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Democratic Republic of the Congo

Ebola Situation Report # 53

North Kivu, Ituri and South Kivu



Reporting Period: 20 January to 2 February 2020

Highlights

- On 24 January, the new Strategic Response Plan 4.1, covering the period from January to June 2020, was launched in Goma. The document calls for the definitive elimination of Ebola in the affected zones and the strengthening of health system supported by a transition plan for the post Ebola period.
- During the reporting period, nine cases, from the same transmission chain, were reported in Beni health zone. UNICEF enhanced its response efforts and redeployed staff from the Rapid Response Team and other duty stations to support the intensification of Risk Communication and Community Engagement activities.
- In Butsili and Bunzi health areas (Beni), contacts of recent Ebola cases tend to gather in the same sites thus facilitating the response teams' work, allowing for an efficient follow-up and a rapid medical treatment in the event of the appearance of symptoms. In these sites, UNICEF ensures that a specific psychosocial support is provided to contacts, especially to women and children.
- On 24 January, UNICEF marked the 2nd edition of the International Education Day and, in close cooperation with the governmental partner, sensitized almost 2,000 students and 50 teachers in Komanda and Mambasa on the Guidance Note for the prevention and control of Ebola in schools.
- On 28 January, in Goma, UNICEF organized an internal workshop to plan a child protection strategy as part of the Pillar 3 interventions and to build a sustainable approach for the next few months. The sessions stressed the importance of continuing to work with a number of Psychosocial Assistants, who, once trained, will work on children protection monitoring at community level and on case identification and referral for assistance.

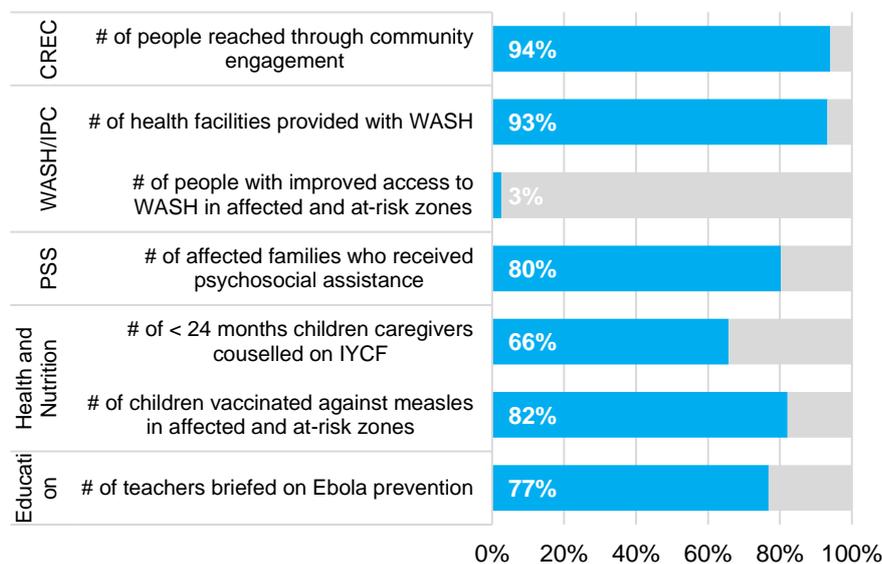
Key epidemic numbers

3,305 confirmed cases (WHO, 2 February 2020)
920 children <18 among confirmed cases (WHO, 2 February 2020)
2,127 deaths among confirmed cases (WHO, 2 February 2020)

Key figures

31 implementing partners, including **18** national actors
2,470 community workers and mobilizers
140 community radio partners
1,112 psychosocial agents, including caregivers, in UNICEF-run nurseries
19 IPC/WASH supervisors and **471** hygienists for decontaminations
34 nutritionists and **4** supervisors in Ebola Treatment Centers (ETC)

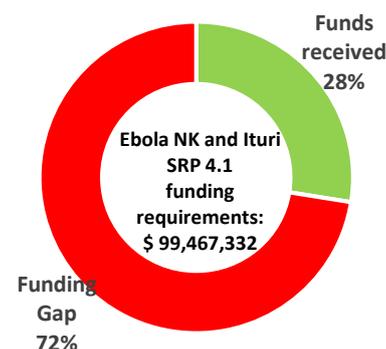
UNICEF's Response*



Ebola Response Appeal (Pillars I and III)

US\$ 99.4 million**

Ebola Response Funding Status SRP4.1 - 2020



* Percentages in the table refer to results for the period August 2018 to 02 February 2020 out of targets for the period August 2018 to June 2020, end of SRP 4.1.

**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 ten new confirmed cases registered during the reporting period, as of 2 February 2020, a total of 3,428 EVD cases, including 3,305 confirmed and 123 probable cases have been reported, of which 2,250 cases died (overall case fatality rate is 66 per cent). Of the total confirmed and probable cases, 56 per cent (1,920) were female and 28 per cent (966) were children aged less than 18 years.

Mabalako (Bingo health area) and Beni (Bunzi and Kanzunzuli health areas) were the epidemic hotspots health zones.

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.

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, the outbreak remains a serious public health concern. The focus on the Plan remains on interventions to break the chain of transmission with an emphasis on Health System Strengthening (HSS).

Context highlights

On 24 January, in Goma, The Ministry of Public Health launched the new Strategic Response Plan 4.1 aimed at breaking the EVD transmission chains and definitively stop the epidemic. The plan will cover a six-month period from January to June 2020. The Plan is focused on two complementary strategies, the first on the maximization of the response capacities in all pillars for getting to "zero transmission" and the second on the health system strengthening supported by a transition plan for the post Ebola period. One of the main points of the Plan is the introduction of human resources' rationalization approach. Indeed, the Plan ranked the 29 EVD-affected health zones in four categories according to the epidemiologic trend² and in four colors according to the security access. According to this new health zones categorization the response stakeholders will rationalize the number of workers involved and concentrate the volume of activities in priority zones. On this basis, the Goma, Bunia, Mwenga and Bukavu sub-coordinations will close. The six sub-coordinations that will remain active are Beni, Butembo, Biakato, Komanda, Mambasa and Mangina.

In parallel to this reduction in the number of response teams, the Plan focuses on the strengthening of the health system at the provincial level. This will include coaching and mentoring for governmental structures. A 18-months Transition Plan, under finalization, will lay the foundations of the post-Ebola crisis. It will be based on a three-pronged-approach, taking into account (1) the need to prevent another Ebola outbreak by providing support to EVD survivors and preparing the health system to efficiently respond to Ebola; (2) address the population needs by improving their access to social basic services and offering a conducive environment for development and; (3) restore the social contract by improving the social cohesion and the local governance.

In Beni, the situation is still worrying with a high number of nosocomial and community infections related to the same transmission chain that started in Aloya in December 2019. In January 2020, two health workers were also infected. During the reporting period, a total of nine cases from this transmission chain were reported in Beni health zone and one in Mabalako. In Bunzi health area (Beni), 25 contacts thus gathered on the same site as the Lwemba contacts³ and, on 21 January, the response teams decided to move the group to a different location to avoid tensions with the community. Indeed, the host community in Bunzi refused to welcome a second group of contacts in their neighbourhood. Another isolation site opened in Butsili. In general, medical response actors focus on the rapid isolation of contacts and 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.

To support this initiative and address specific contacts' needs on these sites, UNICEF provides the appropriate psychosocial assistance to contacts on a daily basis, especially for women and children. UNICEF distributed recreational kits to children and 16 of them (11 boys and five girls) have been benefiting from recreational activities and adapted psychosocial support.

UNICEF EVD-prevention mission in Nia Nia, started on November 2019 ended on 22 January⁴. The Rapid Response Team previously based in Ituri, between Nia Nia and Mambasa, was redeployed in Beni to support the intensification of activities in this hotspot. Three additional staff based in Butembo joined the Beni team to contribute to contain the virus, expand the vaccination campaign and address specific needs on contacts' sites.

¹ Source: External Situation Report # 77 and 78, WHO.

² Category 1 zones are health zones where at least 1 confirmed or probable case has been notified in the last 42 days. The full spectrum of the response intervention has to be ensured. Category 2 zones are those at high risk of a possible reintroduction of EVD due to proximity to hotspot zones, large movements of populations and contacts, insecurity and/or the high density of the population. Category 3 zones are those where no cases have been reported for more than 42 days demanding a scale down in the response. Category 4 zones are those which have never reported cases and where preparedness activities are to be continued.

³ See SitRep #52: https://www.unicef.org/appeals/files/UNICEF_DRC_Humanitarian_Situation_Report_Ebola_19_Jan_2020.pdf

⁴ Cumulative figures, including Nia Nia, from November 2019 to January 2020 are available page 8.

Every morning during the two weeks period, the Beni response teams accompanied by the Beni Deputy Mayor visited communities in Bunzi, Kwanzulizuli, Butsili, Mabolio and Ngongolio health areas to overcome the population resistance and organize community dialogues on the importance of vaccination and visitors' management. The Coordination team based in Beni is also mobilized to reinforce the response teams.

On 20 January, the Biakato sub-coordinating team declared that there had been no cases in Biakato and Lwemba for 42 days. These two health areas are not considered hotspots anymore.

Summary Analysis of the Ebola Response



Risk Communication and Community Engagement

Main activities

With cases continued to be reported in Beni and Mangina sub-coordinations, the RCCE teams enhanced their sensitization activities, thus reaching 25,717 people with messages on EVD prevention, visitor management and surveillance, the new geographical vaccination protocol and the importance of early transfer of cases to the ETCs. The messages were addressed to different audiences including pygmies, local church followers, CAC members, school children and teachers, members of local associations and women during anti-natal consultations.

In non-hotspot zones, sensitizations focused on prevention activities. In Bunia, Biakato, Butembo, Komanda and Mambasa, the RCCE team sensitized 58,086 people on the importance of vaccination, visitor management, SDBs and community engagement. The messages reached a wide audience, including church members, students and teachers in Bunia, taxi drivers and youth and shop keepers in Butembo. In Goma, in addition to routine sensitization in schools and churches, the RCCE teams supported the the Goma Catholic Diocese Bishop in the sensitization of his followers on the importance of community engagement in the fight against Ebola. The RCCE support was also provided to the Anglican Church Bishop to raise awareness among 956 followers including 623 women on EVD prevention measures such as the maintenance of hygiene practises and community-based surveillance.

The Community Animation Committees (CACs) operationalization is continuing in the different 29 EVD-affected health zones. In seven health zones, the CACs have already developed their Community Action Plan (CAP) and in 11 the process is ongoing. In Komanda and Nyakunde health zones, the CAP identified access to education, health and water as priority issues to be addressed. In some areas CAC have also started to implement their CAP. In Beni health zone, for example, for responding to WASH needs, a CAC carried out the construction of a bridge with its own funds. In Mangina, a CAC conducted awareness-raising activities on the importance of vaccination to promote its acceptance by local population. In the Goma sub-coordination, the CAC members visited 121,859 households, reported 926 alerts and referred 2,417 cases to health facilities. They also participated in the identification of 3,990 incoming and 3,316 outgoing travelers as part of community-based surveillance activities.

The RCCE teams in all sub-coordinations continued to provide their support to the other pillars of the response to strengthen community engagement. In all the sub-coordinations, the RCCE teams sensitized 2,440 people on the importance of SDB, 469 on household decontamination, 1,442 on early case referral, 7,765 on vaccination and 1,159 on community-based surveillance. In Biakato, despite the insecure situation, the team conducted 41 individual interviews with patients and care providers at the health center of Biakato Mines to sensitize them on the importance of early testing and treatment. The team also supported the WASH/IPC teams for sensitizing students and children during IPC/WASH kits in schools and during food distribution to IDPs in Teturi and Biakato Mines.

Capacity building

In Beni, the RCCE team conducted a briefing of pharmacy and private health facility owners, traditional healers, RECOs, teachers and people living with disabilities, on the alert mechanism, compliance with IPC rules, visitor management and the importance of SDB. In Mangina, the team strengthened the capacity of members of ten local associations of the Aloya health area on the new vaccination protocol. In Butembo, the RCCE trained 661 RECOs on the EVD alert mechanism and visitor management and built the capacity of 212 CAC members on community engagement, community-based surveillance (CBS) and the use of U-report. In Goma, the RCCE team briefed 413 members of 34 CACs in Nyragongo and Karisimbi on CBS, alert mechanism and patient referral. In Komanda, the RCCE trained 193 focal points (including 40 women) on the use of U-Report in data collection.

Media

The RCCE team supported 12 partner radio stations in Beni, 21 in Mangina, 14 in Bunia, 26 in Butembo and 33 in Goma to produce and broadcast 154 programs and 1,505 spots promoting the activities of the EVD response with a focus on psychosocial support provided to the Ebola survivors and geographical vaccination approach. To date, UNICEF collaborates with 140 community radio stations for EVD-related activities.

The RCCE teams continued the deployment of the U-Report system. To date, 13,114 people are registered on the platform (63 percent men and 37 percent women). About 75 percent of users are aged 15 to 34 years old. During the reporting period, the U-Report system launched a survey on the theme "What does the community think of the response?". Among the 1,964 participants, almost two thirds (64 percent) believe that the response is good and

necessary and that it saved many lives. For 16 percent of participants, the response is not doing enough as the disease persists.

Coordination

The team supported the RCCE commission in the review and validation of the Conversation Guide, a communication tool for traditional healers focused on the promotion of hand washing in their health facilities and in the community and the weekly newsletter "Tulivyosikia", addressing key questions and feedback from the community. Due to continuing reported cases in Beni, the team also took part in an *ad-hoc* committee to develop an emergency action plan for the Beni sub coordination focused on improving contact tracking.



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

To prevent EVD transmission and nosocomial infections, UNICEF continued to reinforce capacities of health personnel on IPC/WASH standards and procedures. In Komanda UNICEF organized a five-day training gathering 108 full time nurses and 45 caregivers. The training focused on EVD prevention measures, injection safety and waste management procedures, health facility and household's cleaning and decontamination procedures, autoclaving and sterilization process, donning and doffing of personal protective equipment, triage isolation and notification procedures in health facility, IPC/WASH ring approach in community and health facility reopening procedure after closure for nosocomial-related infections.

Activities around cases continued all along the reporting period. Thirteen (13) health facilities, a public place and 16 households were decontaminated in the health zones of Beni, Mambasa, Butembo and Mabalako. About 77 per cent of decontaminations took place within 24 hours from case identification and 23 percent within 48 hours. In addition to decontaminations, as part of the prevention of nosocomial infections, 430 health facilities benefited of the IPC/WASH kits replenishment in the health zones of Mambasa, Beni, Butembo, Mangina, Goma, Biakato and Komanda.

In Beni, Butembo, Mangina, Goma, Biakato and Komanda, at community level, UNICEF and its partners distributed PCI WASH kits to 435 households, installed 465 new and replaced 196 old points with new ones and provided 630,217 liters of clean water to supply the handwashing stations. In addition, 52 schools benefited of IPC/WASH kits and handwashing points and 36 schools previously supported were replenished with WASH/IPC consumables.

To contribute to reduce the transmission of diseases, in particular EVD, UNICEF and its implementing partners sensitized 22,000 students in schools, 10,952 people in public places and 4,970 people in health facilities in Mambasa, Beni, Butembo, Mangina, Goma, Biakato and Komanda health zones. People were sensitized on good hygiene practices, in particular on the importance of hand washing with soap and water.

According to the new Strategic Response Plan 4.1, reducing the nosocomial transmission of EVD is considered one of the key points to stop the spread of the virus. To prevent infection in health facilities and protect health workers, the new strategy focuses on providing support to health facilities of categories 3 & 4⁵, and traditional healers through strengthening mentorship and community engagement in 13 priority health zones⁶.



Psychosocial Support and Child Protection

Activities in ETCs, Transit Centers (TC) and nurseries

UNICEF and its partners continued to provide psychosocial support to cases, contacts and affected families both in ETCs, nurseries and in the community. About 743 newly affected children, including 741 suspected cases (378 boys and 363 girls) and two confirmed cases (one boy and one girl) received psychological support in ETCs and TCs and 97 children (43 boys and 54 girls) received nutritional care and psychological assistance in the five operational UNICEF-supported nurseries.

Following the epidemic trend, a decrease in the number of admissions to ETCs and TCs was observed together with a reduction in the number of affected families, orphans and separated children receiving psychosocial and material assistance and in the number of followed-up contacts.

To date, psychosocial support and child protection interventions in ETCs, TCs and nurseries are ensured by 69 UNICEF-supported Ebola survivors (59 women and ten men). To help them cope with difficulties they may face in their daily activities in contacts with suspected and confirmed cases, separated children and affected families, Ebola survivors are psychologically supported through individual counseling and group therapies. Assistance is also proving during their reintegration in their family and community.

⁵ Health facilities of category 3 are those with 9 to 15 beds while health facilities of category 4 are those with 4 beds maximum.

⁶ Les 13 priority health zones are those in category 1 and 2 according to the SRP 4.1. Category 1 zones are health zones where at least 1 confirmed or probable case has been notified in the last 42 days. Category 2 zones are those at high risk of a possible reintroduction of EVD due to proximity to hotspot zones, large movements of populations and contacts, insecurity and/or the high density of the population.

Activities in communities

In line with the decreasing epidemic trend, activities in communities are increasingly focused on the follow-up of the most vulnerable children and families affected by the epidemic, particularly orphans and Ebola survivors often stigmatized and isolated in their communities. Through a case management approach, the psychosocial teams provide them with psychosocial support and material assistance, tailored on their specific and regularly re-assessed needs. To maximize the impact of interventions contributing to reduce EVD-affected children and families' vulnerabilities UNICEF intervene through an multisectoral approach which include health, nutrition, education and child protection components.

As part of the support provided to the Ebola survivors, UNICEF and its partners are intensifying the organization of support groups at community level – named Tusaidiane in local language - during which local psychosocial agents provide support to cured children and adolescents, according to their age and needs.



Health and Nutrition

Nutritional assistance continued to be provided in ETCs, TCs, nurseries and in the community. About 1,024 new confirmed and suspected cases benefitted of nutritional assistance in the ETCs and TCs by the UNICEF-supported nutrition teams. Among them, 13 were children under six months, 172 were children aged from six to 59 months and 839 were children over five years old and adults. Among these, 21 were breastfeeding women and six were pregnant women. Butembo and Katwa ETCs reported the highest number of assisted cases, respectively 293 and 187 cases.

In addition, UNICEF and the health zones nutritionists provided nutritional assistance to 59 new separated and/or orphaned children in the ETCs and related nurseries, through the Ready to Use Infant Formula (RUIF) or pasteurized milk at high temperature (UHT), according to their age. Thirty-nine (39) children admitted in ETCs received treatment for severe acute malnutrition (SAM).

Sensitization activities by the communication agents, health promotion workers and nutritionists allowed to reach 607 caregivers of children under 24 months, including 45 parents, in the ETCs and 1,326 caregivers at households, health centers and community level with messages on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context.

Together with the UNICEF-supported psychosocial assistants, the nutritionists followed up 147 children through home visits, including 33 children under six months and 114 aged between six and 23 months. Every child received the infant formula milk. The activities of the nutritionists at community level led to the identification and referral of several severe acute malnutrition (SAM) cases to health structures.



Education

On 24 January, UNICEF marked the 2nd edition of the International Education Day. In close cooperation with the governmental partner (EPST Ituri), UNICEF sensitized 955 students (533 girls) and 27 teachers on the Guidance note for the prevention and control of EVD in schools through various playful activities, such as poems, drama, sketches and various animations. These celebrations took place in four primary schools including a school for deaf children in Mambasa. In Komanda, the EPST inspectors briefed 24 teachers, including 11 women, as well as 988 pupils, including 441 girls, in five schools, on strategies to prevent and combat EVD in schools.

On 25 January, following the notification of a teacher as confirmed case in the health area of Kwanzunlizuli (Beni), the Ebola response teams ensured the decontamination of all classrooms of the school and of the office of the school director. The IPC/WASH team also provided four hand washing stations, thermoflash kits and water supply to the school. While the teacher is still being treated at the ETC in Beni, the RCCE team have sensitized eight teachers and 58 parents on the importance of vaccination against EVD.

Considering that children's vaccination requires their parents' approval first, in Butembo, thanks to the UNICEF support, the EPST raised awareness among 535 school directors, presidents of parents' committees and teachers' representatives (including 138 women) on the new vaccination protocol and encouraged parents to give their approval for EVD vaccination.

In Mambasa, the ESPT and UNICEF organized an additional briefing on the Guidance note for 58 teachers (23 women) from eight schools (Mambasa and Banana health areas). In addition, UNICEF held a meeting with the educational subdivision of Mambasa and agreed on action points that could effectively be taken by the school personnel, parents and caretakers at home to participate in the prevention and fight against stigmatization of Ebola affected children in schools.





Social Science Analysis Cell (SSAC)

On 25 January, the SSAC team conducted a briefing for the UNICEF team in Beni on the new SSAC Terms of Reference (ToR), developed jointly with the General Coordination in Goma. The new ToR aim to increase appropriation and ownership by commissions through the co-development of recommendations. The new approach will ensure that all studies' ToR are developed together with relevant commissions and that, after the presentation of results, specific thematic working group sessions are organized to co-develop recommendations with partners and stakeholders, including sub-commissions.

As part of regular capacity building activities, the SSAC trained 18 members of the local team in Beni and Butembo. The training consisted in practical exercises focusing on data collection to better prepare the upcoming SSAC qualitative study on EVD infections among children and on the process of co-developing recommendations, including negotiating and advocating skills.

In Beni and Mangina, the SSAC presented the results of a qualitative study on EVD survivors to stakeholders responsible for their treatment such as the medical NGOs MSF and ALIMA and the partners in charge of their follow up including UNICEF psychosocial and protection teams and the Psychosocial and RCCE sub-commissions. In addition, the SSAC team met with the Ebola Survivors Association's President in Beni to discuss the key actions that should be taken to support Ebola survivors while avoiding their stigmatization by local communities. Recommendations and action plans were drafted and validated together with partners in both sub-coordinations and include the access to free medical treatment during 12 months after recovery, their psychologic follow up and the set-up of income-generating activities that could target the most vulnerable survivors.

To date, the Social Sciences team has identified and proposed 104 research recommendations in all zones of the outbreak. Among them:

- 84 per cent have been implemented (52 per cent) or are on-going (32 per cent) and 11 per cent still require validation.
- The three principal recipients for SSAC recommendations are: RCCE (43), IPC-WASH (26), Psychosocial Support (12).

Summary analysis of the humanitarian response (Pillar III)

Community feedback-based micro-project continue in different EVD-affected areas. As part of **WASH** interventions, UNICEF implementing partner BEHCOGEN is at 70 per cent of the construction of 20 latrines cabins in five schools in Lwemba. In Mangina, partner FAEVU installed and trained six water point management committees composed of 48 people (62 per cent women). The role of these water point management committees (WPMC) is to ensure the sustainability and appropriation of water points by the community. In addition, the committee will also be periodically organizing the maintenance of the spring catchment boxes. Its members were elected by the beneficiaries of these water points. The WPMC are overseen by CAC whose role is to promote good practices in WASH and to inform the community of the availability of this new service. In case these structures need maintenance, the local CAC will support the cost through its own funds.

In the Kalunguta health zone, with the support of the **Education** team, UNICEF and the EPST North Kivu distributed 21 recreational kits in 20 primary schools and a Catch-up education center. These kits benefited to 5,121 students, including 2,448 girls. In addition, 35 school children (18 girls) from a pre-primary school also benefited from an Early Childhood Development kit for the awakening and stimulation of young children, through psychomotor games.

In terms of **Child Protection**, on 28 January, in Goma, UNICEF held an internal workshop to discuss the child protection strategy as part of the Pillar 3 interventions and to build a sustainable approach for post-Ebola. An ongoing work of documentation of best practices and lessons learned related to the use of local psychosocial agents in the Ebola response pushed the reflection on the opportunity of continuing to work with a reduced number on them, who, once trained, will work on children protection monitoring at community level and on case identification and referral for assistance. These agents will become para-social workers, under the responsibility of the Ministry of Social Affairs.

In the Butembo sub-coordination, the **RCCE** teams continued the training of 547 CAC members in the Kalunguta health zone and 139 in the Butembo health zone on community-based surveillance, promotion of essential family practices and development of community action plans. In Biakato Mines health area, the RCCE team conducted training for 139 members of 18 CACs on communication techniques, essential family practices and the development of community action plans.

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\$ 466,716. The total value of procurement orders was US\$ 33,558, hundred per cent local 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 220 staff are dedicated to the Ebola response and deployed in the affected areas⁷, with an additional 15 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 41 messages on [Facebook](#), [Instagram](#) and [Twitter](#) during the reporting period, reaching more 1,350 since the beginning of the outbreak. A [new webstory](#) has been published on the [Ebola landing page](#), highlighting UNICEF's psychosocial support to families affected by the disease. A [new video](#) also highlights how UNICEF supports children orphaned or separated by disease. The highest performing post on social media was this [Facebook post](#) which reached more than 310,000 people.

Next SitRep: 17 February 2020

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

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⁷ UNICEF staff on ground included 17 staff in Goma, 69 staff in the Beni programme coordination, 12 staff in Beni sous-coordination, 45 staff in Butembo/Katwa, 19 staff in Mangina, 6 staffs in Biakato, 11 staff in Bunia, 12 staff in Komanda, 15 staff in Mambasa, 1 staff in Kisangani and 13 staff in Kinshasa. Staff includes people coming in surge from the regional or headquarter office.

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*	81,990	1,833***
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	47,544*	41,601	808
# 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*	34,790,976	459,477***
# 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	27,182	596
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	287,049**	285,117	14,979
*New target set for the SRP 4.1 period (January to June 2020). **This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 01 February 2020. *** Data include interventions in Nia Nia from November 2019 to January 2020.			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	4,264*	3,974	162**
# of target schools in high risk areas provided with handwashing facilities	3,800	2,837	29
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550*	13,774	219**
% of households, health facilities and public places with reported cases decontaminated in the 72h	100	100	7
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100	87	3
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	36,437	21,559	194
*New target set for the SRP 4.1 period (January to June 2020). ** Data include interventions in Nia Nia from November 2019 to January 2020.			
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	14,334*	13,701	743
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	21,594	1,169
# of contact persons, including children, who receive psycho-social support	2,452**	2,125	0
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,130	377
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,555	3
# 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 has been adjusted in regard to the high number of persons being admitted daily to the transit centers and ETCs as suspect cases. It 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*	75,595	1,933
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358*	18,180	1,024
# 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*	1,439	59
# 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**	N.d.	N.d.

*New target set for the SRP 4.1 period (January to June 2020).

** New indicator set for the SRP 4.1 period (January to June 2020).

*** This indicator has been reformulated.

Education			
# of students reached with Ebola prevention information in schools	1,850,486	1,227,076	2,134
# of teachers briefed on Ebola prevention information in schools	61,573	47,334	132*

*Data include interventions in Nia Nia from November 2019 to January 2020.

Pillar 3: Humanitarian response to communities affected by Ebola ⁸	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	29,353	0
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	68	0

⁸ 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