




# Democratic Republic of the Congo

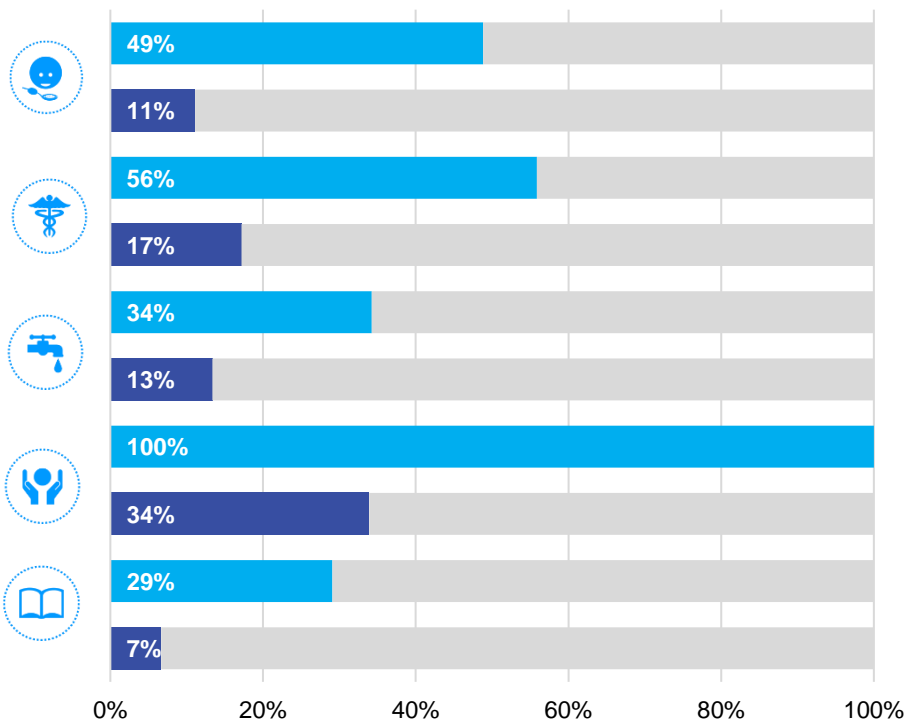
## Humanitarian Situation Report No. 12

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### Highlights

- In 2020, the Government of the Democratic Republic of the Congo (DRC) confirmed the end of two Ebola outbreaks. The 10<sup>th</sup> outbreak to hit the DRC since 1976, in the Eastern part of the country, killed 2,287 people and infected 3,470, and ended on the 25<sup>th</sup> of June. The 11<sup>th</sup> outbreak, in Equateur Province in the north-west of the country, killed 55 people and infected 130. It ended on 18 of November. UNICEF will continue to reinforce the national healthcare system, support Ebola survivors and ensure that mothers and children continue to receive quality health care.
- As of 31<sup>st</sup> December 2020, the COVID-19 outbreak has affected 22 out of the 26 provinces in the DRC, with a total of 18,248 confirmed cases. The pandemic has led to the closure of schools, with a lasting impact on the 2019-2020 school year, and the start of the 2020-2021 school year. More than 26 million students were unable to attend school from 19 April to 12 October 2020.
- Since January 2020, 549,970 people affected by humanitarian crises in Ituri, Tanganyika, South-Kivu and North-Kivu provinces have been provided with *Non Food Items* (NFI) life-saving emergency packages through UNICEF's Rapid Response (UniRR). This represents nearly 120% of yearly target for 2020.

### UNICEF's Response and Funding Status

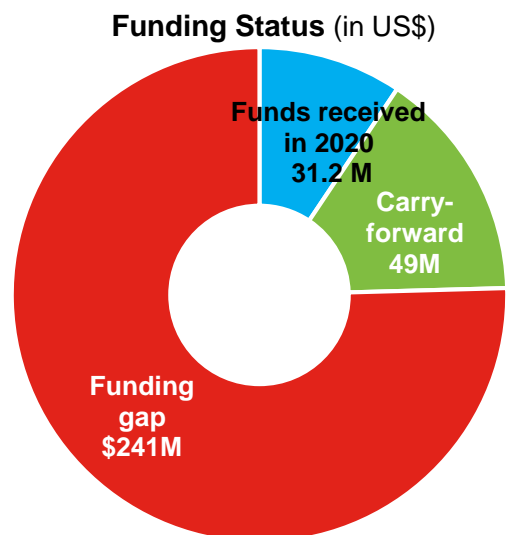


### Situation in Numbers

-  **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\*)
-  **19,549** cases of cholera reported since January (Ministry of Health)

### UNICEF Appeal 2020

#### US\$ 318.3 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 76%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

## Situation Overview & Humanitarian Needs

In 2020, the violence and inter-community tensions persisted in the Eastern provinces and continued to affect the lives and the well-being of the most vulnerable children living in Ituri, North and South Kivu, Maniema and Tanganyika provinces.

In Ituri Province, more than 1.7 million people have been displaced due to intercommunal conflicts between the Lendu and the Hema as well as the Bira ethnic groups, and from incursions of the Ugandan rebels ADF-Nalu. After three years of violence, out of the 5.6 million people living in Ituri, 2.45 million (43.7% of the population in Ituri) need humanitarian assistance. In addition, mortality rates reach one-and-a-half times higher than the emergency thresholds in Ituri.<sup>1</sup> According to the SMART survey, Ituri has a prevalence of severe acute malnutrition (SAM) of 11.3%. Nearly 400,000 children are out of school as they are in displacement and nearly 200 schools have been destroyed due to the conflicts. The ongoing crisis in Ituri also led to severe human rights violations. In 2020 alone, there were 100 recorded cases of murder, where 38 girls and 62 boys were victims; 103 cases of kidnapping, including 32 girls and 71 boys; 120 cases (22 girls and 98 boys) of recruitment and use of children in armed groups; and 45 cases of rape and other serious acts of sexual violence geared towards girls.

In North Kivu Province, the security and humanitarian situation has deteriorated in several areas of the province. In Grand North Kivu, ADF attacks have intensified in 2020, particularly in the second part of the year, which led to large numbers of population movements in Beni territory, especially in the Oïcha health zone. At the end of December 2020, to flee the clashes between FARDC and ADF and ADF abuses, around 10,000 households moved to the city of Beni, with equal amounts, if not more, to the health zones of Mabalako, Kyondo and Kasindi.

In Petit North Kivu, the first half of 2020 was marked by armed group activities. However, as of July 2020, and the split of the NDC-R into two factions, the security and humanitarian situation collapsed. This crisis, which started in Pinga in the territory of Walikale, has grown significantly and is now affecting the 4 neighbouring territories: Walikale, Masisi, Rutshuru and Lubero. The total number of displaced people varies according to the clashes between the different armed groups or between the armed groups and the FARDC, making the humanitarian situation increasingly precarious in the areas mentioned.

During December, the situation in Ituri and North Kivu remained concerning with regard to Child Protection. In Ituri, more than 100 new UASC and 51 GBV cases have been identified. In North Kivu and following attacks in the environs of Beni, 70,000 new IDPs have been registered. Following a Child Protection assessment, 45 UASC (30 girls) have been already identified among them.

In South Kivu, more than 30,000 persons affected by the humanitarian crisis in Haut Plateaux continue to be deprived of life-saving humanitarian assistance. This crisis dates back to 2019, but there has been a resurgence of conflicts since July 2020. Due to limited logistics and security access to the zones, only a few interventions have taken place so far. UNICEF has been providing Health, Nutrition and Child Protection services to the affected population. The road to the affected area is being rehabilitated and UNICEF is coordinating with other humanitarian actors, in particular WFP, to scale up its emergency operation using the road (i.e. NFIs and rapid response WASH).

In Tanganyika Province, due to lull in conflict and closure of some IDP sites, nearly 300,000 people have returned to their place of origin or relocated (CMP Nov 2020) in 2020. However, inter-ethnic conflicts between the Bantu and the Twa continued leading to the displacement of nearly 500,000 people (OCHA, August 2020). This year, nearly 100,000 people have been affected by flooding in Nynzu, Kabalo and Moba. More than 500 schools have been destroyed (170 due to flooding and 342 by armed conflicts). As a result, more than 100,000 school-age children are out-of-school. In 2020 alone, there were 25 cases of murder of children, 28 cases of sexual violence against children, 47 children kidnapped by armed groups and 333 children recruited by armed groups including 87 girls. Lastly, 1,286 cases of cholera with 11 deaths and 1,500 cases of measles with 50 deaths have been reported in the province.

## Summary Analysis of Programmatic Response

### Nutrition

In 2020, Unicef worked with 52 partners on preventing acute and severe malnutrition within the health system at all geographic levels within the DRC. Based on the Unicef/USAID Information Systems for Nutrition in SUN Countries, 175 alerts in 120 Health Zones transpired in 2020, up from 152 alerts in 2019. It could be caused by the dislocation and

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<sup>1</sup> Trois ans de violences et de surmortalité, des besoins humanitaires immenses et une réponse toujours largement insuffisante, Ituri, RDC, MSF Briefing Paper, Novembre 2020

movement of populations from Angola repatriations, outbreaks of diseases such as measles, Ebola and cholera, which result in diarrhoea, as well as the outbreak of Covid-19 is also a factor that leads to deteriorating food security.

To determine the extent of acute malnutrition to design interventions based on nutritional needs, 7 out of 22 SMART surveys indicated rates of acute malnutrition above the WHO threshold. Unicef-led efforts, supported by DFID/FCOD, USAID/Food for Peace and CERF, led to 382,520 children (69% of the HAC target) being treated in 2020 for Severe Acute Malnutrition (SAM). Overall, Unicef supported SAM treatment in 131 Health Zones, representing 73% of the priority Health Zones identified by the Nutrition Cluster.

From January to December, the specific types of interventions included: 1,012,622 children in preschool consultations. Unicef and its partners provided 136,681 children with a minimum number of food groups. 479,786 children caregivers received advice on infant feeding. A nutrition-based approach was integrated in 9,343 village Community Animation Cells (CACs). 2,532,720 children (6-59 months) received Vitamin A supplements (14% of target).

Regarding the nutrition cluster, in addition to coordinating the above activities, 80 national and provincial meetings took place with 5 provincial visits by the national team and follow up to fundraising. The cluster supported the ANJE-U system of nutritious food to young children: 611,689 pregnant and lactating mothers were taught to follow best ANJE practices. A data collection methodology (Kobo) was set up to be used by partners. Finally, using a new Covid-19 method of treatment (distancing, reduced visits, single ration), two pilots were set up in Kinshasa and Ituri provinces.

## Health

- Measles

Since 1 January 2020, 80,450 cases of measles have been reported in DRC. The most affected Provinces were Mai-Ndombe (7,279 cases and 113 deaths), Nord-Ubangui (7,279 cases and 103 deaths), Sankuru (6,744 cases and 315 deaths), Mongala (6,336 cases and 44 deaths) and Equateur (5,611 cases and 108 deaths).

UNICEF supported the Government with various measures such as capacity building, cold chain and vaccines supply deployment, as well as communication for development activities to ensure continuity of routine immunization services. From January to December, of the total population in need, 539,023 children aged 6 months to 9 years living in precarious humanitarian contexts or areas with measles epidemics were vaccinated.

Despite the implementation of activities was limited due to fund shortages and the constraints of Covid-19, UNICEF contributed 748,570 doses of measles vaccine for the organization of response campaigns. In Haut-Katanga, UNICEF supported the Ministry of Health in the measles response campaign by providing vaccines and paying operational costs: Health Zones of Kamalondo, Lukafu and Kapolowe, reaching more children than planned with a total of 1,339 children out of the targeted 885 people.

- Cholera:

Since 1 January 2020, 19,549 suspected cholera cases have been reported in DRC, causing 335 deaths (a 1,7% case fatality rate). The most affected Provinces were South-Kivu ( 6,905 cases), Nord-Kivu (5,364 cases), Haut-Katanga (3,467 cases), and Tanganyika (1,345 cases). This was a decrease from 2019 (30,304 suspected cases of cholera and 514 death).

UNICEF has been active in providing an initial health response in areas affected by numerous floods throughout the year. In Uvira, South Kivu Province, UNICEF and its implementing partner *Agence Achat de Performance* provided access to free medical care to 6,650 persons, of which 4,616 were children under 5 years of age and pregnant women. In North and South-Ubangi, South Kivu and Haut-Lomami, UNICEF provided 20 tons of drug supplies, medical materials and equipment allowing Unicef-supported access to free healthcare for 52,376 women and children under 5. Still 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 36,662 patients, including 26,177 children under fourteen, in the Malemba Nkulu health area.

- Health humanitarian response:

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

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

In South Kivu Province, in response to the humanitarian crisis in the Hauts-Plateaux, UNICEF and its implementing partner AAP provided access to free medical care to 6,515 persons, of which 4,373 were children under five, at the Mikenge Regional Hospital and in the Health Zones of Kipupu and Mikenge.

In Ituri Province, UNICEF, through its implementing partner *Caritas Mahagi*, supported the Provincial Health Division of Ituri in its efforts to stem the transmission of the bubonic plague through awareness campaigns on plague prevention.

## WASH

In 2020, displaced populations were victims of increased vulnerability to diseases, all of which required solid WASH interventions (in conjunction with other sectors). While many WASH interventions emphasized Covid-19 mitigation programming (distribution of handwashing stations, community mobilization, formation of latrine cleaning committees and brigades in schools), displaced populations required interventions to alleviate acute malnutrition (12,355 affected children). Natural disasters and military conflicts affected 14,100 primary school-aged children as well. Overall WASH programming interventions served 24,956 school-aged children in 2020. However, severe and acute malnutrition continues to be a challenge in the DRC in serving children throughout 2020 due to limited financing. There remain 143,117 children in need of hygiene messaging, kits, potable water options and a safe place to go to the toilet.

The DRC National WASH Cluster continued to work hand-in-hand with provinces at improving how NGOs intervene in emergency and humanitarian interventions. Actions taken included intensive visits to sites, debriefs with NGOs, legitimizing common emergency and cholera actions for consistency, guidance in improved budgeting and operations on the ground with an emphasis on embedding NGOs WASH workers with communities for long-term effective positive habit changes.

## Education

In 2020, children and adolescents continuously exposed to regional ethnic violence were taken into account for educational and psychosocial purposes by humanitarian actors throughout the year. Tanganyika South Kivu, North Kivu and Ituri were particularly affected provinces, which received the bulk of the "aid packages." Of the 359,000 children displaced (and/or affected by other natural disasters) in need, 144,093 (59,328 females) were covered with educational and resilience programming.

Training of 2,933 teachers (968 females) took place, with topics including mitigation methods for the Ebola Virus, psychosocial support methods and encouragement of peace activities.

Cluster Coordination: Unicef assured that Cluster Coordination took place both at the national and provincial levels with the following results: Running technical working groups, an emphasis on monthly 3W info-graphics information dissemination, serving the strategic needs of the Humanitarian Fund and reviewing all Humanitarian Fund applicants.

Reduced rates of educational intervention coverage were due to the effects of Covid-19 in the East, while financial constraints only allowed 7% of those in need to be covered.

## Child Protection

In 2020, North Kivu, Ituri, and South Kivu provinces remained the main hotspots in which the highest rates of severe violations affecting children were registered, with respectively 1,938, 523 and 356 grave violations registered. UNICEF's child protection section implemented CPIE interventions in all provinces affected by humanitarian crises including provinces affected by Ebola and COVID-19:

- More than 100% of targeted children (157%) were provided with individual MHPSS and collective PSS through safe spaces; due to the scale-up of MHPSS activities following the outbreak of the COVID-19 epidemic in DRC as well as the high attendance of some child-friendly spaces due to continuous displacement and movement of population.
- 3,451 children (17% girls) released from armed groups received comprehensive and individual care/assistance reaching 49% of the 2020 target;
- 3,264 (46% girls) unaccompanied and Separated Children (UASC) benefited from temporary care, protection and family tracing services reaching 38% of the 2020 target.
- Finally, UNICEF's and its partners responded to 3,791 GBV survivors (2,702 girls), with a holistic package of services including access to health and psychosocial support and/or safe and legal services and economic reintegration. This showed an increase of 73% compared to 2019. Also, more than 7,097 women, girls and boys in humanitarian situations were provided with risk mitigation and prevention interventions to address gender-based violence through UNICEF-supported programmes, reaching 85% of the 2020 target.

In addition to funding constraint, the relatively low achievement of some Child Protection sector targets is highly related to the impact of COVID-19. The pandemic has indeed worsened the child protection situation, especially for children and adolescents already affected by other humanitarian crises. Disease control measures have hampered the access of child protection actors, with a reduced capacity to detect and respond to cases: a 60% decrease in the number of children reached by UNICEF and its partners has been observed between the 1st and 2nd trimesters of 2020. The UN has also found it more difficult to verify serious violations affecting children in conflict zones due to travel restrictions and curfews.

Other challenges faced by UNICEF are (1) the limited number of quality partners; (2) humanitarian access and security constraint (3) the short lifespan of funding for long-term reintegration programs.

UNICEF continued to support the government in preventing and addressing severe child rights violations through the Monitoring and Reporting Mechanism (MRM) and the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence. In 2020, the Country Task Force verified 3,470 violations against children in the DRC (including all 6 violations).

In 2021, UNICEF will continue to provide appropriate and individualized care to CAAFAG and UASC, with specific attention to innovative reintegration programs for CAAFAG. Vulnerable children including children who are displaced, as well as children and their caregivers affected by the COVID-19 and/or EVD, will access mental health and psychosocial support. In addition, UNICEF will increase its GBViE programming – including GBV risk mitigation and prevention actions across UNICEF's programmatic sectors - to strengthen life-saving services to survivors of SGBV, as well as to better build girls' and women's safety and resilience.

In 2020, UNICEF as the lead of the CP AoR, managed to strengthen the Child Protection coordination, ensuring coverage of the needs, increase the quality of the assistance/services and performed continuous advocacy to make visible Child Protection needs in all the Humanitarian forums. In December, the Child Protection CP AoR conducted its Cluster Performance Monitoring. More than 50% of the cluster's members participated and the results showed a high level of satisfaction.

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

In 2020, the C4D section has intensified its communication and community engagement activities to support the Government in its campaigns against epidemics including COVID-19, Ebola, Poliomyelitis, and Cholera in 19 provinces of the DRC.

The response campaigns against polio derived from the vaccine strain have been organised in 12 provinces of the DRC: Kwilu, Kwango, Kasai, Kasai Central, Kongo Central, Mai Ndombe, Kinshasa, Haut-Katanga, Tshopo, Tanganyika, Lualaba and Haut-Lomami. This support from UNICEF reached 1,752,958 has been provided through:

- The design and distribution of awareness posters
- Training of Community Action Council (CAC) members, journalists and health workers
- Broadcasting messages through churches and community radio stations.

UNICEF supported PNECHOL (National Cholera Control Programme) in updating key messages in the fight against cholera and preparing the workshop on the development of the national communication plan and the provincial plans of 5 DPS (Provincial Health Divisions) in the provinces of North and South Kivu, Haut-Katanga, Tanganyika and Lomami. Awareness-raising activities carried out in the CTCs (Cholera Treatment Centres) on life-saving measures against cholera have reached almost 3,245 people within the CTCs. These activities were carried out by 75 Red Cross volunteers and 60 sensitizers - including 35 from the NGO ESF (Espoir Sans Frontières) and 25 from the NGO AMUKA - in the health zones of Kalemie, Nyemba and Moba in Tanganyika Province. In total, cholera related activities reached 955,102 people in 2020.

The promotion of Essential Family Practices (EFPs) was done mainly in the provinces of Tanganyika, Kasai Central, Tshopo and Bas Uele. Nearly 4,193,882 people benefited from these messages, delivered by:

- 62,528 actors of change (community mobilizers, network leaders, youth associations, women's associations, CSOs, religious denominations).
- 10,052 CAC members
- child reporters, youth groups, community radio stations, and churches.

In 2020, C4D activities responded to the epidemic of the Ebola Virus Disease (EVD) in the provinces of Equateur, Mongala, Tshuapa, South and North Ubangi in the Democratic Republic of Congo. CACs were involved in sensitizing communities, raising alerts on suspected Ebola cases, collecting community feedback as well as disseminating responses to feedback in the community. Approximately 2,937,789 people in the 5 provinces were sensitized on preventive measures against Ebola.

### **UNICEF Rapid Response (UniRR)<sup>2</sup>**

Based on lessons learned from RRMP, UNICEF has introduced a new model of rapid response mechanism (called UniRR) in DRC in 2020.

The new model has been proved to be efficient and effective in meeting the vital needs of people whose survival is threatened by a humanitarian shock: 66.5 per cent of all interventions were delivered within 7 days of a needs assessment and 71 per cent of the needs assessments conducted by the UniRR team led to interventions (strengthened Accountability to Affected Population). With technical guidance provided by UNICEF, national partners have shown strong operational capacities as well as community acceptance and humanitarian access in hard-to-reach and risky areas. Even with COVID-19, the UniRR operation has been stopped for only 10 days to adapt mitigation measures (i.e. IPC, community engagement) and negotiate access with the Government. Efforts to collaborate with WFP through the rapid response mechanism are on-going.

The programme was funded up to 82% but reached its yearly target at 120 per cent thanks to the cost-effectiveness of national partners. In 2020, UNICEF has provided life-saving assistance with NFI distribution and WASH to 549,970, people in Ituri, North Kivu, Tanganyika and South Kivu through its rapid response mechanism.

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<sup>2</sup> Through its Rapid Response Mechanism (UniRR), UNICEF delivers an integrated package of life-saving humanitarian relief in WASH, NFI and Shelter to people whose survival is threatened by humanitarian shocks (preventive or reactive displacements, natural disasters and epidemics). The UniRR is characterized by its high life-saving impact, rapidity, simplicity and local implementation.

## Cholera Rapid Response – CATIs

Based on the lessons learned from the CATI program in Haiti, which has most likely contributed to the elimination of cholera in that country in 2019, UNICEF, which was already implementing this program, introduced this model adapted to DRC in 2020 and more specifically in North Kivu (since January 2020) and South Kivu since July. After one year of implementation in North and South Kivu, 86% of suspected cholera cases and their close neighbours have received a response in less than 48 hours after their notification in the cholera management structures. Even if South Kivu remains the first province to be affected and the second for North Kivu, a global decrease in incidence between 2019 and 2020 is estimated at 20% for each province, while the laboratory positivity rate has collapsed by about 50% for the same period, according to official Ministry of Health

## Social Sciences Analysis Cell (CASS)

Since the end of the 2018-20 eastern DRC Ebola outbreak, the CASS worked closely with the Epidemiological cell for a holistic understanding of the risks and transmission of Ebola for children under 5. This work resulted in specific guidance to be developed for all response partners to better protect children under 5 ([LINK](#)). At the end of the outbreak, the CASS had completed 58 studies and supported the co-development of 112 recommendations, of which over 80% had been taken into consideration.

In the first months of the COVID-19 outbreak in the DRC, the CASS was able to rapidly develop four evidence-based Lessons Learned Guidance Briefs ([LINK](#)) signed off by all major operational and academic partners. The CASS was placed to work side by side with health services (DHIS2) and epidemiological analysts to support the MOH response. Since, the CASS has conducted healthcare worker and community surveys on perceptions and practice for COVID-19 and set up a longitudinal, integrated analyses study to understand the impacts of COVID-19 on communities in the DRC. This work has resulted in the regular publication of briefs for partners and decision-makers to better address the broader impacts of COVID. In December 2020, the CASS published a report on the specific impacts of COVID-19 on women and girls in the DRC ([LINK](#)) used to advocate for school reopening, more attention to the socio-economic impacts of COVID-19 and greater investment in free family planning services for women and girls.

Within one week of the declaration of the XI Ebola outbreak (Equateur), the CASS had, together with key operational and academic partners, developed 6 evidence-based guidance briefs for the main response commissions ([LINK](#)). The CASS rapidly set up conducting mixed methods analyses to support response interventions. A total of 86 recommendations were co-developed, of which 58% were either partially or fully implemented.

The CASS received funds from Wellcome to model the approach for future outbreaks. This has resulted in a [BMJ publication](#) on the unique approach and has supported the replication for CASS applied analytics in Ebola, COVID and Cholera in both the DRC while supporting countries across the continent. Examples of this include developing supportive guidance on the use of healthcare worker surveys in humanitarian contexts, based on the DRC experience ([LINK](#))

**Principal results of the CASS in 2020** ([CASS webpage UNICEF](#))

## Ebola in North Kivu and Ituri Province

### Risk Communication and Community Engagement (RCCE)

Since the beginning of the outbreak, UNICEF worked on the strengthening of community engagement in the response activities through the RCCE approach. 210,191 (out of a target of 87,956) Local leaders, influencers and representatives were trained to conduct the response. A total of 39,267,578 (out of a target of 37,006,364) people at risk of Ebola were reached through community engagement, advocacy, interpersonal communications, public events, radio broadcasts, door to door visits, meetings in churches and schools since the response's inception.

Community Action Cells (CACs) represented a crucial actor in EVD-affected zones by promoting Ebola prevention measures and conducting response activities as well as dispelling rumours and negative perceptions around Ebola mainly through community dialogues and individualized door-to-door visits. Since the beginning of the response, 291,367 (out of a target of 79,000) households were visited by CACs and community workers (RECO). These visits were also an opportunity to detect health, protection or any other priority needs of communities, which could be taken into account through pillar 3<sup>3</sup> interventions.

National and local media was also instrumental in communicating the risks associated with EVD, promoting community engagement in the response and raising awareness on essential family practices (EFPs), including handwashing, vaccination and breastfeeding. Collaboration with local radio stations proved to be a key factor in communicating risks and promoting community engagement in the response. Through the RCCE commission and sub-commissions, during

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<sup>3</sup> The Pillar 3 is the third pillar of the scale-up strategy and is entitled 'Strengthened support to communities affected by Ebola'. It is led by the EERC and supported by the Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF. UNICEF supported the operationalization of Pillar 3 activities that were carried out based on the information collected by CACs, also thanks to the participation of groups. specific key (eg groups of women, youth, religious).

all the EVD response, UNICEF collaborated with 140 radio stations, coordinated by the national NGO Réseau des Médias pour le Développement (REMEDI). Following the epidemic trend and the progressive closure of sub-coordination, UNICEF progressively reduced the number of radio partners but kept this collaboration active in case of possible resurgence. Indeed, with the resurgence of the epidemic in April 2020, UNICEF quickly reactivated its partnership with REMEDI to resume media activities with 60 community radios in Butembo (18), Beni (14), Komanda (5), Mambasa (2), Bunia (5), Mangina (7), Biakato (3) and Goma (6). In May 2020, REMEDI strengthened the capacities of 120 journalists to deliver the messages on EVD prevention activities and EFP and supported them in the production and distribution of 19,585 microprograms in different formats (spots, magazines, newspaper, testimonial shows, song, interactive shows), including 1,892 interactive shows produced in July and August 2020.

In parallel to EVD messaging, UNICEF and its partners also promoted essential family practices (EFPs) in 28 health zones affected by EVD. EFPs were also promoted through interactive radio programs broadcast by 60 community radio stations, reaching more than one million listeners.

Since the beginning of the response, 76,935 CAC's members of 28 health zones (20 in North Kivu and 8 in Ituri provinces) were trained in communication techniques and IEPs and surpassed the target of 47,304. Furthermore, 6,161,975 people were reached by Essential Family Practices messages due to the appropriation of the activity by the CACs, and the involvement of women from local associations

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

To **Strengthened infection prevention and control measures** in health facilities and communities, UNICEF and its implementing partners provided around 14,265 (out of a target of 15,550) community sites (port, marketplaces, local restaurant, churches) in affected areas with handwashing facilities since the beginning of the response. Also, 21,935 (out of a target of 30,210) households of confirmed cases, contacts, and neighbours of confirmed cases received hygiene and prevention kits with messaging in WASH practices for EVD prevention. In addition, 3,035 health facilities in affected health zones provided with essential WASH services, against a target of 4,264.

Since September 2019, when **decontamination** activities were taken over from WHO, UNICEF supported decontaminations in 480 households, 255 health facilities, eight schools and 26 public places. About 94 per cent of decontaminations were carried out within 72 hours. To facilitate this step, it was fundamental to avoid further EVD infections, decontamination teams were preceded by APS, psychologists and RCCE teams, often supported by local influencers. This was done to clearly explain the procedure to the family and obtain their agreement, in particular about the removal of certain goods and valuables from the house or from the pockets of clothing (money, identity documents, for example), which they would like to clean and decontaminate rather than burn. This strategy including psychosocial actions, RCCE actors and local influencers allowed to reduce resistance around this activity and to obtain good results. With the end of the epidemic, no further decontamination activity was carried out by UNICEF.

Following the declaration of the end of the epidemic and the deactivation of all sub-coordinators, the emphasis was placed on **strengthening the WASH/IPC capacities** of DPS and BCZ during the 90-day surveillance period to enable them to cope with a possible resurgence of the epidemic. Furthermore, to **improve access to water** contributing to reducing the risk of infection, UNICEF intervened at the community level through the construction of 149 water points benefitting 482,265 people against a target of 700,000 people. In Butembo and Katwa, which had experienced the highest number of cases of Ebola, UNICEF supported a series of WASH interventions improving access to drinking water for an estimated 290,000 people.

### Psychosocial Support

UNICEF and its implementing partners provided **an adapted psychosocial and psychologic support to confirmed and suspected cases** in Ebola Treatment Centers (ETCs) and Transit Centers (TCs), to separated children in nurseries as well as to contacts, separated, orphaned and cured children and affected families at the community level to respond to the psychological and social impacts of EVD on affected people. In particular, throughout the response and through the deployment of 1,112 (out of a target of 1,300) psychologists and psychosocial agents (APS), UNICEF and its partners provided individualized psychosocial support and material assistance based on the identified needs to : i) 16,207 (against 17,100 planned) suspected and confirmed child cases in ETCs, TCs and nurseries, ii) to 24,906 (out of a target of 26,899) households affected by EVD, iii) 2,660 ( against 2,945 planned ) children orphaned for EVD-related reasons and iv) 7,775 (against a target of 9,746) separated children at the community level. Throughout the response, APS represented a crucial actor in facilitating the acceptance by patients of the stay in ETC/TCs, in humanizing it thus contributing to alleviating the patient's suffering.

Beyond that, psychosocial and psychological support allowed affected/infected people to develop a capacity for resilience enabling them to cope with the social and psychological effects of the disease. During the response, UNICEF ensured the functioning of nurseries set up close to ETCs, by providing equipment and supporting the run of these facilities. Nurseries represented a safe space for separated children, who could maintain the emotional bond with their parent admitted at the ETCs/TCs. In nurseries, UNICEF and its partners provided personalized psychosocial and nutritional support adapted to the child's age through locally recruited and trained Ebola survivors.

As a part of the National Healing Program, UNICEF provided support to 1,141 survivors including 232 children survivors both in survivors' clinics and at community level through regular home visits. In addition to individualized support, group

sessions were organized, which benefited 376 survivors, including 123 children. These psycho-education sessions aimed to strengthen the resilience of people affected by EVD through the sharing of their personal experience on EVD psychosocial repercussions and coping mechanisms. Stigmatization of survived children was also reduced through their inclusion in vocational training, including cutting and sewing, mechanic, carpentry and hairstyling and school reintegration. Also, psycho-education sessions were held with teachers in groups or individually in schools attended by children survivors to facilitate school reintegration of these children.

Child protection and psychosocial support has not only focused its activities on survivors of EVD but also targeted another 19,089 (out of a target of 3,318) vulnerable children (including unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence), in the areas affected by EVD to avoid their stigmatization and facilitate their reintegration in the community. The formal and informal child protection system in EVD affected areas were able to take care of 554,271 children and surpassed the planned target of 21,855 children. These children were identified by the community networks and referred to partners for psychosocial care and other linked services according to their needs as Birth registration, reunification and socio-economic activities.

### Health and Nutrition

To provide holistic support to EVD cases and affected children, psychosocial and psychologic support were accompanied by nutritional care and assistance, especially for all confirmed and suspected patients admitted to ETCs, TCs, and to children orphaned or separated due to EVD in nurseries and the community. Throughout the response, 21,156 (out of a target of 22,358) people<sup>4</sup> suspected and confirmed Ebola cases were admitted in ETCs and in the TCs received nutritional care appropriate to their age and health and nutritional status.

UNICEF and its partners also **provided Ready-to-Use Infant Milk** to a total of 1,667 (out of a target of 2,189) children under 6 months of age in ETCs and nurseries. In these structures, UNICEF provided integrated care for children, consisting of nutritional, psychosocial and paediatric care.

To ensure a dedicated monitoring and follow up of the health status of children, in February 2020, UNICEF deployed 11 national and provincial paediatricians in ETCs, TCs and nurseries. Towards the end of the epidemic, two national paediatricians continued to monitor children in the ETCs and nurseries that had remained operational and in the survivors' clinics. These actors were supported by four provincial paediatricians thus ensuring the presence of a paediatrician per clinic and a supervisor to strengthen the capacities of health providers in the health facilities of the DPS in North Kivu and Ituri.

As of December 2020, paediatricians carried out the clinical follow-up and management of associated pathologies of 190 children aged 0 to 17 years old recovered from Ebola in the five survivors' clinics. Among these cases, 149 (78%) presented other associated pathologies, such as respiratory tract infections (40%), malaria (18%), Urinary Tract Infections (11%), intestinal parasitosis (9%), Infected wound (7%), visual disturbances (5%), and neurological disorders (3%), and other pathologies (7%). All pathologies were adequately treated. UNICEF supports the nutritional follow-up of EVD survivors at the 5 survivor clinics. At the same time, as of December 2020, 648 EVD cured, including 305 males and 342 females have benefited from nutritional assessment. In this group, 199 cured (31%) presented nutritional disorders in adults, mainly overweight in 136 cured, obesity in 48 cases and 15 cases of weight loss. Of the 41 children under 5 years of age evaluated, 6 were overweight and the others do not present any nutritional problems. Overweight and obesity were the most common nutritional disorders and represent one out of three cured adults and 14% among children under 5 years old. The nutritional status of 1,132 EVD survivors has been assessed at least once by the nutritional team.

During the EVD response, a multisectoral team of health, RCCE and WASH specialists worked together on awareness-raising messages and the provision of Personal Protective Equipment (PPE) and WASH kits on vaccination sites. As a result, out of an expected target of 1,851,630 children aged 6 to 59 months in the 23 health zones, UNICEF ensured the measles vaccination of 1,861,068 children, for a coverage rate of 99.97 per cent. In addition, in October 2019, out of a target of 826,123 children aged 0 to 59 months, 764,106 children were vaccinated against polio in the 17 health zones of Butembo, with a coverage of 92 per cent

As part of its **strategy of reinforcement of Health System** in areas affected by EVD, UNICEF and its partners trained 1,087 health providers on the technical management of Programme Elargie de Vaccination (PEV) and 1,466 health providers in Emergency Obstetrical and Neonatal Care (SONU), Essential Care of the New-born (SEN), Essential Obstetrical Care (SOE), Monitoring of Maternal and Perinatal Deaths and Response (SDMPR), Essential obstetrical and new-born Care (SONE) and strategies to fight the COVID-19 pandemic. In the same health zones, 25 senior staffs of provincial health division (DPS) and 74 from health zones have been trained on primary health care management and leadership.

Aligned with the DRC Nutrition program, UNICEF strategy for Pillar 3 **nutritional interventions focused on the organization of Pre-school Consultations (CPS)** to monitor the optimal growth of children under breast milk substitutes. As part of system strengthening, through PRONANUT, the Government partner, UNICEF, is supporting the

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<sup>4</sup> These figures refer to people admitted at ETCs and TCs. Data collection has ended with the closure of the last ETCs/TCs in June 2020



Pre-school Consultation (CPS), the management of severe acute malnutrition in 17 Health Zones heavily impacted by EVD epidemic. A total of 318,756 children aged 6 to 59 months were screened for malnutrition at the health facilities and at the community level by the members of the IYCF support groups trained on the Mother MUAC. Thus, 5,164 (out of a target of 20,000) severe acute malnutrition cases were treated. Through community-based nutrition in partnership with local NGOs, UNICEF is working with 318 Community Animation Cells (CAC) to provide sustainable, community-based solutions to the problem of malnutrition. A total of 1,272 CAC members have benefited from capacity building on the causes and consequences of malnutrition and have conducted a community diagnosis leading to the development of 244 plans to combat malnutrition. The process of developing plans is underway for the other 74 CACs. At the end of December, 381 women's groups with 7,620 members were participating in sensitization and culinary demonstration sessions in the 21 health areas most affected by the EVD epidemic.

In addition, through the intensification of nutritional activities in areas affected by EVD, out of an expected target of 743,075, UNICEF and its partners provided vitamin A to 842,361 children (6-59) months of age and 733,106 (out of a target of 699,363) children (6-59) months of age who received deworming (12-59 months).

## Education

**Community engagement and promotion of EVD preventive behaviours** were also passed through schools where, UNICEF and its partners, organized briefing and capacity building sessions based on the Guidance Notes on Ebola prevention for about 48,117 (out of a target of 61,573) teachers who, in turn, briefed 1,253,415 (against 1,850,486 planned) students on Ebola prevention information in schools during the response.

**Access to quality Education** was improved through the construction of 178 temporary learning spaces and 39 permanent and semi-durable classrooms and 73 separate latrine doors in 42 schools in six priority Health Zones. In addition, UNICEF supported the school reintegration of 2,994 vulnerable children into formal and non-formal education structures and distributed learning materials to 61,065 / (against 426,900 planned) school-age children living in areas affected by EVD or at risk received. To promote a safe environment in school in humanitarian contexts, 5,957 students were sensitized on gender-based violence and reproductive health. Five hundred (500) girls of childbearing age were sensitized on menstrual hygiene management in 17 primary schools in the Health Zones of Mabalako and Mandima. In addition, only 663 (against 8,538 planned) teachers were trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding. The main challenge met include the closure of schools from March 19, 2020, to October 9, that has hindered the implementation of some activities and thus the progress in the achievement of the results of the Education.

## 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 a member of the advisory board of the Humanitarian Fund in DRC

## Human Interest Stories and External Media

In December 2020, the communication team posted more than 80 messages related to humanitarian issues on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#). During the reporting period, a story published on the website highlighted UNICEF's response to the [three successive Ebola outbreaks from May 2018 to November 2020](#). Digital activities supported the [launch of the Humanitarian Action for Children](#) and the [16 days of activism against gender-based violence](#). The distribution of emergency items to displaced families in the provinces of [Ituri](#) and [South Kivu](#) was highlighted on social networks as well as the response to the [floods in Equateur province](#). UNICEF called for urgent action to [expand access to and support for nutrition, health and water and sanitation services for children and families](#).

## Next SitRep: 15/02/2021

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

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

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

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## Summary of Programme Results: UNICEF HAC 2020

Sector	Overall needs	Cluster/Sector Response			UNICEF and its partners		
		2020 target	Total results	Change since last report ▲▼	2020 target	Total results	Change since last report ▲▼
<b>Nutrition</b>	<b>4,700,000</b>						
# of children aged 6 to 59 months affected by SAM admitted for treatment		599,810	433,424	73,270	557,823	382,520	110,124
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	15,372	0	32,291	0	0
<b>Health</b>	<b>5,600,000</b>						
# of children aged 6 months to 14 years vaccinated against measles					965,000	539,023	0
# of children and women receiving primary health care in UNICEF-supported facilities					155,750	71,398	0
<b>WASH</b>	<b>8,010,865</b>						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,812,211	990,741	277,129	1,609,056	550,634	-
# 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	127,052	30,656	128,724	12,355	-
# 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	1,366,308	109,225	407,627	391,318	-
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		88,063	92,809	15,800	38,918	24,956	-
<b>Child Protection</b>	<b>3,300,000</b>						
# of children accessing mental health and psychosocial support		258,000	373,468	50,954	150,000	229,758	48,769
# 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				0	15,000	12,757	154
# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,700	6,749	632	8,500	3,264	173
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	8,206	360	7,000	3,451	561
<b>Education</b>	<b>1,777,930</b>						
# of children aged 6 to 17 years accessing formal or non-formal education		491,741	199,808	18,896	359,000	114,093	9,654

"# of female and male teachers trained on learner-centered methodologies and peace education		7,739	5,060	275	2,600	2,933	500
<b>Rapid Response</b>	<b>1,900,000</b>						
# of people provided with essential household items, and shelter materials		1,300,000	1,246,681	67,910	450,000	549,970	71,836
<b>Communication for Development</b>							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	16,103,552	1,375,000
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	13,077	630

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

Pillar 1: Strengthened public health response	Target	Total results*	Change since last report ▲ ▼
<b>Risk Communication and Community Engagement</b>			
# of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).	87,956	210,191	0
# 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	39,267,578	0
# of households for which personalized house visits were undertaken by the CACs to raise awareness on Ebola and Essential Family Practices	79,550	291,367	0
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	303,905*	303,905	0
*This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 31 May 2020.			
<b>WASH/IPC</b>			
# of health facilities in affected health zones provided with essential WASH services.	4,264	3,935	0
# of target schools in high risk areas provided with handwashing facilities	3,800	3,146	0
# of community sites (port, marketplaces, local restaurant, churches) with hand washing facilities in the affected areas	15,550	14,265	0
% of households, health facilities and public places with reported cases decontaminated in the 72h	100%	N/A <sup>5</sup>	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A <sup>6</sup>	N/A
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	30,210	21,935	0
<b>Psychosocial Support</b>			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	17,100*	16,207	0
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	24,906	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.			
<b>Health and Nutrition</b>			

<sup>5</sup> Since there has been no new cases during the reporting period, decontamination activities didn't take place.

<sup>6</sup> Same as above

# of < 24 months children caregivers who received appropriate counselling on IYCF in emergency	115,000	110,970	7620
# 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
<b>Education</b>			
# of students reached with Ebola prevention information in schools	1,850,486	1,253,415	0
# of teachers briefed on Ebola prevention information in schools	61,573	48,117	0

<b>Pillar 3: Humanitarian response to communities affected by Ebola<sup>7</sup></b>	<b>Target</b>	<b>Total results*</b>	<b>Change since last report</b> ▲ ▼
<b>Risk Communication and Community Engagement</b>			
# CAC members trained in communication techniques and essential family practices	47,304	76,935	1,550
Proportion of projects carried out by Pillar 3 resulting from CACs	60	10	0
<b>WASH/IPC</b>			
# of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk	700,000	482,265	1,763
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	119	0
# of students (aged 5 to 17) in schools in areas affected by EVD who received a water, hygiene and sanitation intervention (disaggregated by gender)	60,000	35,976	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	17	0
<b>Psychosocial Support and Child Protection</b>			
# of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces	21,855	54,271	465
# 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	19,089	0
<b>Health and Nutrition</b>			
# of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender)	826,123	764,106	0
# of children (6-59 months) vaccinated against measles in affected and at-risk zones	1,851,630	1,861,068	0
# of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk	120	509	0
# of children treated for SAM in UNTA and UNT1 in health zones affected by EVD or at risk	20,000	5164	1,707 <sup>8</sup>
# of children (6-59) months of age who received vitamin A	743,075	84,2361	27872
# of children (6-59) months of age who received deworming (12-59 months)	699,363	733106	33,821
<b>Education</b>			
# of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials	426,900	61,065	0
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	663	129

<sup>8</sup> Included 718 not reported in the previous month

## Annex B

### Funding Status\*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	144,738,334	3,036,988	14,878,871	126,822,474	88%
Health	12,500,000	1,494,846	654,568	10,350,586	83%
WASH	39,903,200	4,758,398	1,259,480	33,885,322	85%
Child Protection	9,600,000	1,229,571	2,025,368	6,345,060	66%
Education	43,000,000	3,286,320	1,382,711	38,330,969	89%
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	3,047,411	1,004,579	0	0%
Ebola*****	38,695,576.15	9,961,922	19,796,782	8,936,872	23%
<b>Total</b>	<b>318,298,110.15</b>	<b>31,267,452.97</b>	<b>48,598,815.75</b>	<b>240,862,832.33</b>	<b>76%</b>

\* As defined in Humanitarian Appeal 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.

\*\*\*\*\* Data Generated 31-01-2021