



Reporting Period: July 2020

Democratic Republic of the Congo

Humanitarian Situation Report No. 07

unicef 
for every child

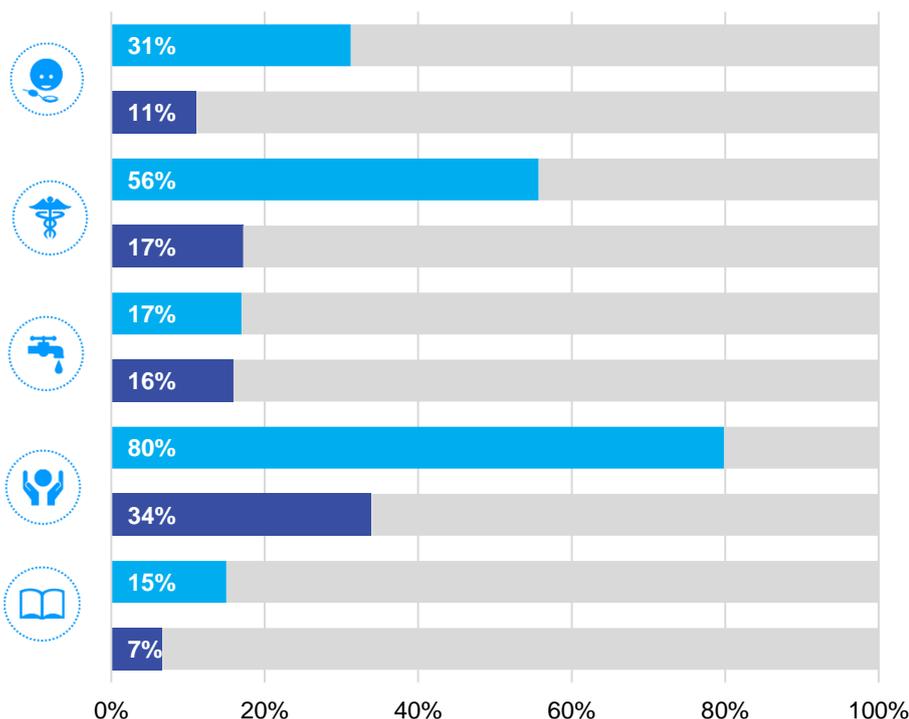
Highlights

- In the second half of 2020, the 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
- As of 31st July, 69 confirmed cases of Ebola, of which 31 deaths, have been reported as a result of the DRC's 11th Ebola outbreak in Mbandaka, Equateur province. UNICEF continues to provide a multi-sectoral response in the affected health zones
- As of 31st July 2020, the COVID-19 outbreak has affected 17 out of the 26 provinces in the DRC, with a total of 9,115 confirmed cases. The latest COVID-19 situation report can be found here [link](#)
- In July, UNICEF provided life-saving emergency packages in NFI/shelter through UNICEF's Rapid Response (UniRR) to nearly 7,908 households affected by humanitarian crises in Ituri and North Kivu provinces

Situation in Numbers

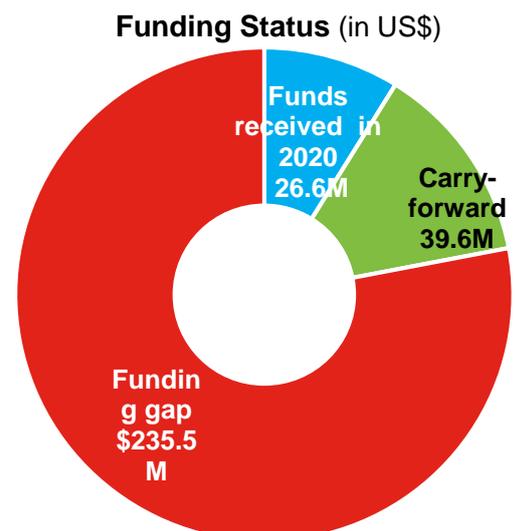
-  **15,000,000**
children in need of humanitarian assistance (OCHA, Revised HRP 2020*)
-  **25,600,000**
people in need (OCHA, Revised HRP 2020*)
-  **5,500,000**
IDPs (Revised HRP 2020*)
-  **12,279**
cases of cholera reported since January (Ministry of Health)

UNICEF's Response and Funding Status



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

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). 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

In the Eastern provinces, most children living in Ituri, the Kivus, Maniema and Tanganyika are at risk of being or are affected by the enduring violence committed by various actors¹. Not only have the living conditions in these conflict-affected areas of the DRC seriously deteriorated, children also continue to be exposed to extreme violence, placing them at increased risk of use and abuse by all parties to the conflict. Forced displacement continues to separate children from their families, boys and girls remain at risk of being recruited by armed groups and children, notably girls, are too often victims of different forms of gender-based violence (GBV). Moreover, these displaced people have left behind their homes and belongings, and live in extremely precarious conditions without decent housing and very limited means of subsistence as well as limited access to basic services (water, hygiene, sanitation, health/nutrition, education, psycho-social support), often already lacking or with very low absorption capacity. Moreover, having often been directly confronted in hostilities, these populations require specific protection services and targeted psycho-social support.

In Ituri province, while demobilization and reconciliation efforts by the Congolese government with an armed group have revived hopes for peace in Ituri, thousands of internally displaced families and children lack access to basic services such as education and healthcare. The situation of children is particularly concerning, as 359 protection incidents (such as rape, killing, maiming and attacks on schools and health centre) have been reported through the Monitoring and Reporting Mechanism (MRM) between January and August 2020 in Ituri. Many children might not be able to study even when schools reopen in September as 165 schools have been destroyed due to the conflict since January 2020. In July, 50,000 Internally Displaced Persons (IDPs) were reported in Irumu territory, Ituri province, as a result of attacks by non-state armed groups in Boga health zone.

In North Kivu province, nearly 30,000 persons (including returnees) have been displaced due to clashes between non-state armed groups in Masisi and Walikale territory. The recent population displacements have further exacerbated the needs of the host communities, which have been hosting 43,415 persons since December 2019. In Rutshuru territory, improvements in the humanitarian situation have been reported in Bwito chiefdom with the gradual returns of displaced people from Kahumiru and Majengo (Bambo group) and Kazaroho and Kirumba (Tongo group). As of July, nearly 5,000 persons have returned to their places of origin². Near Lubero and Walikale territory, armed attacks have led to the displacement of an additional 15,000 persons. According to the Red Cross, no humanitarian actor has provided assistance to these displaced persons arriving in waves since January. The IDPs continue to live in precarious conditions, which significant needs in food and Non-Food Items (NFIs).

In South Kivu province, since 2019, the Fizi, Minembwe, Itombwe/Mwenga, and Uvira highlands have faced a deteriorating security and humanitarian situation due to violent clashes between non-state armed groups. According to UNICEF, nearly 40,000 people, including more than 7,000 children under the age of 5, and 1,600 pregnant women have been displaced in Mount Mitumba and moving towards the Health Areas of Mikenge, Kipupu, Aleba, Bakura, Kabara, Kanogo, Lugabano, Malanda, Mikalati, Tchakira and Tulamabo.

In Tanganyika, over 10,925 persons have been internally displaced towards the villages of Bena Nyembo chiefdom, Kongolo territory, following violent incursions by non-state armed groups. In Nyunzu territory, over 3,500 Twa combatants and their dependents settled around the Nyunzu-Lwizi/Kabalo axis.

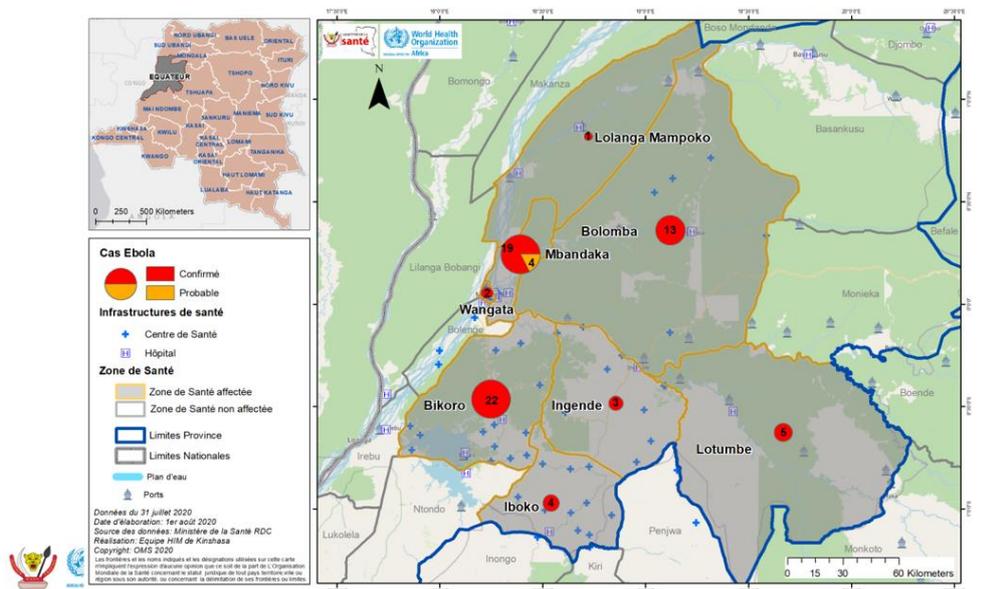
In Mbandaka, Equateur province, since the declaration of the 11th Ebola outbreak in June, 73 Ebola cases, of which 69 were confirmed cases and 4 probable cases as of July 31st. 31 deaths and 27 cured patients have been reported in the eight affected health zones bringing the fatality rate to 42.4%. In addition, more than 32 children have lost one or both parents or have been separated from them due to Ebola since the beginning of the outbreak.

¹ Source: Humanitarian Needs Overview 2020

² Source: Civil society in Kishishe

The context of Equateur province challenges the implementation of the Ebola response activities as most of localities are only accessible by boat and almost impossible to reach with vehicles due to poor road conditions.

As of 31st July 2020, the COVID-19 outbreak has affected 17 out of the 26 provinces in the DRC, with a total of 9,115 confirmed cases³ distributed as such: Kinshasa 7,599 cases; Kongo Central 404 cases; North Kivu 299 cases; Haut-Katanga 304 cases; South Kivu 288 cases; Lualaba 88 cases; Ituri 62 cases; Haut-Uélé 25 cases; Tshopo 25 cases; Equateur 5 cases; Kwilu 5 cases; Sud-Ubangi 5 cases; Haut-Lomami 1 case; Kasai 1 case; Kasai Central 1 case; Kwango 1 case; North Ubangi 1 case. Despite these challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures⁴. The latest COVID-19 situation report can be found here [link](#).



Summary Analysis of Programme Response

Nutrition

UNICEF supported nutritional surveillance and early warning system (SNSAP) showed an increase in the number of health zones on alert, from 35 (first quarter of 2020) to 77 (second quarter of 2020). Furthermore, the number of health zones in nutritional alert increased by 13% compared to the same period in 2019. As of June 2020, 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). One of the factors that explains this increase in nutritional alert is due to an improvement in data reporting in the provinces of Kwango, South Kivu and Kwilu. During the reporting period, main risk factors that could affect the nutritional status of children were population movements in the Eastern Provinces (Ituri, North Kivu, Maniema) and in Kasai province, specifically along the Angolan border; measles epidemics in Kasai Oriental, Mai Ndombe and Tshuapa and floods in Tanganyika. Furthermore, the increase in food prices was another factor that led to an increase of malnutrition cases particularly in South Ubangi province.

During the reporting period, UNICEF supported the treatment of SAM in 50 health zones which represent 45% of the priority health zones identified by the Nutrition cluster. 22,936 additional U5 children were treated for Severe Acute Malnutrition (SAM), of which 1,080 were hospitalized for medical complications. The performance indicators for SAM treatment were as follows: recovery rate of 98%, 0.7% death and 0.6% abandonment in the country.⁵

Since January 2020, 34% of targeted children suffering from SAM have gained access to UNICEF supported nutritional care according to data from the national health information system.

Since January, UNICEF supported 4,277 cooking sessions to promote 21 local recipes as complementary foods for children aged 6 to 23 months in order to promote Infant and Young Child Feeding (IYCF) practices. Furthermore, 69 health care providers from Minova and Bunyakiri health zones, South Kivu province, received training on Maternal Nutrition and Hemoglobin Testing to strengthen interventions on acute malnutrition prevention.

In response to the 11th Ebola outbreak in Equateur province, UNICEF provided financial and technical support to PRONANUT to strengthen the capacities of 32 workers from the Provincial Health Directorate (DPS), Zone Central Office, NGOs and members of the sub-commissions on nutrition interventions in the context of the EVD epidemic. With

³ Source: Ministry of Health May 2020

⁴ COVID-19 prevention measures: practicing social distancing, installation of handwashing stations, temperature checkpoints during interventions, and wearing masks.

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

technical assistance from UNICEF and the Nutrition Cluster, *Action Contre la Faim* (ACF) strengthened the capacities of 48 healthcare providers on the Integrated Approach to Treatment of Acute Malnutrition (PCIMA) and 119 RECOs on the screening and referral of SAM cases in health facilities in Bikoro health zone.

During the reporting period, 6 nutritionists trained in nutritional care in the context of EVD were assigned to the Ebola Treatment Centers (ETC)⁶. 182 patients, including 12 children, were admitted to the ETCs. Furthermore, 34 confirmed cases of EVD, including 6 children, received nutritional care. In the community, 11 children under 23 months, including 2 orphans (3 and 13 months) and 1 infant separated from its mother, were treated with breast milk substitutes by nutritionists.

In July, the Nutrition Cluster held two general meetings and a technical coordination meeting to monitor the nutritional response and support the delivery of nutritional services. The Cluster carried out the Health Zone Prioritization exercise for the second half of 2020⁷. It should be noted that in the second half of 2020, 179 Health Zones are in priority 1, which is 11% increase compared to the first half of 2020.

Health

As of epidemiological week 29, 67,956 suspected measles cases, including 961 deaths (CFR: 1.4%), have been reported across the DRC. During the reporting period (week 26-29), 3,154 suspected measles cases were reported. The provinces that reported the highest number of cases of measles were: Sankuru 1,476 cases, Sud Ubangi 263 cases, Maindombe 240 cases, North Kivu 141 cases, Kasai 127 cases and Nord Ubangi 117 cases.

In response to the cholera outbreak in Haut Katanga province, UNICEF supported the treatment of 32 patients at the Cholera Treatment Center (CTC), disinfected 30 vehicles, and donated 20 hospital beds.

In July, 7,005 children and women received access to primary health care in UNICEF-supported facilities in Tanganyika and South Kivu provinces.

WASH

In July, 3,000 people affected by population displacements and 45,683 people affected by cholera outbreaks, benefited from WASH assistance provided by UNICEF partners in Kasai Oriental and Tanganyika provinces.

In Kasai Oriental province, UNICEF and implementing partner *Social Development Center* (SDC) provided access to safe drinking water to 30,281 persons through the installation of 60 chlorination points and two water purification stations. In total, 1.6 million liters of drinking water have been delivered in July in the city of Mbuji-Mayi through UNICEF supported activities.

In Tanganyika province, 3,000 persons gained access to safe drinking water through the rehabilitation of two water sources by UNICEF's implementing partner *Armee du Salut* (ADS) in Moba territory and one source in Nyemba territory through UNICEF's implementing partner Red Cross. Furthermore, 48 latrines doors were constructed in four health centers and 40 schools in Moba, Kalemie, and Nyemba health zones. In addition, 120 community leaders were trained on hygiene promotion in Moba and Kalemie health zone.

In response to the floods and cholera outbreak in Haut Lomami province, UNICEF and implementing partner *Vijana ya Panda Tujengeni* (VIPATU) reached 5,000 persons on hygiene promotion. Furthermore, 10,402 persons were reached on cholera prevention measures through UNICEF's implementing partner Assistance aux Communautés Démunies (ACD).

In response to the 11th Ebola outbreak, UNICEF and its implementing partners⁸ supported WASH/IPC activities summarized below:

- Capacity building: 324 hygienists, 894 health personnel and 154 members of the PCI / WASH commission were trained and briefed on the standard PCI / WASH protocol.

⁶ Bolomba, Lilanga bobangi, lolanga mampoko, Wangata, Lotumbe and Bikoro

⁷ Every 6 months, this exercise combines a methodology that integrates the analysis of different multisectoral indicators including Nutrition, Health, WASH, food security and population movements to help direct nutritional responses to the most vulnerable areas.

⁸ OXFAM, IMC, ACF, ADSSE, AGIS, PAPV

- 316 decontamination equipment and kits⁹ were distributed in 119 health facilities, 207 households and 102 public places
- 116 health facilities, 571 households and 151 public places received WASH kits¹⁰
- 65 FOSA kit was made on category 1 to 4 and made it possible to reach 65 FOSA
- 2,376 people sensitized on the importance of keeping the kits clean, hand washing, preparation of chlorine or soapy water, and waste management.
- 620,000 liters of water have been supplied to the CTEs of the General Reference Hospitals of Wangata and Bikoro

Education

During the reporting period, schools remained closed throughout the DRC as a result of the COVID-19 pandemic. In order to ensure access to education, UNICEF continued to promote distance learning. More information on UNICEF's COVID-19 response can be found here [link](#).

Since the beginning of the year, population displacements and violent clashes in Djugu, Mahagi, Aru and Irumu territories caused the destruction of 1,496 classrooms in 163 schools (137 primary and 26 secondary). These attacks and occupation of schools will affect 44,939 children aged 6-17 (24,617 girls and 20,322 boys) when schools reopen.

During the reporting period, UNICEF supported the identification of 15 schools in Mahagi territory, Ituri province, to support the reintegration of 5,925 displaced children (2,542 girls and 3,383 boys) when schools reopen in September.

In July, in an effort to improve data quality and reporting in North Kivu province, the Education cluster facilitated four sessions to reinforce the capacity of cluster members on data collection tools, such as 4W and Dashboard. Furthermore, the Education cluster coordinators held a remote orientation for Lubumbashi subnational cluster members on improving information sharing. The Education cluster prepared a briefing note explaining the proposed methodology to conduct the mid-year review concerning the Humanitarian Response Plan (HRP) 2020. The briefing note was presented to national cluster members, sub national cluster leads and co-leads to facilitate their project planning and align their projects with the revised HRP.

Child Protection

Conflicts, insecurity and displacement continue to be the main cause of vulnerabilities for children. During the month of July, an increase in reported cases of sexual violence as well as the release of children from armed groups has been observed in Ituri (Djugu and Mahagi territories), North Kivu (Beni, Masisi and Rutshuru territories), South Kivu (Fizi territory) and Tanganyika (Nyunzu territory). Several thousand combatants from non-state armed groups laid down their arms in Tanganyika province (Territories of Nyunzu and Kalemie). This group included a total of 316 children who are currently receiving assistance through UNICEF's partners.

During the reporting period, a total of 17,243 children (8,277 girls, 48%) benefited from child protection assistance. In particular, 242 Children Associated with Armed Groups and Forces (CAAFAG) were reunified with their families and communities and benefitted from socioeconomic reintegration and 435 Unaccompanied and Separated Children (UASC) were identified and provided with temporary care. 14,479 children received psychosocial support through (mobile) child friendly spaces.

In the Tanganyika Province, the Child Protection Working Group (CPWG) carried out two needs assessments in the Territories of Nyunzu and Moba. 276 CAAFAG and 197 Unaccompanied Minors (UAM) were identified and require immediate support and care. Limited funding prevented the provision of immediate assistance but the CPWG conducted advocacy to release funds for a child protection response, especially with the Humanitarian Fund.

A new Child Protection Sub-Working Group was activated in the Territory of Mahagi in Ituri to respond to the protection situations generated by the latest population movements in this area.

⁹ Boots, rubber, Gloves, heavy duty, rubber, Chlorine (HTH) Sprayer, vaporizer, Burner, Tank, Bucket, local liquid chlorine

¹⁰ Bucket of 20 with lid and tap, Bucket of 20 with lid without tap, Basin 14 L or 22L plastic stool, Box of 9 bars (400g soap bars), Aquatabs (tablet 67mg - 1 tablet/day/household), or local liquid chlorine

In response to the Ebola outbreak in Equateur province, 52 patients were admitted to the CTE (confirmed and suspected cases), including one 7-year-old child, in Mbandaka, Bikoro, Bolomba and Itipo health zones received psychological support and material assistance and / or food¹¹ through UNICEF's support.

274 suspected cases, including 41 children, and 142 frontline workers (39 from health facilities) also benefited from psychosocial support.

Furthermore, a total of 102 non-case discharges benefited from psychological support after being discharged from the CTE, in addition to 282 affected and family members. Reinsertion kits were given to 4 recovered discharges.

2379 people benefited from psychoeducation sessions on different themes that contribute to behavior change in order to adhere to prevention measures and prevent stigma.

As part of active search for cases (over a period of 21 days), 80 community leaders (including 14 women) were briefed from two Motoo and Botende health areas.

75 children, including 52 orphans and 23 separated from their parents due to EVD, and children victims of other forms of vulnerability in the province of Equateur have been identified. Iboko and Bikoro health zone reported 65 (38 boys and 27 girls) child protection alerts and the Bolomba CTE stood out for the high number of EVD suspected children admitted compared to other CTEs.

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Communication for Development (C4D), Community Engagement & Accountability

In response to the measles epidemic in Tshuapa province, UNICEF supported a surveillance mission to Mampono health zone. The team was able to brief 15 RECOs in Mampono, Ikelemba and Lileko health zones on measles active case finding and raise community awareness on measles vaccination, reaching 18,200 people.

In response to the reported polio cases in Matete, Maluku I and Nsele health zones, Kinshasa province, UNICEF supported the Government led Communication Task Force and Expanded Program for Immunisation on the preparation of polio response campaigns. Furthermore, UNICEF supported the briefing of eleven national consultants on communication and advocacy to support the polio response campaign in context of COVID-19. The consultants have been deployed to the three affected health zones to support the response. The campaign is scheduled to begin in August 20, 2020.

In July, 831,827 people reached with key life-saving/behaviour change messages on humanitarian services across the DRC.

In response to the 11th Ebola outbreak in Equateur province, UNICEF supported the briefing of 48 health care workers from private health facilities on the prevention of nosocomial infections, the responsibilities of private care facilities during health emergencies, communication on risks, and the escalation of alerts, including deaths in Health Facilities (FOSA) during the reporting period. In addition, 40 traditional healers were briefed on the reporting of alerts and their collaboration with active case finding.

UNICEF's results through implementing partner OXFAM and ASDPE in nine affected health zones¹² are as follows:

- 1,742 influential leaders and different specific groups were reached through awareness messages promoted during forums, community dialogues.
- 150 RECOs participated in informing the population and mobilizing communities in favor of the fight against the epidemic.

¹¹ Material/food assistance: 5kg of sugar, 1 can of milk powder (milgro) of 400g, 5kg of rice, 3kg of beans, 3.5 kg of salt, a toothbrush and a maxam brand toothpaste.

¹² Mbandaka, Wangata, Bikoro, Ingende, Lotumbe, Lilanga Bobangi Lolanga Mampoko

- 711,916 people living in risk areas were reached by Ebola Virus Disease (EVD) awareness messages through different communication channels (community dialogues, educational talks, popular forums, radio broadcasts, printed materials)
- 1,848 people reluctant to the activities of the response were convinced and adopted new behaviors, such as regular hand washing, acceptance of the sample withdrawal from deceased family members, raising community alerts, transferring suspected cases to the Ebola Treatment Centers (ETCs) and collaboration with teams for decontamination and vaccination.
- 317 people resistant to vaccination were sensitized on the benefits of vaccination against EVD, and were vaccinated.
- 558 alerts were raised by members of the CACs during the home visits while 39 suspected cases were persuaded on the importance of going to the Transit Centre or ETC for appropriate care.
- and referred to the CTE.
- 2,184 radio spots on Ebola and COVID-19 were broadcasted on 13 radios stations
- Distribution of 2,800 batteries, 103 megaphones, 700 leaflets and 100 posters in affected health zones

UNICEF Rapid Response (UniRR)¹³

In July 2020, 7,908 households (45,243 people) whose survival was threatened by humanitarian shocks have benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH kits through UNICEF rapid response mechanism (UniRR) in Ituri (2,205 households in cooperation with PPSSP), North Kivu (5,703 households in cooperation with Red Cross North Kivu).

Cholera Rapid Response

During the reporting period, nine teams carried out 264 rapid responses, of which 94% of responses were conducted in less than 48 hours in North Kivu province. These interventions have benefited 2,782 households (13,910 people) with a cholera package to protect themselves against cholera and interrupt its transmission in the community.

In Haut-Katanga, nine response teams carried out 76 rapid responses, of which 97% of responses were conducted in less than 48 hours. These interventions have benefited 2,004 households (10,020 people) with a cholera package to protect themselves against cholera and interrupt its transmission in the community. During the reporting period, 92% of all suspected cholera cases reported by the Provincial Health Divisions of Haut Katanga were provided with a response.

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
	2020_7	2020_32	01/01/2020
Suspected cases reported by MSP	368	151	4 167
Suspected cases reported by Line Listing	185	123	2 685
Completion line listing VS MoH data	50,27%	81%	64%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)**	264	57	1 989
Number of response done (type 1: rapid responses only)*	180	38	1 591
Responded cases by CORT	184	38	2 189
% of response < 48 h (only type 1)*	94%	100%	94%
% of responded cases (Based on Line Listing)	99%	31%	82%
Average of households per response (i.e “cordon sanitaire” size)	13,73	13,99	12,05
Number of households having received at least one Household Water Treatment product	2782	611	31547
Number of persons sensitized (rapid responses only)*	17049	3715	203 678
Number of persons sensitized (rapid responses, prevention and community involvement)**	31980	5797	279 645
Number of disinfected houses	2459	493	25 300
Average of disinfected houses per suspected cases	13,4	13,0	11,56
Number of emergency water chlorination points activated	0	0	84
* Rapid responses= one response for one cholera suspected case			
**Preventions activities= mobilisation and sensitisation activities but not attached directly to one suspected case			

¹³ 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.

Social Sciences Analysis Cell (CASS)

Following the six Guidance Briefs developed in support at the start of the 11th Ebola outbreak based on lessons learned from both the 9th and 10th outbreaks, the CASS conducted population and healthcare worker surveys to understand perceptions and behaviours around Ebola and community health. Population surveys in Mbandaka and Wangata (n=709) and healthcare workers (n=84, representing 50% of healthcare facilities) have been developed into presentations and presented across commissions, the local health zones, and for different Non-Governmental Organisations (NGOs) partners.

Key findings are as follows:

- there is a gap in communication, action and resulting perceptions of the best strategies to stop the Ebola outbreak. The majority of community members perceive handwashing installations as the best approach to address the outbreak while between 7-39% cite contact tracing, safe and dignified burials and vaccination.
- Between 48-52% of respondents (including healthcare workers) were not vaccinated. Of community respondents not vaccinated, only 54% would accept the vaccine if offered. Community members and healthcare workers reported fearing the vaccine would inject them with Ebola and fear side effects of the vaccine. Improved communication (videos, comparatives to how other vaccines work and side effects) is required from all response teams
- There is a lack of understanding of symptoms both by community and healthcare worker respondents. The lack of understanding of symptoms results in distrust of Ebola diagnosis, refusals to accept safe and dignified burials and delayed treatment seeking. It is also a reason why 54% of healthcare workers reported not feeling able or feeling only partially able to detect a suspected Ebola case

CASS teams are now working on co-developing recommendations based on study results with key response actors.

The CASS study reports, presentations tools and data can be found online on the CASS Drive here ([link](#)). A full list of studies can be found here ([link](#)).

Ebola in North Kivu and Ituri Province

Risk Communication and Community Engagement (RCCE)

UNICEF's RCCE team continued community engagement activities as part of the post-Ebola transition and focused on training and promoting of EFP to increase community resilience. During the reporting period, UNICEF's implementing partner *Reseaux de Media pour le Développement* (REMED) and *Programme de Promotion des Soins de Santé Primaires* (PPSSP) trained 2,895 Community Animation Cell (CAC) members in Beni and Mabalako health zone on EPF promotion.

In Butembo health zone, UNICEF trained 149 local facilitators that will in turn train CAC members on the EPF from five¹⁴ health zones. In Kalunguta health zone, UNICEF's implementing partner *Contribution des Opérateurs Economiques aux Initiatives de Développement Local* (COEIDL) sensitized 159,637 people on EPF thanks to the CAC model women approach¹⁵. This approach supported the establishment of 33 CACs in three¹⁶ pilot health areas. Through this approach, 61 children aged from 0 to 11 months were vaccinated with Penta 3 and 287 pregnant women were reached with access to prenatal consultation. Furthermore, 182 children received their birth certificates. In Mambasa, UNICEF's implementing partner *Organisation congolaise pour le développement integral* (OCDI) sensitized 33,730 people on EPF in 37 mining quarry sites.

In July, a total 15,589 CAC members were trained on communication techniques and EFPs. Furthermore, for Ebola communication activities, 50,858 members of influential leaders and groups were reached through advocacy, community engagement and interpersonal communication activities and 104,615 people were reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces. During the reporting period, 6,276 households had personalized house visits undertaken by the CACs.

Regarding mass media communication, UNICEF and its implementing local partner REMED partnered with 60 radios in North Kivu and Ituri provinces, reaching over 1,402,590 people. In July, 912 productions were produced, including 192 programs with testimonials on EFP, 120 micro programs and 600 radio spots.

¹⁴ Butembo, Katwa, Kalunguta, Muisinene, Kyondo

¹⁵ Two women leaders sensitize people and women in their CAC

¹⁶ Butuhe, Mabuku and Kivetsya

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

In July, UNICEF supported activities focusing on the 90-day surveillance plan¹⁷, which includes the strengthening of local capacities. The IPC/WASH Commission members were deployed from Kinshasa to the provincial health offices in Ituri, South Kivu and North Kivu to support the management teams of the provincial health offices and reinforce capacity building on good hygiene practices, prevent infections and intervene in the event of an outbreak. The IPC WASH commission members trained 76 health workers during the reporting period.

In addition, UNICEF continued to implement Pillar 3 activities, reaching 27 health facilities with a WASH package¹⁸ in areas affected by EVD or at risk. In Ituri province, UNICEF's implementing partner Save The Children built spring catchments in nine health centers in Mandima health zone and PPSSP built an incinerator in one health center in Komanda health zone. Furthermore, UNICEF and PPSSP led a participative project with health authorities within 17 health centers in five health zones¹⁹. Once the health authorities built their own base to place water tanks, UNICEF and PPSSP donated water tanks²⁰ for rainwater storage and contribute to improved access to WASH services. Regarding Pillar 1 activities, UNICEF continued to replace WASH items²¹ in 123 health facilities and distributed 105 burners to health centers²².

At the community level, UNICEF and its implementing partners *Mutuelle de Santé Canaan* (MUSACA) and PPSSP built 14 water points in Beni (9), Mandima (1), Bunia (1) and Komanda (3). Thanks to these interventions, 9,421 people had an improved access to WASH services in areas that have been affected by EVD or at risk. In July, UNICEF's implementing partners *Centre de Promotion Socio-Sanitaire* (CEPROSSAN), PPSSP, OXFAM and MUSACA sensitized 140,937 people on EVD prevention in five²³ health zones and 371,712 people washed their hands using the 350 handwashing devices set up by UNICEF in these health zones.

Psychosocial Support

As part of the capacity strengthening strategy of child protection actors, UNICEF and implementing partner *Solidarité des Associations Féminines pour les Droits de la Femme et de l'Enfant* (SAFDF) supported the training of 21 community leaders, including five women, in five²⁴ health zones. These trainings focused on community engagement, participation in child protection, knowledge of child protection field and the management of Child-Friendly Spaces (CFS). In Butembo health zone, UNICEF and *Division des Affaires Sociales* (DIVAS) conducted a training session on protection monitoring, the identification, documentation, tracing and reunification processes and data collection tools for 17 members of the CPWG, including six women. In addition, in Ituri, UNICEF's implementing partner Save the Children conducted two training sessions for 30 para-social workers (including 16 women) and four supervisors (including three women) from the DIVAS on child protection case management and on supervision and coaching.

In July, UNICEF and its partners continued to support the most vulnerable children in the Ebola affected health zones. During the reporting period, 620 vulnerable children and/or affected by humanitarian emergencies²⁵ were identified and had access referral services or individualized case management through a formal or informal protection network. In Beni and Mabalako health zone, UNICEF's implementing partner Save the Children and the DIVAS identified and referred 48 children (22 boys and 26 girls) to appropriate structures. In addition, UNICEF's implementing partner *Actions Concrètes pour la Protection de l'Enfance* (ACOPE) provided psychosocial support and assistance to 77 children released from armed forces or groups (6 girls and 71 boys) in order to facilitate their family reunification and social reintegration. In Muhangi and Kalunguta, SAFDF identified 16 children released from armed forces and groups (including one girl). All benefited from psychological support and were referred to MONUSCO for demobilization and reintegration. Among these children, 13 boys were enrolled in vocational training. Nine other children (including seven girls) affected by EVD benefited from socio-economic reintegration through vocational training while 155 children

¹⁷ After the declaration of the end of the 10th Ebola epidemic, a 90-day plan was put in place to consolidate the achievements of the Ebola response, maintain increased vigilance, and contribute to strengthening the health system. More specifically, it is: 1) Strengthen surveillance to detect and respond quickly to a potential new case of EVD and other diseases with epidemic potential, including Covid-19; 2) Strengthen the EVD survivors follow-up program (clinical follow-up, biological follow-up, psychosocial follow-up, nutritional follow-up, surveillance around survivors, research, PCI around survivors). 3) Strengthen the prevention and control of infections associated with care and WASH (Water, Hygiene and Sanitation) measures in health structures and communities 4) Strengthen the operational capacities of community animation units (CAC) and the partnership with community networks.

¹⁸ Water point, latrines, shower and incinerators

¹⁹ Beni, Butembo, Katwa, Musienene and Manguridjipa

²⁰ Water tank and water tap

²¹ Chlorine HTH, Gloves, powdered soap, liquid soap, soaps, multipurpose, collected bin bags, buckets with tap, plastic basin

²² Katwa, Vuhovi, Butembo, Kyondo and Musienene

²³ Butembo, Katwa, Vuhovi, Beni and Komanda

²⁴ Kalunguta, Kyondo, Musienene, Butembo and Katwa health zones

²⁵ unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.

(including 68 girls) were registered at the civil registry office. Furthermore, 141 children (64 girls and 77 boys) received birth certificates. In Ituri, DIVAS also identified and accompanied 183 vulnerable children, including 81 boys and 102 girls. 18 of these children were referred for basic services, one boy was placed in a transitional foster family, one girl victim of rape was referred to a specialized care structure, nine boys and seven girls suffering from various illnesses and malnutrition were referred to health closed structures.

During the reporting period, UNICEF supported CFS reopened and 341 vulnerable children received group psychosocial support in Musienene and Kyondo (including 182 girls).

Health and Nutrition

Regarding the follow up of Ebola survivors, UNICEF supported the deployment of two pediatricians to conduct the survivors' monthly consultations in five clinics²⁶. Among the Ebola survivors, 246 children aged 0 to 17 years old are distributed as follows: Butembo 75, Katwa 29, Beni 93, Mangina 40, Komanda 8, Mambasa 1.

Furthermore, UNICEF trained 647 health workers coming from thirteen²⁷ health zones in North-Kivu and Rwampara and Mandima health zone in Ituri province on adequate IYCF, growth monitoring of children from 0-59 months and early referral and treatment of malnutrition. UNICEF also supported the deployment of 17 PRONANUT nutritionists and 5 nutritionists with the aim to support the survivors' follow up. In July, 1,087 survivors, including 226 children, benefitted from a nutritional follow up during their monthly consultation.

As part of the follow up of separated and orphaned children, UNICEF's implementing partner *Adventist Development and Relief Agency* (ADRA), reached 341 children under 24 months of age. UNICEF and ADRA supervised activities in mother-child spaces in four²⁸ health zones, including early childhood stimulation activities for children and 21 cooking demonstrations for their mothers. In addition, UNICEF's implementing partner *Centre d'Appui à la Promotion Nutritionnelle* (CEAPRONUT), organized 212 cooking demonstrations at the community level in Kalunguta health zone. Furthermore, CEAPRONUT supported the finalization of 57 community action plans in four²⁹ health areas.

UNICEF distributed nutritional inputs³⁰ that will benefit 519, 773 children under 59 months in sixteen³¹ health zones in order to promote malnutrition prevention.

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 July 2020, the external communication team focused its external communication activities on the Ebola outbreak and the coronavirus. During the reporting period, one press releases explaining how [UNICEF provide life-saving assistance to 100,000 children and their families in conflict-affected Ituri Province of eastern DRC](#) was published. Several media picked this information up, including [forum des as, morocco.shafaqna.com, reliefweb](#) and [\[globalimpactnews.com/2020/07/27/dr-congo-unicef-provides-life-saving-assistance-to-100000-children-and-their-families-in-conflict-affected-ituri/\]globalimpactnews.com](#).

The communication team posted more than 150 messages related to humanitarian issues on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#).

²⁶ Goma, Butembo, Beni, Mangina and Mambassa

²⁷ Beni, Butembo, Mabalako, Oicha, Mutwanga, Kalunguta, Katwa, Kyondo, Musienene, Masereka et Vuhov

²⁸ Katwa, Butembo, Beni and Mabalako

²⁹ Kalunguta, Kabasha, Kanhiyunga and Mataba

³⁰ therapeutic milk, Plumpynut, medicines, twelve motorcycles, eleven laptops and equipment

³¹ Beni, Butembo, Mabalako, Oicha, Mutwanga, Kalunguta, Katwa, Kyondo, Musienene, Masereka, Rwampara, Tchomia, Komanda, Mambasa, Nyankunde, Vuhovi et PRONANUT-Ituri

Stories were published highlighting UNICEF's support to [children formerly associated with armed forces and armed groups](#) and to [flood victims](#). The humanitarian situation in Ituri province was highlighted through several [videos](#) and [photos](#).

Next SitRep: 15/09/2020

UNICEF DRC Sitrep: 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 ▲ ▼
Nutrition	4,700,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment		599,810	183,243	24,309	557,823	174,096	22,936
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	15,372	15,372	32,291	0	0
Health	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	66,741	7,005
WASH	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,811,172	690,401	45,683	1,609,056	272,766	45,683
# 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	0	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	1,247,583	3,000	407,627	266,093	3,000
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		88,063	77,009	250	38,918	9,406	250
Child Protection	3,300,000						
# of children accessing mental health and psychosocial support		201,300	176,326	13,848	150,000	119,783	14,479
# of women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programs					15,000	7,863	2,087
# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,400	3,601	447	8,500	1,811	435

# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	3,419	252	7,000	1,946	242
Education	1,777,930						
# 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
Rapid Response	1,900,000						
# of people provided with essential household items, and shelter materials		1,300,000	513,019	102,133	450,000	269,357	45,243
Communication for Development							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	5,048,045	831,827
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	9,601	704

Summary of Programme Results: 10th Ebola Outbreak

Pillar 1: Strengthened public health response	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).	87,956	159,333	50,858
# 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	39,162,963	104,615
# of households for which personalized house visits were undertaken by the CACs to raise awareness on Ebola and Essential Family Practices	79,550	285,091	6,276
# 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.			
WASH/IPC			
# of health facilities in affected health zones provided with essential WASH services.	4,264	3,935	123
# of target schools in high risk areas provided with handwashing facilities	3,800	3,103	1
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550	14,263	1
% of households, health facilities and public places with reported cases decontaminated in the 72h	100%	N/A ³²	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A ³³	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
Psychosocial Support			
# 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	0
# 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	0
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,660	0
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families	1,300	1,112	0
* This figure includes support provided to families with suspect, probable or confirmed EVD members.			
** The target number has been changed in relation to the evolution of the epidemic.			
Health and Nutrition			
# of < 24 months children caregivers who received appropriate counselling on IYCF in emergency	115,000	90,013	0
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358	21,156	0
# 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	0
# 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	0
Education			
# 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

³² Since there has been no new cases during the reporting period, decontamination activities didn't take place.

³³ Same as above

Pillar 3: Humanitarian response to communities affected by Ebola ³⁴	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	66,808	15,589
Proportion of projects carried out by Pillar 3 resulting from CACs	60	10	0
WASH/IPC			
# of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk	700,000	99,974	9,421
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	77	27
# 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	0
# of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk.	80,000	0	0
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	22,042	341
# 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	1,791	620
Health and Nutrition			
# of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender)	826,123	764,106	0
# of children (6-59 months) vaccinated against measles in affected and at-risk zones	1,851,630	1,584,514	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
Education			
# of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials	426,900	41,258	0
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	131	0

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%
Total	318,298,110.15	26,679,007.85	39,682,653.57	235,587,063.26	74%

* As defined in Humanitarian Appeal of July 2020

** 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.