



Reporting Period: August 2020

Democratic Republic of the Congo

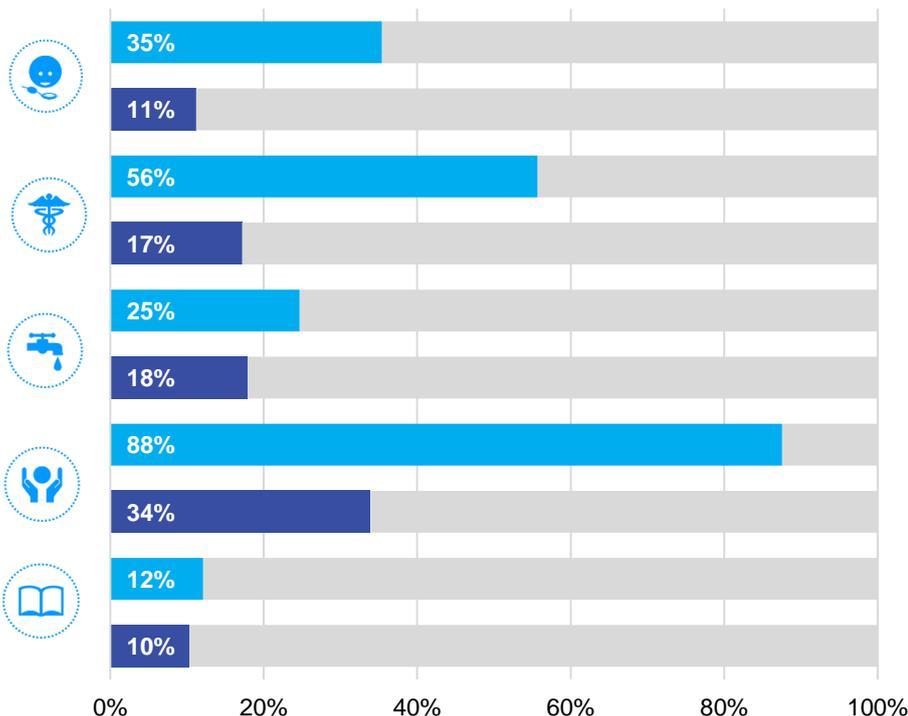
Humanitarian Situation Report No. 08

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Highlights

- Four provinces alone account for 90% of cases of Cholera (12,803 suspected cases), namely North Kivu, South Kivu, Tanganyika and Haut-Katanga. 14,153 suspected cases, of which 201 deaths, have been reported across the Democratic Republic of the Congo since the beginning of the year.
- In South Kivu province, UNICEF continues to face continuous challenges to provide humanitarian assistance to people displaced due to conflicts in Mikenge, Minembwe and Bijombo (Haut Plateaux). Security and logistical constraints are important and limit the access of humanitarian actors.
- 57,499 people affected by humanitarian crises in Ituri and North-Kivu provinces have been provided life-saving emergency packages in NFI/Shelter through UNICEF's Rapid Response (UniRR).
- As of 30st August, 109 confirmed cases of Ebola, of which 48 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

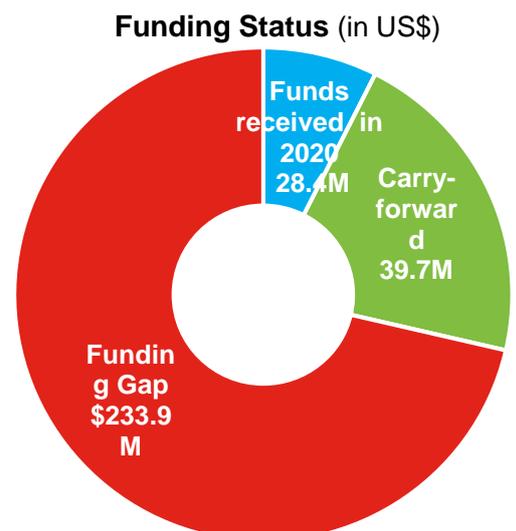
UNICEF's Response and Funding Status



Situation in Numbers

-  **15,000,000** children in need of humanitarian assistance (OCHA, Revised Humanitarian Response Plan 2020, June 2020)
-  **25,600,000** people in need (OCHA, Revised HRP 2020)
-  **5,500,000** IDPs (OCHA, Revised HRP 2020*)
-  **14,153** cases of cholera reported since January (Ministry of Health)

UNICEF Appeal 2020
US\$ 318 million



Funding Overview and Partnerships

UNICEF appeals for US\$ 318 million 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 73%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Needs

During the reporting period, the violence and inter-community tensions persist in the Eastern provinces and continue to affect lives and wellbeing of the most vulnerable children living in Ituri, the North and South Kivu, Maniema and Tanganyika.

In Ituri province, following the lull observed in Djugu territory, approximately 120,000 people in the health zones of Rimba, Aungba, and Kambala in Mahagi territory and 180,000 people in the health zones of Linga and Jiba in Djugu territory were reported to have returned in August to their villages of origin. There is an urgent need to provide NFI, health, shelter and food to the population as most of infrastructures in the villages have been destroyed.

In North Kivu province, the security situation continues to deteriorate as one of the major non-state armed group in North Kivu has entered a war of secession since July. Approximately 25,000 returnees and 15,000 displaced people were reported in Masisi and Walikale territories and humanitarian access has become challenging due to the volatile security situation. In addition, a school was attacked while 300 children were doing their national exams.

In Kasai, approximately 25,637 people fled three separate conflicts related to land disputes, clashes over resources and confrontations between different ethnic groups, authorities and militias. These people are mainly residing in the localities of Bena Milombe and Bakua Kenge.

Epidemic outbreaks of measles continued to be reported in August. As of epidemiological week 35, 70,141 suspected measles cases, including 999 deaths (Case Fatality Rate: 1.4%), have been reported across the DRC. The provinces that reported the highest number of cases of measles were: Sankuru 383 cases, Kwilu 134 cases and Sud Ubangi 128 cases. The highest CFR rates were registered in the provinces of Kwango (6.25%), Tshuapa (6.25%), Maniema (4.16%), Tshopo (3.57%) and Sankuru (3.13%).

As of August 2020, 14,153 suspected cholera cases, including 201 deaths, have been reported across the DRC. In August, 955 new suspected cases and 8 deaths have been recorded. The provinces that reported the highest number of cases were: North-Kivu 4,499 cases, South-Kivu 4,197 cases, Haut-Katanga 2,985 and Tanganyika 1,122 cases.

While North Kivu remains the first province to report the highest number of suspected cholera cases in the country, in reality, South Kivu province is the most affected by Cholera epidemics. According to laboratory surveillance, North Kivu has indeed a positivity rate (confirmation of cholera cases) of 11% only, while South Kivu has over 40%. In August, nearly 450 suspected cases of cholera were notified in South Kivu by the Ministry of Health, with the most affected health zones are Katana, Fizi, Minova, Idjwi and Uvira

In Kasai Oriental, a resurgence of suspected cholera cases in the city of Mbuji-Mayi has been notified, at least 15 cases including at least one death were recorded there between 24 and 30 August 2020 according to the health authorities. In Lomami, 34 suspected cases of cholera have been reported in Mulumba health zone (Ngandagika) with 12 deaths.

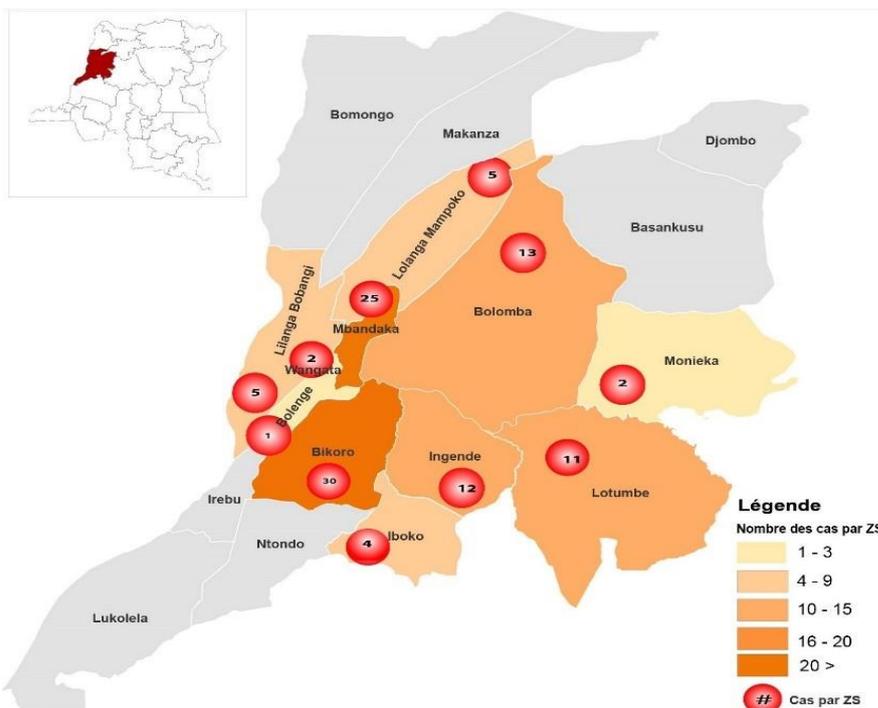
Moreover, in Maniema province, an epidemic of bloody diarrhea has occurred with 211 cases reported, mostly in the health zone of Kabambare.

In addition, 87 cases of bubonic plague were reported in August in Ituri Province. Rethy health zone has the highest number of cases, with 62 registered cases, including 10 deaths, for a lethality rate of 16%.

Regarding the 11th Ebola outbreak in Equateur Province, since the declaration of the epidemic in June, 115 Ebola cases, of which 109 were confirmed cases and 6 probable cases, have been identified as of August 30st. For now, 48 deaths and 52 cured patients have been recorded bringing the lethality rate to 41,7%.

The response continues to face logistic challenges in terms of access, which limits the movement of response teams hence negatively impacting investigations and activities around Ebola cases.

This situation risks maintaining positive cases in the community, as well as the practice of clandestine burials, and thereby increasing human-to-human contamination at the community level.



Number of cases by health zone in Equateur Province, according to the Ministry of Public Health report of September 7

As of 30th August 2020, the COVID-19 outbreak has affected 17 out of the 26 provinces in the DRC, with a total of 10,114 confirmed cases¹ distributed as such: Kinshasa 7,946 cases; Kongo Central 452 cases; North Kivu 773 cases; Haut-Katanga 314 cases; South Kivu 298 cases; Lualaba 94 cases; Ituri 112 cases; Haut-Uélé 50 cases; Tshopo 28 cases; Equateur 8 cases; Kwilu 6 cases; Sud-Ubangi 6 cases; Haut-Lomami 1 case; Kasai 1 case; Kasai Central 1 case; Kwango 1 case; North Ubangi 12 case. The latest COVID-19 situation report can be found here [link](#).

Summary Analysis of Programme Response

Despite challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures.²

Nutrition

With the support of UNICEF, SMART surveys were conducted by implementing partner 'Graine' from 29 July to 9 August in Walikale health zone in North Kivu province and Mwenga and Kaniola health zones in South Kivu province. The objective of the survey was to assess the initial nutritional situation. The results showed prevalence of acute malnutrition beyond the emergency thresholds³ in Mwenga health zone with a Severe Acute Malnutrition (SAM) rate of 3.4% and Global Acute Malnutrition (GAM) rate of 14.3%. The other health zones of Kaniola and Walikale showed acute malnutrition prevalences within acceptable limits. However, the prevalence of chronic malnutrition is above the emergency threshold of 20% in the three health zones⁴ (Walikale health zone: 65.4%; Kaniola health zone: 71.7%; Mwenga health zone: 55.2%).

During the reporting period, UNICEF supported the treatment of SAM in 50 health zones,⁵ which represent 45% of the priority health zones identified by the Nutrition cluster. 23,443 children were treated for SAM, of which 1,180 were hospitalized. The performance indicators for SAM treatment were as follows: recovery rate of 98%, 0.7% death and 0.6% abandonment in the country.⁶ Since January 2020, 35% of targeted children suffering from SAM have gained access to UNICEF supported nutritional care, according to data from the national health information system.

¹ Source: Ministry of Health May 2020

² COVID-19 prevention measures: practicing social distancing, installation of handwashing stations, temperature checkpoints during interventions, and wearing masks.

³ Global emergency thresholds: 2% for SAM and 10% for GAM

⁴ The SMART survey allows to have a snapshot of the prevalence at a time T but does not necessarily make it possible to have the risk factors for malnutrition in the ZS. It is important to carry out a causal analysis of risk factors that influence the nutritional status of children. This is scheduled during the implementation of the project

⁵ The main supported Provinces are Tanganyika, South-Kivu and Grand Kasai

⁶ Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

In August, in support to the response to the 11th Ebola outbreak in Equateur province, nutrition consultants hired by UNICEF were deployed across the health areas affected by EVD. The consultants conducted close monitoring of the situation of children infected and affected by Ebola Virus Disease (EVD), provided support on appropriate nutritional care for Ebola patients in the Ebola Treatment Centers (ETC), and monitored the Community-based Management of Acute Malnutrition (CMAM) implementation launched in Bikoro health zone by *Action contre la Faim* (ACF) partner.

A total of 766 patients, including 740 suspected cases (30 former cases and 710 admissions) and 26 confirmed cases (8 former cases and 18 admissions) received food through the ETC. Furthermore, 26 confirmed cases of EVD received nutritional care. In addition, 403 children under 5 suffering from SAM were taken into care, in accordance with the PCIMA protocol⁷, including 400 in the 10 Bikoro health zones and 3 SAM cases treated in Bolomba and Ingende ETC.

In August, the Nutrition Cluster held one general meeting and four technical coordination meetings in Kasai, Tanganyika, Ituri and South Kivu provinces, to monitor the nutritional response and support the delivery of nutritional services. The National Cluster launched the Cluster Coordination Performance Monitoring Process (CCPM) for the year 2019.⁸ The results are currently being analysed.

Health

In response to the floods in Haut-Lomami province, UNICEF started to support patients suffering from malaria, pneumonia, and acute kidney failure. During the reporting period, UNICEF provided access to free healthcare to 484 patients, including 284 children under five, within the Malemba Nkulu health area.

WASH

In August, 15,200 people affected by population displacements and 124,095 people affected by cholera outbreaks, benefited from WASH assistance provided by UNICEF's partners at national level.

In Tanganyika province, 11,000 persons gained access to safe drinking water through the rehabilitation of six water sources by UNICEF's implementing partner *Armee du Salut* (ADS) in Moba territory and three sources in Kalemie city through UNICEF's implementing partner *Croix Rouge Tanganyika*. Furthermore, 10 latrines doors were constructed in four health centers in Moba, and 12 were constructed in Kalemie.

In Ituri province, through UNICEF's implementing partner *Tearfund*, 2,000 displaced people were provided with access to hygiene and sanitation with the construction of 40 gender-segregated latrines and 14 showers. Furthermore, WASH facilities of the General hospital of Opienge as well as 6 schools were reinforced.⁹

In Kinshasa province, 1,450 persons gained access to safe drinking water through two drillings carried out by *Medecins d'Afrique* (MDA) in the health areas of Lingwala and Lemba.

Finally, in Haut-Lomami province, 20 pumps were repaired, and around 50,000 persons were sensitized on cholera prevention through activities carried out by UNICEF's implementing partner *Vijana ya Panda Tujengeni* (VIPATU).

In response to the 11th Ebola outbreak in Equateur, UNICEF and its implementing partners (*OXFAM*, *IMC*, *ACF*, *ADSSE*, *AGIS*, *PAPV*) supported WASH/IPC activities summarized below:

- Decontamination equipment and kits¹⁰ were distributed in 27 schools, 348 households and 32 public places
- UNICEF supported the decontamination of 61 households, 27 health facilities and nine public places.
- UNICEF emergency teams built emergency showers and latrines at the Mampoko health zone isolation center in Lolanga Mampoko.
- 45 mattresses were replaced in the health establishments and private homes.
- 2,125 people were sensitized on the importance of keeping the kits clean, hand washing, preparation of chlorine or soapy water, and waste management.

⁷ Integrated Approach to Treatment of Acute Malnutrition

⁸ Each year, this evaluation exercise analyses the cluster's activities in relation to the main functions of the cluster defined by the *Inter-Agency Standing Committee* (IASC). An online questionnaire is shared with cluster members to give their feedback.

⁹ 1 1500-litre water impluvium, 14 latrine doors, 12 shower doors, 3 placenta pits, and 3 rubbish pits have been constructed.

¹⁰ Boots, rubber, Gloves, heavy duty, rubber, Chlorine (HTH) Sprayer, vaporizer, Burner, Tank, Bucket, local liquid chlorine

Cholera Response

- **Health**

In response to the cholera outbreak in Haut Katanga province, UNICEF and its implementing partner PNECHOL supported the organisation of a cholera vaccination campaign in five health zones in South-Kivu, reaching during the reporting period 978,626 persons (including 508,097 women) out of the targeted 1,051,788 persons.

Moreover, UNICEF contributed to carry out awareness-raising activities on cholera and COVID-19 prevention in Haut Katanga Province, reaching around 157,000 persons in Kamalondo, Kenya, Kampemba and Katuba health zones.

- **WASH**

In Kasai Oriental province, in response to the cholera outbreak, 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 Haut-Lomami Province, 10,402 persons were reached on cholera prevention measures through UNICEF's implementing partner *Assistance aux Communautés Démunies* (ACD).

- **Cholera Rapid Response¹¹**

During the reporting period, nine *Croix Rouge du Nord-Kivu* teams carried out 360 rapid response interventions in North-Kivu Province, of which 96 percent were responded in in less than 48 hours. These interventions have benefited 7,335 households with a cholera package (including soaps, ORS, water purifications and buckets) to protect themselves against cholera and interrupt its transmission in the community.

In Haut-Katanga, 98% of all suspected cholera cases reported by the Provincial Health Divisions of Haut Katanga were provided by UNICEF implementing partner *ACD NGO* with a response, allowing to the end of outbreak in the province in less than three months. Nine teams carried out 11 rapid responses, of which 100% in less than 48 hours. These interventions have benefited 207 households with a cholera package.

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_8	2020_35	
Suspected cases reported by MSP	539	90	4 529
Suspected cases reported by Line Listing	297	61	2 953
Completion line listing VS MoH data	55,10%	68%	65%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)**	360	67	2 315
Number of response done (type 1: rapid responses only)*	283	47	1 808
Responded cases by CORT	327	55	2 442
% of response < 48 h (only type 1)*	96%	94%	94%
% of responded cases (Based on Line Listing)	110%	90%	83%
Average of households per response (i.e “cordon sanitaire” size)	11,93	11,22	11,96
Number of households having received at least one Household Water Treatment product	7335	851	36475
Number of persons sensitized (rapid responses only)*	31531	4621	227 048
Number of persons sensitized (rapid responses, prevention and community involvement)**	42332	8207	318 914
Number of disinfected houses	3744	794	28 147
Average of disinfected houses per suspected cases	11,4	14,4	11,53
Number of emergency water chlorination points activated	4	4	88
* Rapid responses= one response for one cholera suspected case			
**Preventions activities= mobilisation and sensitisation activities but not attached directly to one suspected case			

¹¹ In coordination with Provincial Health Division (DPS) North Kivu, South-Kivu and Haut Katanga, UNICEF is delivering a cholera rapid response programme based on case-area targeted interventions (CATIs). This programme aims at responding to at least 80 per cent of suspected cases in less than 48 hours by implementing “cordon sanitaire” around each suspected case. This program has been implemented since the end of December 2019 in North Kivu, mid-June 2020 for Haut-Katanga and early July in South Kivu. Main challenges the programme faces are lack of funding and limited epidemiological surveillance system. UNICEF plans to reinforce the surveillance system in September.

Education

In August, schools remained closed throughout the DRC as a result of the COVID-19 pandemic. However, schools were partially opened in order to allow the end-of-year exams to take place in the primary and secondary classes. To support this initiative, UNICEF provided hand washing kits (soap and buckets), masks, thermoflashes and awareness-raising messages within 8,848 primary schools.

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](#).

During the reporting period, the a rapid multisector assessment conducted by OCHA identified 68,938 displaced children aged 5 to 17 years in North Kivu Province (Maisisi, Rutshuru and Walikale Territories) whose education was interrupted during the COVID-19 epidemic and who were in immediate need of reintegration into school. Numerous factors continue to pose obstacles to the start of the new school year scheduled for October (for the 2020-2021 school year), including insecurity in the provinces caused by clashes between the FARDC and armed groups.

In August, UNICEF supported remedial courses of 4,134 returnees children (2,149 girls and 1,985 boys) in Tanganyika (Kalemie territory) and South Kivu (Kalehe territory) to allow them to be integrated into the formal school system for 2020-2021 academic year, at the first day of school in October. In addition, 52 teachers from Kalemie have been trained by UNICEF on child-centered methodology and on education and peacebuilding issues.

Child Protection

During the reporting period, a total of 12,130 children (5,977 girls, 49%) benefited from individualized child protection assistance. In North-Kivu Province, the surrender of 500 NDC-R Bwira element to the Armed Forces of the Democratic Republic of the Congo (FARDC) allowed 29 children to be separated from non-state armed groups and transferred to UNICEF.

In total, in August, 237 Children Associated with Armed Groups and Forces (CAAFAG) were reunified and benefitted from socio-economic reintegration¹² in Ituri, North-Kivu, South-Kivu and Tanganyika Provinces while 142 *Unaccompanied and Separated Children* (UASC) were identified and provided with temporary care. 11,531 children received psychosocial support through (mobile and fixed) child friendly spaces, including in *Internally Displaced Persons* (IDPs) sites.

Under the leadership of UNICEF's Child Protection section, a two days training on *Gender based violence* (GBV) prevention and risk mitigation measures was organized to UNICEF staff and partners of the Rapid Reponse Program (UniRR). 20 persons (30% women) participated to this training including a session on safe referrals of SGBV survivors by non-specialized actors.

In response to the Ebola outbreak in Equateur province, 462 families affected with confirmed, suspects and probable cases, as well as 202 front-line workers (122 men and 80 women), benefited in August from psychosocial support and material assistance provided by UNICEF. 50 children (23 boys and 27 girls) separated from their parents due to EVD were identified, while 64 children (34 girls and 30 boys) were followed and accompanied by psychologists and para-social workers to see their development and their community acceptance.

Following Child Protection working group advocacy, a total of US\$ 2 million from the Humanitarian Fund were allocated specifically to the Child Protection sector allowing an increase of *Child Protection in Emergencies* (CPIE) interventions in all DRC provinces affected by armed violence and other humanitarian crises. However, biggest challenges remain (1) the limited number of quality partners; (2) humanitarian access; (3) short lifespan funding for CAAFAG long-term reintegration program.

Communication for Development (C4D), Community Engagement & Accountability

During the reporting period, the C4D Section and the Communication Task Force supported the Expanded Program on Immunization in its activities, by designing 16,000 posters which were then distributed in health centres in the provinces of Kinshasa, Tshopo and Moidombe. The posters' content included awareness messages and promoting the importance of vaccination, in order to prepare the response campaigns against cases of vaccine-derived polioviruses (VDPVs)

¹² As vocational training in carpentry, mechanics, sewing, hair dressing

In August, Community Relays conducted educational dialogues on the adoption of Essential Family Practices (EFP) in Tanganyika, Kasai Central, Tshopo and Bas-Uele provinces, reaching a total of 899,658 people.

In response to the 11th Ebola outbreak in Equateur province, UNICEF through implementing partner OXFAM and ADSSE continued its activities of risk communication and community engagement in six affected health zones¹³, with the following results :

- 1,115 people resistant to vaccination were sensitized on the benefits of vaccination against EVD and were vaccinated.
- 231 'Cellule d'animation communautaire'(CACs) out of 485 identified have been trained to improve EVD knowledge, acceptance and compliance with the recommended prevention and control measures.
- 76 community feedbacks were collected, analyzed and shared to all CACs for action. An update will be made on the consideration of the recommendations in the response interventions.
- 2,004 influential leaders and different specific groups were reached through awareness messages during forums, and community dialogues.
- 156 people reluctant to the activities of the response were convinced through door-to-door visits and group awareness sessions 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.

UNICEF also intensified communication C4D activities within the five provinces of Equateur (Mongala, Tshuapa, North and South Ubangi). Interventions focused on capacity building of the actors involved in the fight against EVD, an awareness campaign, through community radio and community involvement, and a rumor watch. More specifically:

- 258,377 people living in risk areas were reached by EVD awareness messages through different communication channels (community dialogues, educational talks, popular forums, radio broadcasts, printed materials).
- Radio spots and songs on Ebola were broadcasted on 13 radio stations

In Tshopo province¹⁴, 4,435 actors of change informed and mobilized communities in favor of the fight against EVD through door-to-door visits. 170,096 people were reached and sensitized on the importance of adopting new behaviors such as hands washing and safe and dignified burials in order to avoid an eventual arrival of the EVD in this province.

UNICEF Rapid Response (UniRR)¹⁵

Overall in August 2020, 8,715 households (57,499 people) recently displaced due to armed conflicts) have benefitted from life-saving emergency packages of Non-Food Items (NFIs)/shelter and WASH through UNICEF rapid response mechanism (UniRR) in Ituri and North Kivu.

In Ituri, in partnership with PPSSP, 5,950 households IDPs in Boga and Tchabi in Irumu territory were assisted. In North Kivu, with UNICEF and its partner Croix-Rouge North Kivu supported 2,765 households affected by the war of secession of an armed group in Pinga in Masisi territory. UNICEF has been the first and still one of the few actors assisting the population affected by the conflict in this area. UNICEF is preparing the 2nd assistance in the area with Croix-Rouge North Kivu.

Lastly, in South Kivu province, UNICEF has been distributing plastic sheetings to 945 displaced households affected by crisis in the Haut Plateaux.

Social Sciences Analysis Cell (CASS)

During the reporting period, the CASS conducted a quantitative population and healthcare worker survey to understand perceptions and behaviours linked to Ebola, and the impacts of the outbreak on community health in Bikoro (the current epicentre of the outbreak in Equateur). The same survey was conducted in Mbandaka, Wangata and Bolenge health zones in June/ July (as highlighted in last month's situation report).

Key results from Bikoro health zone

- Healthcare workers in Bikoro seem to have a greater understanding of response interventions and actions that health structures can take to prevent and control EVD transmission than in other health zones. 77 % of healthcare workers in Bikoro reported that in order to control the EVD, health structures need to decontaminate

¹³ Mbandaka; Wangata, Bikoro, Lotumbe, Ingende, Bolomba

¹⁴ Health zones of Kabondo, Tshopo, Makiso-Kisangani, Lubunga, and Mangobo

¹⁵ 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.

regularly and send sick patients to the ETC, compared to respectively 48 % et 37 % in the city of Mbandaka (Mbandaka, Bolenge and Wangata health zones).

- 84% of healthcare workers (HCW) in Bikoro reported being vaccinated vs. 51% in the Mbandaka, Wangata and Bolenge zones combined. A higher proportion of HCWs from Bikoro felt confident in detecting suspicious cases, and in communicating with patients about symptoms, diagnosis and treatment compared to the other zones.
- 90% of respondents considered health facilities as a high-risk area for EVD transmission, and only 10% reported their facility as sufficiently equipped to prevent transmission.
- 68% reported requiring a triage station at their facility to support prevention of nosocomial infection. Only 6% said that they have a marshalling yard or isolation room in their facility.
- 77% considered themselves at risk of EVD infection due to a lack of personal protective equipment
- 80% reported that the materials distributed during IPC training were in French and could not be understood by all facility staff.
- Roughly 50% of respondents felt that health facilities are sufficiently involved in the Response; whilst 45% considered traditional healers as insufficiently involved.

The integrated results of the 4 zones¹⁶ were presented to the Ebola Response Strategic Coordination and are available online [here](#). Recommendations were co-developed with key response actors based on study results. However, implementation was initially limited due to response worker strikes that occurred during August. CASS teams are currently working to monitor the implementation of recommendations following resumption of response activities.

An additional CASS study is in progress in Equateur, developed together the Response Analysis Cell. The purpose of the research is to conduct a comparative analysis of barriers and motivators to community participation in key Response interventions. This multidisciplinary study integrates epidemiological and social science analyses and is the result of collaboration between epidemiologists from the Ministry of Health (MoH), CASS and the Red Cross.

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 EFP to increase community resilience. During the reporting period, UNICEF's implementing partner *Reseaux de Media pour le Développement* (REMEDI), with the support of 810 CAC members in Katwa, Butembo, Kalunguta, Musienene and Kyondo health zones, promoted EFP, reaching 6,480 people. These CAC members have received smartphones and have been trained on data collection with Kobo collect to monitor their activities and set up alerts. The other implementing partner, *One Girl One Leader* (OGOL), was carrying out house-to-house campaigns to promote EFP in 6 health areas¹⁷ in Beni town, reaching 28,695 people.

In August, a total of 19,232 people were sensitized through CAC members visits, leaders, community dialogue, door to door and church meeting on preventive measures against EVD and COVID-19 in Oicha, Mabalako Mutwanga and Beni health zones.

Regarding mass media communication, UNICEF and its implementing local partner REMEDI continued its partnership with 60 radios in North Kivu and Ituri provinces. In August, 73 radio programmes (magazine, interview, interactive broadcasts, etc.) and 237 spots on COVID-19 and EFP were produced.

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

To contribute to reduce the transmission of diseases, specifically EVD, UNICEF and its partner *Centre de promotion socio-sanitaire* (CEPROSSAN) sensitized in Butembo and Katwa 5,918 students in schools, 67 teachers (also trained in preventives measures against COVID-19), and 62,972 people in public places.

Regarding Pillar 1 activities¹⁸, UNICEF continued to replace WASH items and built 5 incinerators in 5 FOSA while 8 other health facilities benefited from VIP latrines and 14 shower doors. In addition, UNICEF continued to implement Pillar 3 activities, reaching 33 health facilities with a WASH package¹⁹ in areas affected by EVD or at risk.

¹⁶ Bikoro, Bolenge, Wangata, Mbandaka

¹⁷ Bundji, Butsili, Kanzuli, Rwangoma, Kasanga, Malepe

¹⁸ latrine doors and 157 handwashing stations have been set up in the Health Zones of Katwa and Butembo. In addition, 10 schools were equipped with VIP latrines and 2.5m³ impluvium, reinforced with a hand washing facilities per school.

¹⁹ Water point, latrines, shower and incinerators

At the community level, UNICEF and its implementing partners²⁰ built 26 water points in Beni (3), Mabalako (2), Komanda (7), Mandima (2), Butembo (12). Thanks to these interventions 5,955 people had an improved access to WASH services in areas that have been affected by EVD or at risk in August. UNICEF's implementing partner *Solidarite International* (SI) made the official presentation of the WASH Infrastructures realized in Butembo with the partnership of local structures REGIDESO, ACEKA and ACEKAVU.

UNICEF and its implementing partners continued the sanitization on good hygiene practices such as handwashing with soap and proper use of the toilet facilities. In Mabalako, SI sensitized 24,000 RECO and 35 Health workers. In the city of Butembo, CEPROSSAN reached 17,553 people through sensitization. In Ituri, PPSSP sensitized 5,937 people while 328 aged 5-17 students (of which 156 girls) were sensitized on EVD prevention.

Psychosocial Support

In August, UNICEF and its partners continued to support the most vulnerable children in the Ebola affected health zones. During the reporting period, 576 children, located in 5 health zones of Butembo, (318 girls and 258 boys) directly affected by the EVD (orphans and cured) benefited from a daily follow up, including home visits and individual psychosocial care. They have been integrated in socio-cultural, recreational and collective activities within the community thanks to the Child-Friendly Spaces (CFS). Among them, 21 were enrolled in vocational training.

UNICEF also provided to the Survivors' clinic of Butembo hygiene kits and equipment in order to improve hygiene conditions and strengthen prevention measures against epidemics.

During the reporting period, 101 children (82 boys and 19 girls) were released from armed groups and benefited from psychosocial support. 60 of the children were released thanks to the official mechanism for demobilization and reintegration. The CAAFAGs were temporarily provided assistance through the Transit and Operations Center and a network of 31 transitory foster families in Beni.

Assistance has been also provided to 37 children to facilitate their family reunification²¹, while 41 children have benefited from socio-economic reintegration through vocational training in Butembo

459 children (201 boys and 258 girls) vulnerable and/or affected by humanitarian emergencies²² were identified and had access to individualized case management through a formal or informal protection network. In Ituri Province, it was conducted by the Psychosocial Workers of DIVAS in Beni, Mabalako and Bunia and SAFDEF and AAP in Butembo. Among these children, 7 new unaccompanied children were placed in a transitional foster family in Butembo, 123 survivors of sexual and gender-based violence were referred for a specialized medical care and for legal support in Butembo.

As part of social and legal protection: 1,470 children (790 girls and 680 boys) were registered at the civil registry office and received birth certificates, including 252 still within the legal deadline and 1,218 children by catching up in Butembo. During the same period, 11 boys were released from the special ward of Bunia central prison and were reunited with their families.

As part of the strengthening of the protective environment of the child and the strengthening of psychosocial resilience and reintegration, 7,152 children (3,241 girls and 3,911 boys) participated in collective and community recreational, cultural and educational activities in the Child Friendly Spaces. 503 children among them identified as vulnerable received psychosocial support through individual listening sessions.

Health and Nutrition

Regarding the follow up of Ebola survivors, UNICEF provided medical follow-up to 66 children within the Beni health zone. Among them, 20 have presented the following pathologies that have been treated: malaria (15%), visual disturbances (20%), Urinary Tract Infections (10%), skin lesion(15%) and respiratory tract infections (40%).

At the level of the five EVD survivors' clinics, UNICEF continues the nutritional follow-up and 1,132 survivors, including 501 male and 631 females, have benefited from nutritional assessment and adapted nutritional advice and support.

Furthermore, UNICEF trained 20 health workers coming from Beni health zone, in North-Kivu province, on adequate *Infant and Young Child Feeding* (IYCF), growth monitoring of children from 0-59 months and early referral and treatment of malnutrition. Still in Beni Health Zone UNICEF also supported activities related to the administration of newborn care.

²⁰ Mutuelle de Santé Canaan (MUSACA), Programme de promotion des soins de santé primaires (PPSSP), CEPROSSAN, Action des volontaires unis pour le développement et la santé (AVUDS)

²¹ in the localities of Kyanzaba, Mabalako, Mataba, Mangina and Oicha Mayi Moya

²² unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.

In link with its strategy of the strengthening of the health system, UNICEF has received from Canada and United-Kingdom several medical equipment and kits²³ for 300 health facilities.

As Global Cluster Lead Agency (CLA) of Nutrition, UNICEF has actively participated in the activities pertaining to the Celebration of World Breastfeeding Week in Beni for the entire Province of North Kivu, in collaboration with PRONANUT. This day was launched on August 24, 2020 and UNICEF and its partners focused their interventions on the importance of adequate IYCF practices.

During the reporting period, UNICEF distributed nutritional inputs²⁴ that will benefit 650,094 children under 59 months in twelve²⁵ health zones in order to promote malnutrition prevention.

Education

In August 2020, UNICEF's implementing partner *Action pour la Protection de l'Enfance et le Developpement Integral* (APEDI) has completed the basic rehabilitation of a building with 6 classrooms, equipped with an impluvium and with 100 desks as well as 6 blackboards at the Selimani primary school in Biakato. In the same school, APEDI built 2 blocks of latrines, 1 block with 4 doors for girls and 1 block with 4 doors for boys. Each of these latrines is equipped with an impluvium. In addition, the partner rehabilitated building and the 2 latrine blocks have been equipped with rainwater collection devices which will help solve the problem of water availability and improve the hygiene and sanitation conditions of the school. The beneficiaries are 488 students (182 girls and 306 boys) and 8 teachers (including 3 women).

During the reporting period, UNICEF's implementing partner *Action de Solidarite pour la Promotion de la Sante Familiale et Developpement* (ASOPROAFD), trained 25 teachers and members of parents' committees (14 women and 11 men) on sign language at the Mwange Primary School for the Deaf in Katwa health zone. In the same school, UNICEF and its implementing partner constructed over 6 latrine doors (3 for girls and 3 for boys) and an impluvium. These facilities benefit to 306 students (141 girls) and 12 teachers (6 women, 6 men).

In the health zone of Kalunguta, UNICEF's implementing partner ASOPROSAFD, has finalized the construction of 18 semi durable classrooms, as well as the construction and equipment of 8 classrooms in 2 schools.

Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three clusters (nutrition, WASH, and education), Child protection 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. 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 DR Congo

Human Interest Stories and External Media

In August 2020, the external communication team focused its external communication activities on the Ebola outbreak and the coronavirus. During the reporting period, *During the reporting period, two press releases explaining how [a fire that broke at the UNICEF's warehouse in Kinshasa destroyed a large stock of materials and equipment for the most vulnerable children and communities in the Democratic Republic of the Congo \(DRC\)](#) and [how UNICEF condemns the tragic deaths of final students in North Kivu province](#). Several media picked this two information up, including [NTN 24](#), [El Nacional](#), [Milenio.com](#); [El Universal World](#), [marseillenews.net](#), [Radio Okapi](#), [allafrica.com](#), [le Figaro](#), [Actualite.cd](#), [New York Times](#), [Reuters Africa](#), [Al Jazeera](#), [CGTN](#) and [RFI](#).*

The communication team posted more than 200 messages related to humanitarian issues on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#).

²³ Table, operating theatre, w/access, Bed, hospital, standard, w/mattress, scanner, ultrasound, mobile, w/access, Table, examination, Table, gynaeco, delivery, w/access, Incubator, automatic, basic, w/access, Oxygen concentrator/SET, Pulse oximeter, portable, w/access, Portable baby/child/adult L-hgt mea. syst, IEHK2017, kit, basic unit, IEHK2017, kit, suppl. 1-medicines, Midwifery kit, 1-drugs, Midwifery kit, 3-renewable, Obstetric, surgical kit, suppl. 3-renewable, Resuscitation kit, basic, Sterilizer, steam, 24L, Surg. inst., abdominal /SET, Surg. inst., basic surgery /SET, Surg. inst., curettage /SET, Surg. inst., delivery /SET, Surg. inst., dressing /SET, Surg. inst., exam/sut, vaginal/cervical/SET, Surg. inst., suture /SET, Table, instr, ss, 2 trays, on castors, Trolley, emergency, w/drawers

²⁴ therapeutic milk, Plumpynut, medicines and equipment

²⁵ Beni, Butembo, Kalunguta, Katwa, Kyondo, Mabalako, Mutwanga, Musienene, Masereka, Oicha, Vuhovi et Mandima

During the reporting period, stories were published highlighting UNICEF's support to [the challenges of fighting the community resistance](#) and to [the critical role of frontline workers](#). The humanitarian situation in South-Kivu province was highlighted through several [videos](#) and [photos](#).

Next SitRep: 15/10/2020

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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Annex A 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	218,315	35,072	557,823	197,539	23,443
# 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					155750	67025	284
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	860,179	45,683	1,609,056	396,861	124,095
# 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	121,370,	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	1,265,783	18,200	407,627	281,293	15,200
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		88,063	77,259	250	38,918	9,406	0
Child Protection	3,300,000						
# of children accessing mental health and psychosocial support		201,300	197,128	20,802	150,000	131,314	11,531
# 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	8,090	227
# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,400	4,048	447	8,500	1,953	142
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	3,671	252	7,000	2,183	237
Education	1,777,930	499,480			150,000		
# of children aged 6 to 17 years accessing formal or non-formal education		490,258	87,873	6,634	359,000	57,944	4,134

# of female and male teachers trained on learner-centered methodologies and peace education		8 914	1,526	62	2,660	755	52
Rapid Response	1,900,000						
# of people provided with essential household items, and shelter materials		1,300,000	574,518	61,499	450,000	326,856	57,499
Communication for Development							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	6,376,176	1,328,131
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	10,015	414

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	0
# of target schools in high risk areas provided with handwashing facilities	3,800	3,146	43
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	15,550	14,265	2
% of households, health facilities and public places with reported cases decontaminated in the 72h	100%	N/A ²⁶	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A ²⁷	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

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

27 Same as above

# 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	91,432	1419
# 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

Pillar 3: Humanitarian response to communities affected by Ebola ²⁸	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	69,534	2,726
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	145,283	45,309
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	110	33
# 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	26,392	649
# of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk.	80,000	17	17
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	33,416	11,374
# 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	13,159	11,368
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	1,861,068	0
# of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk	120	70	0
# of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk	20,000	1,736	1,686
# 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	1,316,780	14,878,871	128,542,683	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	3,056,667	1,382,711	38,560,622	90%
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	28,368,199.73	39,682,653.57	233,897,871.38	73%

NB

* '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 Ebola in North Kivu and Ituri response has been integrated into UNICEF's HAC appeal 2020. The requirement only includes response activities to break the chain of transmission (Pillar 1).