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Reporting Period: May 2020

Democratic Republic of the Congo

Humanitarian Situation Report No. 05



Highlights

- UNICEF-supported nutritional surveillance and early warning sentinel sites (SNSAP) issued 73 alerts (14%) across the DRC during the month of May. This represents a 20% increase in the number of health zones in nutritional alert compared to the previous month.
- In Ituri province, a resurgence of violence from active militia groups led to the displacement of an estimated 200,000 persons in Mahagi, Djugu and Irumu territories, since April 2020.
- During the reporting period, Haut – Katanga province faced an outbreak of cholera cases around the city of Lubumbashi with a total of 607 cases recorded, of which 19 deaths were reported. In response to the outbreak, UNICEF continues to support patient care through the provision of drugs and Cholera Treatment Centers (CTC)
- UNICEF provided life-saving emergency packages in NFI/shelter through a rapid response mechanism to nearly 90,000 people affected by humanitarian crises.
- As of 31st May, 3,317 confirmed cases of Ebola, of which 2,134 deaths, have been reported as a result of the DRC's 10th Ebola outbreak in North Kivu and Ituri provinces. UNICEF continues to provide a multisectoral response in the affected provinces

Situation in Numbers



9,100,000
children in need of humanitarian assistance (OCHA, HNO 2020)



15,600,000
people in need (OCHA, HNO 2020)

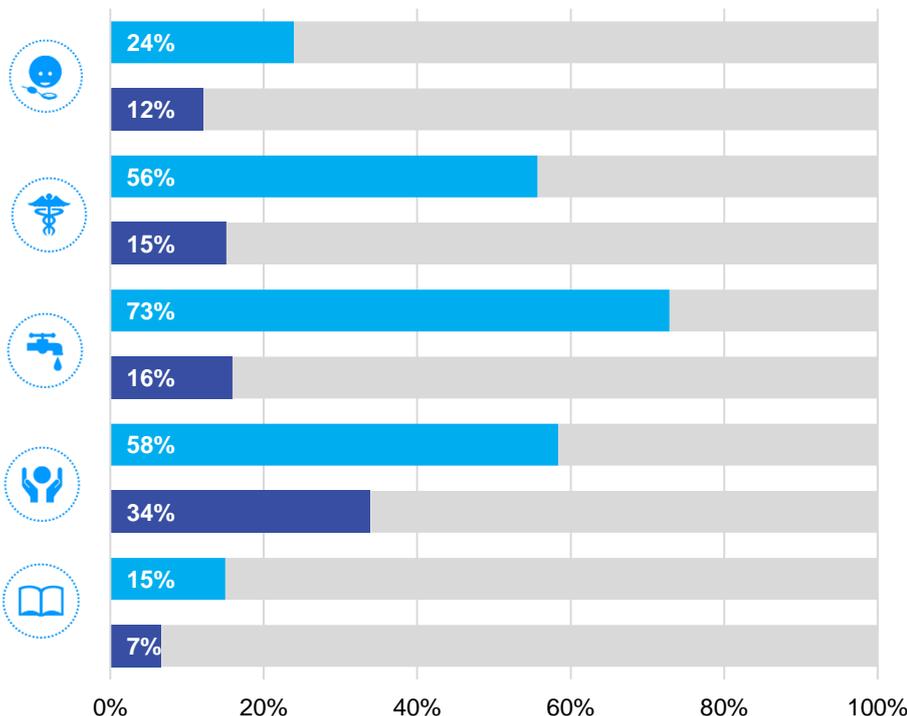


5,010,000
Internally displaced people (HNO 2020)

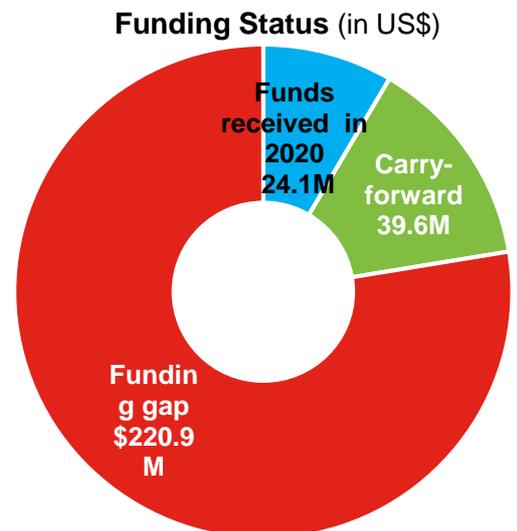


10,533
cases of cholera reported since January (Ministry of Health)

UNICEF's Response and Funding Status



UNICEF Appeal 2020 US\$ 301 million*



*The Ebola response has been integrated into UNICEF's HAC appeal 2020

Funding Overview and Partnerships

UNICEF appeals for US\$ 301M to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). In May 2020, the United States Fund for UNICEF and German Committee for UNICEF has generously contributed to UNICEF DRC humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2020 HAC has a funding gap of 73%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Needs

During the reporting period, the humanitarian context in the DRC was characterized by multiple epidemic outbreaks (COVID-19, measles, and cholera), conflict outbreaks, and flooding.

As of 31st May 2020, the COVID-19 outbreak has affected eight provinces in the DRC, with a total of 3,195 confirmed cases¹ distributed as such: Kinshasa 2,896 cases, Kongo Central 189 cases, North Kivu 43 cases, Haut-Katanga 33 cases, South Kivu 28 cases, Ituri 2 cases, Kwilu 2 cases, and Kwango 1 case. As a result of the pandemic, schools remained closed across the country and increased risk of disease outbreaks remains high due to weak health systems. Despite these challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures². The latest COVID-19 situation report can be found here [link](#).

On 14 May, the last remaining case received the final negative test and was discharged from the Ebola Treatment Center in Beni while, on 19 May, the 90 last contacts ended their follow up. The end of this outbreak is in sight as there had been no new case during this period. The reporting period was also marked by some riots in the city of Beni, which restricted UNICEF's movements and activities for two days, including psychosocial activities in the communities. As of May 31, 3,463 cases (3 317 confirmed et 146 probable), of which 2,280 deaths were reported since the beginning of the outbreak, with lethality rate of 66%³.

Since the beginning of the year, 10,533 cases of cholera (155 deaths) have been reported, of which 65% of cases were children under the age of 5.⁴ The highest number of cholera cases were recorded in Haut Katanga, North Kivu, and South Kivu province. During the reporting period, the province of Haut - Katanga faced an outbreak of cholera cases around the city of Lubumbashi, with a total of 607 cholera cases recorded, of which 19 reported deaths. The cholera epidemic was further exacerbated by the lack of drinking water supply points and adequate hygiene practices within the affected population. Furthermore, the coverage of health facilities in WASH IPC is very low, less than 20% covered (PCI-WASH commission) in the provinces of Kinshasa, Nord-Kivu, Sud-Kivu and Tanganyika.

In Ituri province, in addition to the 1.2 million people already displaced as a result of a two-year persisting conflict, a resurgence of violence from active militia groups has led to the displacement of an estimated 200,000 persons in Mahagi, Djugu and Irumu territories since April 2020. With limited access to the affected territories in Djugu and Mahagi, the exact humanitarian situation of the affected people is difficult to assess, however, the violent conflicts continue to worsen the protective environment with significant impact on children. In addition, major protests organized by youth groups in Mahagi territory disrupted access to the area as well as the movement of food stock from Mahagi to Bunia, further exacerbating shortages in food stock in the town of Bunia. In southern Irumu territory, violent clashes between the Armed Forces of the Democratic Republic of the Congo (FARDC) and armed groups have been reported, resulting in the displacement of an estimated 70,000 persons towards Komanda health zone. Along the Komanda-Luna axis, the increase in ambushes of cars coming from Beni-Butembo by suspected members of armed groups reduced humanitarian access to the affected areas. As a result of the security situation, a significant number of people (70,000 people according to local authorities) are displaced towards Komanda and are in dire need of humanitarian assistance. In the northern part of the territory of Aru in Ituri Province and in the territory of Faradje and Dungu in Haut Uele, the resumption of criminal activities by foreign armed groups have been reported resulting in 10 villages burnt down and looted.

In North Kivu province, more than 1.3 million people are internally displaced and nearly 700,000 people are returnees due to humanitarian crises (OCHA, Feb 2020). 94% of IDPs live in host communities, while over 90,400 persons live in

¹ Source: Ministry of Health May 2020

² COVID-19 prevention measures: practicing social distancing, installation of handwashing stations, temperature checkpoints during interventions, and wearing masks.

³ Source: Ministry of Health

⁴ Source: PNECHOL 2020

22 IDP spontaneous sites. In May, nearly 20,000 families were displaced due to armed conflicts in five territories⁵. The affected population expressed needs in NFI, WASH, Nutrition and protection. However, continuous insecurity in Beni and Masisi territories and logistics challenges in Walikale and Masisi territories hampered the delivery of assistance. Mutwanga health zone, was particularly affected during the reporting period. Attacks by armed individuals assimilated to militia groups continued, resulting in massive population movements. According to OCHA, since December 2019, more than 59,000 people have been displaced in this health zones. In addition, heavy rains on 20 and 21 May led to important flooding in Mutwanga and Kirotshe health zones affected over 40,000 people.

In South Kivu province, ongoing armed conflicts between militia groups and FARDC surrounding Fizi territory led to displacement of 131,000 IDPs between December 2019 to May 2020. An additional 25,000 persons have been displaced in Shabunda territory during the reporting period.

In addition, floods in the vicinity of Ruzizi plains and Uvira axis due to important rainfalls affected over 92,000 people with 25,000 people in six health zones in Maniema province⁶. Several schools were destroyed, including 43 schools in the town of Uvira. People affected lack significant needs in health, wash, nutrition and Non-Food Item.

In Tanganyika province, the closure of Internally Displaced Persons (IDPs) site in Kaseke around Kalemie territory, led to a voluntary return / relocation movement of 1,769 households to the localities of Muzaniwa and Kiempele and the remaining IDPs in transitional sites located in Kisalaba and Mwaka. The humanitarian situation in Nyunzu territory remains also worrying as humanitarian access to the affected areas remains limited. Out of 25 health areas in Nyunzu health zone, only two health areas are accessible by humanitarian actors⁷. Furthermore, the living conditions of an estimated 60,000 IDPs in the affected areas continue to deteriorate, which further exacerbates the demographic pressure on livelihoods and access to basic social services faced in host communities.

Finally, floods also severely affected three health zones in the Haut Lomami province during the reporting period⁸. More than 95,670 persons⁹ (including around 47,170 children under 5, or 49%) have been left without shelter, living in churches, in spontaneous sites and exposed to bad weather and increased risks of diseases outbreak. Furthermore, 29 health centers and 122 school buildings were flooded, limiting access to health care. WASH needs are also significant with limited access to drinking water, lack of personal hygiene, food contamination, high risks of potential water-borne diseases outbreaks.

Summary Analysis of Programme Response

Nutrition

UNICEF-supported nutritional surveillance and early warning sentinel sites (SNSAP) issued 73 alerts (14%) across the DRC during the month of May. This represents a 20% increase in the number of health zones in nutritional alert compared to the previous month. The provinces of Equateur (11 health zones), Kwango (10 health zones), and Kasai (8 health zones) reported the highest number of alerts. Analysis of the data shows an increase of 78% over the same period compared to 2019. During the period, certain risk factors led to an increase in the malnutrition rates, such as the measles epidemics (Maniema, Mai Ndombe and Bas Uele), population movements (Eastern provinces) and natural disasters (floods) in Haut Lomami and Lomami as well as rising food prices in South Ubangi.

During the reporting period, 49,024 children were treated for SAM, of which 1,172 were hospitalized patients. 82 percent of children who received treatment were from the provinces most affected by nutritional crises (Kasai, Kasai Central, Kasai Oriental, Lomami). UNICEF supported the treatment of SAM in 65 health zones, which represent 39% of the priority health zones identified by the Nutrition cluster. The performance indicators¹⁰ for SAM treatment were as follows: recovery rate of 95%, 0% death and 5% abandonment in the country. In response to the nutritional alerts in Tshuapa and Kwango provinces, UNICEF deployed nutritional inputs (8,911 cartons of ready-to-use therapeutic food, 71 cartons of F75 therapeutic milk and 26 cartons of F100 milk) to cover the treatment of 8,500 children suffering from SAM.

⁵ Affected territories: Masisi, Walikale, Rutshuru, Beni, and Lubero

⁶ Health zones: Kindu, Alunguli, Kailo, Ferekeni, Punia and Kasongo

⁷ Mangala and Tshanga Tshanga health areas, which compose Nyunzu city

⁸ Health zones: Malemba, Mukanga and Mulongo

⁹ Source: Ministry of Health

¹⁰ Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

Since January 2020, 24% of targeted children suffering from SAM have gained access to nutritional care according to data from the national health information system. UNICEF was able to have higher coverage compared to the same reporting period in 2019 due to the continuity of supply of nutritional inputs.

The Nutrition Cluster held two general meetings and technical working group meetings on the treatment of malnutrition and COVID 19 to analyze the response, discuss constraints and find adequate solutions to support the delivery of nutrition services. One of the key points of the discussion was the modelling of the simplified approach for the treatment of acute malnutrition, which integrates the adaptations of the integrated malnutrition management program in the context of COVID 19¹¹. The Cluster has developed a roadmap for the implementation of this approach. The provinces of Tanganyika, Ituri and Kinshasa are targeted to carry out a pilot program in June 2020.

Health

As of epidemiological week 21, 60,764 suspected measles cases, including 806 deaths (CFR: 1.3%), have been reported across the DRC. The provinces that reported the highest number of cases of measles were: Tshopo 944 cases, Sankuru 728 cases, North Kivu 492 cases, Mai-Ndombe 381 cases and Nord-Ubangi 376 cases.

In response to the floods in Uvira, South Kivu province, UNICEF and its implementing partner *Agence Achat de Performance* provided access to free medical care to 6,650 persons, of which 4,616 children under 5 years of age and pregnant women.

In North Kivu province, UNICEF supported the organization of the measles response campaign in 36 health areas of nine targeted health zones¹² through the distribution of Infection Prevention and Control (IPC) inputs¹³. UNICEF reached a total of 167,648 children aged 6 to 59 months, out of the 146,686 targeted children. UNICEF also supported the organization of a cholera vaccination campaign in eight health zones, reaching 528,233 persons out of the targeted 480,828 persons¹⁴. Furthermore, UNICEF supplied the eight targeted health zones with known cholera cases with drugs to treat 800 cholera affected persons. Over 1.19 million Aquatabs tablets for the treatment of household water and handwashing systems were distributed. Furthermore, UNICEF provided IPC equipment in vaccination sites: 220 thermo flash, 859 hydro-alcoholic gel 500ml, 15,468 non-sterile gloves, 60 stand for buckets, 60 plastic buckets 20L, 60 buckets of 15L.

In response to the cholera outbreak in Haut Katanga province, UNICEF continued to support patient care through the provision of drugs and financial support to increase the capacity of hospital beds in Cholera Treatment Centers (CTC) and support the transportation of patients. UNICEF distributed 50 cartons of sodium lactate with 10 baxter of 1,000 ml or 10 liters / carton and 72 cartons of Oral Rehydration Salts of 1,000 sachets for 50 patients with severe cases of cholera and 7,000 simple cases of dehydration.

WASH

In May, 68,576 people affected by population movements due to conflicts and floods and 61,325 people affected by cholera, benefited from WASH assistance provided by UNICEF partners.

In South Kivu province, 50,455 people were reached by UNICEF's implementing partners Oxfam and Red Cross in Uvira through the installation of 20 chlorination points, 5 water treatment and distribution stations, 80 latrine doors, 50 shower doors, and awareness raising.

In Kwango province, 12,379 people benefited from a WASH package through UNICEF's implementing partner Rebuild Hope for Africa. The WASH package included the construction of 4 water sources, 4 incinerators, 4 placenta pits, training of 120 actors on hygiene promotion, construction of 21 doors latrines, 8 shower doors, establishment of 4 water management committees, and the establishment of 3 impluvium and handwashing stations in schools.

In Kasai Oriental province, 14,073 people were reached with access to drinking water through the installation of 60 chlorination points and two drinking water stations through UNICEF's implementing partner Social Development Center.

¹¹ Distancing, reduction in the number of visits, simplification of anthropometric parameters, single ration

¹² Beni, Bambo, Borambizo, Mabalako, Mangouroudjipa, Mweso, Nyiragongo, Kirotshe and Masisi health zones

¹³ gloves, thermo flash with batteries, hand washing devices, hydro alcoholic gel

¹⁴ Kirotshe, Goma, Karisimbi, Itebero, Nyiragongo, Kibwa, Mweso and Mutwanga

In Haut-Lomami province, in response to the cholera epidemic and consequences of the January 2020's flooding, UNICEF and implementing partner Vijana ya Panda Tujengeni reached 17,252 persons in Bukama health zone on key hygiene practices and cholera prevention through door-to-door sensitization.

In May, the WASH cluster raised advocacy with the Humanitarian Fund to raise awareness on the flooding in South Kivu (Uvira), of which 25,000 persons lacked access to WASH services, especially drinking water due to the destruction of water infrastructures. In collaboration with other clusters, the WASH cluster has set up three thematic groups: WASH in Nutrition (based in Kinshasa), WASH in Health (based in Kalémie) and WASH cholera (based in Goma) to provide technical directives and guidelines to stakeholders to improve the coordination of interventions with these sectors. As of May 2020, the cluster faces challenges in terms of human resources to ensure full-time coordination in the hubs.

Education

During the reporting period, schools remained closed throughout the country as a result of the COVID-19 pandemic following the directives from the Government. The distance education program of the National Ministry of Education continues to receive technical and financial support from UNICEF. The education of an estimated 23 million children aged 3-17 has been interrupted due to the COVID-19 pandemic, of which 7.6 million children were out of school children prior to the pandemic. Providing access to education in the COVID-19 remains challenging as the estimated 488 community radio stations cover less than 30% of the national territory. To address the remaining needs in education, UNICEF supported the distribution of exercise books for homework.

As of May, the coverage of distance education program covers 9 out of 10 UNICEF's provincial offices,¹⁵ which represents 18 out of 26 provinces¹⁶ which benefitted from the contribution of UNICEF's education program with an activity pack¹⁷.

UNICEF's response was implemented in collaboration with the National Ministry of Education, Provincial Ministry of Education, the national channel RTNC, Okapi radio from MONUSCO and community radio channels in the provinces of Ituri, Haut Katanga, Kasai Oriental and Tanganyika. During the reporting period:

- 4,492,371 students were reached through distance learning out of 15,450,000 planned
- 27,450 exercise books for homework were distributed out of a total of 357,928 planned for children in areas partially or not covered by radio and television partners.
- 1,700 COVID-19 protective masks were distributed out of 423,870 masks planned for teachers of the final stage of primary and secondary schools
- 268 radio stations and 20 television promoted distance education through micro programs. In collaboration with UNICEF's C4D section, the distance learning programs are estimated to reach 488 radio channels
- 9,987 radio sets in support to distance education for children in 11 provinces were sent to UNICEF field offices to support vulnerable households affected by the recent floods and IDP sites

Child Protection

In May, a total of 8,373 children (49% of girls) affected by conflict and other humanitarian crises received a child protection assistance¹⁸. The number of reached beneficiaries increased slightly (52% of the previous month's result) due to resumption of psychosocial activities with the implementation of prevention measures (mobile activities, psychosocial support with restricted groups of children). During the reporting period, 130 Children Associated with Armed Groups and Forces (CAAFG) and 142 Unaccompanied and Separated Children (UASC) were identified and received temporary assistance and/or reintegration support, and 8,005 children benefitted from psychosocial support.

Following the resurgence of violence in Djugu and Mahagi territories, UNICEF child protection section scaled up its interventions in those areas to respond to the critical needs of children affected by the armed conflict as 57% of the killing and maiming grave violation registered from October 2019 to May 2020 were in the Ituri province.

¹⁵ Kinshasa, Lubumbashi, Kisangani, Goma, Mbuji-Mayi, Mbandaka, Kalemie, Bunia et Bukavu

¹⁶ Congo central, Kinshasa, Kwilu, Lualaba, Haut Lomami, Haut Katanga, Tshopo, Bas Uele, Nord Kivu, Kasai Oriental, Sankuru, Nord Ubangi, Equateur, Sud Ubangi, Tanganyika, Haut Uele, Ituri and Sud Kivu

¹⁷ the broadcasting of lessons by radio and TV, the production of masks to protect against COVID-19 by the pupils of the various vocational education centers, the production and distribution of exercise books for homework intended for children with no access to radio or TV in rural and semi-rural areas

¹⁸ A child protection assistance can include: psycho-social assistance, medical care, educational support, socio-economic reintegration, temporary assistance in transit centers and/or families foster care.

In Bwito (North Kivu), and due to a resurgence of clashes following military operations launched by the FARDC against armed groups, a large number of separated children, victims of violence or children leaving armed groups have been identified. UNICEF intervenes in the area but there are still uncovered needs.

In Kasai, new expulsions of Congolese populations from Angola have been notified. 116 UASC (57 girls) have been identified and benefited from transitional care.

Since the beginning of the year, a total of 90,959 children have been assisted by UNICEF.

Communication for Development (C4D), Community Engagement & Accountability

During the reporting period, 35,791 people were reached through radio communication and door-to-door visits conducted by 27 Community Relays (RECOs) on measles vaccination promotion activities in Kabalo, Manono and Nyemba health zones, Tanganyika province.

In response to the measles epidemic in Tshuapa province, UNICEF supported a surveillance mission to Monkoto health zone, composed of a member of the Provincial Communication Task Force and a community animator. The team was able to brief 20 RECOs on measles active case finding and raise community awareness on measles vaccination, reaching 14,300 people.

In May, 1,570,639 people were reached with key life-saving/behaviour change messages on humanitarian services in 12 provinces. Furthermore, 553 people gained access to mechanisms to voice their needs/concerns/feedback in 10 provinces, reaching a total of 3,794 persons since January.

UNICEF Rapid Response (UniRR)¹⁹

In May 2020, 17,973 households (89,865 people) whose survival was threatened by humanitarian shocks have benefitted from life-saving emergency packages of Non-Food Items (NFIs) and shelter through UNICEF rapid response mechanism (UniRR) in Ituri (10,301 households in cooperation with PPSSP²⁰), North Kivu (6,213 households in cooperation with Red Cross North Kivu) and Tanganyika province (1,459 households in cooperation with Red Cross Tanganyika).

In times of COVID-19 pandemic, UNICEF stays and continues to deliver its rapid response programme. The programme was interrupted less than 10 days due to the pandemic.

Since the COVID-19 pandemic onset, UniRR has provided much needed assistance to nearly 85,000 people while ensuring COVID-19 mitigation measures and respecting “do no harm” principles. UNICEF ensured physical distancing in distribution sites, installed hand washing points, disseminated COVID-19 related communication messages and conducted strict health checks of staffs and partners before going to the field.

Cholera Rapid Response

Since 24/12/2019 and in coordination with the North Kivu Health Provincial Division (DPS) and a partnership with the North Kivu Red Cross, UNICEF has been implementing an approach to fight cholera based on the methodology “case-area targeted interventions” (CATIs). The main objective is to respond to 80% of suspected cases in less than 48 hours by implementing a health cordon around each suspected case.

Following a cholera outbreak in Haut-Katanga (more than 500 suspected cases and 26 deaths in the last two weeks of May) and an increased number of suspected cases in South Kivu, an identical approach is now being implemented with the DPS and 2 NGO partners in these provinces.

¹⁹ Through its Rapid Response Mechanism (UniRR), UNICEF delivers an integrated package of life-saving humanitarian relief in WASH, NFI and Shelter to people whose survival is threatened by humanitarian shocks (preventive or reactive displacements, natural disasters and epidemics). The UniRR is characterized by its high life-saving impact, rapidity, simplicity and local implementation.

²⁰ Programme de Promotion des Soins de Santé Primaires

COMMUNITY RESPONSE AT A GLANCE – Summary of activities for last full months (may) last full week , and cumulative since 01/01/2020 - RDC - Nord-Kivu	MONTH	WEEKS	TOTAL SINCE 01/01/2020
	2020_5	2020_21	
Suspected cases reported by MSP	271	45	3 189
Suspected cases reported by Line Listing	327	98	1 948
Completion line listing VS MoH data	120,66%	218%	61%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)	303	92	1 314
Number of response done (type 1: rapid responses only)	227	73	1 077
Responded cases by CORT	282	97	1 587
% of response < 48 h (only type 1)	90%	86%	95%
% of responded cases (Based on Line Listing)	86%	99%	81%
Average of households per response (i.e “cordon sanitaire” size)	12,53	11,65	11,80
Number of households having received at least one Household Water Treatment product	4901	1639	24319
Number of persons sensitized (rapid responses only)	22960	7363	150 848
Number of persons sensitized (rapid responses, prevention and community involvement)	33669	10388	200 590
Number of disinfected houses	3455	1106	18 043
Average of disinfected houses per suspected cases	12,3	11,4	11,37
Number of emergency water chlorination points activated	11	0	84

Ebola

Risk Communication and Community Engagement (RCCE)

In Beni, UNICEF-supported teams and UNICEF partners continued the engagement with communities and reached 270,626 people through educational talks, individual interviews, household visits, advocacy and community dialogues on EVD. In a context of COVID-19, the topics discussed included both prevention measures against EVD and COVID-19.

Community Animation Cells (CACs) continued to ensure sensitization and awareness interventions in the fight against EVD and COVID-19, raising 9,708 alerts in Beni and Butembo health zones, North Kivu province in May. As part of Pillar 3 activities, 4,153 CAC members were trained on Essential Family Practices (EFP) and in turn briefed 955,109 people on EFP during households' visits.

UNICEF in partnership with *Programme de Promotion des Soins de Santé Primaires (PPSSP)* trained 12 members of the management teams on the EFP in Ituri province. In Kalunguta health zone in North Kivu province, the NGO *Contribution des Opérateurs Economiques aux Initiatives de Développement Local (COEIDL)* trained six health area supervisors and 66 model women from 33 CACs on EFP, with a specific focus on the protection of children and their mothers. The objective of the project is to engage women members of the CAC in children's vaccination, birth registration and in prenatal consultations for pregnant women.

In May, 90,724 households benefited from personalized house visits undertaken by the CACs to raise awareness on Ebola and EFP and 1,504 listed eligible people for ring vaccination were informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.

Infection Prevention and Control (IPC)/Water, Hygiene and Sanitation (WASH)

During the reporting period, in collaboration with the World Health Organization (WHO), UNICEF focused on prevention activities, such as the renewal of WASH kits in 341 health facilities, the organization of hygiene promotion sessions benefitting 508,465 people and the provision of 405,656 liters of water for 243 handwashing stations in public sites.

In support to communities affected with Ebola outbreak (Pillar 3), in Komanda health zone in North Kivu province, UNICEF and PPSSP trained 105 members of 15 water management committees, six health workers from two health centers and two health management committees on basic IPC measures.

During the reporting period, UNICEF reached 2,517 students (aged 5 to 17) in schools in areas affected by EVD with a WASH intervention. In Mabalako health zone in North Kivu province, UNICEF implementing partner *Programme d'Assistance aux Populations Vulnérables en Afrique* (PAPV) finished building 11 latrine doors in three schools, benefitting 589 students (including 257 girls), two latrine doors and two shower doors in one health facility in Bingo health area, North Kivu province.

In Aloya health area in North Kivu province, UNICEF and implementing partner *Bureau d'Etudes Hydrauliques et des Constructions* (BEHCOGEN) constructed two water sources that will supply the global network already functional while the partner is also conducting consultation meetings on the water supply project and maintenance with the administrative and local authorities, the CAC and the community.

In the meantime, in Katwa Health Zone, UNICEF in partnership with the *Association des Consommateurs d'Eau de Katwa* (ACEKA), built four latrine doors in a school for 916 children (including 472 girls). Furthermore, UNICEF's partner set up one spring catchments for a total of 1,012 beneficiaries (including 551 girls) and two spring catchments in two health facilities.

Education

In Kalunguta and Katwa, UNICEF in partnership with *Action de Solidarité pour la Promotion de la Santé Familiale et Développement* (ASOPROSAFD) trained 100 members of Parents Committee (COPA)/Management Committee (COGES) on good governance in schools including 12 teachers of five primary schools and one secondary school. In addition, UNICEF set up and equipped 18 temporary learning spaces in three primary schools, of which one primary school welcomed disabled children.

In Mabalako, UNICEF implementing partner AVSI continued to support the COPAs/COGEs of seven schools with small grants to allow them to directly implement school improvement plans activities. In Kanzulinzuli health area (Beni), UNICEF's implementing partner Women of Africa (WOA) started building a Child Friendly Space which will benefit 40 vulnerable children aged 5-8.

Psychosocial Support

37 children were admitted to the Beni and Katwa nurseries in May, of which 17 girls, while their parents were admitted to the Treatment Centers (TC). Since the beginning of the response, 24,788 affected families with confirmed, suspects, probable cases received psychosocial assistance and/or material assistance among which 212 in the reporting period.

The Rapid Intervention Team (EIR-PSS) established in Butembo health zone carried out psychological debriefing sessions for 23 first-line providers, including 15 women. They also visited and provided psychosocial support to 45 EVD orphans (including 24 girls) per day and organized 177 individualized therapy sessions for EVD survivors in their communities (144 adults, including 90 women, and 33 children, including 15 girls) and seven group therapy sessions with an average participation of five persons each (4 adults, including 2 women and 1 child).

In Beni, despite the insecurity situation, the team continued to strengthen capacities by briefing 13 people (six women) on specific therapies to accompany Ebola survivors while organizing a refresher session on child protection for 27 psychosocial agents (13 women). Furthermore, as part of Pillar 3, in Beni, UNICEF's implementing partner Save The Children organized a three-day training session on the inter-agency case management approach to child protection for 18 people (including seven women).

Health and Nutrition

In May, in the four ETC/TC²¹ that are still operational, 223 new suspected cases including 105 in Beni, 78 in Butembo/Katwa and 40 in Mangina received nutritional care. Among them, 11 were children aged from 24 to 59 months and 212 were children over five years and adults. In these structures and the affiliated nurseries, UNICEF-supported nutritionists, provided assistance to 66 new separated and/or orphaned children, of which 5 children are under 6 months and 61 aged from six to 23 months, where they received breastmilk substitutes (RIUF and UHT) according to their age.

²¹ Kalunguta, Mangina, Beni, and Katwa

In the five health centers dedicated to survivors' follow up, thanks to UNICEF-trained nutritionists,²² 180 Ebola survivors benefitted from a nutritional follow up. Among them, 4 were children under 24 months, 8 from 24-59 months and 168 children over 5 years and adults, including two pregnant and one breastfeed women.

In addition, 188 children (80 in ETC, 10 in nurseries and 98 at the Beni General Hospital) received pediatric care, among them nine were EVD survivors. 15 medical doctors and 20 nurses have been trained by pediatricians and UNICEF donated medicines and medical equipment worth \$105,944 to 2 health centers (in Supa and Kassabignole, North Kivu province) and two general hospitals (in Mabalako and Mandima).

In the communities, UNICEF in partnership with ADRA's nutritionists in North Kivu and Programme National de Nutrition PRONANUT's nutritionists in Ituri also continued to follow up orphaned and separated children under 24 month receiving breastmilk substitutes and visited 408 children, (96 children under six months and 312 children aged 6-23 months). Finally, the sensitization activities on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context continued and reached 787 caregivers including 221 caregivers in ETC/TC and 566 in households.

As for Pillar 3, in Kalunguta Health Zone, UNICEF's implementing partner *Centre d'Appui à la Promotion Nutritionnelle* (CEAPRONUT) organized the training of five nutritionists, four nurses and four social mobilizers on IYCF. Community nutrition activities also included the training of 228 members of 57 CACs in four health areas²³. The aim was to support them in producing an action plan to address malnutrition in their health areas. UNICEF also ensured its partners were briefed on Prevention of Exploitation and Sexual Abuse (PSEA) by organizing two training sessions reaching 19 staff including 10 from the ADRA NGO and nine from the CEAPRONUT NGO.

Social Sciences Analyses Cell (CASS)

The CASS presented the results of the latest quantitative studies conducted between January and March in Beni, Mangina, Butembo and Goma. These studies, developed together with the Congolese Ministry of Health (MoH), WHO and the Congolese branch of the MoH responsible for health system strengthening PDSS (Programme pour le renforcement des systèmes de santé), adopted a "case-control" methodology to assess the relevance of the IPC training delivered in health facilities. The results will serve as a basis for decision making on IPC within the country and were shared with WHO, MoH and global WASH and IPC groups.

During the reporting period, the CASS team compiled final relevant recent recommendations based on social sciences studies for the post-Ebola phase and will share it with partners involved in transitional programs and local health authorities.

Drawing on the lessons learned from the Ebola Response, the CASS published a set of Lessons Learned Briefs with recommendations for supporting and improving the approach to tackling COVID-19 and its secondary impacts in Sub-Saharan Africa. These briefs cover the following topics and are available online (via UNICEF, Reliefweb and through partners including GOARN and SSHAP):

- [Brief 1](#): Social Sciences Research questions we should be asking in humanitarian contexts under COVID-19;
- [Brief 2](#): Gender inclusiveness in COVID-19 humanitarian response operations;
- [Brief 3](#): Humanitarian program recommendations for COVID-19 based on social sciences evidence from the DRC Ebola outbreak response;
- [Brief 4](#): Social sciences evidence on barriers to healthcare seeking during the DRC Ebola outbreak.

Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three clusters (nutrition, WASH, and education), Child protection sub-cluster, and the NFI Working Group at the national and decentralized level
- UNICEF co-leads the Cash Working Group, NFI/Shelter Working Group, Rapid Response Working Group and the Anti-Fraud Task Force in Goma, North Kivu. UNICEF also co-leads the Monitoring and Reporting Mechanism on grave violations against children in armed conflict (MRM) with the UN Deputy Special Representative to the Secretary-General (DSRSG).

²² Goma, mangina, beni, butembo et Mambasa

²³ Health areas: Kalunguta, Kabacha, Mataba, Kaniyuga

- UNICEF participates in inter-cluster and inter-organizations meetings at the national and decentralized levels and is an active member of the Humanitarian Country Team (HCT)
- UNICEF is also member of the advisory board of the Humanitarian Fund in DRC

Human Interest Stories and External Media

In May 2020, the communication team continued to focus its external communication activities on the [Ebola outbreak](#) and the [COVID-19 pandemic](#). Several media reported on the issues transmitted through [press releases](#), including [News UN](#), [Panapress](#), [France 24](#), [RFI](#), [Msn news](#), [TRTWorlds](#), [Congo independent](#), [Politico.cd](#), [Adiac](#) and [Radio Okapi](#).

During the reporting period, the communication team posted more than 150 messages related to humanitarian issues on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#). New stories were published related to the [humanitarian situation in Ituri province](#), the [cholera outbreak in North-Kivu province](#) as well as [UNICEF's rapid response to population movements and returnees](#). Several posts highlighted the [assistance to people hit by floods in South-Kivu](#).

Multimedia material has been made available to the media on [WeShare](#).

Next SitRep: 15/07/2020

UNICEF DRC Sitrep: https://www.unicef.org/appeals/drc_sitreps.html

DRC Ebola and Preparedness Response: <https://www.unicef.org/appeals/ebola-preparedness-response.html>

UNICEF DRC Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Summary of Programme Results: UNICEF HAC 2020

Sector	Overall needs	Cluster/Sector Response			UNICEF and its partners		
		2020 target	Total results	Change since last report ▲▼	2020 target	Total results	Change since last report ▲▼
Nutrition	4,700,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment		546,766	120,825	40,061	508,492	121,712	49,024
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	0	0	32,291	0	0
Health	5,600,000						
# of children aged 6 months to 14 years vaccinated against measles					965,000	537,684	167,648
# of children and women receiving primary health care in UNICEF-supported facilities					311,500	52,728	6,616
WASH	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,811,172	576,545	139,793	1,509,599	158,910	61,325
# of severely malnourished children and pregnant and breast-feeding women receiving wash assistance both at health centers and households' level (disaggregated by sex, age, handicap).		266,414	68,386	55,476	143,064	5,155	0
# of people affected by natural disasters, population movements and/or conflicts provided with access to WASH services (disaggregated by sex, age, handicap)		566,509	601,983	283,748	304,215	221,697	68,576
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		66,104	30,866	11,653	35,498	6,502	0
Child Protection	3,300,000						
# of children accessing mental health and psychosocial support		258,000	131,936	8,005	150,000	87,550	8,005
# of women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programs					15,000	1,280	0

# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,700	1,711	142	8,500	1249	142
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	1,877	130	7,000	1,636	130
Education	1,777,930						
# of children aged 6 to 17 years accessing formal or non-formal education		491,741	81,239	0	359,000	53,810	0
"# of female and male teachers trained on learner-centered methodologies and peace education		7,739	1,464	0	2,660	703	0
Rapid Response	1,900,000						
# of people provided with essential household items, and shelter materials		1,300,000	258,916	126,050	450,000	204,740	103,185
Communication for Development							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	3,073,819	1,570,639
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	3,794	553

Summary of Programme Results: 10th Ebola Outbreak

Pillar 1: Strengthened public health response	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# 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).	87,956	98,882	9,746
# 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.	37,006,364	38,531,837	270,626
# of households for which personalized house visits were undertaken by the CACs to raise awareness on Ebola and Essential Family Practices	79,550	276,285	90,724
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	303,905*	303,905	1,504
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 31 May 2020.			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	4264	3812	0
# of target schools in high risk areas provided with handwashing facilities	3,800	3102	0
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550	14,160	0
% of households, health facilities and public places with reported cases decontaminated in the 72h	100%	N/A ²⁴	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A ²⁵	N/A
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	30,210	21,863	0
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	17,100*	16,207	200
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	24,788	212
# of contact persons, including children, who receive psycho-social support	0**	N/A	N/A
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,714	45
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,582	0
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families	1,300	1,112	0
* This figure includes support provided to families with suspect, probable or confirmed EVD members.			
** The target number has been changed in relation to the evolution of the epidemic.			
Health and Nutrition			
# of < 24 months children caregivers who received appropriate counselling on IYCF in emergency	115,000	88,369	787
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358	21,049	223

²⁴ Since there has been no new cases during the reporting period, decontamination activities didn't take place.

²⁵ Same as above

# of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery's, orphanages and in the communities	2,189	1,665	5
# of children aged 6 to 23 months who cannot be breastfed and who receive ready-to-use liquid milk in ETCs, nursery's, orphanages and in the communities	1,500	843	61
Education			
# of students reached with Ebola prevention information in schools	1,850,486	1,253,415	0
# of teachers briefed on Ebola prevention information in schools	61,573	48,117	0

Pillar 3: Humanitarian response to communities affected by Ebola²⁶	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	46,968	0
Proportion of projects carried out by Pillar 3 resulting from CACs	60	10	0
WASH/IPC			
# of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk	700,000	51,535	0
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	6	3
# of students (aged 5 to 17) in schools in areas affected by EVD who received a water, hygiene and sanitation intervention (disaggregated by gender)	60,000	21,655	2,517
# of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk.	80,000	0	0
Psychosocial Support and Child Protection			
# of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces	21,855	21,701	0
# of vulnerable children and/or affected by humanitarian emergencies (including unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.) identified and who access referral services or individualized case management through a formal or informal protection network	3,318	765	1
Health and Nutrition			
# of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender)	826,123	764,106	0
# of children (6-59 months) vaccinated against measles in affected and at-risk zones	1,851,630	1,584,514	0
# of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk	120	24	13
# of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk	20,000	50	0
# of children (6-59) months of age who received vitamin A	743,075	680,760	0
# of children (6-59) months of age who received deworming (12-59 months)	699,363	601,730	0
Education			
# of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials	426,900	41,258	963

# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	72	47
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Annex B

Funding Status*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	132,585,000	1,211,935	14,878,871	116,494,194	88%
Health	14,200,000	1,494,846	654,568	12,050,586	85%
WASH	33,487,000	4,074,748	1,259,480	28,152,772	84%
Child Protection	9,600,000	1,229,571	2,025,368	6,345,060	66%
Education	43,000,000	1,472,320	1,382,711	40,144,969	93%
Communication for development/Social Policy	7,240,000	0	49,900	7,190,100	99%
Rapid response	21,000,000	2,880,387	7,546,555	10,573,059	50%
Cluster/Sector Coordination	1,621,000	2,107,520	1,004,579	0	0%
Ebola*****	38,695,576	9,629,691	10,880,620	0	0%
Total	301,428,576	24,101,018	39,682,654	220,950,739	73%

* As defined in Humanitarian Appeal of 02/06/2020 for a period of 5 month

** Funds received does not include pledges

*** Funds available includes funding received against current appeal as well as carry-forward from the previous year

**** Carry-over figure is the unutilized programmable balance that was carried over from the prior year to the current year, as of year-end closure. The OFDA grant was received in October 2019, therefore the allocation was removed from 2020 fund received and added to carryover.

***** The Ebola response has been integrated into UNICEF's HAC appeal 2020