



Democratic Republic of the Congo

Humanitarian Situation Report No. 11

unicef 

for every child

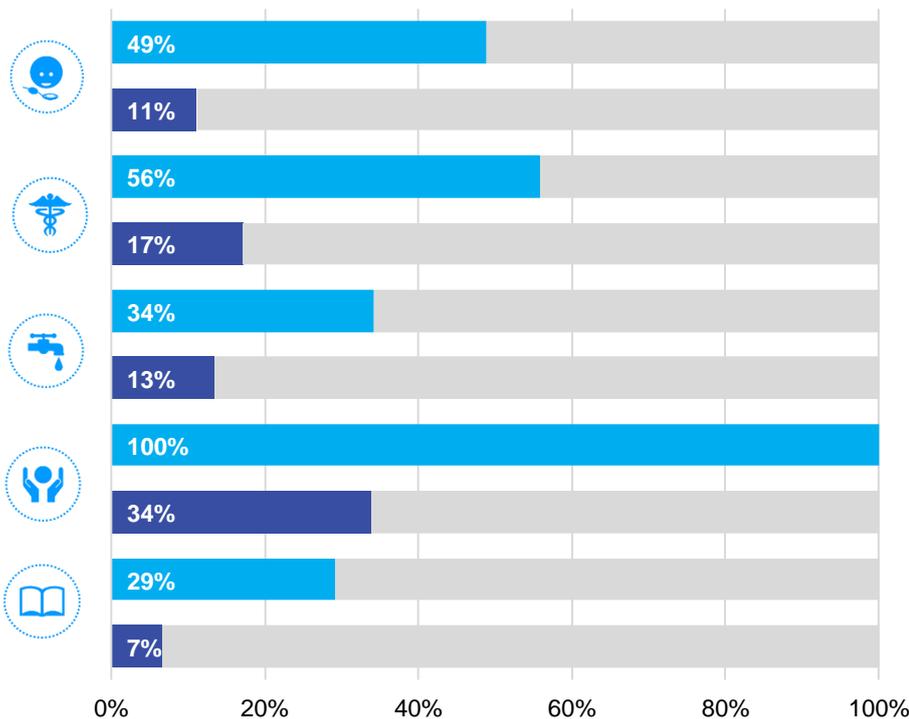
Highlights

- As of 18th November, the Government of the Democratic Republic of the Congo (DRC) confirmed the end of the latest Ebola outbreak in Equateur Province in the north-west of the country. The 11th outbreak to hit the DRC since 1976, and the second in Equateur in less than two years, killed 55 people and infected 130. 2 children died and 11 were infected.
- As of 30th November 2020, the COVID-19 outbreak has affected 22 out of the 26 provinces in the DRC, with a total of 12,987 confirmed cases. Compared to October, 1,657 additional people have been affected by Covid-19. Kinshasa continues to be the most affected province with 10,008 cases.
- In Ituri Province, 286 cases of bubonic plague, including 27 deaths were reported since August.
- 67,815 people affected by humanitarian crises in Ituri and North-Kivu provinces have been provided with NFI life-saving emergency packages through UNICEF's Rapid Response (UniRR). Since January 2020, UniRR's interventions have provided assistance to 499,788 peoples (110% of yearly target for 2020).

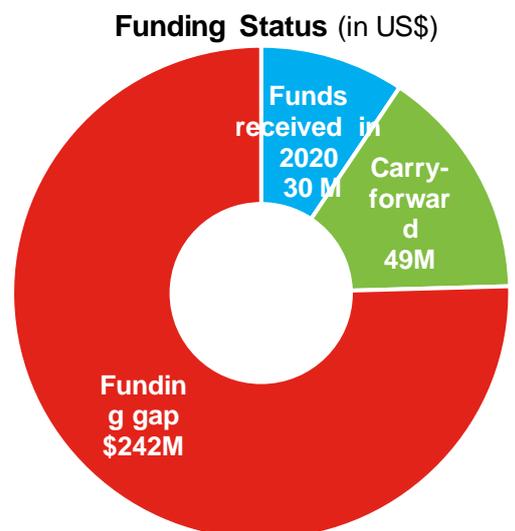
Situation in Numbers

-  **15,000,000** children in need of humanitarian assistance (OCHA, Revised HRP 2020*)
-  **25,600,000** people in need (OCHA, Revised HRP 2020*)
-  **5,500,000** IDPs (Revised HRP 2020*)
-  **17,981** cases of cholera reported since January (Ministry of Health)

UNICEF's Response and Funding Status



UNICEF Appeal 2020
US\$ 318 million



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

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

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

In Ituri province, since January, more than 1.7 million people have been displaced (the country's second most important crisis in terms of displacements) due to intercommunity conflicts between Lendu and Hema ethnic groups, and incursions of the Ugandan rebels ADF-Nalu. According to MSF, after three years of violence, out of the 5.6 million people living in Ituri, 2.4 million are estimated to be in need of humanitarian assistance¹. 3,098 protection incidents have been reported over the last two months. 272 children (including 192 girls) were allegedly victims of MRM, four schools and one medical facility attacked, affecting hundreds more children.

In North Kivu province, in Grand North, the multiplication of ADF attacks led to the deterioration of the humanitarian situation and restriction of humanitarian access in Oïcha health zone, especially on Oïcha-Eringeti axis, preventing humanitarian actors to provide humanitarian assistance in the zone. In Petit North, the humanitarian situation continues to be worrisome due to the fights between NDC-R (both factions) and FARDC in Walikale and Masisi territories on one hand and to the abuses of other armed groups in Masisi and Rutshuru territories, on the other hand.

In South Kivu, nearly 31,615 persons affected by humanitarian crisis in Hauts Plateaux are deprived of life-saving humanitarian assistance. This crisis started in 2019, but there has been a resurgence and intensification of conflicts since July 2020.

Due to limited logistics and security access to the zones, only few interventions have taken place so far. Food and medications have been prioritized for the upcoming rotations of the humanitarian helicopter flights. UNICEF continue to provide Health, Nutrition and Child Protection services to the affected population. Roads to the affected area will be rehabilitated by January 2021 and UNICEF will scale up its emergency operation using the road (i.e. NFI by rapid response).

In both South Kivu and Maniema, multiple areas have been affected by torrential rains. In Maniema particularly, nearly 10,000 people have been affected by rain and are without shelter and essential household items. 68 *Unaccompanied and Separated Children* (UASC), including 27 girls and 77 children (56 girls) are victims of violence, including cases of *Gender Based Violence* (GBV) have been identified. Child protection actors started emergency interventions, but funding remains particularly limited for this province.

In Tanganyika province, population in the territory of Kalemie and Nyunzu have suffered from repeated incursions by different militia groups. The incursions have caused multiple displacements and looting of villages. In addition, torrential rains have affected several territories including Kalemie, Manono, Moba and Nyunzu. According to an inter-agency rapid needs assessment, nearly 5,000 people have been affected and 15 schools have been completely destroyed due to the rains.

The country continues to witness several diseases outbreaks.

In Ituri Province², 286 cases of bubonic plague, including 27 deaths were reported since August. Rethy and Biringi health zones have the highest number of cases, with 210 registered cases, including 15 deaths.

Outbreaks of measles continued to be reported in November. As of epidemiological week 47, 75,766 suspected measles cases, including 1,088 deaths (Case Fatality Rate: 1.4%), have been reported across the DRC. Compared to October, 2,606 additional people have been affected, and 24 additional deaths have occurred. The provinces that reported the highest number of measles cases were Sud-Ubangi (303), Sankuru (150), Kwilu (52), North-Kivu (40) and Kasai (31).

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

² More specifically in Rethy, Biringi, Aru, Arungba, Linga, Logo, Kambala and Rimba health zones.

As of 30th November, 2020³, the COVID-19 outbreak has affected 22 out of the 26 provinces in the DRC, with a total of 12,987 confirmed cases. Compared to October, 1,657 additional people have been affected by Covid-19. Kinshasa continues to be the most affected province with 10,008 cases, followed by North Kivu with 1,183 cases and Kongo Central with 561 cases. Despite these challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures⁴. The latest COVID-19 situation report can be found here [link](#).

Summary Analysis of Programmatic Response

Nutrition

The results of SMART nutritional surveys conducted in November 2020 in the Nord-Kivu Province⁵ showed all a *global acute malnutrition* rates (GAM) below 5%, apart from the Manguredjipa health zone (GAM=7.1% and SAM=1.7%).

UNICEF supported *nutritional surveillance and early warning system* (SNSAP) showed a slight decrease in the number of health zones on alert, from 63 during in October to 59 in November to, representing 11% health zones across the DRC. It may be explained by the reopening of borders between DRC, Uganda and Rwanda, promoting trade and lower food prices, and by normal rainfalls resulting in good harvests.

However, the number of health zones in nutritional alert increased by 4% compared to the same period in 2019. It should be noted that the Provinces of Equateur (10 Health Zones on 18), Maniema (9 HZ on 18), Kasai-Oriental (6 HZ on 19) and Sankuru (8 HZ on 27) are the most affected.

During the reporting period, UNICEF supported the treatment of *Severe Acute Malnutrition* (SAM) in 131 health zones,⁶ which represent 73% of the priority health zones identified by the Nutrition cluster. 18,320 children were treated for SAM. The global performance indicators for SAM treatment were as follows: recovery rate of 91,6%, 1,3% death and 4,8% abandonment.⁷

In October, the Nutrition Cluster held one general meeting at the national level. The meeting report is available on the following link <https://www.humanitarianresponse.info/fr/operations/democratic-republic-congo/document/compte-rendu-de-la-r%C3%A9union-du-cluster-national-octobre>

Health

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 bubonic plague through awareness campaigns on plague prevention measures.

WASH

In November, 24,729 people affected by population movements due to conflicts and floods and 9,500 people affected by cholera benefited from WASH assistance provided by UNICEF partners⁸. The response was as per below:

In Kasai Oriental province⁹, UNICEF and implementing partner *Social Development Center* (SDC) provided access to safe drinking water to 18,677 persons.

In Tanganyika province, 11,018 persons gained access to safe drinking water through the rehabilitation of 19 water sources by UNICEF's implementing partners *Croix-Rouge*, *Armee du Salut* (ADS) and *Medecins d'Afrique* (MDA) respectively in Nyemba, Moba and Manono territories.

In South Kivu province, 1,200 persons were reached in the Health Zone of Minova on cholera prevention measures through UNICEF's implementing partner *Croix-Rouge Nord-Kivu* (CNK), through chlorination of water sources and the distribution of WASH kits

³ Source: 'Bulletin épidémiologique Covid-19– Ministry of Health DRC

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

⁵ In the Health Zones of Goma, Karisimbi, Kyondo, Vuhovi, Biena, Musienene, Manguredjipa, Masereka and Rutshuru

⁶ The main supported Provinces are Tanganyika, South-Kivu and Grand Kasai

⁷ Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

⁸ These figures do not include the assistance delivered under UniRR.

⁹ In Bonzola and Mukumbi Health Zones

Finally, in Kinshasa Province, 2,200 persons were provided with access to hygiene and sanitation with the construction of 20 gender-segregated latrines and 17 showers by UNICEF's implementing partner *Medecins d'Afrique* (MDA).

Education

During the reporting period, UNICEF implementing partner, *Association pour la Protection de l'Enfance au Congo* (APEC), provided learning material to 3,400 students from 15 schools in Ituri Province (within the Mahagi territory).

Child Protection

In November 26,088 children (46% of girls) have been assisted by UNICEF. 217 *Children Associated with Armed Groups and Forces* (CAAFAG) were reunified and benefitted from socioeconomic reintegration¹⁰ and 330 *Unaccompanied and Separated Children* (UASC) were identified.

Furthermore, 25,352 children received psychosocial support, through (mobile and fixed) child friendly spaces.

UNICEF continued to support the government in preventing and addressing grave child rights violations through the *Monitoring and Reporting Mechanism* (MRM) and the *Monitoring, Analysis and Reporting Arrangements* (MARA) on conflict-related sexual violence. Through joint monitoring and reporting, advocacy with authorities and working with partners and MONUSCO, UNICEF contributed to securing the release of 2,404 children from 9 armed groups listed in Secretary-General's Annual Report to the Security Council on Children and Armed Conflict.

As part of the COVID-19 pandemic response, UNICEF DRC Child Protection section reinforced capacities of the Social Affairs divisions and strengthened programmatic linkages between CPIE 11 interventions and social work. In this regard, a workshop gathering the Social Affairs Division and the UNICEF CPIE partners has been organized in North Kivu to develop a roadmap for 2021.

Finally, UNICEF started to scale up its GBViE interventions with new programs launched in Ituri, North Kivu and Mbandaka.

Communication for Development (C4D), Community Engagement & Accountability

During the reporting period, the C4D Unit has been working in the Province of Tshopo to support the ongoing polio vaccination campaign. To create a positive public perception about vaccine safety and efficacy, different communication channels (door-to-door visits, community dialogues, popular forums, radio broadcasts) were conducted, reaching 1,536,037 people.

In November, 5,964 Community Relays (RECOs) conducted educational talks on the adoption of Essential Family Practices (EFP) in Bas-Uele and Kasai-Central Provinces, reaching a total of 1,184,621 people.

In response to the Bubonic Plague in Ituri province, UNICEF trained 20 managers from the 7 *Central Zone Offices* (BCZ)¹² on community engagement and the process of setting up CACs (*Cellule d'Animation Communautaire*), on facilitation in the promotion of awareness messages through different communication channels (community dialogues, educational talks, popular forums, radio broadcasts, printed materials), and on mobilizing the population and communities against the epidemic.

UNICEF Rapid Response (UniRR)¹³

In November 2020, 10,620 households (67,815 people), that have been recently displaced by armed conflicts, benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH through UNICEF Rapid Response mechanism (UniRR).

In Ituri Province, 10,391 households (65,165 people) were reached in Djugu and Irumu territories in cooperation with UNICEF implementing partner *Programme de Promotion des Soins de Sante Primaires* (PPSSP) while in North-Kivu 229 households in Nyiragongo territory were reached in cooperation with *Croix-Rouge Nord-Kivu* (CRNK).

¹⁰ Vocational training in carpentry, mechanics, sewing, hair dressing

¹¹ CPIE: Child Protection in Emergencies

¹² (Rethy, Aru, Linga, Augnba, Kambala, Mahagi and Aru)

¹³ Through its Rapid Response Mechanism (UniRR), UNICEF delivers an integrated package of life-saving humanitarian relief in WASH, NFI and Shelter to people whose survival is threatened by humanitarian shocks (preventive or reactive displacements, natural disasters and epidemics). The UniRR is characterized by its high life-saving impact, rapidity, simplicity and local implementation.

Since January 2020, UniRR's interventions have provided assistance to 83,238 households (110% of the 2020 yearly target of 75,000).

Cholera Rapid Response – CATIs

With 5,271, reported suspected cases and 24 deaths, North Kivu remains the second most reporting province according to the *Ministry of Health* (MoH). Two health zones in North Kivu were specifically notified of suspected cholera cases in November as Karisimbi and Goma (90% of all cases in week 47).

During the reporting period, ten teams of *Croix Rouge Nord-Kivu* and *Medecins d'Afrique* (MDA) carried out 201 rapid response interventions and 198 “cordons sanitaires, of which 98% percent were responded in less than 48 hours, in North-Kivu Province and 100% in South-Kivu. These interventions have benefited 5,210 households with a cholera package in North-Kivu and 71 in South-Kivu (including soaps, ORS, water purifications and buckets) to protect themselves against cholera and interrupt its transmission in the community.

COMMUNITY RESPONSE AT A GLANCE – Summary of activities for last full months (april) last full week , and cumulative since 01/01/2020 - RDC - Nord et Sud- Kivu	Nord-Kivu			Sud-Kivu			TOTAL NK+SK
	MONT H	WEEKS	TOTAL NK SINCE 01/01/2020	MONT H	WEEKS	TOTAL SK SINCE 15/07/2020	
	2020_1 1	2020_4 7		2020_1 1	2020_4 7	0	
Suspected cases reported by MSP	138	17	5240	508	0	1560	6800
Suspected cases reported by Line Listing	129	23	3 468	0		0	3468
Completion line listing VS MoH data	93,48%	135%	66%	NC	NC	NC	66%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)**	314	79	3172	0	0	829	4001
Number of response done (type 1: rapid responses only)*	187	42	2307	4	0	814	3121
Responded cases by CORT	194	39	2984	4	0	882	3866
% of response < 48 h (only type 1)*	98%	95%	95%	100%		100%	97.50%
% of responded cases (Based on Line Listing)	150%	170%	86%				0.86
Average of households per response (i.e “cordon sanitaire” size)	19,97	23,13	12.96	13,71		18.58	15.77
Number of households having received at least one Household Water Treatment product	5210	1170	45345	71	0	18051	63396
Number of persons sensitized (rapid responses only)*	30634	7116	300110	493	0	160114	460224
Number of persons sensitized (rapid responses, prevention and community involvement)**	54407	11664	458053	493	0	169233	627286
Number of disinfected houses	3609	816	37023	72	0	19626	56649
Average of disinfected houses per suspected cases	18,6	20,9	12.41	18,0	#DIV/0!	22.25	17.33
Number of emergency water chlorination points activated	0	0	116	4	0	880	996

* Rapid responses= one response for one
cholera suspected case

**Preventions activities= mobilisation and sensitisation activities but not attached directly to one suspected
case

Social Sciences Analysis Cell (CASS)

During the last reporting period, the CASS has begun a qualitative study in Equateur Province to explore community understanding and perceptions of the concepts of sexual exploitation and abuse (SEA), and to identify barriers to reporting incidents of SEA. The purpose of this study is to support programme implementation and guide the

development of contextually appropriate SEA reporting mechanisms for communities exposed to humanitarian interventions.

The first phase of the study explored community understanding of the language, words and concepts surrounding “sexual exploitation and abuse”, and association of these words with humanitarian actors.

Key results from provisional analysis: Phase 1

- The phrase “sexual exploitation” is only very rarely understood; it does not evoke a concrete situation for individuals, and for the majority (of interview respondents) has never been heard
- Situations of sex exchange with the promise of money or employment are widespread, both in and outside the humanitarian sector (seen as unfair, but the norm)
 - Sex for work in public sector, health centres, humanitarian organisations (at the time of hiring or to keep one's job), for academic progression (between professors and students)
- Search for material and financial benefits for the woman in a romantic relationship considered the norm and is not judged negatively - the concept of unequal power is not seen as inherently problematic
- “Sexual abuse” equates to sexual violence, and rape: consistently described as a criminal wrongdoing, and something that should be reported
 - Considerable stigma surrounding rape and sexual violence: perception that very few survivors would report a case (regardless of the perpetrator)

Humanitarian workers as perpetrators of sexual exploitation or abuse:

- Humanitarian workers are not seen as potential perpetrators of sexual violence: having money, they would have no need to use force to have sex with women
- Love or sexual relations between women and humanitarian workers are not seen as exploitative, as women may benefit significantly (financially and materially)
 - May be exceptions: in case of false or broken promises (money, marriage, etc.), hasty departure, if the woman becomes pregnant
- Very strong association between humanitarians and money in the eyes of communities

The second phase of the study will explore barriers to reporting cases of SEA.

For the post-Ebola “90-day transition”, the CASS is working with UNICEF sections and programme partners working in the region to prepare rapid follow-up studies to facilitate comparative analyses of the period during and after the Ebola outbreak, and provide evidence to reinforce existing and future non-Ebola programmes which address the most pertinent public health needs.

Ebola in North Kivu and Ituri Province

Risk Communication and Community Engagement (RCCE)

The UNICEF RCCE team supervised and followed up activities to promote Essential Family Practices in the post-Ebola transition to increase community resilience. During the reporting period through the 6 signed agreements¹⁴, a total of 120 CAC members (including 100 women) were trained in Essential Family practices (EPF) and 407,101 community members were reached by the messages through home visits and educational interviews. Regarding mass media communication, UNICEF and its implementing local partner *Réseau Médias Pour Développement* (REMEDI) continued its partnership with 60 radios in North Kivu and Ituri provinces. In November, 480 radio broadcast programs (magazine, interview, interactive broadcasts, etc.) and 1260 spots on COVID-19 and EFP were produced.

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

UNICEF and its partners continued to implement Pillar 3 activities. The partner *Agence de Développement Intégral en Milieu Rural* (ADIMRU) built one impluvium at the Kikara health post in the health zone of Lubero. In the same time, as part of activities at school level, UNICEF in partnership with ADIMRU, *Fondation des Aigles pour l'Encadrement des Vulnérables* (FAEVU) and *Consortium de l'Agriculture Urbaine de Butembo* (CAUB) built 6 impluvium in the health zones of Mabalako(1), Mandima(1), Butembo (3) and Lubero(1). In the Health Zone of Komanda, in Ituri, *Action des Volontaires Unis pour le Développement et la Santé* (AVUDS) built 16 latrine doors. As a result, 3,611 students aged 5 to 17 including 1,810 girls in schools in areas affected by EVD benefited from a water, hygiene and sanitation intervention. FAEVU trained 8 member of school brigades and 8 teachers on good hygiene practices such as handwashing with soap and proper use of the toilet facilities. The partner *Programme assistance aux Populations*

¹⁴ Association des jeunes volontaires du congo(AJVD), Ligue des associations féminines du congo(Lofepaco), Contribution des Opérateurs Economiques aux Initiatives de Développement Local (COEIDL), Collectif des Associations Féminines (CAF), Centre Pour La Promotion Agricole et Développement Durable(CPAD), Programme De Promotion Des Soins De Santé Primaires(PPSSP)

Vulnérables en Afrique (PAPV) sensitized 1,241 students (including 802 girls) 28 teachers on good hygiene practices in the health zone of Mabalako.

As part of activities in community, PAPV sensitized 67 members of CACs in the health zone of Mabalako on hygiene promotion in the context of EVD, water-borne diseases and Covid-19. Moreover, 115 pregnant and lactating women were sensitized on breast hygiene and on the steps of hand washing and maintenance of the plot to prevent water-borne diseases, EVD and COVID-19. To build community resilience to climate change, 941 people are sensitized through the CACs on the environment and seedling production techniques in Beni and Oicha.

Psychosocial Support

UNICEF and its partner *Bureau Diocésain des Œuvres Médicales* (BDOM) continued to work with survivors both at the community and clinic levels to build resilience. 87 sessions of the 40 discussion groups took place in the 6 health zones (Butembo, Katwa, Musienene, Vuhovi, Mabalako and Mandima) and reached 252 survivors including 167 women and 85 men. Among these EVD's survivors 18 benefited from specific support consisting of individualized visits and psychological support according to the problem identified during the support group sessions. The thematic of these sessions were chosen according to the needs identified during the exchanges and most frequently themes addressed are stigmatization, reintegration with emphasis on not being dependent and other themes on the emotional and affective level under co-facilitation of peers (survivors). 24 support group sessions for children were organized at the community level in 8 listening points in 6 health zones (Butembo, Katwa, Musienene (2), Vuhovi (2), Mabalako and Mandima), and were marked by recreational activities. These activities reached 214 vulnerable children of which 83 survivors (57 boys and 26 girls) and other children from the community 131 (77 girls and 54 boys).

There is a drop in the attendance rate of expected survivors passing by 88.5% (1011 survivors) in October to 87.7% (952 survivors) in November expected in survivors' clinics

In Ituri, 2 psychologists, 6 para-social workers and 2 supervisors have been trained on child protection case management, community-based monitoring of guerrillas and supervision. In the health zones of Mambasa and Komanda, 47 EVD's survivors (including 17 men, 22 women, 3 boys and 5 girls) were monitored by para-social workers, and nothing was noted about their psychological state.

As part of the capacity strengthening strategy of the child protection system, UNICEF in collaboration with the Division of Social Affairs (DIVAS) carried out the selection and recruitment of para-social workers in the territories of Lubero, the city of Beni and the city of Butembo for social work activities. A total of 40 para-social workers (including 23 women) were trained on protection against sexual exploitation and abuse in Beni (20 including 10 women) and Mangina (10 including 3 women).

At the same time, in Goma in partnership with DIVAS, 17 para-social workers and 18 clinical psychologists were selected and trained on social work and child protection in the context of COVID-19. After this training, they were deployed in the field to support vulnerable children and families affected by COVID-19.

UNICEF and its partners continued to support the most vulnerable children in the Ebola affected health zones. During the reporting period, 1,742 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.) were identified and had access to referral services or individualized case management through a formal or informal protection network.

A displacement of population has been observed in the locality of KOKOLA, in the health zone of Beni, following attacks by militias and other armed groups, which has led to the separation of children from their families. 3 unaccompanied children (2 girls and 1 boy) have been identified and placed in host families and their family tracing is underway for reunification. 51 children associated with armed forces and armed groups (8 girls and 43 boys) benefited from the verification and certification process, with the support of *Actions Concrètes pour la Protection de l'Enfance* (ACOPE) and MONUSCO. They are currently benefiting from transitional care: 37 children (including 6 girls) have been accommodated in the two transit and orientation centers while 14 (2 girls) in the 7 transitional host families, and 29 have been reunited with their families (7 girls) in the Kalunguta and Oicha health zones.

14 child victims of SGBV were identified (2 cases of rape (girls), 8 cases of early marriage, 4 cases of sexual assault) and have benefited of psychosocial care and were referred to medical services after documentation in Butembo. The 2 cases of rape were referred to the *Femmes Juristes pour les Droits de la Femme et de L'Enfant* (FJDF) for legal care.

In Ituri, 149 vulnerable children have been identified, including 71 boys and 78 girls. Among them, 120 children were enrolled in school (64 boys and 56 girls) and 12 children (4 boys and 8 girls) were referred to vocational training.

UNICEF and its partners are also continuing their activities in order to strengthen the social and legal protections of children. 360 files for the supplementary judgment have been constituted to obtain a birth certificate by catching up at the Lubero magistrate's court of peace and juvenile court of Beni. Thus, 147 children (75 girls and 72 boys), i.e. 40%, received birth certificates. For the registration of births within the deadline, 498 girls and 557 boys received birth certificates in the areas from Butembo to Katwa.

During the reported period, 4,681 children (2127 girls, 2,554 boys) benefited from psychosocial support through the seven child friendly spaces (CFS). Among these children, 67 children coming from families affected by EVD (38 girls and 29 boys) and 153 other vulnerable children (82 girls and 71 boys) benefited from individual listening sessions

Health and Nutrition

UNICEF provided medical follow-up to 202 EVD's survivors children aged 0-17 in the 5 clinics of EVD cured (Béni, Butembo, Goma, Mangina & Mambassa). Among them, 175 (87 %) have presented the following pathologies that have been treated: respiratory tract infections (39%), malaria (17%), Urinary Tract Infections (11%), intestinal parasitosis (10%), Infected wound (6%), visual disturbances (5%), and neurological disorders (5%), and other pathologies (7%)

UNICEF and its partners trained 8 doctors and 20 nurses on new-born care by pediatricians. Pediatric cares have been provided to 387 children aged 0 to 17 including 304 newborns in maternity hospitals. Among these newborns, 200 were sick.

As part of its strategy of reinforcement of Health System in areas affected by EVD , UNICEF and its partners trained 452 health providers on the technical management of Programme Elargie de Vaccination(PEV) and 236 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 8 health zones of the province of Ituri. In the same health zones, 10 senior staffs of provincial health division (DPS) and 40 from health zones have been trained on primary health care management and leadership. In addition, 340 Health Facilities received medical equipment in 24 health zones (8 in Ituri and 16 in North Kivu) Moreover, UNICEF provided three medical ambulances in the health zones of Béni, Kalunguta and Mambassa.

At the level of the five survivor clinics, 1,015 EVD's survivors including 447 males and 568 females benefited from nutritional follow-up. The total number of people cured of EVD with nutritional disorders is 330 cases, i.e. 32.4% of the 1015, of whom 30.4% are adults, 1.2% are in the age group between 5 and 17 years old and 0.8% are children under 5 years old. The most common nutritional disorder is overweight/obesity in 29.3% of adults. In November, four pregnant women cured of EVD gave birth and all the newborns are healthy and are exclusively breastfed as soon as the absence of the virus in breast milk is confirmed in two samples taken within 48 hours.

UNICEF, through its partnership with PRONANUT, continues to support the Preschool Consultation and the management of severe acute malnutrition in the 17 Health Zones most affected by the EVD epidemic. A total of 15,349 children aged 6-59 months have been screened and 920 new cases of severe acute malnutrition detected have been treated. At the Preschool Consultation (CPS) level, at the 145 health facilities (out of 208) that reported for the period 105,353 children under 5 years of age benefited from growth monitoring. This represents 41% of the target and almost double the proportion monitored (23%) the previous month. CPS attendance rates decline with the age of the child. Indeed, from 45% for children under 6 months, to 32% between 6-23 months of age and only 16% between 24-59 months. Growth monitoring allows to follow the adequate feeding of the children being monitored, which means exclusive breastfeeding for children under 6 months and continuous breastfeeding combined with a four-star diet. Thus 61% of the children in the 6-23 months age group followed at the CPS level receive adequate nutrition according to their age.

During this reporting period, 356 support groups held awareness meetings on IYCF, and cooking demonstrations based on local foods with the participation of 7115 members, 95% of whom were women.

Education

UNICEF and its partners continued activities at school to establish a safe environment for children and equal access to education. In the educational province of North Kivu2, health zone of Beni, UNICEF through its partner EPST North Kivu 2 ensured the distribution of school kits in favor of 3,871 (2,042 girls) pupils from 12 schools of Beni. In the same province, Musienene health zone, UNICEF and its partner *Action de Solidarité pour la Promotion de la Sante Familiale et de Développement* (ASOPROSAFD) distributed school kits to 936 students (441 girls) outside of school and reintegrated in 13 schools in the Lubero 1 educational sub-division. 116 teachers (64 women) and 13 directors (2 women) were also trained in psychosocial support, peace education, reproductive health and gender-based violence.

By all means, in the health zones of Kamango, Beni, Musienene and Oicha, 225 teachers (128 women) and 71 directors (15 women) from 74 schools were trained in learner-centered methodologies (Active and Participatory Pedagogy). In the educational province of North -Kivu 3, UNICEF and its partner EPST North Kivu3 have trained 25 Inspectors (4 Women) who constitute the core of the teacher trainers of the Division on Peace Education and HIV / AIDS Prevention in the Pinga health zone.

In Ituri province, UNICEF and its partner *Action pour la Protection de l'Enfance et le Développement Intégral* (APEDI) trained 12 Inspectors who trained 225 teachers and school principals in active and participatory methods. In the same framework, 213 teachers (13 women) and 17 (2 women) Directors of 17 schools were trained on Psychosocial support in Mambasa 1 and 2 educational sub-divisions. In addition, 17 children's clubs in 17 schools have been set up to carry out awareness-raising activities on child protection in schools and ensure the referral of protection cases. 2,500 (1225 girls) out-of-school children have been reintegrated into 17 schools in the Mambasa 1 and Mambasa 2 educational sub-divisions and are following recovery courses.

Humanitarian Leadership, Coordination and Strategy

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

Human Interest Stories and External Media

In November 2020, the communication team posted 85 messages related to humanitarian issues on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#). During the reporting period, a story published on the website highlighted [UNICEF's work in schools to strengthen resilience, social cohesion and human security](#). The [Ebola landing page](#) was updated following the announcement of the [end of the outbreak in the Equateur province](#). Several media picked this information up, including [UN News](#), [Cqtn.com](#). Emergencies linked to climate, environment and security were discussed for [World Children's Day](#). UNICEF, in partnership with MONUSCO and UNOPS launched a new radio station "Okapi Enfant" on World Children's Day. Several media also picked this information up, including [Reliefweb](#), [Radiookapi.net](#), [Actualite.cd](#) and [Congo.sharfaqna.com](#).

Next SitRep: 15/12/2020

UNICEF DRC Sitrep: https://www.unicef.org/appeals/drc_sitreps.html

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

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

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Summary of Programme Results: UNICEF HAC 2020

Sector	Overall needs	Cluster/Sector Response			UNICEF and its partners		
		2020 target	Total results	Change since last report ▲ ▼	2020 target	Total results	Change since last report ▲ ▼
Nutrition	4,700,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment		599,810	360,154	62,918	557,823	272,396	18,320
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	15,372	0	32,291	0	0
Health	5,600,000						
# 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
WASH	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,812,211	550,634	45,683	1,609,056	550,634	23,211
# 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).		266,512	12,355	0	128,724	12,355	1,518
# of people affected by natural disasters, population movements and/or conflicts provided with access to WASH services (disaggregated by sex, age, handicap)		566,718	391,318	3,000	407,627	391,318	9,500
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		66,128	24,956	250	38,918	24,956	-
Child Protection	3,300,000						

# of children accessing mental health and psychosocial support		258,000	322,514	30,903	150,000	180,989	25,362
# 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	12,603	760
# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,700	6,117	682	8,500	3,091	330
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	7,486	217	7,000	2,890	217
Education	1,777,930						
# of children aged 6 to 17 years accessing formal or non-formal education		490,258	171,258	41,696	359,000	104,439	15,426
"# of female and male teachers trained on learner-centered methodologies and peace education		8 914	4,285	2,139	2,660	2,433	864
Rapid Response	1,900,000						
# of people provided with essential household items, and shelter materials		1,300,000	1,178,771	26,589	450,000	478,134	67,815
Communication for Development							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	14,728,552	3,999,820
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	12,447	1,794

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	87,956	210,191	0

activities (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).			
# 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.			
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	0
# of community sites (port, market places, 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 ¹⁵	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A ¹⁶	N/A
Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging	30,210	21,935	0
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	17,100*	16,207	0
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	24,906	0
# of contact persons, including children, who receive psycho-social support	0**	N/A	N/A
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,775	0
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,660	0
# of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families	1,300	1,112	0
* This figure includes support provided to families with suspect, probable or confirmed EVD members.			
** The target number has been changed in relation to the evolution of the epidemic.			
Health and Nutrition			
# of < 24 months children caregivers who received appropriate counselling on IYCF in emergency	115,000	103,351	7115
# 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			

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

16 Same as above

# 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 Ebola¹⁷	Target	Total results*	Change since last report ▲ ▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	75,385	120
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	480,502 ¹⁸	0
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	119	1
# 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	3,611
# 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
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	53,806	4,681
# 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	1742
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	509	340
# of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk	20,000	4,457	920
# of children (6-59) months of age who received vitamin A	743,075	814,489	127,911
# of children (6-59) months of age who received deworming (12-59 months)	699,363	699,285	92,287
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	61,065	4807
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	534	384

¹⁸ 290,000 have been added because not reported by the partner Solidarite Internationale in September

Annex B

Funding Status*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	144,738,334	2,616,114	14,878,871	127,243,349	88%
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	2,483,060	1,004,579	0	0%
Ebola*****	38,695,576.15	9,961,922	19,796,782	8,936,872	23%
Total	318,298,110.15	30,030,523.65	48,598,815.75	241,535,410.08	76%

* 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 04-12-2020