



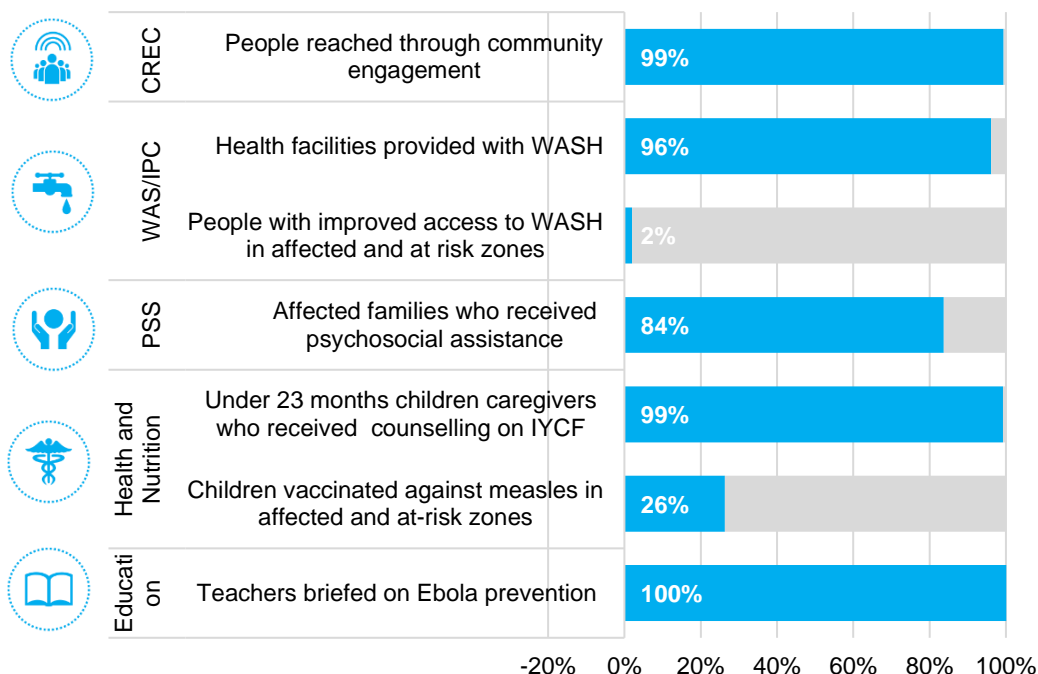
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Reporting Period: 16 December 2019 – 5 January 2020

Highlights

- Since the security incidents in Beni, 19,140 Internally Displaced Persons (IDP) settled in two sites around Mangina. On 19 December, the UNICEF Rapid Response teams distributed Non-Food Items (NFI) kits to 2,748 IDP households.
- In Bunzi health area (Beni health zone) where contacts from Lwemba settled down on a voluntary basis, UNICEF provided psycho-social support during the 21 days of their follow-up and even organized art therapy activities for women and children.
- Between Biakato and Lwemba, UNICEF organized mass awareness-raising activities to improve the communities' knowledge of response activities and reached 6,471 travelers and 6,831 worshippers from various churches and congregations.
- UNICEF jointly with the International Federation of the Red Cross (IFRC) further developed the community feedback and accountability to affected populations mechanism through the U-Report, recently-established in DR Congo, which hit 10,000 members as of end of December 2019.

UNICEF's Response*



* Percentages in the table refer to results for the period August 2018 to 05 January 2020 out of targets for the period August 2018 to the end of SRP 4.

Democratic Republic of the Congo

Ebola Situation Report # 51

North Kivu, Ituri and South Kivu

unicef

for every child

Key epidemic numbers

3,272 confirmed cases

(WHO, 5 January 2020)

913 children <18 among confirmed cases (WHO, 5 January 2020)

2,115 deaths among confirmed cases (WHO, 5 January 2020)

Key figures

36 implementing partners, including **17** national actors

2,775 community workers and mobilizers

140 community radio partners

1,112 psychosocial agents, including caregivers, in UNICEF-run nurseries

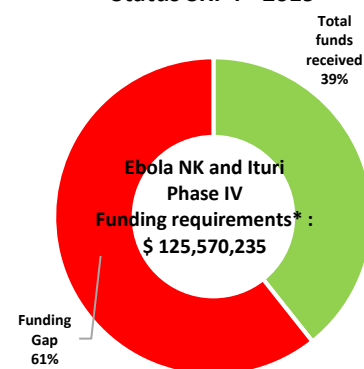
90 IPC/WASH supervisors and **433** hygienists for decontaminations

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

Ebola Response Appeal (Pillars I and III)

US\$ 125.6 million*

Ebola Response Funding Status SRP4 - 2019



* Funding requirement includes budget for Pillar I (\$ 61,469,335) and Pillar III (\$ 64,100,900)

Epidemiological overview¹

With an additional 42 new confirmed cases reported in the weeks from 16 December 2019 to 6 January 2020, a total of 3,390 Ebola Virus Disease (EVD) cases were reported as of 5 January 2020, among which 3,272 confirmed and 118 probable cases. Two thirds (2,233) of EVD cases died (global case fatality rate is 66 per cent).

Of the total confirmed and probable cases, 56% (1903) were female, 28% (956) were children aged less than 18 years, and 5% (168) were healthcare workers.

Funding Overview and Partnerships

UNICEF appeals for US\$125,570,235 to sustain the Ebola response through two of its main pillars in DRC².

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 and The Paul G. Allen Family Foundation have generously contributed to UNICEF DRC's Ebola response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received.

However, the SRP4 still has a funding gap of 61% and is currently being updated. The SRP4.1 is under finalisation and will cover a fourth-months period until the end of April 2020. While there are positive signs that the number of cases is slowly reducing, the outbreak remains a serious public health concern. The focus remains on interventions to break the chain of transmission with an emphasis on Health System Strengthening (HSS). Thanks to additional funds, Pillar 3 activities addressing essentials humanitarian needs in EVD affected health zones could be accelerated and 700,000 people could have access to safe water and adequate sanitation while over 20,000 vulnerable children could receive group psychosocial support including in child-friendly spaces.

Context highlights

During the reporting period, the ongoing conflict and insecurity around Lwemba provoked population displacement to Mambasa and Biakato and hindered the humanitarian access to this area. Regularly, planned missions had to be shortened or cancelled due to the possible presence of armed groups and insecurity. Despite that, between 18 and 20 December, UNICEF-led community dialogues with local communities revealed a positive feedback on the return of UNICEF team in Lwemba and the implementation of activities. The community leaders allowed the construction of water sources to resume and demanded that the health center re-open. In Biakato, UNICEF teams undertook assessment missions to rehabilitate four bridges in the village that will allow people to better access services like schools and health centers³.

In Beni, the contacts from Lwemba that settled down in the Bunzi health area on 1st December continued to receive the support by the response teams, particularly in terms of access to water thanks to the local partner PPSSP, and more importantly, psychosocial assistance. Following the initiative of psycho-social agents, UNICEF took initiatives for women to develop new skills and children to play and adapt to the new environment. UNICEF thus provided children with pencils and women with knitting kits and organized art therapy activities. The team also followed up on these contacts and the last confirmed case among them was reported on 8 December. After 21 days, UNICEF Psychosocial team started to prepare them for their return to their village. Since 29 December, among 78 persons, 52 decided to go back to their homes and agricultural activities, around Lwemba. Only 26 people remained in Bunzi in host families. In total, in Bunzi, nine confirmed cases were reported while 11 were declared negative in the Transit Center. Three confirmed cases died, including two pregnant women, and six survived.

Since the security incidents in Beni, Internally Displaced Persons settled down in two sites, in Mangina and Lukaya (located between Mangina and Biakato). On 19 December, UNICEF Rapid Response teams distributed NFI kits to 2,724 IDP hosted by the communities or in schools. IDPs children also benefitted from the measles follow up vaccination campaign that started on 17 December, in 12 health areas, and reached a total of 29,636 children out of 27,890 targeted (106,2%). This campaign did not include Aloya health area considering the high number of EVD cases in this area.

During the reporting period, in Mangina, Beni and Biakato UNICEF progressively improved the security of its bases and guest houses by building safe heavens, adding fences and armoring windows and doors. Following the security incidents and the recommendations from the last Ebola Management Team meeting in December 2019, an additional security officer was also recruiting to cover the North Kivu province.

¹ Source: External Situation Report # 73 and 74, WHO.

² Funding requirements include budgets for Pillar 1 (\$61,469,335) and Pillar 3 (\$64,100,900).

³ For more details, please refer to the Summary analysis of the humanitarian response (Pillar III), page 8.

Summary Analysis of the Ebola Response



Risk Communication and Community Engagement

Main activities

In Biakato Sub-Coordination, UNICEF insisted on RCCE activities and organized awareness sessions in several health areas. Considering the numerous population displacements and movements, these sessions focused on correct handwashing, the management of alerts and the importance of vaccination. The aim was to support the work of the response agents in following up the contacts. For instance, in Biakato Mayi, RCCE teams delivered awareness raising sessions reaching 6,471 travellers at the entry and control points and to 981 moto taxi drivers in six parking lots of the health zone. Besides, in Lwemba, 18 members of three motorcycle associations were briefed on the risk of transporting sick people and the importance of being vaccinated to reduce the risk of EVD infection. Christmas masses were also the opportunity to raise awareness in Biakato Mines, and mass sensitization activities reached 6,831 worshippers from various churches and congregations, including 3,104 women.

In Mangina and its surrounding health areas (Bingo, Linzo and Aloya), the RCCE team also facilitated several community dialogues on community engagement, reaching 2,963 people including community leaders, cluster/neighborhood leaders, indigenous leaders (Pygmies) and moto-taxi drivers.

In the ten health zones of Butembo, the RCCE team implemented the same strategy and reached 6,040 people through mass sensitization on EVD prevention as well as 554 students from Alimbongo, Butembo and Lubero health zones).

The process of setting up and operationalization of the Community Animation Cells (CACs) at rural and village level continued during the reporting period. To date, 3,834 (91.5 per cent) of CACs out of the 3,933 planned are established. Of these, 3,334 (88 per cent) are operational. In Butembo Sub-Coordination, with the new outbreak, the CACs have become the main channel for implementing interventions in affected communities. The RCCE team facilitated the installation of 39 CACs in Lubero health zone and training of the members of 17 CACs with the support of the international NGO FHI360 in Butembo health zone.

Capacity building

In Goma, UNICEF and its RCCE team provided a training of trainers to 14 Data Managers from all sub-commissions on the use of U-Report to collect feedback from the population via SMS.

In Beni, following on the recommendations from the Social Sciences Analysis Cell, UNICEF trained 175 EVD survivors on EVD prevention.

In Butembo, the RCCE team organized a briefing of 112 community relays and village chiefs on setting up points of control and managing visitors for EVD surveillance. The team also briefed 117 response actors including community relays, Red Cross volunteers and RCCE supervisors on the conduct of home visits, data collection and harmonization, the alert system and visitor management in the health zones of Butembo, Masereka and Kalunguta.



Media

UNICEF supported 33 media outlets to broadcast about the ongoing immunization campaigns (Polio and measles) and to continue broadcasting preventive messages against EVD. The RCCE team in Goma provided technical support in airing a public program “KUYAZUNGUMUZIA NI KUTENDA” (To talk about it is to act) in the Nyiragongo and Kalisimbi health zones under the theme of the contribution of the new vaccine in the fight against EVD. The goals were to remove negative perceptions and rumors about vaccination and its effects. UNICEF also hosted a press session with 30 media managers from North Kivu about the contribution of community radio stations in community engagement.

In Biakato, RCCE teams supported the Ministry of Public Health in the translation and production of messages on Ebola to be used in mass media

under various formats (namely radio shows, skits and songs).

In Beni, UNICEF supported the mass media coverage of the visit of Cardinal Fridolin Ambongo, Archbishop of Kinshasa, from 27 to 31st December. During his visit, he addressed approximately 2,150 Catholic young worshippers and encouraged them to engage in the fight against Ebola (see picture on the left).

Coordination

UNICEF collaborated with WHO and the Communication Working Group of the Ebola Emergency Response Coordination (EERC) to aggregate the different feedbacks coming from community and frontline workers on difficult Ebola-related issues (such as the resurgence of the virus among EVD survivors, the infection of vaccinated people and the transition from “ring” to geographical vaccination in areas with active transmission). The working group is collaborating with technical Commissions to develop talking points for all field actors to answer questions about these issues.

Within the Communication Working Group, UNICEF and the International Federation of the Red Cross developed a “Community Input Committee” (CIC) to leverage community feedback and better-position accountability to affected populations within the Ebola Response Coordination mechanisms. This committee will also serve as a steering group for U-Report, the community engagement mechanisms established in DRC in December 2019, which hit 10,000 members at the end of the month.

UNICEF is providing guidance on communication systems and tools to the inter-agency task force on “Preventing Sexual Exploitation and Assault” (PSEA) and has established an online shared drive for operational documents to complement the EERC-level website for Response Actors, including the PSEA Code of Conduct.



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

IPC/WASH prevention activities and emergency response interventions around cases, as well as preparedness activities in at-risk areas continued to be implemented. UNICEF is also working closely with WHO to replenish health facilities with IPC/WASH kits.

In terms of activities around cases, UNICEF teams decontaminated 43 households, 37 health facilities, 10 public spaces in the health zones of Mambasa, Butembo and Mangina. Ninety-five (95) percent of decontaminations were completed in 24 hours and 100 percent completed in 72 hours.

Kit distribution and awareness campaign activities benefited to 123 health facilities, 98 schools, 343 public places with hand washing facilities and 319 households, 5,398 people in health facilities, 651,024 people in public spaces in the health zones of Mambasa, Lolwa, Mangina and Butembo.

In addition, 91 health facilities received replenishment kits to cover the needs of a full month, in the health zones of Mambasa, Lolwa and Butembo.

Through water trucking, UNICEF and implementing partners supplied 962,856 liters of clean water in the transit center, the Ebola treatment center and the general Hospital in Mambasa and in the health zones of Rutshuru, Niyragongo, Karisimbi, Kirothse, Goma, Lolwa and in Bunzi site, where the high-risk contacts from Lwemba had stayed for 21 days.

The worrying insecurity in Biakato led to some population displacement from Biakato to Mangina city. These displaced people benefited from an awareness campaign on good hygiene practices, including hand washing with soap and water and a distribution of nearly 2,748 WASH kits (consisting of soap, bucket with tap for hand washing and a basin).



Psychosocial Support and Child Protection



Activities in ETC, Transit Centers (TC) and nurseries

In ETCs and TCs, UNICEF and its partners provided psychological support to 1,074 newly affected children, including 1,066 suspected cases (555 boys and 511 girls) and eight confirmed cases (four boys and four girls). Women and children continued to be highly impacted by the EVD: an increase of 6 per cent of women and children as patients (suspect and confirmed cases) has been registered.

Thanks to UNICEF support, 97 children (43 boys and 54 girls) received nutritional care and psychological support in the five operational UNICEF-supported nurseries.

In all the nurseries supported by UNICEF as well as in TCs and ETCs, Christmas celebrations were organized in order to improve the well-being of children and adolescents and to provide specific emotional and psychological support (see picture on the left – taken in Mangina nursery).

Activities in communities

Activities around affected families, new contacts as well as identification and assistance of new orphans and separated children have increased in the hotspots and new affected areas. UNICEF and its partners provided appropriate care

and support, including material assistance to 516 newly separated children (270 boys and 246 girls) and 35 new orphans (18 boys and 17 girls) in all sub-coordinations.

UNICEF continued to intensify mental health and psychological support to Ebola survivors. In addition to individual support, four new therapy groups were set up in Mangina and Aloya health areas. Fifteen (15) Ebola survivors working in the nurseries also received specific support to learn how to cope with difficult situations they may face while working in the ETC or nurseries. During the reporting period, 27 new Ebola survivors received appropriate mental health and psychosocial support, including eight children (four boys and four girls).



Health and Nutrition

Among the contacts from Lwemba temporarily based in Bunzi, UNICEF supported 32 children with recreational activities and psychosocial support. UNICEF provided children with pencils and women with knitting kits and organized art therapy activities. In addition, and in collaboration with Child Protection partners, UNICEF conducted rapid needs assessments to support a return plan in home communities.

UNICEF and its partners continued to provide nutritional support to cases in the nine ETCs. Nutrition activities started in the Biakato ETC in the last week of December. A team of three nutritionists from Biakato were recruited locally. They have been trained and are currently being mentored by a senior nutritionist from the Mangina team.

During the reporting period, about 976 new confirmed and suspected cases were assisted, including seven children under six months, 150 children aged from six to 59 months and 819 children over five years old and adults. Among these, four were breastfeeding women.

UNICEF and the health zones nutritionists provided nutritional assistance to 347 new separated and/or orphaned children in the ETCs and in the UNICEF-supported nurseries. Among these, 61 were infants under six months and 286 children aged from six to 23 months. The nutrition teams supplemented their diet, respectively, through the Ready to Use Infant Formula (RUIF) and pasteurized milk at high temperature (UHT). In addition, 41 children admitted in ETC received treatment for severe acute malnutrition (SAM).

Thanks to UNICEF support, communication agents, health promotion workers and nutritionists sensitized 560 caregivers of children under 23 months, including 44 parents, on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context at ETCs level. In communities, health centers and during home visits sensitization sessions, UNICEF also reached 2,552 caregivers.

At the community level, nutritionists with the support of UNICEF-supported psychosocial assistants followed up 239 children through home visits. Among these, 57 were children under six months of age receiving RUIF milk and 182 aged between six and 23 months receiving UHT milk. The activities of nutritionists in the community led to the identification and referral of 27 severe malnutrition cases to care structures. The supply of SAM care is still very limited in Ebola affected health zones, forcing SAM cases to travel long distances to access treatment.



Education

During the holidays period, most schools were closed. However, in Beni, students went to school until 31st December 2019 to catch up the 22 days lost because of the insecurity and public demonstrations.

The Butembo sub-coordination reported EVD confirmed cases among which five were students in Katwa and Kalunguta health zones. All are alive and being treated at the Ebola Treatment Centre.

In December, in Goma, the Government Education Partner EPST trained 24 executives and training inspectors, including three women on the Guidance Note for Prevention and EVD Control in schools. In January 2020, the inspectors, once trained, in turn, trained 248 teachers and principals (including 94 women) from 35 schools.

In the health zones of Mandima and Lolwa, UNICEF WASH and Education teams raised awareness of 18 teachers and schools' principals (including three women) on the correct use of tablets for drinking water purification and on the Guidance Note. Also, on 18 December, UNICEF took the opportunity of the announcement of the 2019-2020 first quarter results to sensitize 3,007 students (1,143 girls) on the hygienic and preventive measures to be applied during their holidays.



Social Science Analysis Cell

At coordination level, the SSAC held two capacity building retreats for SSAC teams in Beni and Butembo. The workshops focused on thematic research and priorities for SSAC over the coming months as well as refining and harmonizing the qualitative research methodology. The retreats also focused on a new approach to developing and following up recommendations to increase Commissions' ownership of actions through the co-development of recommendations. SSAC continues to seek new ways to coordinate with Commissions members (including NGOs) to

improve the use of research results. All recommendations, agreed actions and applications of recommendations can be found online via the SSAC monitoring tool [“MONITO” on this link](#).

In all sub-coordinations, the Epidemiology/SSAC study on the epidemiological characteristics and situation of children and potential risks related to the inclusion of children in the all response interventions following potential infection ([original study](#) presented at Ebola Operations Center on 11 December). Results suggest that (i) young children are less likely than adults to be referred from a health facility to the ETC, (ii) community deaths from Ebola are more common among young children than adults and, (iii) compared to adults, children are less listed as contacts and, when listed, they are less often followed as contacts. Moreover, it appears that the symptoms which present among children are not the same as those among adults (analysis ongoing). Mixed methods studies with health workers conducted by SSAC found that health workers reported feeling less able to identify Ebola among children as children’s symptoms were similar to other symptoms and children were unable to vocalize symptoms nor their risk of exposure.

In Beni, the study “Perceptions of access to basic services amongst vulnerable children and adolescents” was validated with the UNICEF Child Protection team on 19 December and was presented at the Beni Sub-coordination on 23 December. Key findings suggest that vulnerable children and adolescents perceived a reduction in access to basic services (nutrition, health, protection, etc.) since the beginning of the Ebola outbreak in the area. Recommendations included: increasing the psychosocial support available in Beni, ensuring programmes and organizations consult with youth and children before implementing new programmes and further research on the impact of Ebola on violence against children.

In response to epidemiological situation and continued cases in Aloya in December, [a synthesis on Aloya](#) was presented at both the EOC coordination and Beni sub-coordination on 20 December. This study summarized key findings from three previous studies conducted by SSAC and recommendations on engagement with traditional practitioners; perception and use of health facilities; and delays in health seeking behaviors. Key results showed that positive messaging in Aloya (regarding the number of survivors, the chance of surviving and the number of discharged non-cases) could improve health seeking behaviors, that respondents often use several types of care at once (including traditional practitioners and modern structures) and that traditional practitioners would like to be more involved in the Ebola response.

Between 30 December and 4 January, the study on “Engagement of Ebola Survivors” was presented and, together with Commissions, several recommendations were developed. Key findings suggest that even months after recovering, Ebola survivors continue to experience both psychological and physical problems, including fatigue, pains (headaches, articular pain, etc.) and loss of memory. Suspected cases who were eventually discharged as non-cases had a positive attitude towards the ETC and it was recommended to engage them at community level to dissipate rumors around treatment at the ETC. Most survivors reported being stigmatized by members of their community upon returning to their homes. Survivors also felt they were not sufficiently engaged and would like to share their stories with the community regarding their experiences at the ETC. Additionally, the majority of survivors participating in the study had questions and concerns about reinfection, particularly, related to a recent reinfection case of a patient caregiver.

Four new recommendations were validated with sub-commissions, including: improved communication on the availability of free healthcare for “survivors” at the general hospital in Beni for the next 12 months, sharing new protection guidelines for survivors working in Ebola treatment centers, reinforcing communication on protection with Ebola survivors, supporting those who were discharged as non-cases to communicate positive messages on their experience at the ETC and reinforcing communication with neighboring community members upon reinsertion of a survivor to minimize stigmatization.

Upon request from the Commissions, SSAC focal points were appointed to specific sub-commissions as a reference point for questions and inquiries to collaborate better with the Commission and support the joint development of key actions implementing recommendations.

To date, the SSAC has developed 90 recommendations, of which 58 percent have been fully implemented, 32 percent are underway and 10 percent require further review with commissions. SSAC and RCCE teams have begun collaborating on the follow up of recommendations specifically related to communication. As a result, focal points from the RCCE team have been identified in each field location and will support SSAC with the follow up of RCCE related recommendations at the sub-commission level.

Summary analysis of the humanitarian response (Pillar III)

During the reporting period, in **WASH**, UNICEF, jointly with its implementing partner Consortium de l’Agriculture Urbaine de Butembo (CAUB), officially launched activities to supply water for nearly 2,000 persons, through the set-up of a water gravity-fed system. In Mangina Sub-Coordination, FAEVU, partnering with UNICEF on **RCCE and WASH** activities is currently preparing the communities before rehabilitating ten water sources in five different health areas, including four in Mangina. While waiting for additional funding to start the works, FAEVU is consulting the communities and assessing on the existing sources in close collaboration with the Community Animation Cells (CAC) already set up in these health areas. Thanks to the feedback gathered by the CAC, FAEVU was able to identify priority sources to be rehabilitated. In parallel, FAEVU supported the constitution of management committees that will be in charge of supervising the maintenance of these water sources once rehabilitated.

Regarding the works in Lwemba, BEHCOGEN, national NGO specialized in WASH, managed to access to this village despite the tensions between the community and the responses actors. Thanks to this access, BEHCOGEN finished building 10 water sources in the outskirts of Lwemba, each benefitting to 500 persons. In total, 5,000 people thus

benefited to an improved access to water in this EVD affected area. The sources were built in the outskirts of the village, thus, BEHCOGEN presented a plan for a water supply system with multiple standpipes that could be positioned in Lwemba Center and Lwemba Mines, where the population live. This system could have a huge impact on the protection of rural women and girls, who are assigned the chore of carrying water for their families. UNICEF is currently reviewing this project according to various priorities and respecting its partnership processes. Regarding **Education**, from 19 to 23 December 2019, in the Kalunguta health zone, the EPST North Kivu 2 conducted a training on the National School Catch-up Programme for 14 supervisors and four schools' principals (including four women) supervising 590 children, including 327 girls, in four schools' catch-up centers. Three inspectors and three supervisors of the national NGO ASOPROSAFD, including two women, also took part in the training.

During the last week of 2019, in Butembo, UNICEF, in partnership with nine organizations (MSP, WHO, CARE, CARITAS, CEPROSAN, REMED, IMC, Save The Children, Mercy Corps), strengthened the capacity of 93 CAC members on essential family practices and risk communication in the Butembo (57) and Katwa (36) health zones. UNICEF provided technical and financial support for the training as well as supervision to ensure its quality. In Goma, the team briefed 104 members of nine CACs on community-based surveillance, alert communication and referral of patients to the nearest health facilities (63 men and 41 women).

In Biakato, the civil society has drawn UNICEF's attention to the urgent need to improve the roads between the blocks of Biakato, through the construction and rehabilitation of four bridges. These infrastructures will increase access to schools and health centres, thus benefitting the whole community. The first bridge at Mabusuku is being completed while UNICEF team is preparing to start the works for the three other bridges.

Following the withdrawal of the main international partner's (MSF) supporting the health centres in Lwemba and Biakato, the government requested UNICEF to take over. In Biakato, this consists in ensuring free primary health care, secondary pediatric care and Caesarean-sections. In Lwemba, the support requested relates to ensure primary health care for the treatment of common ailments. The UNICEF team is currently exploring possibilities to provide temporary short-term support for the next three months in coordination with the rest of partners working in the area.

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\$ 367,626. The total value of procured supplies was US\$ 121,598 USD total 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 209 staff are dedicated to the Ebola response and deployed in the affected areas, with an additional 30 persons under recruitment. In addition, UNICEF has 33 staff in Goma sub-office (North Kivu) and 22 in Bunia sub-office (Ituri) to support the overall UNICEF operations in the region.

External Communication

Since the beginning of the outbreak, the external communication team published 125 content pieces on its [Ebola landing page](#).

During the reporting period, the communication team posted more than 140 messages on [Twitter](#), including 33 postings directly related to the Ebola epidemic in Eastern Congo. On [Facebook](#), three postings concerned UNICEF's activities in the Ebola response while 31 pictures were published on [Instagram](#), including five with a focus on Ebola.

Next SitRep: 20 January 2020

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

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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).	84,000	78,373	1,039
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	47,500	40,428	332
# 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.	34,000,000	33,783,311	820,562
# 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	26,241	2,924
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	263483*	261,596	3,989
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 4 January 2020			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	3,884	3733	331
# of target schools in high risk areas provided with handwashing facilities	3,800	2745	1
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	11,750	13,401	3507
% of households, health facilities and public places with reported cases decontaminated in the 72h	100	96%	15%
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100	4%	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	21,244 ⁴	496
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	12,262*	12,178	1,074
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	22,939*	19199	1,774
# of contact persons, including children, who receive psycho-social support	4089**	3,588	0
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	6,000*	6,326	516
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,900	2,537	35
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families	1,300	1,112	1,112
* 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 < 23 months children caregivers who received appropriate counselling on IYCF in emergency	70,000	69,437	3,112
# Ebola patients who received nutrition support during treatment according to guidance note	15,284	15,974	976
# 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	1,623	1,210	61
Education			
# of students reached with Ebola prevention information in schools	1,458,000	1,221,201	2,463
# of teachers briefed on Ebola prevention information in schools	47,000	47,042	262

⁴ The total result for the previous UNICEF Ebola SitRep #50 was modified in 20,748, following internal database updates.

Pillar 3: Humanitarian response to communities affected by Ebola⁵	Target	Total results*	Change since last report ▲ ▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	22,270	10,954
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	14,000	5,000
# 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	600
# of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk.	80,000	0	0
Psychosocial Support and Child Protection			
# of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces	21,855	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	750,478	0
# of children (6-59 months) vaccinated against measles in affected and at-risk zones	883,938	217,683	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	27,601	0
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	18	18

⁵ 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)				
Appeal Sector	Requirements \$	Funding Available \$	Funding Gap	
			\$	%
Water, Hygiene and Sanitation - WASH / IPC	18,375,138	11,374,280	7,000,858	38%
Communication for Development (C4D) - Community engagement and Communication for Campaigns	29,872,397	10,792,332	19,080,065	64%
Child protection and Psychosocial Support ***	5,728,090	5,900,744	0	0%
Nutritional Care and Counselling in Ebola Treatment Center / Community ****	3,592,720	2,785,008	807,712	22%
Operations support, Security and Coordination costs and Information and Communications Technology	3,900,990	5,849,701	0	0%
Strengthened support to communities affected by Ebola / PILLAR 3	64,100,900	12,685,351	51,415,549	80%
Total	125,570,235	49,387,416	76,182,819	61%