



Democratic Republic of the Congo

Ebola Situation Report # 55

North Kivu, Ituri and South Kivu



Reporting Period: 17 February to 01 March 2020

Highlights

- Despite the recent arrival in Beni of internally displaced persons (IDPs) fleeing insecurity in Mangina, the epidemic spread could be controlled and only one new Ebola case was registered during the reporting period.
- In Mangina, the improved security situation allowed IDPs to progressively return to their villages of origin. UNICEF staff was redeployed to the area and activities resumed, including the measles campaign in Aloya during which, within five days, over 80 per cent of children aged 6 to 59 months were vaccinated.
- As part of Pillar 3 interventions, UNICEF-supported implementing partners built three water sources and two impluviums in Mabalako and Mandima health zones. They also built 20 latrines and established a maintenance committee in five schools in Lwemba (Mandima).
- UNICEF, together with the educational governmental partner for Primary, Secondary and Technical Education (EPST), distributed school supplies to 15 primary schools in Biakato, benefiting more than 5,000 students, including 483 displaced children.

Key epidemic numbers

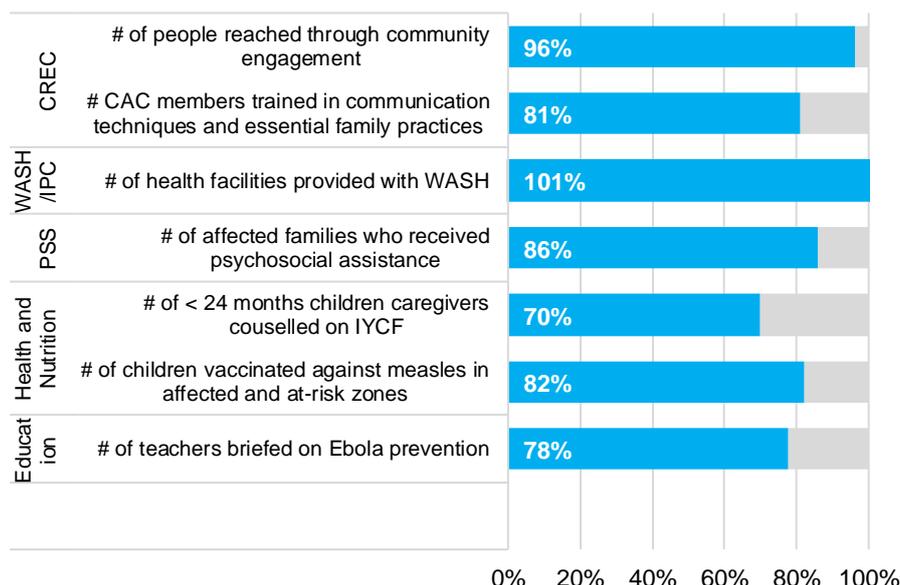
(WHO, 01 March 2020)

- 1** new confirmed case
- 3,310** confirmed cases
- 922** children <18 among confirmed cases
- 2,130** deaths among confirmed cases

Key figures

- 18** implementing partners, including **12** national actors
- 916** community workers and mobilizers
- 50** community radio partners
- 470** psychosocial agents, including caregivers, in UNICEF-run nurseries
- 63** IPC/WASH supervisors and **291** hygienists for decontaminations
- 28** nutritionists and **4** supervisors in Ebola Treatment Centers (ETC)

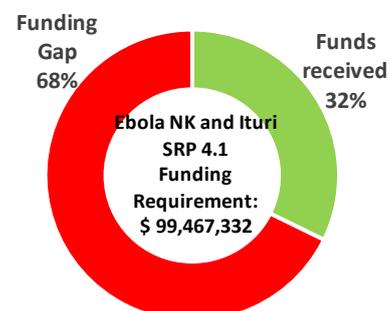
UNICEF's Response*



Ebola Response Appeal (Pillars I and III)

US\$ 99.4 million**

Ebola Response Funding Status SRP4.1 - 2020



**Funding requirement includes budget for Pillar 1 (\$US 35.4 million) and budget for Pillar 3 (\$US 61.4 million)

* Percentages in the table refer to results for the period August 2018 to 01 March 2020 out of targets for the period August 2018 to June 2020, end of SRP 4.1.

Epidemiological overview¹

Only a new case was confirmed in the Beni health zone (Kanzulinzuli Health Area) during the reporting period. As of 01 March 2020, a total of 3,444 Ebola Virus Disease (EVD) cases, including 3,310 confirmed and 134 probable cases have been reported, of which 2,264 cases died (overall case fatality rate is 66 per cent). Of the total confirmed and probable cases, 56 per cent (1,927) were female and 28 per cent (973) were children.

Beni remained the hotspot health zone. The reported case was registered as contacts with known epidemiological links.

Funding Overview and Partnerships

In alignment with the Strategic Response Plan (SRP) 4.1, which covers a six-month period until the end of June 2020, UNICEF is appealing for US\$ 99,467,332 to sustain the Ebola response through Pillar 1 (Strengthened Public Health Response) and Pillar 3 (Humanitarian Response to Communities Affected by Ebola) in DRC. To date, the SRP4.1 is 32 per cent funded (Pillar 1: 19 per cent; Pillar 3: 39 per cent)

Since the beginning of the outbreak, the World Bank Group, the European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi (the Vaccine Alliance), the United States Agency for International Development (USAID), the Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government of United Kingdom, The Government of Canada, The Bill and Melinda Gate Foundation (BMGF) and The Paul G. Allen Family Foundation (PGAFF) have generously contributed to UNICEF DRC's Ebola response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received.

While the number of new cases is slowly declining, the Ebola virus may persist in some survivors' body fluids, thus increasing the risk of sexual or mother-to-child transmission (through breastfeeding) and the re-introduction of the virus. Therefore, the EVD outbreak remains a serious public health concern that requires sustained response capacity.

The SRP focuses on activities aimed at breaking the chain of transmission, and on Health System Strengthening (HSS).

Context highlights

Contacts' follow-up in Beni continued in the isolation site of Kanzulinzuli, with the support of UNICEF and WHO. As of 1st March, the site hosted 24 high risk contacts, including six children.

In Mangina, after weeks of insecurity leading to population displacements mainly to Beni, the overall situation has been improving and people started to return to their villages of origin. On 17th February, UNICEF staff were redeployed to Mangina and coordination activities progressively resumed. The Ebola treatment center (ETC) and the nursery re-opened on 21 February, after being closed for 11 days. Despite insecurity, no new EVD case was reported in the Mangina sub-coordination area. On 21 February, Mangina has recorded 21 days without a case for the first time since the beginning of the outbreak.

UNICEF and partners celebrated the discharge of the 255th Ebola survivor in the Mangina sub-coordination area. The patient, originally from Kisasa village, was discharged from the ETC in Beni where she had been displaced. This case didn't generate other cases among over 300 contacts thanks to its rapid isolation and to the strong engagement of the traditional leader and community of Kisasa village in the fight against Ebola.

In Mangina, UNICEF supported the measles vaccination campaign in Aloya health zone, which had been excluded from the vaccination campaign that took place in December 2019 due to the area being an Ebola hotspot². UNICEF promoted specific IPC/WASH prevention measures and distributed thermoflashes, which allowed to screen the temperature of 13,541 people and refer them in case of high temperature. As of 1 March, 82.7 per cent of the 7,791 children aged 6 to 59 months targeted for the campaign were vaccinated.

In Biakato, the security situation has progressively deteriorated with an increased risk of population displacements in the coming weeks. UNICEF staff have not been able to travel to Biakato or use the road between Mangina and Biakato since 24 January when MONUSCO foiled an attack by armed forces on the coordination offices.

Summary Analysis of the Ebola Response



Risk Communication and Community Engagement (RCCE)

The RCCE teams continued to mobilize the population of North Kivu and Ituri provinces in the fight against EVD.

In Beni and Butembo, 39,927 people, including religious leaders, taxi drivers, youths and shopkeepers were reached with awareness-raising messages on geographical vaccination, how to manage visitors, hygienic and preventive practices, the importance of swabbing, safe and dignified burials (SDB) and commitment to the EVD response.

Similar activities were carried out in Komanda and Mambasa where they reached 558 people including village chiefs, heads of avenues, representatives of taxi drivers' associations and other grassroots organizations, and community animation committees (CACs) members.

¹ Source: External Situation Report # 81 and 82, WHO.

² See Situation Report #50 : https://www.unicef.org/appeals/files/UNICEF_DRC_Humanitarian_Situation_Report_Ebola_15_Dec_2019.pdf

In Mangina the RCCE teams raised awareness among 6,996 people, including pregnant women, sex workers, members of local associations, pygmies and members of local churches.

In Biakato, to commemorate Social Justice World Day on 20 February, UNICEF, together with the Ministry of Health, helped the youth parliament of the Babila-Babombi chiefdom (which includes Biakato village) organise an exchange session during which the president of the Biakato RCCE sub-commission highlighted the importance of continuing awareness raising activities on EVD prevention and acknowledged the key role of the CACs.

The CACs in the different EVD-affected zones continued to elaborate their community action plans (PAC). As of 26 February, 1,101 (28 per cent) out of 3,914 CACs had developed a PAC. The PACs' areas of priority include water (22 per cent), health (12 per cent), sanitation (11 per cent), roads/bridges (ten per cent), nutrition (nine per cent) and education (nine per cent).

CACs are a key RCCE actor in addressing resistances and facilitate community engagement in the response. In Butembo, for example, they helped overturn 68 out of 121 refusals related to the referral of patients to ETCs and SDBs. They also contributed to raising awareness among 2,909 visitors arriving in six health zones within the Butembo sub-coordination area on the risks of EVD transmission. In Komanda, the community relays (RECO) members of the CACs contributed to refer 115 suspected cases to health facilities. They also helped identify and report 34 community deaths to be investigated for potential EVD infection and register 581 incoming and 101 outgoing visitors as part of the community-based surveillance.

The RCCE teams in Beni, Bunia, Butembo, Komanda, Mambasa and Mangina continued to support the other response pillars through raising awareness of 3,857 people on vaccination, 1,839 people on SDBs, 3,571 people on patients referral to health facilities (including ETCs), 1,050 people on households decontamination, and 780 people on community-based surveillance.

The work of the RCCE helped other pillars resolve 498 out of 804 community incidents (55 per cent of refusals overturned).

Capacity Building

In Beni, the UNICEF-supported RCCE actors conducted 21 training sessions for 145 RECOs, health care providers and community leaders, on EVD prevention and response.

In Butembo and Katwa, the teams briefed 59 pastors from Protestant and Anglican churches on reinforcing awareness of EVD. They also briefed 658 RECOs on alert mechanism and visitor management. Finally, they provided a refresher training to ten facilitators and 56 CACs' presidents on their respective functions.

Media

The RCCE teams continued working closely with local radio stations and other media to strengthen risk communication and community engagement in the fight against EVD. In Beni, radio stations broadcast 82 programs promoting the response activities being carried out.

In Butembo, the RCCE team developed and disseminated an EVD prevention message targeting the IDPs and host families, and a second message on the management of visitors in schools.

In Mambasa, the RCCE teams provided technical support to a group of sex workers to produce a documentary film on their involvement in awareness-raising activities on EVD.

In Mangina, radio partners broadcast songs about Ebola, 151 spots on visitor management and the importance of SDBs and vaccination, as well as 147 programs on preventive measures against EVD and community involvement.

The U-Report platform continued to grow and reached 23,157 subscribers, 74 per cent of whom are aged 20 to 34 years. Users' feedback included questions or requests for information (31 per cent), acknowledgement or encouragement (18 per cent), rumors (18 per cent), concerns or dissatisfactions (eight per cent), expectations or suggestions (six per cent), and problems or challenges (six per cent). Feedback gathered by the field communicators is compiled into the weekly feedback report, which is presented to the general coordination and discussed at the community feedback partners' meeting. It is also shared with all sub-coordinations for follow-up. Feedback received directly from the population through the U-Report platform is processed by a team of trained youth. Queries or questions are answered immediately, while other issues are forwarded to the general coordination to be discussed at the community feedback meeting.

Coordination

The RCCE Strategic Unit continued to support the Commission in the monitoring of RCCE activities and analysis. It also coordinated the compilation of all RCCE materials and messages produced or being developed, with a view to establish a message/material database for RCCE partners. On 25 February, the RCCE Strategic Unit organized a RCCE partners' workshop in Goma to reflect together on lessons learned from the current EVD epidemic and to exchange on community engagement principles.



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

As part of IPC/WASH activities around cases, on 18 February, UNICEF teams decontaminated the house of the only case confirmed during the reporting period in Beni health zone.

EVD prevention activities continued in health facilities, schools and at household level. UNICEF and its partners replenished 210 health facilities and 102 schools with consumables in Beni (19), Mambasa (10), Mutwanga (53), Nyankunde (14), Lolwa (1) and Komanda (5) health zones. In addition, hygiene kits were distributed to 40 households in Mabalako health zone.

Following the worsening of the security situation at the end of 2019, hand washing stations had not been maintained in Beni. Therefore, UNICEF local partner PPSSP installed 79 new hand washing stations in public places during the reporting period.

Around 198,869 people gained access to safe drinking water in affected areas thanks to the construction or rehabilitation of water points and active chlorination points.

UNICEF and its IPC/WASH partners, including the CACs, conducted awareness raising campaigns on EVD prevention measures reaching 11,035 persons, including 1,555 health workers in Biakato (244) and Mambasa (1,311) health zones, 7,187 school children and 2,417 children in public spaces in Mambasa.



Psychosocial Support and Child Protection

Activities in ETC, Transit Centers and nurseries

Despite a decrease in new EVD cases, UNICEF and its partners continued to provide psychological support to children in ETCs and TCs: 537 children (271 boys and 266 girls) who were suspected cases were assisted during the reporting period. The number of suspected cases remains high due to the continued work of the surveillance, medical and psychosocial teams to detect potential EVD cases and quickly isolate them. This joint effort facilitates community acceptance and referral of suspected cases to ETCs/TCs.

UNICEF helped 36 children (15 boys and 21 girls) receive nutritional care and psychological support in the five operational nurseries it supports.

Activities in communities

UNICEF has been intensifying its psychosocial support to Ebola survivors. In Beni, a meeting was organized with the Ebola Survivors Association to discuss specific needs of children and adults who are cured of Ebola. About 125 people (65 per cent women) participated in the meeting. Survivors often face stigmatization when accessing health care services, and face challenges in re-integrating into the socio-economic fabric of society. UNICEF-supported psychologists conducted awareness-raising sessions with medical staff in health centers to facilitate the Ebola survivors' access to health care.



Health and Nutrition

UNICEF and its partners provided nutritional support to 706 new confirmed and suspected cases in ETCs, including 11 children under six months, 109 children aged from six to 59 months and 586 children over five years old and adults. Among these there were two were breastfeeding and six were pregnant women. Butembo and Komanda ETCs reported the highest number of assisted cases - 270 and 142 respectively.

In the ETCs and related nurseries, nutritional assistance was provided to 206 new separated and/or orphaned children. Of these, 87 were children under six months, while 119 children were aged six to 23 months.

Awareness-raising activities on adequate infant and young child feeding practices (IYCF) in the Ebola context reached 388 caregivers of children under 24 months, including 49 parents in the ETCs. At the household, health centers and community level these activities reached 2,000 caregivers, including 162 breastfeeding women.

In the Ebola-affected communities, nutritionists followed-up on the nutritional status of 487 children, including 136 children under six months and 351 children aged six to 23 months. Every child received infant formula.

UNICEF provided treatment for severe acute malnutrition (SAM) to seven children under five in ETCs, 126 children under five in the intensive outpatient nutrition units (UNTA) and intensive therapeutic nutrition units (UNTI) in the different EVD-affected health zones.

In Butembo sub-coordination area, the nutrition team took part in the presentation of the action plans by the CACs of 12 health zones, organized by the provincial health division (DPS). These plans showed that 17 per cent of the challenges mentioned by the communities are related to malnutrition and food insecurity.

The global nutrition cluster sent out a partner of the rapid response nutrition team (Tech RRT) to work with the Ebola nutrition team with the aim of strengthening the IYCF component of the response. The partner has been assessing the management of breast milk substitutes (BMS) for children under 24 months infected and/or affected by EVD. The partner conducted consultations with key stakeholders to identify approaches, studies or research that can be documented and developed further. This 3-month mission will cover all Ebola sub-coordination areas in North Kivu and Ituri.



Education

In Mambasa and Komanda health zones, inspectors from the primary, secondary and technical education (EPST) government partner briefed 68 teachers (including ten women) from three schools on the guidance note for the prevention and control of Ebola in schools, and on hygiene measures. They also conducted awareness raising activities among 2,385 pupils (477 girls) from four schools on the prevention and control of Ebola and on correct handwashing as a means to protect themselves against diseases (including Ebola).



Social Science Analysis Cell (SSAC)

As part of regular capacity building activities, the SSAC team trained nine local researchers on the updated SSAC qualitative methodology and on new, interactive behaviour-change tools. These tools are based on a behaviour-centred design approach. They were then pre-tested by the teams between 27 and 29 February and adapted to improve community understanding and ownership.

On 27 February, the study “Deep-dive: Alerts” was presented to the WASH/IPC and surveillance sub-commissions in Beni. After discussing the key results, it was recommended that the surveillance commission trains private health centres workers in the Beni health zone on the importance of raising alerts should there be a suspected Ebola case.

Following the presentations of the study on Ebola Survivors in Beni and Mangina, several recommendations were co-developed with sub-commissions. With the PSS commission, recommendations focused on ensuring health workers do not stigmatize Ebola survivors and improve psychological support to supervisors and particularly children.

Recommendations developed with RCCE partners include reviewing the communication aspects related to the strategy on survivors’ reintegration in their communities; ensure that survivors’ needs are taken into consideration; ensure that local health workers are included in the reintegration process. At a strategic level, it was recommended that the SSAC continues to advocate for the development and dissemination of key communication messages on the risk of reinfection.

Between 21 and 29 February, the study on “Rebuilding Confidence in Health Systems” was presented in Butembo and Katwa. Two key recommendations were co-developed during these sessions: organize a dialogue between communities and health personnel supported by the CACs, co-developed with the RCCE team; increase the isolation capacity of local health facilities so that patients can be initially tested locally instead of being immediately transferred to the ETC.

To date the SSAC has conducted 55 studies and developed 111 recommendations. Among these, 63 per cent are implemented, 23 per cent are ongoing, five per cent are permanent, and six per cent still require validation.

Summary analysis of the humanitarian response (Pillar III)



As part of Pillar 3 interventions, among **WASH** activities, UNICEF implementing partner FAEVU began building 12 water sources, six impluviums and latrines doors in 16 schools in Mabalako and Mandima health zones (including Mangina, Linzo and Ngoyo). As of 1 March, three water sources and two impluviums were completed, while eight latrine doors were being built.

In Lwemba, UNICEF partner BEHCOGEN completed the construction of 20 latrines in five schools. A maintenance committee was established and trained in each school

to ensure the sustainability of the structures (see picture).

In Beni, UNICEF signed a partnership agreement with the *Société Nationale de l'Hydraulique Rurale* (SNHR) to begin building seven boreholes equipped with manual pumps in different EVD-affected health areas in Beni.

In Kalunguta health zone, UNICEF **Education** teams, in partnership with EPST, distributed 16 recreational kits to 15 primary schools and one secondary school, benefiting 4,279 students (2,086 girls and 2,193 boys).

Following feedback received from the Pygmy community, the UNICEF-supported local NGO APEC started building a new primary school in Mambasa health zone. In addition, UNICEF supported the EPST in the distribution of school kits, benefiting 307 students (152 girls), including 16 displaced children (seven girls) in two primary schools (Bakulani and Pygmies Bandisende). Following the displacement of population from Biakato to Mambasa during the reporting period, 43 schools in Mambasa, Salama, Binase, Lolwa, Banana and Many health areas received 645 displaced children (345 girls).

In Biakato, the EPST, with support from UNICEF, distributed school supplies to 15 primary schools, benefiting 5,399 pupils (3,121 girls and 2,278 boys), including 483 displaced children (234 girls) who fled from the health areas of Mandumbi and Makumo. In addition, UNICEF supported the EPST to setup seven tents in four primary schools, benefiting 350 students (140 girls and 210 boys).

In Butembo, the **RCCE** team trained 495 CAC members on RCCE and essential family practices in Musienene health zone. In Mangina the team supported the organization of the follow up measles campaign by leading a dialogue with 14 religious' leaders from the Aloya health area with the aim of involving them in mobilizing their communities and supporting the campaign.

As part of **Child Protection** interventions in Lubero health zone, UNICEF implementing partner Solidarité des Associations Feminines pour les Droits de la Femme et de l'Enfant (SAFDF) organized recreational and age-tailored psychosocial activities for 5,249 children (including 2,549 girls) in child friendly spaces (CFS). Participants included children with specific vulnerabilities: five unaccompanied children; 32 orphans; 21 children who had faced discrimination due to EVD; two children victims of violence including SGBV; 54 children with vulnerabilities such as malnutrition, neglect or physical violence. SAFDF ensured a dedicated protection package, complementary to the activities in the CFS, for all children with specific vulnerabilities. This included: family reunification or referral for alternative care for unaccompanied children; regular psychosocial follow up for orphans; continuous psychosocial support to and medical care referral for SVGB survivors; referral of other vulnerable children to specific services; reinforcement of parental skills for the other vulnerable children. SAFDF also facilitated the birth registration of 49 children (31 girls) under three months of age.

In Beni, Mabalakao and Bunia health zones, UNICEF implementing partner Save the children launched a project aimed at ensuring the protection of vulnerable children and strengthening the institutional and technical capacities of the Social Affairs Division, through the set-up of para-social workers.

Supply and Logistics

UNICEF regularly monitors the supply chain and works closely with relevant stakeholders to constantly improve the effectiveness of the supplies and services in support of the Ebola response in Ituri and North Kivu provinces. During the reporting period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US\$ 191,709. The total value of procurement orders was US\$ 752,182 (68 per cent local procurement and 32 per cent offshore procurement).

Human Resources

Despite the global decrease in the number of Ebola cases, UNICEF has maintained its presence on the ground. A total of 222 staff are dedicated to the Ebola response in the affected areas, with an additional seven people under recruitment. In addition, UNICEF has 36 staff in its Goma sub-office (North Kivu) and 21 in its Bunia sub-office (Ituri) to support its overall operations in the region.

External Communication

During the reporting period, the communication team posted 45 messages on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#). The stories of [a 6-year-old Ebola survivor](#) and the [last patient discharged from the Mangina treatment centre](#) reached more than 600,000 people. New videos were released over the same period, highlighting [UNICEF's nutritional assistance](#) and the [care of children orphaned by the disease](#). Two stories published on the [Ebola landing page](#) explain how UNICEF is teaming up with Ebola survivors to [raise awareness](#) and [stop the spread of the epidemic](#).

Next SitRep: 16 March 2020

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

Who to contact for further information: Edouard Beigbeder
Representative
UNICEF DRC
Tel: + (243) 996 050 399
E-mail : ebeigbeder@unicef.org

Katya Marino
Deputy Representative
UNICEF DRC
Tel: + (243) 829350363
E-mail : kmarino@unicef.org

Guido Cornale
Ebola Coordinator
UNICEF DRC
Tel : + (243) 825525157
E-mail : gcornale@unicef.org

Summary of Programme Results

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	84,407	1,284
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	47,544	43,095	765
# 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	35,656,229	420,595
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	31,193	29,438	569
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	301,026*	299,094	3,421
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 29 February 2020.			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	4,264	4,317	179
# of target schools in high risk areas provided with handwashing facilities	3,800	3,051	102
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550	13,871	28
% of households, health facilities and public places with reported cases decontaminated in the 72h	100	100	0
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100	N/A ³	0
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	36,437	21,683	40
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	14,334*	15,036	537
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	23,137	747
# of contact persons, including children, who receive psycho-social support	139**	136	0
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,502	150
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,568	5
# 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	80,438	2,388
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358	19,807	706
# 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	1,590	87
# 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	569	119
Education			

³ No new handwashing station installed around the only confirmed case registered during the reporting period.

# of students reached with Ebola prevention information in schools	1,850,486	1,243,894	2,385
# of teachers briefed on Ebola prevention information in schools	61,573	47,777	68
Pillar 3: Humanitarian response to communities affected by Ebola⁴	Target	Total results*	Change since last report ▲ ▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	38,283	13,752
Proportion of projects carried out by Pillar 3 resulting from CACs	60	0	0
WASH/IPC			
# of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk	700,000	18,000	0
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	0	0
# 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	600	0
# 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
* Data refer to interventions in Nia Nia from November 2019 to January 2020.			
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	5,249	5,249
# 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	0	0
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	1,520,328	0
# of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk	120	11	0
# 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	10,335
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	68	0

⁴ The nature of the activities implemented does not allow progress to be reported weekly in the HPM. These humanitarian activities are in line with the regular programmes for which reporting is done by clusters on a monthly basis. For some projects with a long implementation period, such as the rehabilitation of the Butembo Water system, results will be reported at the end of the project.

Funding Status

Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response Plan - SRP4.1)					
Appeal Sector	Requirements \$	Carry Forward	Received Current Year \$	Funding gap	
				\$	%
Water, Hygiene and Sanitation - WASH / IPC	14,726,917	1,313,400	314,000	13,099,517	89%
Communication for Development (C4D) - Community engagement and Communication for Campaigns	11,316,745	2,620,800	410,000	8,285,945	73%
Child protection and Psychosocial Support ***	2,784,657	733,400	0	2,051,257	74%
Nutritional Care and Counselling in Ebola Treatment Center / Community ****	1,875,813	0	0	1,875,813	100%
Operations support, Security and Coordination costs and Information and Communications Technology	4,662,300	1,480,482	0	3,181,818	68%
Strengthened support to communities affected by Ebola / PILLAR 3	64,100,900	12,685,351	12,547,372	38,868,177	61%
Total	99,467,332	18,833,433	13,271,372	67,362,527	68%

*Carry-forward amount is provisional and subject to change