

Reporting Period: 3 to 16 February 2020

Democratic Republic of the Congo

Ebola Situation Report # 54

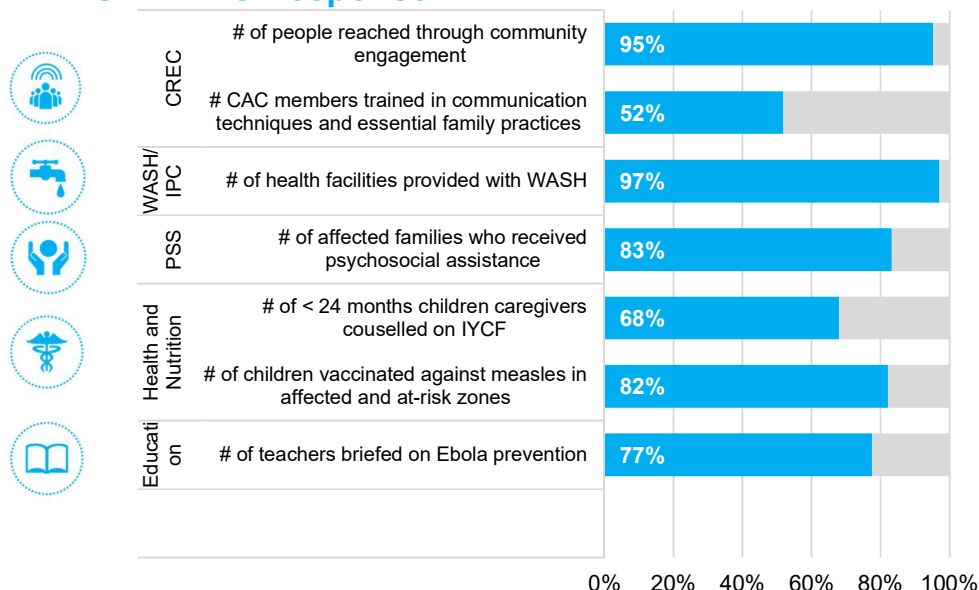
North Kivu, Ituri and South Kivu

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Highlights

- Insecurity in Mabalako, Mangina and Biakato has resulted in the displacement of about 20,000 people to Beni and its surroundings, especially in EVD hotspot areas. To facilitate contacts follow-up, a new isolation site was opened in Kanzulinzuli, gathering 54 high-risk contacts. UNICEF ensured WASH infrastructures and supply as well as psychosocial support, including recreation activities for children and adolescents.
- During the annual Amani Festival held in Goma from 14 to 16 February, Infection Prevention and Control/Water, Hygiene and Sanitation (IPC/WASH) teams sensitized more than 200,000 people on EVD prevention measures. In addition, more than 2,000 peoples accepted to join the U-Report platform, for exchanging on EVD-related issues.
- In Mabalako, the Education team in collaboration with the local government Educational institution (EPST) distributed WASH, school and didactic kits and 70 copies of the Guidance Notes on the prevention and control of EVD in 41 schools, benefitting more than 12,600 children and teachers.
- As part of Pillar 3 interventions, eight WASH micro-projects are ongoing in several EVD-affected areas. Projects include the construction of boreholes, water sources, latrines in schools and small bridges.
- In Lwemba (Biakato), in response to the massive IDPs influx coming from Mangina, UNICEF distributed school kits and installed a temporary learning space, ensuring access to school for 1,410 internally displaced children.
- To ensure protection of children from violence and abuse, UNICEF supported the training of 296 Child Protection Community Networks members on the identification and referral of children victims of Child Protection incidents and Sexual and Gender-based Violence in six EVD-affected health zones of Lubero territory.

UNICEF's Response*



* Percentages in the table refer to results for the period August 2018 to 16 February 2020 out of targets for the period August 2018 to June 2020, end of SRP 4.1.

Key epidemic numbers

3,309 confirmed cases
(WHO, 16 February 2020)

922 children <18 among confirmed cases
(WHO, 16 February 2020)

2,130 deaths among confirmed cases
(WHO, 16 February 2020)

Key figures

18 implementing partners, including **12** national actors

916 community workers and mobilizers

140 community radio partners

470 psychosocial agents, including caregivers, in UNICEF-run nurseries

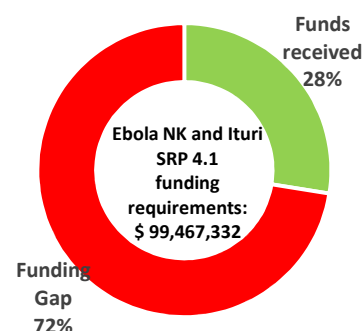
63 IPC/WASH supervisors and **291** hygienists for decontaminations

28 nutritionists and **4** supervisors in Ebola Treatment Centers (ETC)

Ebola Response Appeal (Pillars I and III)

US\$ 99.4 million**

Ebola Response Funding Status SRP4.1 - 2020



**Funding requirements are aligned with the SRP 4.1 budget for Pillar 1 (\$US 35.4 million) and Pillar 3 (\$US 61.4 million)

Epidemiological overview¹

With four new confirmed cases registered during the reporting period, as of 16 February 2020, a total of 3,432 EVD cases, including 3,309 confirmed and 123 probable cases have been reported, of which 2,253 cases died (overall case fatality rate is 66 per cent). Of the total confirmed and probable cases, 56 per cent (1,923) were female and 28 per cent (968) were children.

Beni remained the hotspot health zone, with one case reported in Butsili health area and three cases in Kanulinzuli health area. All of the cases were registered as contacts with known epidemiological links.

On 12 February 2020, the Emergency Committee for EVD confirmed the status of the outbreak as a Public Health Emergency of International Concern. WHO revised the risk assessment for the epidemic from Very High down to High at the national and regional levels, while the risk level was maintained as Low at the global level.

Funding Overview and Partnerships

In alignment with the 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 28 per cent funded (Pillar 1 25 per cent and Pillar 3 32 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 there are positive signs that the number of cases is slowly reducing, Ebola virus may persist in some survivors' body fluids, thus increasing the risk of sexual or mother to child (via breastfeeding) virus reintroduction. Therefore, the EVD outbreak remains a serious public health concern, requiring the maintaining of response capacities.

The focus on the Plan remains on interventions aims to break the chain of transmission with an emphasis on Health System Strengthening (HSS).

Context highlights

The reporting period was marked by insecurity and population movements in areas located in the Mangina, Biakato and Beni sub-coordinations. The finding of dozens of dead bodies in Mabalako health zone, in the Mangina surrounding, led to the movement of about 20,000 people to different zones of the Mangina sub-coordination such as Mangina center, Bella, Bingo (where the last EVD case was reported on 29 January) and mainly Beni: in EVD hotspot and active areas, such as Kanzulinzuli, Bunzi and Butsili. These areas were also reached by internally displaced people (IDPs) coming from Katanga health area (Biakato) in reaction to possible attacks from local armed groups.

The arrival of IDPs in EVD active and hotspot zones and their settlement mainly in host families required the reinforcement of prevention measures, such as vaccination and epidemiological surveillance. Among IDPs coming from Mangina, 14 people already listed as contacts at the third week of follow-up continued to be followed-up in Beni. UNICEF conducted WASH need assessments among IDPs in the area for evaluating possible response options and pre-positioned a stock of 4,000 WASH kits. From 14 February, IDPs started to progressively return to Mangina and its neighborhoods as well as Butembo.

Given the high number of contacts to be follow-up in Beni, a third isolation site² was opened in Kanzulinzuli supported by UNICEF and WHO. As of 13 February, the site hosted 54 high risk contacts, including 20 children. UNICEF provided two tents for the isolation of contacts, ensured WASH infrastructures and supply, such as handwashing stations, clean water, latrines and provided psychosocial support, including the organization of recreational activities, especially for children and adolescents. In Beni, the other two isolation sites, Butsili and Bunzi, gathering respectively 30 contacts (14 children) and 25 contacts, closed respectively on 5 and on 10 February. In these sites, UNICEF had previously ensured WASH and psychosocial assistance.

The attack against the response coordination and the MONUSCO base in Biakato between 31 January and 1 February slowed down the overall response interventions in the area. UNICEF staff remained in stand-by until 6 February when they could be redeployed in the accessible areas, according to the security situation. Similarly, insecurity in Mangina and menaces to the response actors led to the temporary suspension of activities in the area and the temporary closing of the Ebola Treatment Center (ETC), the nursery and the Reference Health Center. All patients previously admitted to the ETC were transferred to the ETC in Beni for their follow up and the separated children in the nursery followed their parents in the Beni nursery. Caregivers as well left the Mangina nursery and displaced to Beni. Response activities in Mangina were progressively reactivated following the security situation. UNICEF staff partially redeployment in the area from 17 February.

¹ Source: External Situation Report # 79 and 80, WHO.

² Medical response actors encourage contacts to agree to gather on the same sites to ensure their follow up during the 21-day-period of isolation and to immediately refer patients to the ETC when symptoms are detected. Two isolation sites were already opened in Butsili and Bunzi (Beni). See UNICEF SitRep 53.

In terms of coordination, on 14 and 15 February UNICEF held an internal review in Kinshasa aimed at discussing the SRP 4.1 operationalization, including the adaptation of the response structure and resources rationalization according to the actual context.

Summary Analysis of the Ebola Response



Risk Communication and Community Engagement

In Beni, the main EVD hotspot, Risk Communication and Community Engagement (RCCE) teams continued to communicate on the risks associated with Ebola and promote community engagement in the response. The RCCE team organized 109 awareness sessions and educational talks reaching 9,107 people with messages on geographic vaccination, visitor management and community engagement. In addition, in collaboration with the Beni Deputy Mayor and Burgmaster, the team organized nine community forums to promote geographic vaccination, with an average participation of 95 participants per forum, for a total of 855 people.

In non-hotspot zones, the RCCE teams continued to conduct awareness training activities on Ebola prevention. In Butembo, for example, 13,328 people were reached through mass communication activities on geographical vaccination, visitor management and hygiene practices. Participants included members of religious denominations, taximen, youth, shopkeepers and students. In Komanda, Mambasa, Mangina and Biakato, through mass communication and group educational talks the RCCE teams sensitized 37,463 people on EVD prevention measures, hygiene, community engagement, community-based surveillance, geographical vaccination and early referral of patients to the ETC. The messages reached church prayers, pregnant women, village chiefs, IDPs in Mangina, students and teachers, people living with disabilities, pygmies and youth associations. In Goma, the RCCE teams conducted mass sensitization on good hygiene practices and EVD prevention, reaching 4,080 people including students, women and teachers, and educational talks for 700 women during anti-natal consultations.

To speed up the Community Action Committees (CACs) operationalization, the RCCE supported them in the elaboration of their community action plans (CAP). To date, CACs have finalized or are in the process of finalizing their CAP in 23 out of 27 health zones. Most action plans include Water (23 per cent), Sanitation (13 per cent), Health (12 per cent), Education (10 per cent), Roads/Bridges (9 per cent) and Nutrition (8 per cent) as priority areas of intervention.

In support to the other response pillars, the RCCE team sensitized 2,475 people on SDB, 3,313 on immunization against EVD and 650 on early referral to the ETC. As a result, the teams were able to resolve 63 per cent of the 4,466 reticence and refusals recorded during the reporting period, a slight improvement in comparison to the previous two weeks (50 per cent of 1,051 reported reticence and refusals). Resolved cases included 164 cases for SDB and swab, 597 for immunization, 278 for hand washing and 421 for using the alert mechanism to report suspicious cases. A key factor in reducing community reticence and refusals was the close collaboration of RCCE teams with local authorities and radios.



Capacity building of a CAC in Linzo health area (Beni)

Capacity building

The RCCE teams continued to reinforce the capacity of local partners. From 12 to 14 February, in Beni, 14 journalists attended a three-day training on the role of media in humanitarian crisis situations. Journalists came from ten partner radio stations broadcasting from different hotspot and active health zones (Beni, Mangina, Biakato, Bunia, Mambasa, Oicha, Kasindi). UNICEF intervened with a session on the "Social responsibility of journalists in times of epidemic".

In Butembo, the RCCE teams briefed 475 CAC members, including the community relays (RECO) on alert mechanism, visitor management, the new vaccination protocol and community-based surveillance (CBS). In the hotspot health area of Bingo (Mabalako health zone), the team strengthened the capacity of 57 CAC members on community surveillance and the new vaccination approach. In Komanda, the RCCE trained 415 people on the U-report platform and 43 staff of RCCE partner NGO on risk communication and community engagement. In Mambasa, the RCCE reinforced the capacity of the presidents of Health Development Committees (CODESA), responsible for accompanying and supervising the CACs in their action plan execution. The training focused on CACs' role and responsibilities in the Ebola response context. In Goma, the RCCE team (from the sub-coordination) briefed 140 people including members of the CACs on CBS, alert mechanism and patient referral to the nearest health facilities.

Media

In Beni, radio activities focused on the promotion of the geographical vaccination approach, through interviews, testimonies and spots. In addition, radio stations broadcast 52 interactive and participatory programs, covering five awareness raising sessions conducted by the RCCE teams with the Mayor of the town. Other media activities in support to the response (press cafés, round tables, listening clubs, etc.) were also organized.

In the other sub-coordinations, RCCE teams continued to collaborate with radio partners to promote all the response interventions. For example, the newsletter "[Koma Ebola](#)", the journal of "Media Synergy against EVD" in Goma, as well as the radio program "[Tujikinga Na Ebola](#)" in Mambasa, continued to broadcast EVD epidemiological news and spots on vaccination, hand washing, patient referral and testimonies of EVD survivors.

In Goma on the occasion of the Amani festival held in Goma from 14 to 16 February and through the commitment of 12 young sensitizers registered as U-Reporters, 3,651 people were sensitized on the U-report and its services and 2,134 accepted to join the platform. To date, the number of U-reporters registered in the DRC is 17,324 people, 69 per cent of whom are aged 20-34. From 10 to 16 February, the U-Report platform has recorded 174 feedbacks, 111 of which were Ebola related and focused on information needs in relation to EVD transmission risks and the duration of the epidemic.

Coordination

The UNICEF RCCE team continued to support the Commission in the coordination and monitoring of RCCE activities, as well as the analysis and validation of communication materials, including the weekly newsletter "Tulivyosikia" from Internews, a leaflet on geographical vaccination developed by UNICEF in Beni, and the guide "Language Orientation for Health Communicators and the Linguistic Mapping of Ebola Areas" produced by Translators Without Borders. The RCCE team participated in the finalization and validation of the strategic documents and action plans of SRP 4.1, including the rationalization of RCCE actors and the Terms of Reference of the CAC focal points.



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

The reporting period was marked by the arrival in Beni of displaced persons fleeing insecurity in Mangina. UNICEF teams conducted IPC/WASH need assessment as a basis for a possible assistance.

As part of IPC/WASH activities around cases, UNICEF teams decontaminated five households in Beni health zones and four public places (three in Beni and one in Butembo health zone). Hundred per cent of decontaminations were performed in less than 24 hours following the case notification.

EVD prevention activities continued both in health facilities, schools and at household level. UNICEF and its partners replenished 320 health facilities and 101 schools with consumables in Beni, Butembo, Katwa, Goma, Biakato, Mambasa and Komanda health zones. They also distributed IPC/WASH kits to 18 newly identified traditional healers in the Mambasa health zone. Hygiene kits were distributed to 424 households in Beni, Butembo and Mangina health zones. In Beni, the teams also installed three new hand washing devices, renewed 781 old hand washing stations and supplied 707,258 liters of clean water for hands washing.

Awareness raising campaigns on EVD prevention measures reached 16,081 students in schools, 5,111 people in health facilities and 6,204 people in public spaces in Butembo, Mangina, Biakato et Komanda. In addition, during the annual Amani Festival held in Goma 217,762 people were sensitized on EVD prevention measures.

During the reporting period UNICEF officially handed over an incinerator and four latrine cabins to the Makayanga ETC and to Komanda Ebola sub-coordination and 14 latrine cabins to the General Referral Hospital (GRH), six latrine cabins, four showers and an incinerator to two health centers and six latrine cabins in a school in Musienene. In Butembo, six spring catchments were handed over to local communities as well as eight latrine cabins to a school. In addition, nine latrine cabins, an incinerator, a needle pit and a shower were handed over to two health centers.

A workplan with a budget was approved for the joint UNICEF and WHO implementation of the new SRP 4.1. strategy to prevent infection in health facilities and protect health workers through the support to health facilities of categories 3 & 4, and traditional healers in 13 priority health zones³.



Psychosocial Support and Child Protection

Activities in ETCs, Transit Centers (TC) and nurseries

About 798 newly affected children received psychological support from UNICEF and its partners in ETCs and TCs. Assisted children included a confirmed case girl and 797 suspected cases (418 boys and 379 girls). The joint surveillance efforts by medical, surveillance and psychosocial teams continued in all affected areas, keeping a high number of patients, especially children, admitted to ETCs/TCs as suspected cases, despite a decrease in the EVD epidemic trend.

Thanks to UNICEF support, 42 children (24 boys and 18 girls) received nutritional care and psychological support in the five operational UNICEF-supported nurseries. In addition, 12 Ebola survivors (five women, six men and one girl) received psychological and material assistance in order to facilitate their socio-economic and community reintegration.

³ See UNICEF Ebola SitRep # 53 (WASH section)

Activities in communities

In communities, psychosocial agents provided support to 147 contact persons (55 per cent children) during the 21-days period of follow-up. In the hotspot areas, particularly in Beni, psychosocial teams are strongly involved in strengthening community-based surveillance. These efforts allowed to convince more than 60 contacts including 23 children (38 per cent) to accept EVD preventives measures, such as regular monitoring visits by surveillance teams or placement in the temporary isolation sites. In collaboration with the UNICEF Education teams, the psychosocial teams conducted activities in schools, in particular to reassure children and parents when teachers resumed their lessons after being cured of Ebola.



Health and Nutrition

In ETCs, UNICEF and its partners provided nutritional support to 921 new confirmed and suspected cases, including nine children under six months, 179 children aged from six to 59 months and 733 children over five years old and adults. Among these, two were breastfeeding women and five were pregnant women. Butembo and Komanda ETCs reported the highest number of assisted cases, respectively 414 and 157 cases.

In addition, in the ETCs and related nurseries, UNICEF and the health zones nutritionists provided adapted nutritional assistance to 199 new separated and/or orphaned children out of which 64 were children under six months and 135 aged from six to 23 months.

Sensitization activities on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context reached 443 caregivers of children under 24 months, including 61 parents, in the ETCs and 2,012 caregivers at households, health centers and community level.

UNICEF and its partners are placing emphasis on monitoring children receiving breast milk substitutes in the community. During home visits, nutritionists screen other children in the household for malnutrition and refer severe cases to the Outpatient Therapeutic Nutritional Units and to the Intensive Therapeutic Nutrition Units. A sensitization session on IYCF in the EVD context is conducted for all adults in the household. In the Ebola-affected health zones, 325 children, including 89 children under six months and 236 aged between six and 23 months were followed up by nutritionists on a regular basis. Every child received the infant formula milk. Moreover, 27 children were referred for SAM treatment.

At the Komanda sub-coordination level, nutritionists conducted a half-day training session for 29CAC members (nine women) on IYCF practices in general and on the feeding of EVD separated and orphaned children receiving breast milk substitute (BMS) in the community.

Based on the epidemic trend and in line with the SRP 4.1, the nutrition team in the ETCs was reduced from 34 staff to 28 for all nine functional ETCs.



Education

Prevention activities in schools continued all along the reporting period. In Butembo health zone, the Education team and the EPST sub-divisional focal points distributed 392 WASH kits in 65 pre-primary, primary, secondary schools and catch up centers, benefitting 18,324 students (10,315 girls) and 893 teachers (403 women). Similarly, in Katwa health zone, 83 pre-primary, primary, secondary schools and catch up centers received 498 WASH reaching 19,844 students (11,093 girls) and 1,087 teachers (463 women). In the same zone 277 students, including 83 girls, self-taught candidates for the 2019-2020 State exams were sensitized on EVD prevention measures and on the importance of vaccination.



WASH kits and Guidance Note distribution in Mabalako

In Mabalako health zone (Mangina Sub-Coordination), including in the recent hotspot health areas of Bingo and Aloya, the Education team in collaboration with the EPST distributed WASH and 70 copies of the "Guidance Notes on the prevention and control of EVD in Schools" to 41 schools. The distribution was accompanied by awareness raising sessions on the EVD prevention measures for about 12,627 participants including 12,300 students and 327 teachers from the same 41 schools.

In Mambasa and Lolwa health zones, 738 students (379 girls) and 26 teachers (8 women) were sensitized and informed in five primary schools on the Guidance Note and on the importance of hand washing as a means of preventing dirty hands-related diseases as well as Ebola.

EVD prevention measures were also promoted in three schools in Komanda health zone, through the briefing of 1,118 students (485 girls) and 22 teachers (seven women).



The Social Science Analysis Cell (SSAC) continue to be active in the different sub-coordinations. During the meeting of the Strategic Coordination meeting held in Beni on 14 February, the SSAC presented the results of an integrated Epidemiology-Social Sciences Analysis study on Ebola alerts and potential factors which may be contributing to low levels of alerts reported by the community. The epidemiology analysis showed that community-based alerts during the period 23 December 2019 to 2 February 2020 were extremely weak in Beni and the SSAC used existing data for previous studies in the area to highlight as potential contributing factors the low levels of understanding by local communities regarding how the different elements of the response function and its mistrust of the response actors. Based on this analysis, the surveillance commission intensified trainings on community-based surveillance for RECOs, health workers and community leaders in four hotspot health areas in Beni.

On 9 February, in Beni, in coordination with UNICEF WASH teams and the Ministry of Public Health the SSAC organized a training on Menstrual Health and Hygiene (MHH) for 37 participants from the WASH sub-commission. The training was held in response to a recommendation issued from a SSAC study on the Perceptions and Impact of Hygiene Kits Distribution conducted in September 2019 where findings showed that the material distributed for menstrual hygiene was not being used for its intended purpose. The training focused on puberty and the physical, psychosocial and emotional changes experienced by girls and boys, the context of menstrual hygiene (MHH) in DRC, ongoing activities related to MHH in DRC and steps on rolling out MHH activities in the current context.

On 6 and 7 February, in Mangina, the local CASS team facilitated discussions with the psychosocial sub-commission, the Ebola Survivors Association, Save the Children, the Red Cross and Oxfam to co-develop actions based on the study on Ebola survivors. These included the organisation of community dialogue with survivors, traditional healers, pharmacists and dispensaries personnel to promote the importance of early treatment at the ETC, the organization of awareness raising activities at community level for preventing survivors' stigmatisation and the promotion of health workers engagement in facilitating the survivors' reintegration in their family and community. In addition, on February 8, the results of an in-depth analysis on children were presented to the UNICEF psychosocial and child protection team. The objective of the study was to understand the risks specifically related to children. Results suggested that young children are less likely than adults to be referred from a health facility to the ETC, that Ebola-related community deaths are more common among young children than adults and that children are less listed as contacts and, when listed, they are less often followed as contacts.

In Butembo, the SSAC facilitated a meeting with the psychosocial sub commission to discuss results and co-develop recommendations related to a study on Ebola survivors. Actions developed include the identification of specific health facilities that can be allocated to care for the needs of survivors, the organization of briefings and trainings for health care providers to improve their understanding on the needs of survivors and develop their capacity to respond, the organization of an additional qualitative research with survivors in Butembo to understand their specific needs, the strengthening of communication with the survivor's surrounding community and family members to prevent his/her stigmatisation and the promotion of survivors' engagement in communications activities ensuring that they are able to respond to questions related to survivors as well as the transmission and prevention of Ebola.

To date, the Social Sciences analysis cell has identified and proposed 110 research recommendations in the different EVD-affected health zones. Among them 88 per cent have been implemented (62 per cent) or are on-going (26 per cent) and seven per cent still require validation by the different sub-commissions. Recommendations involve RCCE (43), IPC/WASH (26) and Psychosocial Support (11). Ten new recommendations, all related to the study on Ebola survivors, were added during the reporting period after being co-developed with relevant partners.

Summary analysis of the humanitarian response (Pillar III)

As part of Pillar 3 interventions, **WASH** activities continued all along the reporting period. In Beni health zone, for example, in response to the scarcity of safe drinking water in Bunzi, Butsili, Kanzulinzuli and Mabolio, UNICEF launched a project for the construction of four boreholes equipped with manual pump. These infrastructures will be built in direct implementation with the *Service National d'Hydrolique Rural* (SNHR) and will serve at least 2,000 people.

UNICEF WASH staff conducted regular supervisions of local partners during activities implementation. In Butembo, for exemple, the teams supervised the UNICEF partner *Consortium de l'Agriculture Urbaine de Butembo* (CAUB) which has been working on a water source in Kasuka (Maman Musayi health area) and finalizing latrines in a primary school. In Mangina, UNICEF supported its partner FAEVu in finalizing a water source, as part of a plan to rehabilitate a dozen. Thanks to the same project, four latrines are under construction in Mangdobo primary school. In Lwemba, UNICEF local partner BEHCOGEN continued the construction of 20 latrines cabins in five schools.

Answering to a strong community request from the Youth Parliament, UNICEF supported the rehabilitation of four bridges in Biakato to improve access to water points/sources: the Mabusuku Bridge, the Kapela Bridge, the Bangole Bridge and a Metal Bridge. Work was conducted by community workers with a local engineer directly contracted by UNICEF. Local community leaders including the youth government oversaw the work. Three of the four bridges are already completed.

In **Education**, UNICEF provided the Mambasa Education Sub-Division with an emergency tent that served as a temporary learning space for 116 schoolchildren (54 girls) in grade 1 in the Salama health area. The school was in an advanced state of disrepair and the UNICEF tent strongly contributed to create a protective learning environment for students.

In Lwemba (Biakato), in collaboration with the EPST, UNICEF distributed 50 “school in a box” cartons to ten primary schools. This material benefited to 1,570 students (581 girls and 989 boys), including 1,406 IDPs (579 girls). At the same occasion, 68 teachers (20 women) from the same schools received didactic kits. In addition, UNICEF set up a tent for 100 displaced students (40 girls and 60 boys) facilitating their access to education.

On the **Health** side, UNICEF started to identify 35 priority health facilities to assess their needs and requirements in term of rehabilitation, equipment, inputs and training. In parallel, UNICEF launched the related supply procurements orders and conducted discussions with potential implementing partners.

In close collaboration with the Beni Child Protection Working Group, UNICEF **Protection** teams contributed to the planning of urgent child protection actions for displaced children who have arrived in Beni. In particular, UNICEF conducted child protection needs assessments to orient the implementation of response interventions for vulnerable children, including unaccompanied and separated children. In addition, UNICEF partner *Solidarité des Associations Feminiennes pour les Droits de la Femme et de l'Enfant* (SAFDF) trained 296 Child Protection Community Networks members (including 133 women) on the identification and referral of Child Protection and Sexual and Gender-based Violence's cases in six EVD-affected health zones of the Lubero territory.

As part of **RCCE** interventions, in Beni, the team met with the representatives of the Social Funds to present them data on priority needs expressed by communities through the CACs' Community Action Plans⁴. Data will be a starting point for the implementation of an upcoming Cash for Work project for responding to community needs. The project will be implemented by the governmental institution Social Funds of the DRC, as part of the implementation of Pillar 3.1 program managed by the World Bank.



Set up of a temporary learning space for 116 children of primary school of EP.Nyamove, Salama health area (Mambasa)

Supply and Logistics

UNICEF regularly monitors the supply chain and discusses with the different actors to 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\$ 241,134. The total value of procurement orders was US\$ 1,228,405 (11.7 per cent local procurement and 88.3 per cent offshore procurement).

Human Resources

In a global context of slowdown in the number of cases, UNICEF has maintained and stabilized an appropriate number of staffs deployed on the ground. A total of 222 staff are dedicated to the Ebola response and deployed in the affected areas⁵, with an additional three persons under recruitment. In addition, UNICEF has 39 staff in Goma sub-office (North Kivu) and 25 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication

The communication team posted 38 messages on [Facebook](#), [Instagram](#) and [Twitter](#) during the reporting period, reaching almost 1,400 messages since the beginning of the outbreak. New videos were released over the same period, highlighting UNICEF's role in [immunization](#) and the [care of children orphaned or separated by the disease](#). A [quiz](#) was conducted on UNICEF DRC's social networks, sharing key messages with 120,000 people.

Next SitRep: 2 March 2020

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

⁴ For CAC's expressed priorities, see section on RCCE, page 3.

⁵ UNICEF staff on ground included 22 staff in Goma, 78 staff in the Beni programme coordination, 10 staff in Beni sous-coordination, 50 staff in Butembo/Katwa, 13 staff in Mangina, 6 staffs in Biakato, 13 staff in Bunia, 12 staff in Komanda, 6 staff in Mambasa, 1 staff in Kisangani and 11 staff in Kinshasa. Staff includes people coming in surge from the regional or headquarter office.

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Annex A

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	83,123	1,133
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	47,544	42,330	729
# 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	35,235,634	444,658
# 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	28,869	1,687
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	297,605*	295,673	10,556
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 01 February 2020.			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	4,264	4,138	164
# of target schools in high risk areas provided with handwashing facilities	3,800	2,949	112
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550	13,843	69
% 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	63	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	21,643	84
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	14,334*	14,499	798
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	22,390	796
# of contact persons, including children, who receive psycho-social support	1,662**	1,539	0
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,352	222
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,563	8
# 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	78,050	2,455
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358	19,101	921
# 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	1,503	64
# 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	450	135
Education			
# of students reached with Ebola prevention information in schools	1,850,486	1,241,509	14,433
# of teachers briefed on Ebola prevention information in schools	61,573	47,709	375

Pillar 3: Humanitarian response to communities affected by Ebola⁶	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	24,531	0
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	4,000*
# 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	0	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	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	30,923	1,570
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	68	0

⁶ 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	600,000	12,813,517	87%
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	7,547,372	43,868,177	68%
Total	99,467,332	18,833,433	8,557,372	72,076,527	72%

*Carry-forward amount is provisional and subject to change