backbone of the psychosocial response, represents an important contribution from the child protection sector in a public health response. This function has proved not only adept in creating trust and confidence with the families and communities affected - but also in facilitating access to them from other more sensitive areas of intervention like de-contamination, vaccination, safe and dignified burials (etc).

### Funding<sup>5</sup>

Available

7,15M

US\$ Required

3,47M

### WASH/IPC



**30**

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 the provision of WASH in public and private health care facilities plus reinforcement of basic WASH services, which includes the provision of water and WASH kits and awareness raising of traditional practitioners hygiene promotion and provision of WASH kits in schools<sup>10</sup>, WASH in communities through mass outreach on hygiene promotion and the setup of handwashing stations/ temperature check points in strategic transit locations, and joint supervision of health infrastructures to ensure that efficient and sustainable programmes of high quality are developed.

### Funding

Available

18,6M

Gap

4,93M

US\$ Required

23,54M

### UNICEF EOC STAFF



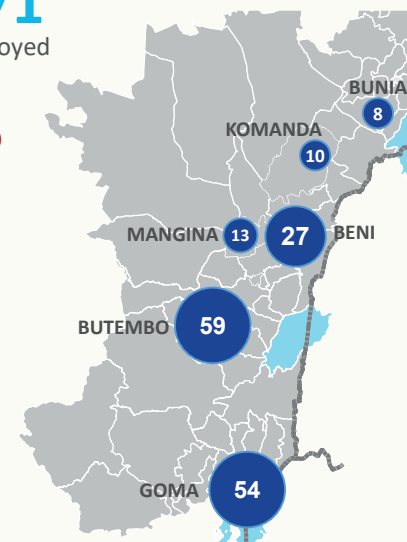
**171<sup>4</sup>**  
Deployed staff



**23%**  
FEMALE



**77%**  
MALE



### Education<sup>6</sup>



**5**

The education strategy involves key EVD prevention measures on schools, including the mapping of schools to identify their proximity to a confirmed case and identification of schools in the affected health areas, training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces, parents' association) on Ebola prevention

### Nutrition



**4**

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.

### Funding<sup>7</sup>

Available

1,68M

US\$ Required

0,95M

### Risk Communication and Community Engagement (RCCE)



**43**

The spread of Ebola virus disease is due to inadequate social practices of members of the concerned communities on the one hand, and to unprotective professional behaviours of some actors in charge of the response pillars on the other. The objective of the RCCE is to identify and act on the determinants of these risk behaviours, and to promote behaviours that are conducive to preventing and stopping the epidemic. As individuals live within community and associative networks whose leaders influence their behaviour, community engagement and ownership of the response is the main foundation of RCCE's interventions to ensure the sustainability of results.

### Funding

Available

13,72M

US\$ Required

13,17M

### Social Science analysis Cell<sup>6</sup>



**4**

The social sciences section aims to increase the effectiveness, appropriateness and accountability of the Ebola response through social and behavioural sciences research. Social sciences research agenda and themes are based on specific programme objectives and often closely linked to epidemiological analysis and requests from technical commissions. Social sciences analyses support UNICEF programme teams and the overall response to better understand and engage the communities with which we work and to identify more appropriate and accountable public health interventions. UNICEF's Social Sciences team contributes to the integrated Analysis Cell which includes Epidemiology and Social Sciences work.

<sup>1</sup>Ebola Operation Center. <sup>2</sup>Data from the 2014 DRC Statistical and Population Projection <https://data.humdata.org/dataset/rdc-statistiques-des-populations>. <sup>3</sup>Data from MasterLine database: Ministry of Health as of 31 July 2019. <sup>4</sup>Of which 72 staff deployed for : Programmes, IM, Operations, Preparedness, Management, Health. <sup>5</sup>The budgets mentioned range from SRP1 to SRP3 and do not take into account SRP4. <sup>6</sup>The Education and Social Science budgets were financed by the C4D sector (RCCE) - [Dashboard and documentation link](#). <sup>7</sup>The mentioned budget concerns Nutrition



# UNICEF EOC - DRC Ebola Response - Indicators and results

## Nord-Kivu and Ituri. August 2018 - July 2019 (end SRP3)



### PSYCHOSOCIAL



Results<sup>8</sup>  
**91%<sup>9</sup>**

**5 487**

Children as confirmed or suspect case receiving psychosocial support inside the transit centers and ETCs



Results  
**100%**

**7 953**

Affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance



Results  
**100%**

**18 765**

Contact persons, including children, who receive psycho-social support



Results  
**100%**

**2 091**

Separated children identified who received appropriate care and psycho-social support as well as material assistance



Results  
**88%**

**1 960**

Orphans identified who received appropriate care and psycho-social support as well as material assistance



Results  
**66%**

**856**

Psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families



### WASH



Results  
**100%**

**2 162**

Health facilities in affected health zones provided with essential WASH services



Results  
**76%**

**6 111**

Community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas



Results  
**91%**

**2 183**

Target schools in high risk areas provided with handwashing facilities



Results  
**78%**

**11 679**

Households of confirmed cases, contacts and neighbors of confirmed cases who received a hygiene and prevention kits with adequate messaging



### EDUCATION



Results  
**82%**

**891 048**

Students reached with Ebola prevention information in schools



### NUTRITION



Results  
**82%**

**42 310**

< 23 months children caregivers who received appropriate counseling on IYCF in emergency



Results  
**78%**

**465**

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



Results  
**99%**

**31 926**

Teachers briefed on Ebola prevention information in schools



Results  
**100%**

**6 334**

Ebola patients who received nutrition support during treatment according to guidance note (disaggregated by age group)



Results  
**57%**

**2 855**

Targeted children under 5 with SAM admitted to treatment in EVD affected health zones



### RCCE



Results  
**96%**

**31 576**

Frontline workers (RECO) in affected zones mobilized on ebola response and participatory community engagement approaches



Results  
**100%**

**52 685**

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)



Results  
**100%**

**151 704**

Listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols



Results  
**100%**

**9 194**

Households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination

Sources : UNICEF, Ministry of Health July 2019. <sup>8</sup>The target numbers has been changed in relation to the evolution of the epidemic. <sup>9</sup>XX% of planned targets were met

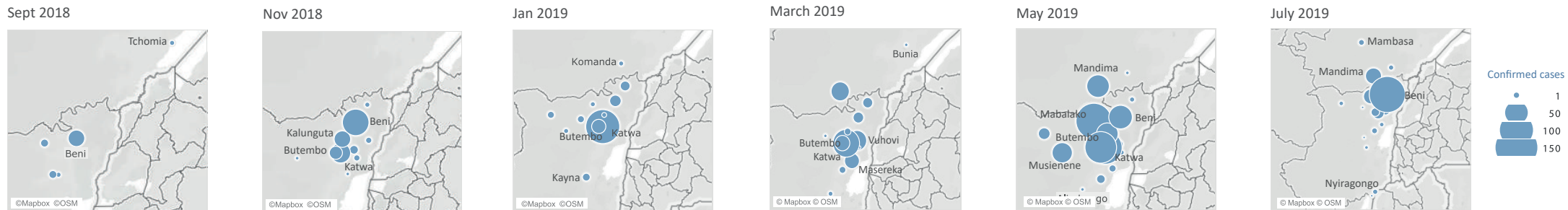


# UNICEF EOC - DRC Ebola Response - Epidemiological data

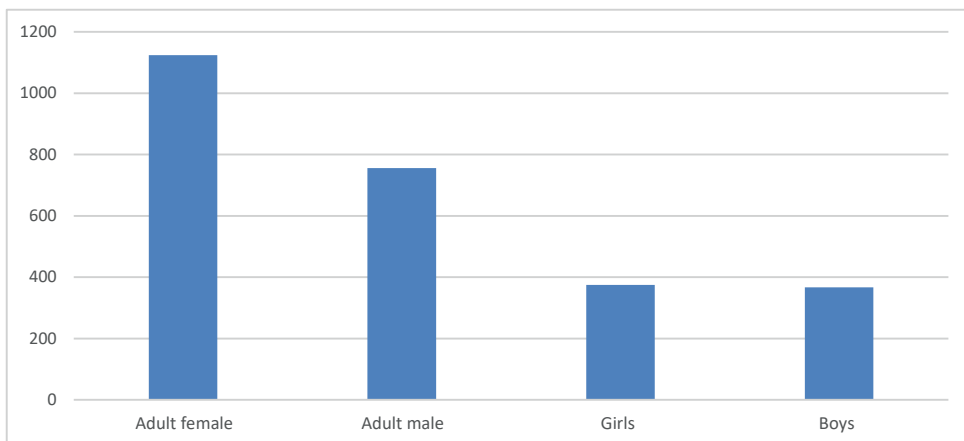
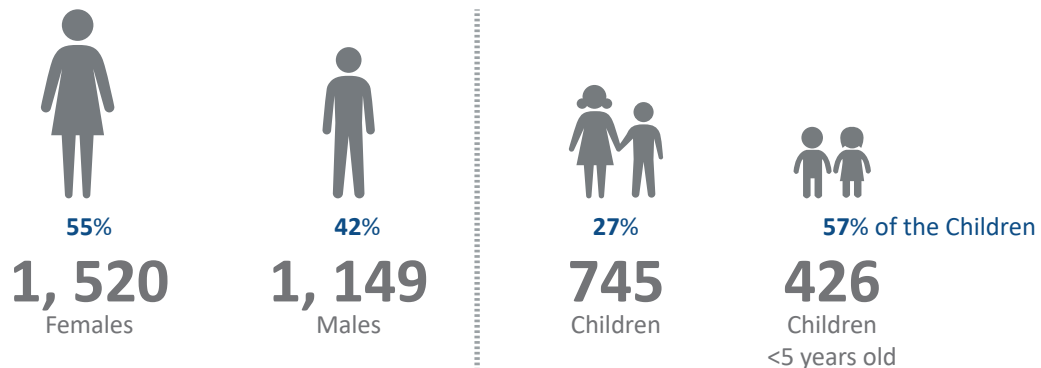
## Nord-Kivu and Ituri. August 2018 - July 2019 (end SRP3)



EVD: Spatio-temporal evolution of the number of confirmed cases since August 2018. Sources: Ministry of Health - DRC (MasterLine DB - Epidemiology unit, July 31, 2019)

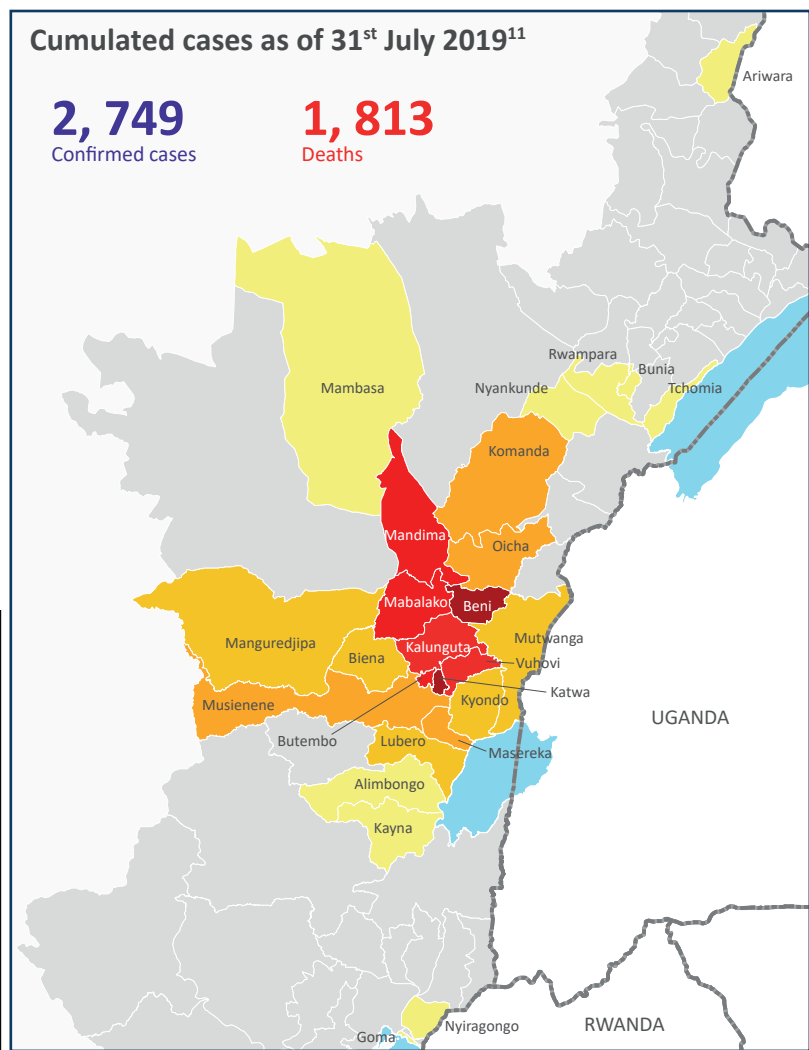
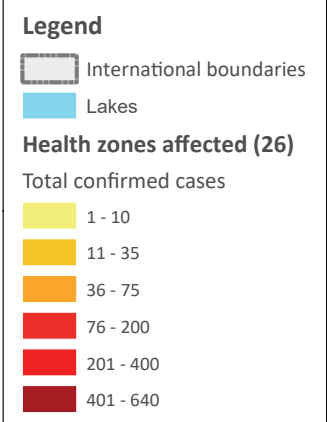


### Confirmed cases<sup>9</sup>



### Cumulated cases as of 31<sup>st</sup> July 2019<sup>11</sup>

**2,749** Confirmed cases  
**1,813** Deaths



<sup>10</sup>The total of confirmed cases include 80 sex unspecified (3%). <sup>11</sup>Sources MoH - WHO as of 31 July 2019. [Interactive dashboard link](#)