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Reporting Period: June 2020

# Democratic Republic of the Congo

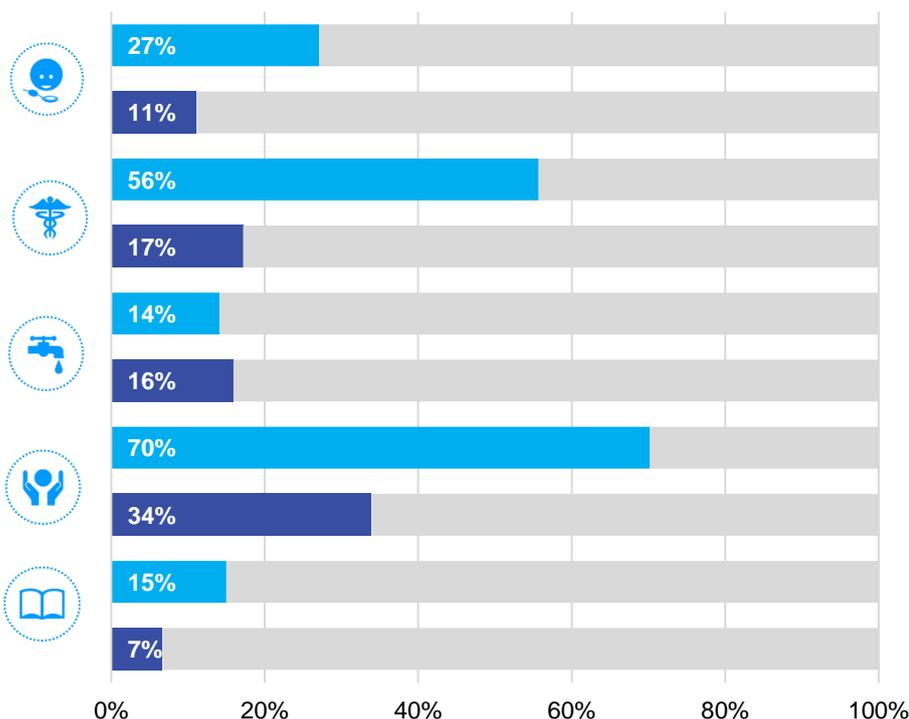
## Humanitarian Situation Report No. 06

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### Highlights

- On June 1, 2020, the Ministry of Health (MoH) of the Democratic Republic of the Congo (DRC) declared the 11<sup>th</sup> Ebola Virus Disease (EVD) outbreak in western DRC following four community deaths in Mbandaka city, Equateur province
- On 25 June 2020, the Government of the DRC declared the end of the 23-month long Ebola outbreak in the east of the country. However, the Government and humanitarian actors warned that efforts must continue in strengthening the health systems and the follow up of the 1,163 survivors (including 55% women and 23.4% children) to avoid any case of Ebola case resurgence.
- In North Kivu province, violent conflicts have led to the displacement of 18,000 households, over 100,000 people, towards Masisi, Beni, Lubero and Rutshuru territories, in addition to the 20,000 households displaced in May
- As of June 2020, 105,304 (70% coverage) children gained access to mental health and psychosocial support and 537,684 (56% coverage) children aged 6 months to 14 years vaccinated against measles through UNICEF's support

### UNICEF's Response and Funding Status

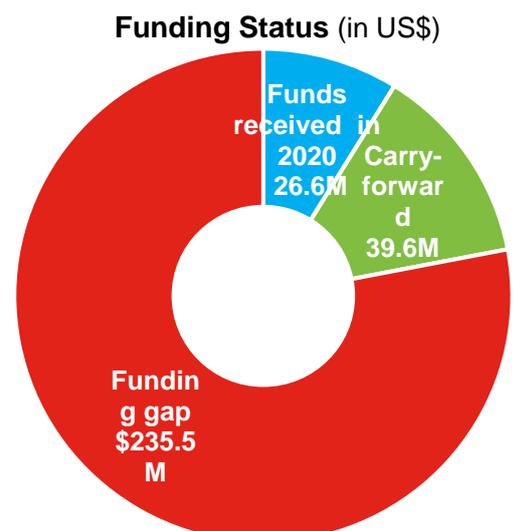


\*Source: OCHA, Revised Humanitarian Response Plan 2020, June 2020

### Situation in Numbers

-  **15,000,000** children in need of humanitarian assistance (OCHA, Revised HRP 2020\*)
-  **25,600,000** people in need (OCHA, Revised HRP 2020\*)
-  **5,500,000** IDPs (Revised HRP 2020\*)
-  **12,031** cases of cholera reported since January (Ministry of Health)

**UNICEF Appeal 2020**  
**US\$ 318 million**



## Funding Overview and Partnerships

UNICEF appeals for US\$ 318M to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). In June 2020, the Czech Committee, French Committee, USAID, and Germany have generously contributed to UNICEF DRC humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2020 HAC has a funding gap of 74%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

## Situation Overview & Humanitarian Needs

On June 1<sup>st</sup> 2020, the Ministry of Health (MoH) of DRC declared the 11<sup>th</sup> Ebola Virus Disease (EVD) outbreak in western DRC following four community deaths in Mbandaka city the capital of the Equateur province between May 18 and May 30<sup>1</sup>. This is the 5<sup>th</sup> Ebola outbreak in the Equateur province<sup>2</sup> and it occurred just three weeks before the end of the 10<sup>th</sup> epidemic<sup>3</sup> in the eastern part of the country. The city of Mbandaka is a communication hub situated on the Congo River with a population of more than a million and the highest population density of the province. Mbandaka is also an important hub of maritime, terrestrial and air transportation route linking major cities along the Congo and the Ubangi rivers such as, Kinshasa, Brazzaville, Bangui and or Kisangani which constitutes some serious risks of a geographical spread of the disease.

As of 30<sup>th</sup> June 2020, a total of 34 EVD cases were reported, among which 31 confirmed and 3 probable cases. 14 EVD related deaths have been reported (global case fatality rate is 41.2%)<sup>1</sup>. Of the total confirmed and probable cases 42 per cent were female, 6 per cent were children. The 11<sup>th</sup> Ebola outbreak occurs within the epidemiological context with the COVID-19 pandemic, affecting also the Equateur province with 2 confirmed cases out of the 7,905 confirmed cases reported in DRC<sup>4</sup>.

On 25<sup>th</sup> June 2020, the Government of the DRC declared the end of the 10<sup>th</sup> and longest Ebola outbreak in the country, which has been ongoing for 23 months. In June, UNICEF continued downsizing its response and closed its antenna in Mangina health area in the North Kivu province. To date, UNICEF's Ebola response team is still present in North Kivu and Ituri provinces with 114 staff members deployed in Beni, Bunia and Butembo offices.

During the reporting period, UNICEF continued to support activities to avoid any Ebola case resurgence and maintain zero cases. Furthermore, these activities aimed to rebuild the country's health system, which has been strongly impacted by the outbreak. To avoid any resurgence following the end of the outbreak, a draft strategy covering the following 90 days was developed including a specific focus on survivors' follow up.

As of 30<sup>th</sup> June 2020, the COVID-19 outbreak has affected 14 out of the 26 provinces in the DRC, with a total of 7,122 confirmed cases<sup>5</sup> distributed as such: Kinshasa 6,274 cases; Kongo Central 318 cases; Haut-Katanga 222 cases; South Kivu 141 cases; North Kivu 112 cases; Lualaba 20 cases; Tshopo 12 cases; Haut-Uélé 9 cases; Kwilu 4 cases; Sud-Ubangi 3 cases; Equateur 2 cases; Ituri 2 cases; Haut-Lomami 1 case; Kwango 1 case. Despite these challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures<sup>6</sup>. The latest COVID-19 situation report can be found here [link](#).

In Ituri province, in addition to the 1.2 million people already displaced as a result of a two-year persisting conflict, a resurgence of violence from active militia groups led to the displacement of an estimated 200,000 persons in Mahagi, Djugu and Irumu territories since April 2020. Non-state armed groups continued to operate mainly in Fataki, Drodoro, Jiba and Linga health zones in Djugu territory. More than 70,000 Internally Displaced Persons (IDPs), mostly women and children, living in the Linga-Jiba areas, remained inaccessible to humanitarian workers due to security uncertainties<sup>7</sup>. Lastly, non-state armed groups have carried out several attacks in villages in Irumu territory (Ituri province) and in the Kainama area, Beni territory (North Kivu province) and resulting in the displacement of more than 25,000 people, mostly

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<sup>1</sup> Source: Ministry of Health

<sup>2</sup> The Equateur province has already experienced Ebola outbreak in 1976, 2012, 2014 and 2018.

<sup>3</sup> The 10<sup>th</sup> Ebola outbreak in DRC was declared on 1 August 2018 and ended on 25 June 2020. With the number of cases having surpassed 3,000, it is now by far the country's largest-ever Ebola outbreak. It is also the second-biggest Ebola epidemic ever recorded, behind the West Africa outbreak of 2014-2016.

<sup>4</sup> The province of Equateur confirmed its first case on 4<sup>th</sup> of June 2020.

<sup>5</sup> Source: Ministry of Health May 2020

<sup>6</sup> COVID-19 prevention measures: practicing social distancing, installation of handwashing stations, temperature checkpoints during interventions, and wearing masks.

<sup>7</sup> Source: OCHA Ituri

women and children, to the area of Boga-Tchabi in Irumu territory<sup>8</sup>. In addition to the ongoing armed violence, the province of Ituri was also affected by natural disasters during the reporting period. The water level of Lake Albert continues to rise since April due to the rainy season, resulting in the flooding of three additional villages/fishing camps. Over 10,870 persons affected from the villages were displaced to the center of Tchomia, tripling the number of residents in the area since May and thus increasing the humanitarian needs of the host community. The IDPs have not returned to their areas of origin as the water levels continued to rise during the reporting period.

In North Kivu province, more than 1.7 million people are internally displaced and nearly 600,000 people are returnees due to the on-going armed conflict<sup>9</sup>. 94% of IDPs live in host communities, while over 90,400 persons live in 22 IDP spontaneous sites. In June, nearly 18,000 households, about 100,000 people, have been displaced to the territories of Masisi, Beni, Lubero and Rutshuru, in addition to the 20,000 households displaced in May. Furthermore, thousands of people were displaced from Walikale, Lubero and Masisi territories to Bwito chiefdom in Rutshuru territory, due to ongoing military operation launched by the FARDC since April 2020. It is estimated that more than 10,000 displaced households reside in the Kibirizi-Kirima-Bambo-Tongo axis due to ongoing violence. The affected population have significant needs in NFI (non-food item), WASH, Protection and Nutrition/food security.

In Tanganyika province, humanitarian access has improved in Nyunzu territory where humanitarian actors had to withdraw in February 2020 due to resurgence of inter-community conflicts and xenophobia messages against humanitarian actors. Out of 49,000 IDPs recorded as of February 2020 in the area, an estimated 10,000 people returned to their area of origin<sup>10</sup>. The most urgent humanitarian needs in Nyunzu territory are access to health care (as all the health centres have been systematically looted and vandalized), drinking water as well as shelter, food security, nutrition and protection. However, increased incursions by militia into the neighbouring villages of Lengwe (North Nyunzu) resulted in new displacements with 11,316 people that were displaced to Kongolo and the neighbouring villages of Kabeya Mayi and Sulumba.

In South Kivu province, in Mikenge, Minembwe and Bijomboe/Uvira, Fizi and Mwenga territories, inter-community tensions are rising and the risk of a new outbreak of violence is looming. Since the beginning of June, more than a dozen civilians have been killed during violent attacks against several villages in Mwenga territory, causing the displacement of approximately 3,000 people<sup>11</sup>. On the southern coast of Fizi, nearly 6,000 people have been forced to flee to the town of Uvira. Furthermore, over 130,000 IDPs in the Fizi and Itombwe highlands who fled violence in February 2020 have so far not been able to receive any humanitarian assistance due to lack of road for partner to access the area. Lastly, of the 162,698-people affected by the floods in April 2020 in Fizi and Uvira territories, more than 98,000 people in the Ruzizi plain in Uvira territory and on the Nundu-Baraka road in Fizi territory are left without humanitarian assistance<sup>12</sup> and face significant needs in NFI/Shelter, WASH, health, and food security.

## Summary Analysis of Programme Response

### Nutrition

In the second half of 2020, UNICEF supported nutritional surveillance and early warning system (SNSAP) showed an increase of 13% in nutritional alerts compared to the same period in 2019. The quarterly SNSAP number 40 revealed that 77 health zones are in nutritional alert, representing 15% health zones across the DRC. It should be noted that 40% of affected health zones were located in the Kasai provinces (33/77). During the reporting period, certain risk factors led to an increase in the malnutrition rates, such as population displacements in Kasai province, specifically along the Angolan border and in the Eastern Provinces (Ituri, North Kivu, Maniema). Other provinces have been affected by measles epidemics (Kasai Oriental, Mai Ndombe and Tshuapa) and natural disasters, such as floods, in Tanganyika. Furthermore, the increase in food prices is another risk factor, particularly in South Ubangi province.

During the reporting period, 29,448 children were treated for Severe Acute Malnutrition (SAM), of which 565 were hospitalized patients. 75% of children who received treatment were from the provinces of Tanganyika, Ituri, Kasai Central and Kasai. UNICEF supported the treatment of SAM in children under the age of 5 in 50 health zones, which represent 45% of the priority health zones identified by the Nutrition cluster. The performance indicators<sup>13</sup> are linked to the SPHERE standards<sup>14</sup>.

<sup>8</sup> Source: UNHCR protection monitoring report, June 2020

<sup>9</sup> Source: OCHA, May 2020

<sup>10</sup> Source: Humanitaire report, CRIO Tanganyika, 28 June 2020

<sup>11</sup> Source: OCHA Bukavu

<sup>12</sup> Source: OCHA Bukavu

<sup>13</sup> Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

<sup>14</sup> SPHERE standards: 98% recovery, 0.4% death and 1.6% abandonment in the country

From January to June, UNICEF results are as follows:

- 151,160 (27% coverage) children (according to data from the national health information system) suffering from SAM gained access to nutrition care in nutritional units supported by UNICEF. Low coverage rates of these interventions are due to reporting difficulties and delay in certain project implementation due to the COVID-19 pandemic.
- The percentage of pregnant and breastfeeding women with access to Infant and Young Child Feeding (IYCF) counselling services remain low. Project implementation was restructured due to the limited availability of resources.

In the second semester, to accelerate UNICEF's progress towards the achievement of results, UNICEF will strengthen the strategic and operational partnerships with implementing NGOs and *Programme National de Nutrition* (PRONANUT) to extend its interventions for SAM management and prevention, improve service delivery and strengthen reporting mechanisms.

During the reporting period, the Nutrition Cluster held two general meetings and three technical coordination meetings to monitor the nutritional response, support the delivery of nutrition services, harmonize UNICEF-World Food Programme (WFP) synergies as well as support the positioning of partners in the provinces of Tanganyika, South Kivu, and Kasai Oriental. The Cluster supported the capacity building of implementing partners to support the implementation of the pilot program of implementing the simplified approach of management of acute malnutrition.

## Health

As of epidemiological week 25, 64,552 suspected measles cases, including 910 deaths, have been reported across 23 provinces of the DRC since the beginning of the year<sup>15</sup>. During the month of June, 3,788 cases have been notified with the highest number cases in the provinces of Sankuru (1035), Tshopo (302), and Nord Kivu (234).

Since January, to support measles the measles campaign response across the DRC, UNICEF provided 1,925 measles kits for case management to the Expanded Program on Immunization (EPI) for case management in the country's 26 provinces. Furthermore, UNICEF contributed 748,570 doses of measles vaccines for the organization of response campaigns. In the context of COVID-19, UNICEF ensured the protection of providers involved in vaccination campaigns. Furthermore, UNICEF's health program worked in close collaboration with colleagues of the C4D and WASH sections for the adaptation of awareness messages and the provision of Personal Protective Equipment (PPE) and WASH kits<sup>16</sup> on the vaccination sites.

In response to the floods in North and South-Ubangi, South Kivu and Haut Lomami, UNICEF provided over 20 tons of drug supplies, medical materials and equipment<sup>17</sup>. Moreover, UNICEF supported access to free healthcare for 52,376 women and children under 5 in Kalemie territory, Tanganyika province.

In response to the humanitarian crisis caused by inter-community violence in Tanganyika, UNICEF supported access to primary health care for IDPs in eight health areas<sup>18</sup>. 7,360 IDPs received access to free care in health facilities, including 4,135 women. Furthermore, 488 children under one year were vaccinated against measles in the IDP sites of Kalemie and Nyemba and 206 women IDPs were assisted during their delivery by qualified personnel in health facilities through UNICEF's support.

From January to June, UNICEF results are as follows:

- 537,684 (56% coverage) children aged 6 months to 9 years living in precarious humanitarian contexts or in areas with measles epidemics
- 59,736 (38% coverage) of children and women gained access to primary health care. Challenges faced in activity implementation for the first semester is due to limited mobilization of funds.

## WASH

In response to the floods in Mutwanga health zone, North Kivu province, UNICEF supported 2,100 people living in 300 households received WASH items through a partnership with *Programme de Promotion des Soins de Sante* (PPSSP).

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<sup>15</sup> Source: Ministry of Health

<sup>16</sup> Masks, gloves, handwashing stations, soaps, hand sanitizer

<sup>17</sup> Basic kits, midwifery kits, emergency health kits, cholera kits

<sup>18</sup> Health areas: Bwana Kucha / Kaseke, Mulange / Mwaka, Makala, Kankomba Kalunga, Kisongo

In Kasai Oriental province, 46,454 people benefited from a WASH package, including access to drinking water through the installation of 60 chlorination points<sup>19</sup> and two drinking water stations through implementing partner *Social Development Center* (SDC). In total 1.2 million m<sup>3</sup> of drinking water have been delivered in June through two water purification stations and 36 million m<sup>3</sup> of drinking water have been delivered to 60 operational chlorination points in the city of Mbuji-Mayi.

In Equateur province, UNICEF reached 12,655 people (12,405 for North Ubangi and 250 for South Ubangi) through UNICEF's implementing partner *Programme Evangélique Anti-Sida Tomibatela* (PEASIT) with access to basic WASH services. During the reporting period, UNICEF and PEASIT completed the construction of five doors of latrines in a school, benefitting 250 students. Furthermore, 79,233 people were reached through door-to-door awareness promoting good hygiene practices in the health zones of Gbadolite, Mobayi-Mbongo and Yakoma through UNICEF's implementing partner PEASIT. In addition, UNICEF's implementing partner *Association pour le Développement Social et la Sauvegarde de l'Environnement* (ADSSE) finalized the construction of 25 latrine doors the construction in 5 schools, benefitting 1250 students, as well as 2 doors in a health center. UNICEF activities reached 12,405 people on good hygiene practices in the Zongo and Libenge health zones.

From January to June, UNICEF results are as follows:

- 227,083 (14% coverage) people affected by the epidemic (cholera, yellow fever, etc.) reached with WASH service package. The number of cholera cases reported in the country since the beginning of the year is down compared to the last three years, it could be the preventive actions against COVID-19 (hand washing) which positively impacted the situation. Furthermore, the Case Area Targeted Intervention (CATI) implemented with the emergency section in North Kivu also contributed to this result.
- 5,155 (1% coverage) children affected by severe acute malnutrition and pregnant and breastfeeding women (FEFA) have received access to WASH services at health centers care and household. Significant challenges remain towards the availability of funds and resources for UNICEF's integrated WASH in Nutrition response, for the past few years this indicator has been poorly achieved.
- 263,093 (86% coverage) people affected by population movements, conflicts and / or natural disasters reached with WASH service package
- 9,156 (24% coverage) students in primary schools affected by conflict and or natural disasters and or epidemics reached with WASH service package. With the start of the school year and the implementation of COVID-19 prevention activities in schools, the target for WASH in School will progress.

In June, the cluster WASH continues to face challenges in terms of human resources to ensure full-time coordination in the hubs.

## Education

At the end of March, the Government of the DRC issued general school closure due to COVID-19 across the country, affecting over 19,230 schools<sup>20</sup> in North Kivu, Tanganyika and Ituri provinces.

From January to June, UNICEF results are as follows:

- 53,810 (15% coverage) children (42,244 girls) aged 6-17 gained access to quality education before school closure. Among them, 12,415 (6,456 girls) were supported with UNICEF's psychosocial support program. The low achievement of this indicator is due to the closure of all schools since 18 March, which lead to the interruption of UNICEF's education response across the country.
- 703 (26% coverage) teachers were trained on psychosocial support, peace building and learner centered teaching method. Low coverage for this indicator is due to school closure across the DRC.

To mitigate the impact of the schools' closure, UNICEF and its partners are supporting distance learning approach and to provide continuous access to education to students, of which 4,513,894 children were supported with distance/home based learning and 32,770 educational homework based booklets have been distributed to ensure continuity of children and adolescent's learning. Secondly, the Education in Emergency program is largely underfunded (only 7% funding received) which limited project implementation.

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<sup>19</sup> Distribution of 60 chlorination points: 31 in Bonzola health zone, 10 Lukelenge health zone, 10 in Tshitenge health zone, 7 in Mukumbi health zone and 2 in Mpokolo health zone

<sup>20</sup> School closure affecting over 75,820 students and 1,860 teachers.

According to the revised humanitarian response plan 2020, a total of 19,704,866 children aged 3-17 years' lack access to quality education in the DRC. This number includes an estimated number of 18,012,275 students whose learning was interrupted due to the COVID19 pandemic. Furthermore, over 1,692,590 children are affected by population displacement (IDPs, returnees and host communities).

In response to the needs described above, the Education cluster supported access to quality education for 81,239 children (42,244 girls) from IDPs, returnees and host communities from January to June 2020. Among them, 40,399 learners were also provided with WASH in school package. In addition, 1,464 teachers (512 females) were trained on various topics to improve the quality teaching and learning.

In June, the education cluster held regular and ad hoc coordination meetings, operationalized the Strategic Advisory Group (SAG) with the objective to provide continuous support for strategic guidance related to the education cluster decision-making and coordination tools. Furthermore, the education cluster held two workshops in the Great Kasai on key tools related to 3W and dashboard, as well as produced infographics on the 3W and key results. The education cluster supported the national inter cluster activities, including the revision of the HRP2020 and the development of Humanitarian Fund allocation strategy.

## Child Protection

Children are highly affected by conflict and armed violence, remain particularly active in the country, particularly in Ituri (Djugu and Mahagi territories), North Kivu (Beni/Mweso/Bwito areas respectively in Beni, Masisi and Rutshuru territories) South Kivu (Fizi territory) and Tanganyika (Nyunzu territory).

During the reporting period, UNICEF and the Child Protection Working Group conducted four needs assessments in those geographical areas to identify adequate response while continuing to mobilize funding. Since the beginning of the year, a total of 3,597 vulnerable children and/or victims of violence including grave violations have been identified<sup>21</sup>.

In June, a total of 21,484 children (49% of girls) affected by conflict and other humanitarian crises received a child protection assistance<sup>22</sup>. A significant increase in the number of reached beneficiaries continue to be observed. This is due to resumption of psychosocial activities in some child friendly spaces as well as the start of new child protection programs, in particular in the Tanganyika province.

During the reporting period, 68 Children Associated with Armed Groups and Forces (CAAFG) and 127 Unaccompanied and Separated Children (UASC) were identified and received temporary assistance, family reunification, and/or reintegration support reintegration support, and 18,532 children affected by conflict or other humanitarian crisis benefited from psychosocial activities.

In June, UNICEF maintained its critical child protection activities while guarantying COVID-19 preventive measures and UNICEF will continue to implement these activities in the coming months. In order to better reach the most vulnerable children, UNICEF and the child protection s/cluster will continue to document the impact of COVID-19 on the protective environment of children and will adapt programs accordingly. The documentation will include a study on access to protection services including GBV services in time of COVID-19 to understand the impact of the pandemic on children and women and the decrease of certain figures observed in recent months (particularly regarding the identification of UASC and CAAFAG).

After an increase in the identification of children released from armed groups and children in vulnerable situations in Masisi area in North Kivu province, a new child protection/s cluster has been set up in the center of Masisi in order to better monitor and cover the needs of children affected by conflict in those areas. During the reporting period, trainings on case management and reinforcement of local organizations have been delivered in three child protection s/clusters.

## Communication for Development (C4D), Community Engagement & Accountability

In response to the polio virus epidemic, UNICEF's activities consisted of monitoring advocacy and community communication activities in five provinces of the DRC<sup>23</sup>. Thirty-nine advocacy meetings and 248 discussions were held to promote the importance of vaccination, reaching over 3,960 people. Furthermore, UNICEF re-dynamised local

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<sup>21</sup> Source: Child protection cluster

<sup>22</sup> A child protection assistance can include psycho-social assistance, medical care, educational support, socio-economic reintegration, temporary assistance in transit centers and/or families foster care.

<sup>23</sup> Kinshasa, Haut-Katanga, Tanganyika, Lualaba and Haut-Lomami provinces

structures to reinforce community participation in identifying and referring children insufficiently vaccinated in the EPI routine in Yahuma health zone, Tshopo province. Through UNICEF's support, six members of the Central Office of the Health Zone (BCZ), 27 nurses, 90 local facilitators, 2,888 Community Relays (RECO) reached 111,961 people and recovered 758 out of 839 children from vaccination routine.

In response to the measles outbreak in Tshuapa province, UNICEF participated in a surveillance mission in the Boende health zone. As a result, 17 RECOs in five health areas<sup>24</sup> were briefed on active case finding and community awareness against vaccine-preventable diseases, such as measles. The RECOs reached 28,400 people on prevention measures and vaccination against measles key messages in order to strengthen the routine EPI in the health zone of Boende.

In the context of COVID-19 in Bas-Uele and Tshopo province, 56,864 agents of change<sup>25</sup> were trained to promote messages on epidemic prevention and 10,052 Community Animation Cells (CACs) members reached 626,838 people promoting the adoption of Essential Family Practices (EFPs).

From January to June, UNICEF results are as follows:

- 4,216,218 (60% coverage) people have been reached with key lifesaving/behaviour change messages on humanitarian services
- 8,897 (89% coverage) people gained access to mechanisms to voice their needs/concerns/feedback across the DRC.

### UNICEF Rapid Response (UniRR)<sup>26</sup>

In June 2020, 4,746 households (27,974 people) whose survival was threatened by humanitarian shocks have benefited from life-saving emergency packages of Non-Food Items (NFIs), WASH and shelter through UNICEF rapid response mechanism (UniRR) in Ituri (1,618 households in cooperation with PPSSP, North Kivu (1,517 households in cooperation with Red Cross North Kivu) and Tanganyika province (1,611 households in cooperation with Red Cross Tanganyika). Results in June are relatively smaller than previous months due to delayed in delivery of supplies due to COVID-19 and the various national and international restrictions put in place that had a direct impact on many suppliers, including the closure of certain production plants. Furthermore, activity implementation was slowed down due to the limited availability of cash in banks in the country.

From January to June, UNICEF results are as follows:

- 42,809 households (221,114 people) affected by humanitarian crisis through the rapid response in NFI/shelter and WASH (50% coverage).

### Cholera Rapid Response

During the reporting period, UNICEF continued to provide support at the central level (PNECHOL/MoH) for coordination, defining strategies, review of the national elimination plan and supervision of activities. Furthermore, UNICEF's Cholera Rapid Response supports the DPS of North-Kivu, South-Kivu and Haut-Katanga in the review of provincial operational plans related to cholera, coordination, implementation of activities: epidemiological surveillance, community-based and microbiological surveillance, investigation, rapid response and real-time monitoring. Through UNICEF's financial and training support, three local NGO partners continue to support these three DPS, which have deployed 26 teams on the ground to support the health zones in these three provinces<sup>27</sup>.

COMMUNITY RESPONSE AT A GLANCE – Summary of activities for last full months (may) last full week, and cumulative since 01/01/2020 - RDC - Nord-Kivu***	MONTH	WEEKS	TOTAL SINCE 01/01/2020
	2020_6	2020_32	
Suspected cases reported by MSP	490	151	4 167
Suspected cases reported by Line Listing	470	123	2 685
Completion line listing VS MoH data	95,92%	81%	64%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)**	344	57	1 989

<sup>24</sup> Motema Mosantu, Marie Louise, Boende 2 Kimbangu and Boende 2, N'sele health areas

<sup>25</sup> leaders of the networks of associations of young people, women's associations, CSOs, religious denominations

<sup>26</sup> Through its Rapid Response Mechanism (UniRR), UNICEF delivers an integrated package of life-saving humanitarian relief in WASH, NFI and Shelter to people whose survival is threatened by humanitarian shocks (preventive or reactive displacements, natural disasters and epidemics). The UniRR is characterized by its high life-saving impact, rapidity, simplicity and local implementation.

<sup>27</sup> Project duration 3 months from the beginning of June 2020

Number of responses done (type 1: rapid responses only)*	310	38	1 591
Responded cases by CORT	415	38	2 189
% of response < 48 h (only type 1)*	84%	100%	94%
% of responded cases (Based on Line Listing)	88%	31%	82%
Average of households per response (i.e. "cordon sanitaire" size)	11,71	13,99	12,05
Number of households having received at least one Household Water Treatment product	6515	611	31547
Number of persons sensitized (rapid responses only)*	31846	3715	203 678
Number of persons sensitized (rapid responses, prevention and community involvement)**	37932	5797	279 645
Number of disinfected houses	4693	493	25 300
Average of disinfected houses per suspected cases	11,3	13,0	11,56
Number of emergency water chlorination points activated	0	0	84
<i>* Rapid responses= one response for one cholera suspected case</i>			
<i>**Preventions activities= mobilisation and sensitisation activities but not attached directly to one suspected case</i>			
<i>*** Data for South Kivu and Haut Katanga are still under analysis</i>			

### Social Sciences Analysis Cell (CASS)

The CASS works to support the MoH and partners through the use of social sciences evidence as part of Integrated, Multidisciplinary Outbreak Analytics (IMOA). This innovative approach set up during the 2018-20 Ebola response to improve accountability and effectiveness of outbreak and public health response based on evidence.

The CASS has teams currently in North Kivu, Equateur and Kinshasa working on COVID-19, the secondary impacts on community health and health outcomes as well as Ebola, cholera and SRH. Under COVID-19, the CASS is part of the IMOA "Commission de Gestion des Informations" and works together with Epidemiological and DHIS2 data analysis as well as creating a platform with key actors conducting research to ensure that evidence is used to inform strategy and programme interventions.

In June CASS completed a perceptions survey on Public Health and Social Measures (PHSM) and community perceptions and reported capacity to apply shielding measures in Goma (the same study was conducted in May in Kinshasa). Key results highlight that communities have high knowledge of COVID\_19 and perceived capacity to protect vulnerable individuals within their households. Shielding concepts are familiar in some households and there is an interest in strategies with reduce overall PHSM but reinforce protecting of vulnerable. This study has been presented across different coordination groups and with different NGO partners.

CASS has completed Phase I of the Secondary Impacts of COVID-19 in both Kinshasa and Goma. This longitudinal study (conducted monthly with men, women, young women and healthcare workers) traces perceptions of availability, access and use of essential services. Data are triangulated and analysed together with DHIS2 health services use data, with data from other ongoing market and community surveys. In Phase I (May-June); all respondents reported decreased access to and use of health services. Reduced use was largely related to increased cost of other goods, services and transport. The increased burden on women as a result of increased childcare, lack of access to work and livelihoods and household pressure was reported by all study participants in both locations. The study folder can be found [online here](#) and a summary brief of Phase I can be found [online here](#).

CASS mechanisms operate through direct data collection working with national researchers who are trained and accompanied. Partnerships with *Institut National de la Recherche Biomedical* (INRB), the Kinshasa School of Public Health and the MoH are key to ensuring the use of evidence to influence public health and outbreak strategies.

## Ebola in Equateur Province

In support to the DRC Government response plan, and following the declaration of the Ebola outbreak in Equateur, UNICEF developed an Emergency Response Plan and immediately deployed assets and resources to contribute to the response<sup>28</sup>.

On 3 June 2020, 48 hours from the declaration of the outbreak, UNICEF deployed a multidisciplinary team of 16 EVD experts from Kinshasa and North-Kivu provinces to support the existing UNICEF team in Mbandaka<sup>29</sup>. As of 9 July 2020, a total of 48 UNICEF staff are working on the ground to implement the UNICEF response to the Ebola outbreak. Evaluations of the number of required staff with regard to the needs will be conducted regularly and adjustments will be made accordingly.

UNICEF's strategy is aligned to the zonal approach implementation chosen by the MoH to support the EVD outbreak response in Equateur: to date 5 teams of UNICEF experts (1 RCCE, 1 WASH, 1 PSS) have been deployed in Bikoro, Iboko, Bolomba, Lotumbe and Mbandaka/Wangata to support the health zones teams to implement the response activities. This support is critical since several of the affected health zones have never experienced EVD outbreaks before and the local health teams do not have expertise in EVD outbreak management.

From the onset of the response, UNICEF also provided IPC supplies and supported WASH services and facilities at the General Hospital in Mbandaka as well as in Bikoro and Itipo, the affected area. A stock review and supply plan were conducted for rapid release of WASH and other program supplies. 60 m3 (4 full charters) of supplies were airlifted from both Kinshasa and Goma to Mbandaka to support the outbreak response. Mbandaka was identified as the hub to pre-position basic health kits, WASH items and other supplies for the response. The availability of UNICEF WASH supplies was critical for a rapid and timely implementation of the response activities as no partner had supplies available in Mbandaka. These supplies were made available to the government and NGOs to kick start the response.

UNICEF co-leads RCCE, WASH/IPC and Psychosocial support commissions of the outbreak response and is supporting the government of DRC to coordinate the response Equateur.

As of June 2020, and one month into the Ebola response:

- UNICEF has made available for distribution to households, health facilities and public places on Ebola prevention and care 53 360 flyers and 2 156 posters, is working with 15 local radio stations in the production and broadcast of spots, songs and programs on Ebola and COVID-19, has supported the training of different CREC actors and is organizing meetings, briefings and consultations with different component of the community. messages.
- With regards to WASH/IPC interventions, 370 hygienists, 538 health providers and 34 IPC/WASH commission members were trained on IPC/WASH protocols. UNICEF and the Health Provincial Division provided 111, 000 liters of clean water to the Ebola Treatment Center (ETC) and Referral General Hospital of Wangata. More than 200 places have been decontaminated including 125 households and 45 health facilities. Ring activities around confirmed cases, including distribution of WASH kits, have been conducted in more than 220 households, 26 health facilities and 86 public places. The health zones and other partners such as *Medecins Sans Frontieres (MSF)*, *International Medical Corps (IMC)* have been supported with WASH supplies worth more than 500,000 USD.
- Among the many lessons learnt from previous Ebola outbreaks, attention has been given to integrating psychosocial and mental health interventions within the framework of public health. Therefore, UNICEF will be working with para-social workers on psychosocial support and counseling for cases, affected families and at-risk groups in the different affected health zones and to date 110 staff have been trained in Mbandaka, Bikoro and Iboko and are already supporting the affected people as well as the different commissions.

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<sup>28</sup> UNICEF is supporting the provincial government to design, implement, monitor and adjust the ebola response in Mbandaka and other affected health zones.

<sup>29</sup> UNICEF office in Mbandaka is functional and include 20 staff.

## **Ebola in North Kivu and Ituri Province**

### **Risk Communication and Community Engagement (RCCE)**

The RCCE team and its partners continued community engagement activities as part of the post-Ebola transition. During the reporting period, UNICEF reached 9,593 influential leaders through advocacy, community engagement and interpersonal communication activities.

Since January 2020, 30,641 leaders have been reached through UNICEF supported activities, reaching a total of 108,475 (123% coverage) leaders since the beginning of Ebola response<sup>30</sup>. These influential leaders include Community Animation Cells (CACs) members, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, and adolescents. In June, 526,511 community members were reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, and armed forces. Since January 2020 5,968,006 persons were reached and 39,058,348 (105% coverage) persons since the beginning of the Ebola response.

In addition, since the beginning of Ebola response, 2,530 households were visited by CACs members for awareness raising on Ebola / EFP, reaching a total of 255,722 households since January 2020. The high implementation rate is due to the establishment of the CACs that were conducting home visits.

Regarding mass media communication, UNICEF and its implementing local partner “*Reseaux de Media pour le Développement*” (REMEDI), partnered with 60 radios in the North Kivu and Ituri provinces. During the reporting period, 1,452 spots, 250 testimonial shows and magazines were produced on EFP and hygiene prevention messages.

As part of pillar 3 activities, UNICEF and its partners continued to build CAC members’ capacity. In June, 8,512 of them were trained on EFP and 4,182 on communication techniques. In addition, UNICEF’s implementing partner PPSSP is currently setting up 228 CACs in Lolwa health zone in Ituri province and Oicha health zone in North Kivu province to promote EFP.

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

In June 2020, UNICEF continued to support prevention against Ebola and other diseases by completing the setup of 311 hand washing devices in public spaces, benefitting 279,770 persons. Since the beginning of the response, 14,262 (92% coverage) community sites (parking, markets, local restaurants, churches) were equipped with hand washing devices through UNICEF’s support. Furthermore, UNICEF sensitized 560,717 people on prevention of Ebola.

In June, the *Comité National de Prevention Routière* (CNPR) trained 150 TRANSCOM<sup>31</sup> agents, transporters’ associations, staff bikers, on the generalities and transmission of Ebola in Goma. UNICEF provided 200 hand washing devices to unions and motorcycle taxi guards in Butembo.

In June, UNICEF provided WASH renewal kit<sup>32</sup> to 500 Formations Sanitaires (FOSAs) in 15 health zones to maintain FOSA infection prevention measures. Furthermore, UNICEF and its implementing partners<sup>33</sup> built two latrines and two showers in one health facility and 20 additional latrines for 1,252 students in a school in Musienene health zone in North Kivu province. In addition, WASH kits<sup>34</sup> were distributed to 10 schools in Butembo health zone in North Kivu province for the maintenance of sanitation facilities. Also, four spring catchments were constructed, benefitting 2,000 people in Kyondo (01) and Vuhovi (03) health zones in North Kivu province.

As part of Pillar 3 activities, in Komanda health zone in Ituri province, UNICEF and its implementing partners PPSSP and AVUDS,<sup>35</sup> donated one impluvium (rain storage) and 12 latrines to two schools, benefitting 1,402 students. Nine teachers were trained on prevention and the fight against EVD. Since the beginning of Pillar 3 in the response, UNICEF provided a WASH intervention in schools in areas affected by EVD that thus reached 25,743 students (aged 5 to 17) representing 43% of the initial target.

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<sup>30</sup> The Ebola HPM covers the period of the 10<sup>th</sup> Ebola outbreak: August 2018 – June 2020

<sup>31</sup> TRANSCOM: State Transportation and Communication Services (*Service de transport et communication de l’Etat*)

<sup>32</sup> WASH renewal kit: Soaps, powdered soaps, liquid soaps, gloves, flyers, buckets with tap, chlorines (HTH) and Mop straw

<sup>33</sup> Implementing partners: New Vision and Bureau d’Etude d’Execution des Construction et d’Amenagement “BEECA” compagnies

<sup>34</sup> WASH kits: Buckets with tap, Buckets, stand plastic, bowl plastic, Mop straw, powdered soap, soaps, brushes, gloves,

<sup>35</sup> Action des Volontaires Unis pour le Développement et la Santé

In June 2020, PPSSP and OXFAM finished building 16 latrines, 14 showers, one placenta pit and two incinerators in five health facilities of Komanda, Beni and Mutwanga. In total, since July 2019, 50 (16% coverage) health facilities received a WASH package in areas affected by EVD or at risk.

In Mabalako and Komanda in Ituri province, UNICEF and its implementing partners *Programme d'Assistance aux Populations Vulnérables en Afrique* (PAPV) and PPSSP provided an improved access to water to 39,018 people through the construction of eight spring catchments in their communities. In addition, following the recent floods that occurred in Mutwanga health zone, UNICEF and its local partners, PPSSP and *Solidarite Cooperative Agricole du Congo* (SOCOAC), distributed WASH kits<sup>36</sup> to 300 affected households, assisting approximately 2,100 beneficiaries including 1,228 children and 441 women. Since July 2019, UNICEF contributed to improve access to WASH services for 90,553 (36% coverage) people in EVD affected areas. Finally, in June, in Kalunguta, Komanda, Beni and Oicha in North Kivu province, 32,413 people including 11 community leaders were sensitized on prevention measures against the EVD.

## Education

Regarding Pillar 3 activities during the month of in North Kivu province, UNICEF implementing partner AVSI supported school management and parents' committees of nine schools in the implementation of Income Generating Activities with marketing support in Mabalako health zone. In Beni health zone, in Kanzuluzuli health area, UNICEF's implementing partner *Women of Africa* (WOA) is finalizing the construction of the child-friendly space (EAE) with two semi-durable latrines. Furthermore, in Kalunguta and Katwa health zones in North Kivu province, UNICEF's implementing partner *Action de Solidarite pour la Promotion de la Santé Familiale et Développement* (ASOPROSAFD) trained 59 members of the school management committees (teachers and directors) from five primary schools on the production of teaching materials with local materials, reaching a total of 131 teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding (1.5% coverage). Due to COVID-19 pandemic, school closures significantly slowed down activities, including students' sensitization, teachers training on the Guidance Note on the prevention of Ebola in schools and school kits distribution.

UNICEF and implementing partner ASOPROSAFD focused its activities on school rehabilitation, construction of six latrines in Katwa territory. Furthermore, UNICEF's implementing partner *Action pour la Protection de l'Enfance et le Développement Integral* (APEDI) started works for the rehabilitation of six classrooms and semi-sustainable construction of two blocks of four latrines at the primary school of Selemani, Mandima health zone.

1,253,415 (68% coverage) students were informed about Ebola prevention measures in school settings out of the targeted 1,850,486 students.

## Psychosocial Support

In June, social workers and psychologists provided psychological support to 490 suspected cases, including 258 children (140 boys and 118 girls) and 24 children were admitted to UNICEF-supported nurseries, of which 12 girls, while their parents were admitted to the Treatment Centers (TC). Since the beginning of the Ebola response, 7,775 (80% coverage). separated children were identified and received appropriate care and psycho-social support as well as material assistance

During the reporting period, Katwa and Butembo nurseries have been officially handed over to the State authorities and Butembo Mayor. The nurseries will be used to strengthen child protection activities. In Mangina, the nursery was converted into one of the five survivors' clinics that will be used for the National Survivors' Programme.

In Ebola-affected communities, follow-up activities focusing on strengthening the resilience of the most impacted families and providing psychological support to survivors continued. Five social workers and one psychologist from the rapid intervention team in Katwa, Butembo and Vuhovi, as well as 26 social workers and nine psychologists from the Beni sub-commission were able to visit 118 affected families. In addition, they organized 24 group therapy sessions gathering 163 survivors including 67 men, 91 women, three boys and two girls. 407 survivors including 107 men, 224 women, 27 boys and 49 girls received a psychological support and 235 orphaned children (113 girls and 122 boys) were psychologically supported, especially in the COVID-19 context and the school closure. In total, 2,660 orphans were identified, received appropriate care and psycho-social support as well as material assistance (90% coverage) through UNICEF's support.

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<sup>36</sup> WASH kits: Jerrycan, soap, Aquatab, buckets with tap, bucket

314 children, including 180 Ebola orphaned and other vulnerable children, received their birth certificates in Beni and 134 in Butembo.

In Butembo, UNICEF implementing partner *Solidarite des Associations Feminines pour les Droits de la Femme et de l'Enfant* (SAFDF) trained 49 social actors (seven supervisors, seven psychosocial assistants and 35 supervisors from child friendly spaces) on child protection, sexual violence, birth registration, case and child friend spaces management. Furthermore, through UNICEF's support, implementing partner Save the Children and the DIVAS identified and referred 52 children to the right structure including six survivors, 18 self-demobilized children out of armed forces and groups, nine child victims of Sexual and Gender Based Violence (SGBV) and 19 unaccompanied children. In total, since 2019, UNICEF and partners identified 1,171 who then access referral services or individualized case management through a formal or informal protection network (35% coverage).

## Health and Nutrition

Through UNICEF's support in the four operational structures<sup>37</sup>, 107 new suspected cases including 42 in Beni, 48 in Butembo/Katwa and 17 in Mangina ETC received nutritional care. Among them, two children were under six months, three aged from 24 to 59 months and 102 were children over five years and adults including one breastfeeding and one pregnant woman. In total, since the beginning of the response, 90,013 patients (95% coverage) admitted to the ETCs/Treatment Centers (TCs) (suspected or confirmed cases) received nutrition support during treatment according to the guidance note on the Ebola nutritional care protocol.

In June, UNICEF-supported nutritionists assisted five new separated and/or orphaned children out of which two under six month and 3 aged from six to 23 months. They received breastmilk substitutes (RUTF<sup>38</sup> and UHT whole milk pasteurized at ultra-high temperature) according to their age in ETC's and the affiliated nurseries. Furthermore, 2,513 (68% coverage) children, including 1,667 under six month, were assisted thanks to UNICEF since the beginning of the response.

In June, UNICEF's supported nutritionists assisted by the *Adventist Development and Relief Agency* (ADRA) in North Kivu and PRONANUT in Ituri visited 296 (64% coverage) orphaned and separated children under 24 months receiving Breast Milk Substitutes (BMS) among which, 77 children were under six months and 219 children were aged 6-23 months. The other 166 children receiving BMS were visited by members of CACs. The sensitization activities on adequate Infant and Young Child Feeding practices (IYCF) in the Ebola context continued and reached 1,644 caregivers including 155 caregivers in ETC/TC and 1489 at household level. In total, UNICEF provided appropriate counselling on IYCF to 90,013 children caregivers (78% coverage).

As part of the support for IYFC in the context of EVD, ADRA has built four mother-child spaces in health areas heavily impacted by the epidemic in the health zones of Katwa, Butembo, Beni and Mabalako in the North Kivu Province. These spaces started operating in June with educational activities (awareness and cooking demonstration) for mothers and early stimulation activities for children. The early childhood stimulation activities reached 239 children under 24 months of age, including four under six months and 235 between 6 and 23 months benefited from early childhood development activities.

In June, 34 health workers for Beni general hospital have been trained by pediatricians on the holistic management of children's pathologies.

Through UNICEF support, PRONANUT harmonized the training methodology and conducted a training session for 56 doctors and nutritionists on the management of acute malnutrition and prenatal visits with the aim of strengthening of the country's health system. These trainers, including 19 for Ituri and 37 for North Kivu provinces, will in turn train health workers in 17 health zones affected by the EVD epidemic.

As part of Pillar 3 activities, the *Centre d'Appui a la Promotion Nutritionnelle* (CEAPRONUT) supported the development of community action plans to fight against malnutrition in the 189 villages of the four health areas of the Kalunguta health zone.

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<sup>37</sup> ETC in Mangina and Beni and TC in Katwa and Kalunguta

<sup>38</sup> Ready to use Infant formula

## Social Sciences Analyses Cell (CASS)

Following the interest generated by the results of the [first study on survivors conducted in October 2019](#) (in Beni) and several requests from the response teams for more information on stigma faced by survivors, the CASS conducted a [second qualitative study](#) with survivors in April-May 2020 (in Mambasa). The key results of this study conducted among 72 people, including adult and child survivors, children orphaned from Ebola as well as neighbours, teachers and healthcare workers, were then presented across multiple forum, along the reporting period. Results highlighted that stigmatization could have a strong impact on family and community dynamics and on the ability to access basic services; there are challenges for survivors and their spouses to access to health care services and sexual and reproductive health and; that children orphaned by Ebola are facing difficult situations including the stigmatization, emotional toll as well as perceived impacts on school engagement and participation among children affected by Ebola (orphaned or survivors).

Results will also serve to ensure these are considered in continued programming and to guide and support the National Survivors' programme.

## Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three clusters (nutrition, WASH, and education), Child protection sub-cluster, and the NFI Working Group at the national and decentralized level
- UNICEF co-leads the Cash Working Group, NFI/Shelter Working Group, Rapid Response Working Group and the Anti-Fraud Task Force in Goma, North Kivu. UNICEF also co-leads the Monitoring and Reporting Mechanism on grave violations against children in armed conflict (MRM) with the UN Deputy Special Representative to the Secretary-General (DSRSG).
- UNICEF participates in inter-cluster and inter-organizations meetings at the national and decentralized levels and is an active member of the Humanitarian Country Team (HCT)
- UNICEF is also member of the advisory board of the Humanitarian Fund in DRC

## Human Interest Stories and External Media

In June 2020, the external communication team continued to focus its external communication activities on the Ebola. During the reporting period, five press releases explaining [Ebola resurfaces in Équateur Province, 60 m<sup>3</sup> of materials provided by UNICEF to the DRC government in response to the Ebola epidemic in Equateur Province](#), [UNICEF condemns killing of five children in Ituri](#), [World's second-deadliest Ebola outbreak is declared over](#) and [UNICEF thanks donors and partners who made the end of Ebola in eastern DRC possible](#).

Several media picked this information up, including [New York Times](#), [CNN](#), [Sky News](#), [Russia Today](#), [Toronto Star Online](#), [Radio Okapi](#), [Xinhuanet](#), [CGTN](#), [Europa Press](#), [CNN](#) and [Sydney Morning Herald](#).

The communication team posted more nearly 200 messages related to humanitarian issues on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#). Following the announcement of a [new Ebola outbreak in the Equateur province](#), several posts were published explaining [UNICEF's role in the response](#) and highlighting the [early interventions on the ground](#). Stories were published highlighting [UNICEF's psychosocial support to children affected by the outbreak](#) and [community-based awareness](#). The end of the Ebola outbreak in eastern DRC was largely covered, reaching a total of 1,589 messages on UNICEF DRC's social media networks and 149 communication pieces on the [Ebola landing-page](#).

## Next SitRep: 15/08/2020

UNICEF DRC Sitrep: [https://www.unicef.org/appeals/drc\\_sitreps.html](https://www.unicef.org/appeals/drc_sitreps.html)

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

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

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## Summary of Programme Results: UNICEF HAC 2020

Sector	Overall needs	Cluster/Sector Response			UNICEF and its partners		
		2020 target	Total results	Change since last report ▲ ▼	2020 target	Total results	Change since last report ▲ ▼
<b>Nutrition</b>	4,700,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment		599,810	158,934	38,109	557,823	151,160	29,448
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	15,372	15,372	32,291	0	0
<b>Health</b>	5,600,000						
# of children aged 6 months to 14 years vaccinated against measles					965,000	537,684	0
# of children and women receiving primary health care in UNICEF-supported facilities					155,750	59,736	7,008
<b>WASH</b>	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,811,172	644,718	68,173	1,609,056	227,083	68,173
# of severely malnourished children and pregnant and breast-feeding women receiving wash assistance both at health centers and households' level (disaggregated by sex, age, handicap).		440,299	94,878	26,492	128,724	5,155	0
# of people affected by natural disasters, population movements and/or conflicts provided with access to WASH services (disaggregated by sex, age, handicap)		1,091,649	1,244,583	642,600	407,627	263,093	41,396
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		88,063	76,759	45,893	38,918	9,156	2,654
<b>Child Protection</b>	3,300,000						
# of children accessing mental health and psychosocial support		201,300	162,478	30,542	150,000	105,304	17,754
# of women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response					15,000	5,776	4,496

interventions to address gender-based violence through UNICEF-supported programs							
# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,400	3,154	1,443	8,500	1,376	127
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	3,167	1,290	7,000	1,704	68
<b>Education</b>	<b>1,777,930</b>						
# of children aged 6 to 17 years accessing formal or non-formal education		490,258	81,239	0	359,000	53,810	0
"# of female and male teachers trained on learner-centered methodologies and peace education		8 914	1,464	0	2,660	703	0
<b>Rapid Response</b>	<b>1,900,000</b>						
# of people provided with essential household items, and shelter materials		1,300,000	258,916	126,050	450,000	204,740	103,185
<b>Communication for Development</b>							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	4,216,218	1,142,399
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	8,897	5,103

## Summary of Programme Results: 10<sup>th</sup> Ebola Outbreak

Pillar 1: Strengthened public health response	Target	Total results*	Change since last report ▲▼
<b>Risk Communication and Community Engagement</b>			
# 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	108,475	9,593
# 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	39,058,348	526,511
# of households for which personalized house visits were undertaken by the CACs to raise awareness on Ebola and Essential Family Practices	79,550	278,815	2,530

# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	303,905*	303,905	0
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 31 May 2020.			
<b>WASH/IPC</b>			
# of health facilities in affected health zones provided with essential WASH services.	4,264	3,812	0
# of target schools in high risk areas provided with handwashing facilities	3,800	3,102	0
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550	14,262	101
% of households, health facilities and public places with reported cases decontaminated in the 72h	100%	N/A <sup>39</sup>	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A <sup>40</sup>	N/A
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	30,210	21,935	0
<b>Psychosocial Support</b>			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	17,100*	16,207	0
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	24,906	118
# of contact persons, including children, who receive psycho-social support	0**	N/A	N/A
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,775	61
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,660	78
# 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.			
<b>Health and Nutrition</b>			
# of < 24 months children caregivers who received appropriate counselling on IYCF in emergency	115,000	90,013	1,644
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358	21,156	107
# 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	1,667	2
# 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	846	3
<b>Education</b>			
# of students reached with Ebola prevention information in schools	1,850,486	1,253,415	0
# of teachers briefed on Ebola prevention information in schools	61,573	48,117	0

<sup>39</sup> Since there has been no new cases during the reporting period, decontamination activities didn't take place.

<sup>40</sup> Same as above

Pillar 3: Humanitarian response to communities affected by Ebola <sup>41</sup>	Target	Total results*	Change since last report ▲▼
<b>Risk Communication and Community Engagement</b>			
# CAC members trained in communication techniques and essential family practices	47,304	51,219	4251
Proportion of projects carried out by Pillar 3 resulting from CACs	60	10	0
<b>WASH/IPC</b>			
# of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk	700,000	90,553	39018
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	50	44
# 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	25,743	4088
# 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
<b>Psychosocial Support and Child Protection</b>			
# of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces	21,855	21,701	0
# of vulnerable children and/or affected by humanitarian emergencies (including unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.) identified and who access referral services or individualized case management through a formal or informal protection network	3,318	1,171	406
<b>Health and Nutrition</b>			
# of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender)	826,123	764,106	0
# of children (6-59 months) vaccinated against measles in affected and at-risk zones	1,851,630	1,584,514	0
# of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk	120	70	46
# 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
<b>Education</b>			
# of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials	426,900	41,258	0
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	131	59

## Annex B

### Funding Status\*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	144,738,334	1,211,935	14,878,871	128,647,528	89%
Health	12,500,000	1,494,846	654,568	10,350,586	83%
WASH	39,903,200	4,736,348	1,259,480	33,907,372	85%
Child Protection	9,600,000	1,229,571	2,025,368	6,345,060	66%
Education	43,000,000	1,472,320	1,382,711	40,144,969	93%
Communication for development/Social Policy	7,240,000	0	49,900	7,190,100	99%
Rapid response	21,000,000	4,451,996	7,546,555	9,001,449	43%
Cluster/Sector Coordination	1,621,000	2,452,300	1,004,579	0	0%
Ebola	38,695,576.15	9,629,691	10,880,620	0	0%
<b>Total</b>	<b>318,298,110.15</b>	<b>26,679,007.85</b>	<b>39,682,653.57</b>	<b>235,587,063.26</b>	<b>74%</b>

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

\*\* Funds received does not include pledges

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

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