



Reporting Period: September 2020

Democratic Republic of the Congo

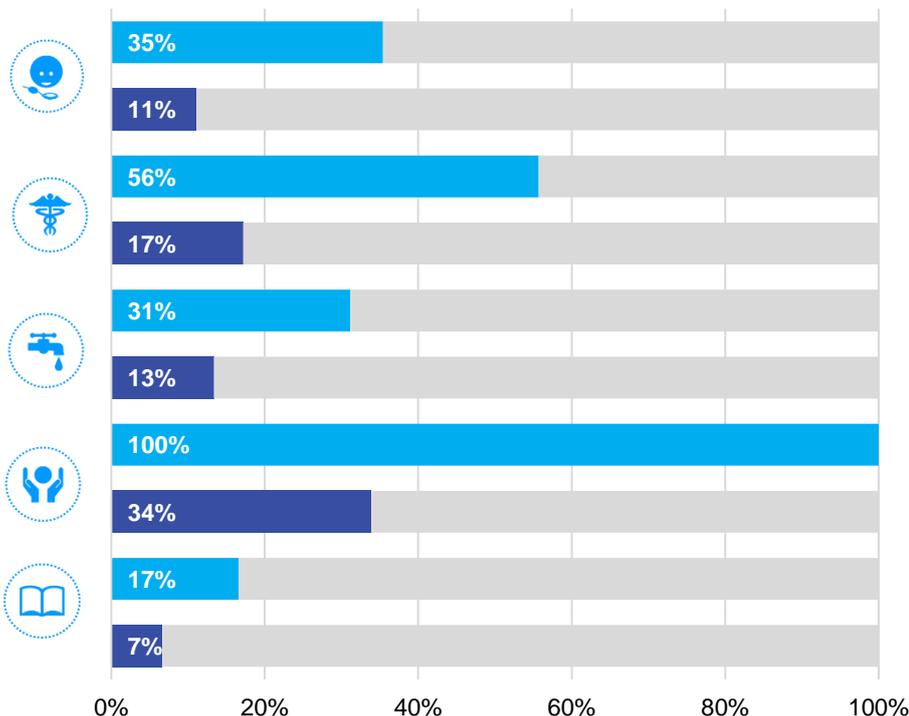
Humanitarian Situation Report No.09

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Highlights

- The child protection situation continues to be out of a concern in Ituri, North Kivu and South Kivu Provinces, due to persistence of armed clashes. 42 grave violations have been documented in the territory of Beni (Nord Kivu), while in Ituri, 75 girls and 9 boys have been victims of protection incidents. In Shabunda (South Kivu), protection actors observed an increase of SBVG cases.
- As of 30st September, 119 confirmed cases of Ebola, of which 53 deaths, have been reported as a result of the DRC's 11th Ebola outbreak in Mbandaka, Equateur province. UNICEF continues to provide a multi-sectoral response in the affected health zones.
- 83,981 suspected measles cases, of which 1,382 deaths, have been reported across the Democratic Republic of the Congo since the beginning of the year.
- As of September, South Kivu became the first province to report the highest number of suspected cases of cholera (5,232) since the beginning of the year 2020.
- 34,236 people affected by humanitarian crises in Ituri and North-Kivu provinces have been provided life-saving emergency packages in NFI/Shelter through UNICEF's Rapid Response (UniRR).

UNICEF's Response and Funding Status

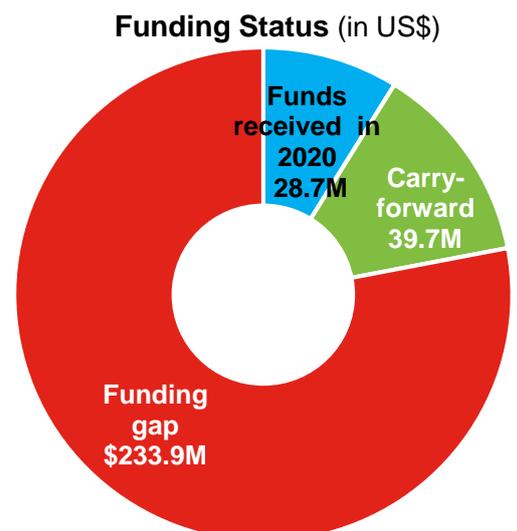


*Source: OCHA, Revised Humanitarian Response Plan 2020, June 2020

Situation in Numbers

-  **15,000,000**
children in need of humanitarian assistance (OCHA, Revised HRP 2020*)
-  **25,600,000**
people in need (OCHA, Revised HRP 2020*)
-  **5,500,000**
IDPs (Revised HRP 2020*)
-  **15,699**
cases of cholera reported since January (Ministry of Health)

UNICEF Appeal 2020
US\$ 318 million



Funding Overview and Partnerships

UNICEF appeals for US\$ 318M to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2020 HAC has a funding gap of 73%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Needs

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

In Ituri province, following the lull observed in Mahagi territory, approximately 500,000 people¹ in the health zones of Rimba, Aungba, and Kambala have returned to their villages of origin. According to a rapid needs assessment conducted in the area by the Intercluster under OCHA coordination, there is an urgent need to provide multi-sectoral response to the population as most of houses, health centers and schools in the villages have been destroyed and basic social services are interrupted. In the south of Irumu territory, various non-state armed groups operate resulting in approximately 60,000 newly displaced population in needs of multi-sectoral response namely health, nutrition, *Non-food items* (NFI), protection and education.

In North Kivu province, the security situation in Masisi and Walikale territory continues to deteriorate as one of the major non-state armed group in North Kivu has entered a war of secession since July. In mid-September, new clashes have occurred in Pinga causing further population movements. As mentioned in the previous SitRep, approximately 25,000 returnees and 15,000 displaced population were registered due to the conflict. The conflict causes grave violations of the population. *Monitoring and Reporting Mechanism* (MRM) allegations² of: 19 children have been reported mutilated, while 30 children were allegedly murdered, 12 children victims of sexual violence, and around 210 children are unaccompanied in Pinga. Following UNICEF advocacy, a humanitarian actor³ received funding to provide child protection assistance.

In Mweso, every week, around 12 to 16 children associated with armed forces/groups were identified by UNICEF implementing partner *Croix Rouge du Nord Kivu* (CRNK). UNICEF has been one of the first responder of the crisis through its rapid response mechanism. In Beni territory, attacks by the non-state armed groups unfortunately remained repetitive⁴. UNICEF through its rapid response mechanism has provided on 20 September life-saving assistances to 1,525 households among the affected population in Mangina health zone. New attacks and population displacements took place in the same territory on 21 and 22 September. The NFIs response was provided by another humanitarian actor, *Solidarite Cooperative Agricole du Congo* (SOCOAC).

Despite a situation characterized by a post-conflict stabilization, persistence of certain land conflicts has been observed in Kasai Central and Kasai; with negative impacts on children amplified by a fragile protection environment with limited access to basic services for vulnerable children, adolescents and their families. Following a child protection rapid assessment carried out in September by the Child Protection sub/cluster, 87 UASC (19 girls) have been identified in the territories of Bena Leka and Kalenge, following displacement of population due resurgence of land conflicts.

In South Kivu, population in the territories of Minembwe, Bijombo and Mikenge are subject to kidnappings, abductions and killings. Due to limited access (logistics and security) to these areas of the Haut-Plateaux, very few actors are present despite huge needs of the affected population. UNICEF provided Health and Child protection services to the affected population. by ensuring access to healthcare through UNICEF implementing partner *Agence d'Achat de Performances* (AAP), which supported Mikenge General Hospital and organised mobile clinics in 4 health areas⁵. Regarding child protection, UNICEF's implementing partner *Association des Volontaires pour la Recuperation des Enfants* (AVREO) has provided a package of activities including psycho-social support through child-friendly spaces, care for child victims of violence and sexual abuse, and identification and reunification of separated children.

In Maniema province, a new wave of nearly 4,600 displaced populations was observed in Salamabila center and Matete following clashes between armed group and FARDC. Following the assessment carried out by the humanitarian actor Caritas-Kasongo, multi-sectoral needs (shelter, NFI, food, medical care) have been identified.

¹ Source: OCHA

² Reported by the Sub-Cluster Child Protection

³ Caritas Goma

⁴ The Mabalako health zone (rural commune of Mangina) has seen population movements from the villages of Musuku, Mandumbi and Mbau into the Oicha health zone. But in September the attacks took place mainly in the health zones of Oicha and Mutwanga.

⁵ In Mikenge, Kipupu, bilalombili and Bwalandia

In Tanganyika province, several incursions by armed groups have caused human rights violations such as sexual violence, looting, burning of villages and preventive displacement of people in Kalemie territory. The trend of population movement continues toward return. For the months of September and October, the area recorded 99,541 people returning to their areas of origin, of which 28,476 (27%) were in Kalemie and 18,035 in Nyunzu (CMP Tanganyika Report, October 2020). There is also the problem of return movement of IDPs from the sites because they choose to relocate to less populated villages around Kalemie. In addition, it should be noted that the heavy rains in October caused significant material damage in Tanganyika province with 404 houses destroyed, affecting 527 households (or 2,207 people). The province also reported about 60 cases of cholera in the health zones of Kalemie, Nyemba and Moba; and about 55 cases of measles in the health zones of Kiambi, Manono, Kabalo and Ankoro which are monitored by the provincial health subdivision.

Epidemic outbreaks of measles continued to be reported in September. As of epidemiological week #39, 83,981 suspected measles cases, including 1,382 deaths (Case Fatality Rate: 1.6%), have been reported across the DRC. The provinces that reported the highest number of cases of measles were: Sankuru 144 cases, Kwilu 174 cases and Nord-Ubangi 50 cases. During the reporting period, 3 health zones (Kibirizi, Ipamu and Isiro) were classified as active epidemic zones.

Compared to the data for the same period in 2019 (177,570 cases/ 3,484 deaths, lethality 1.96%), there is a decrease in the number of cases, deaths and lethality in 2020 for the same period.

As of epidemiological week #39, 15,699 suspected cholera cases, including 255 deaths, have been reported across the DRC. The provinces that reported the highest number of cases were: South-Kivu 5,232 cases, North-Kivu 4,758 cases, Haut-Katanga 3,081 and Tanganyika 1,157 cases. In September, 429 new suspected cases and 0 deaths have been recorded.

As of September, South Kivu became the first province to report the highest number of suspected cases of cholera (5,232) and the second highest number of deaths attributed to the same disease (34) since the beginning of the year 2020. Five health zones in South Kivu were specifically notified of suspected cholera cases in September: Minova (214), Katana (171), Lemera (147), Fizi (93), and Uvira (82). This is the largest outbreak of the year at the national level.

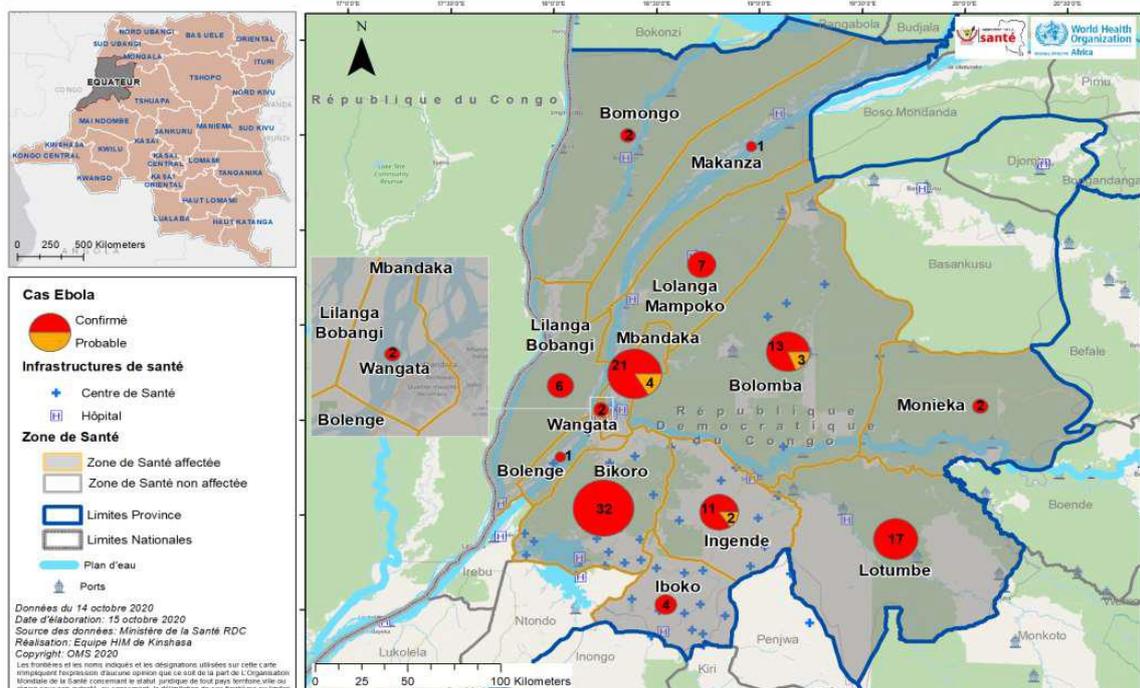
In Kasai Oriental, the resurgence of suspected cholera cases is still active. Although this province has notified "only" 356 suspected cases since the beginning of the year, the month of September alone included 51% of the transmission of the disease, i.e. 183 suspected cases. The health zones of Muya and Diulu seemed to be particularly affected with 50 and 52 suspected cases during this period.

In Mbandaka, Equateur province, since the declaration of the 11th Ebola outbreak in June, 128 Ebola cases, of which 119 were confirmed cases and 9 probable cases as of September 30st. 53 deaths and 69 cured patients have been identified in thirteen health zones of the Province, bringing the lethality rate to 41,4%.

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

As of 30th September, 2020⁶, the COVID-19 outbreak has affected 21 out of the 26 provinces in the DRC, with a total of 10,659 confirmed cases. Compared to August, 4 new provinces (Tshuapa, Maniema, Kasai Oriental, Tanganyika)

and 545 additional people have been affected by Covid-19. The national repartition of the cases is as follows: Kinshasa 8,144 cases; Kongo Central 466 cases; North Kivu 960 cases; Haut-Katanga 332 cases; South Kivu 305 cases; Lualaba 103 cases; Ituri 152 cases; Haut-Uélé 79 cases; Tshopo 47 cases; Equateur 15 cases; Kwilu 6 cases; Sud-Ubangi 6 cases; Haut-Lomami 1 case; Kasai 1 case; Kasai Central 3 case; Kasai Oriental 1 case; Kwango 1 case; North Ubangi 27 case; Tanganyika 6 cases; Maniema 2 cases; Tshuapa 1 case. Despite these challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures⁷. The latest COVID-19 situation report can be found here [link](#).



Number of cases by health zone in Equateur Province, Ministry of Public Health report of September 30

Summary Analysis of Programme Response

Nutrition

During the reporting period, UNICEF supported the treatment of SAM in 50 health zones⁸ which represent 28% of the priority health zones identified by the Nutrition cluster. 24,761 children were treated for Severe Acute Malnutrition (SAM) according to data from the national health information system. Since January 2020, 40% (i.e. 222,400 children) of targeted children suffering from severe acute malnutrition had access to nutrition care in nutritional treatment units. The performance indicators for SAM treatment were as follows: recovery rate of 98,1%, death rate of 0.7% and default rate of 0.6%.⁹

UNICEF supported nutritional surveillance and early warning system (SNSAP), which showed slight decrease in the number of health zones on alert, from 71 in July 2020 to 60 in August, representing 12% health zones across the DRC¹⁰. However, the number of health zones in nutritional alert increased by 3% compared to the same period in 2019¹¹. It should be noted that the Provinces of Equateur (14 health zones out of 18), Maniema (8 health zones out of n 18) and Sankuru (8 health zones out of 16) are the most affected.

⁶ Source: 'Bulletin épidémiologique Covid-19 du 29 Septembre 2020' – Ministry of Health DRC

⁷ COVID-19 prevention measures: practicing social distancing, installation of handwashing stations, temperature checkpoints during interventions, and wearing masks.

⁸ The main supported Provinces are Tanganyika, South-Kivu and Grand Kasai

⁹ Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

¹⁰ The factors mentioned below might have influenced the nutritional situation: 1) the poor completeness of data in August (84%); 2) Food price bulletins inform the price stability of certain basic foodstuffs (palm oil, corn flour, cassava flour, local rice, salt, sugar, goat meat) in more than half of the provinces ;3) The stability of the costs of food baskets made from maize and / or cassava as well as the stability of the daily remuneration for field work would result from a stability in the prices of main food products and purchasing power;

¹¹ This is due to: 1) The displacement of population in the North East of the country (Maniema, Nord Kivu); 2) Inter-community conflicts in the Kasai Provinces (Kasai Central); 3) The increase in the price of staple foods and their general access remain difficult in some provinces (Equateur, Kasai Central, Kasai Oriental, Sankuru, Kwilu, Mai Ndombe and Nord Kivu).

In addition, the results of the nutritional surveys (SMART Method) conducted in August 2020 in the health zones of Boko (Kwango Province) and Drodro (Ituri Province) showed a worrying nutritional situation with global acute malnutrition (GAM) prevalences of respectively 15.8% and 14.3%, while the severe acute malnutrition (SAM) prevalences are respectively of .3% and 5.9%. These prevalences are above the emergency thresholds of 2% for severe acute malnutrition (SAM) and 10% for global acute malnutrition (GAM). In these 2 health zones¹², responses are already underway, including the management of severe acute malnutrition.

The 30th of September, the Nutrition Cluster held two general meetings at national level, and 40 partners attended these meetings. Exchanges took place on corrective actions¹³ identified in order to improve access to a qualitative nutrition response, in order to allow each partner to implement them for a most efficient response.

Health

During the reporting period, in Haut Katanga province, UNICEF supported the Ministry of Health in the organization of the measles response campaign, by providing vaccines and paying operational costs, in the Health Zones of Kamalondo, Lukafu and Kapolowe, reaching more children than initially planned with a total of 1,339 children out of the targeted 885 people.

In South Kivu Province, in response to the humanitarian crisis in the isolated area of Hauts-Plateaux, UNICEF and its implementing partner *Agence Achat de Performance* (AAP) provided access to free medical care¹⁴ to 5,331 persons, of which 1,348 children under five, at the Mikenge regional hospital and in the health zones of Kipupu and Mikenge.

In Mbandaka, Equateur Province, UNICEF is strengthening its intervention capacities in order to be able to cover all of the province's health zones since the declaration of the 11th Ebola outbreak in June. Thus, the two health zones of Bomongo and Mankanza, having recently registered new cases, benefited from a reinforcement of human resources with the dispatch of rapid intervention teams composed of the Risk Communication and Community Engagement (RCCE), the Infection Prevention and Control (IPC) and the Psychosocial unit.

WASH

In September, 36,650 people affected by population movements due to conflicts and 104,060 people affected by cholera, benefited from WASH assistance provided by UNICEF partners. The response was the below:

In Kasai Oriental province¹⁵, UNICEF and implementing partner *Social Development Center* (SDC) provided access to safe drinking water to 1,188 persons through the installation of 46 chlorination points and two water purification stations.

In the Province of Tshopo, 5 Hopitaux Generaux de Reference (HGR) and six schools have benefited from the construction of WASH structures, thanks to the work of UNICEF implementing partners PPSSP, PAPV-Afrique, DPS Tshopo and DPS Bas-Uele. The WASH package included the construction of 4 water sources, 5 waste pits, 5 placenta pits, construction of 36 doors latrines, 12 shower doors and the establishment of 3 impluvium.

In Tanganyika province, 15,088 persons gained access to safe drinking water through the rehabilitation of 15 water sources and the drilling of 37 wells by UNICEF's implementing partners *Concern Worldwide*, *Croix-Rouge*, *Armee du Salut* (ADS), *Medecins d'Afrique* (MDA) in Moba, Kalemie, Nyunzu and Manono territories. Furthermore, on transit sites in Kalemie, 107 latrines doors were constructed, and 7 wells were drilled by *Concern Worldwide* and *International Organization for Migration* (IOM).

In South Kivu province, 1,000 persons were reached in the Health Zone of Minova on cholera prevention measures through UNICEF's implementing partner *Norwegian Church Aid* (NCA).

In Ituri Province, 57,870 persons benefited from a WASH package through UNICEF's implementing partner *Mutuelle de Sante Canaan* (MUSACA). 10,574 persons in Rwampara, Mambasa and Komanda health zones were reached on key home water treatment practices through door-to-door sensitization. Finally, 3,955 persons were reached¹⁶ with access to drinking water by UNICEF's implementing partner *Programme de Promotion des Soins de Sante Primaires* (PPSSP).

¹² in Boko with funding from the World Bank and in Drodro with funding from the Humanitarian Common Fund through ACF

¹³ As reducing the high drop-out rate in some health zones and understand the high death rate in some health zones.

¹⁴ IEHK2011,kit,basic unit, Midwifery kit,2-equipment, Midwifery kit,1-drugs, Midwifery kit,3-renewable

¹⁵ In Bonzola and Mukumbi Health Zones

¹⁶ In Komanda Health Zone

Cholera Response

- Health

In response to the cholera outbreak in South Kivu province, UNICEF and its implementing partner PNECHOL supported the organization of a cholera vaccination campaign in five health zones, reaching during the reporting period 1,058,352 persons out of the targeted 1,051,788 persons. The vaccination coverage of this campaign is 100.6%, of which 91.6% of people received their second dose. In response to the cholera outbreak in Haut Katanga province, UNICEF continued to support in September the Government's response through the provision of drugs to the *Direction Provinciale de la Sante* (DPS), enabling it to care for 1,000 patients in the health zones of Kilwa and Mufunga Sampwe.

- Cholera Rapid Response¹⁷

During the reporting period, ten teams of *Croix Rouge Nord Kivu* carried out 305 rapid responses in North Kivu province, 97% of which were conducted in less than 48 hours. 2,747 households (13,910 people) received with a cholera package¹⁸ to protect themselves against cholera and interrupt its transmission in the community.

COMMUNITY RESPONSE AT A GLANCE – Summary of activities for last full months (may) last full week, and cumulative since 01/01/2020 - RDC - Nord-Kivu	MONTH	WEEKS	TOTAL SINCE 01/01/2020
	2020_9	2020_39	
Suspected cases reported by MSP	273	75	4 529
Suspected cases reported by Line Listing	172	47	2 953
Completion line listing VS MoH data	63,00%	63%	65%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)**	305	75	2 629
Number of response done (type 1: rapid responses only)*	160	45	2 002
Responded cases by CORT	166	47	2 677
% of response < 48 h (only type 1)*	97%	96%	94%
% of responded cases (Based on Line Listing)	97%	100%	91%
Average of households per response (i.e. "cordon sanitaire" size)	13,46	14,61	12,11
Number of households having received at least one Household Water Treatment product	2747	809	39480
Number of persons sensitized (rapid responses only)*	16376	4579	251 003
Number of persons sensitized (rapid responses, prevention and community involvement)**	40602	8970	364 010
Number of disinfected houses	2067	549	31 205
Average of disinfected houses per suspected cases	12,5	11,7	11,66
Number of emergency water chlorination points activated	6	0	99
* Rapid responses= one response for one cholera suspected case			
**Preventions activities= mobilisation and sensitisation activities but not attached directly to one suspected case			

Education

During the reporting period, schools remained closed throughout the country as a result of the COVID-19 pandemic following the directives from the Government.

In order to ensure access to education, UNICEF continued to promote distance learning. More information on UNICEF's COVID-19 response can be found here [link](#).

In Tanganyika Province, in order to mitigate the impact on children of this long period without schools, a training course on distance learning was organised by UNICEF for nearly 40 teachers in the city of Kalemie. UNICEF also organised

¹⁷ In coordination with the DPS North Kivu, South-Kivu and Haut Katanga, UNICEF is delivering a cholera rapid response programme based on case-area targeted interventions (CATIs). This programme aims at responding to at least 80 per cent of suspected cases in less than 48 hours by implementing "cordon sanitaire" around each suspected case. This program has been implemented since the end of December 2019 in North Kivu, mid-June 2020 for Haut-Katanga and early July in South Kivu. Main challenges the programme faces are lack of funding and limited epidemiological surveillance system. UNICEF is reinforcing the surveillance system.

¹⁸ The cholera package is the distribution of a cholera kit sized for 1 month and a family of 6 people. Composition of the kit: 6 ORS (Oral Rehydration Salt), 6 soaps, Aquatabs or other home water treatment products for 1 month, 1 jerrycan for water transport and a bucket with lid and tap for home water storage.

Awareness raising and training in the use of the materials described above is also carried out for each household in the cordon sanitaire. The cordon sanitaire is made up of 15 to 20 households around each suspected cholera case.

distance learning courses to address needs in education of 1,569 children (including 712 girls) in Kalemie, who were affected by pre-pandemic interethnic conflicts, in order to prepare them as best as possible for the new school year.

In Ituri Province, UNICEF organised capacity building workshops for 225 teachers. The workshops covered the themes of Psychosocial Support and Peace Education, Gender-Based Violence and Child Centred Methodology.

The Education cluster conducted a survey on the planned support to school reopening after long period. The results showed that 46 organisations (out of 51) are planning to support back-to-school. Among the Provinces most supported are: South Kivu (16 partners), North Kivu (15 partners), Maniema (8 partners), Ituri (5 partners). In addition, two exercises on Secondary data review were completed done to inform the Humanitarian Need overview (HNO). Finally, a harmonization note has also been produced to integrate pre-Covid-19 activities, including those under *Education Cannot Wait* (ECW) funding, at the time of the first day of school.

Child Protection

In September, an increased number of children have been assisted by UNICEF and its partners¹⁹ with a total of 27,012 children (12,965 girls, 48%). 407 Children Associated with Armed Groups and Forces (CAAFAG) were reunified and benefitted from socioeconomic reintegration²⁰ and 221 Unaccompanied and Separated Children (UASC) were identified and provided with temporary care. 26,193 children received psychosocial support through (mobile and fixed) child friendly spaces; including in IDPs sites.

Due to COVID-19 and EVD interventions, UNICEF reached 106% of its MHPSS target. UNICEF also scaled up its GBViE activities reaching a total of 7,097 women, girls and boys who benefitted from GBV response as well as prevention and risk mitigation measures.

Overall, since the beginning of the year only 34% of the CAAFAG and 28% of the UASC targets were reached. More specifically, between the 1st and 2nd trimester of the year, a 60% decrease of targeted children has been observed due to limited access to certain areas for security reasons, and to COVID-19 restrictions measures between April and July 2020.

In response to the Ebola outbreak in Equateur province, 113 people (including 47 men, 49 women, 9 boys and 8 girls) benefited from follow-up and psychological support at home, including 11 Ebola survivors.

Three nurseries are now operational in 3 Health Zones (Bolomba, Lotumbe and Ingende). During the reporting period, 26 children (14 boys and 12 girls) were placed in the nurseries to benefit from nutritional, health and psychosocial support while their mother were in the ETCs.

737 people (including 173 men, 146 women, 218 boys and 200 girls) participated in 48 psychoeducation sessions on the following theme: signs and preventive measures for EVD, the importance of vaccination and the importance of contact follow-up.

9 separated children (including 3 boys and 6 girls) were identified and received appropriate care as well as psychosocial support.

Communication for Development (C4D), Community Engagement & Accountability

During the reporting period, the C4D Unit has been working in the three provinces of Kinshasa, Tshopo and Mai Ndombe to support the ongoing polio vaccination campaign, namely by creating a positive public perception about vaccine safety and efficacy through different communication channels. Door-to-door visits, community dialogues, educational talks, popular forums, radio broadcasts were conducted by 60 communication experts, reaching 2,914,876 people.

In September, 767 Community Relays (RECOs), but also 203 Churches and 24 Community radio, conducted educational talks on the adoption of Essential Family Practices (EFP) in Tanganyika, North-Kivu, South-Kivu, Kasai Oriental and Equateur Provinces, reaching a total of 455,102 people.

In response to the 11th Ebola outbreak in Equateur province, UNICEF supported the activities carried out by 2,135 influential leaders and different key community groups, and by 1,277 RECOs, who led activities aiming to inform and mobilize communities against the epidemic. Thus, 504,664 people living in risk areas were reached by Ebola Virus Disease (EVD) awareness messages through different communication channels (community dialogues, educational talks, popular forums, radio broadcasts, printed materials).

¹⁹ National and International NGO's

²⁰ Vocational training in carpentry, mechanics, sewing, hair dressing.

UNICEF Rapid Response (UniRR)²¹

Overall in September 2020, 5,706 households (34,236 people), recently displaced due to armed conflicts, benefitted from life-saving emergency packages of Non-Food Items (NFIs)/shelter and WASH through UNICEF rapid response mechanism (UniRR). In Ituri Province, 1,512 households (9,072 people) were reached in Tchomia in cooperation with PPSSP, while in North-Kivu 1,521 households (9,126 people) in Mangina and 2,673 households (16,038 people) in Lukweti were reached in cooperation with Croix-Rouge Nord-Kivu.

Since January 2020, UniRR's interventions have provided assistance to 62,465 households (out of the original target of 75,000 households), i.e. 347,047 people (out of the original target of 450,000 people).

Social Sciences Analysis Cell (CASS)

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

During this reporting period, the CASS, in coordination with the Epi Analytics cell and in support of the MoH response leadership, conducted a comparative analysis of barriers and motivators to community participation in key Ebola Response interventions across 4 health areas in the health zones of Mbandaka, Bikoro and Ingende. The initial component of this study addressed *contact tracing*, integrating in-depth epidemiological analyses from the MoH Analysis Cell with CASS social sciences data to understand the underlying, common, or recurrent factors for refusal and participation, by health area.

Key results from preliminary analysis

Epi analysis

- Majority of confirmed cases not known as contacts – no significant difference across health zones
- No significant difference between men and women being listed as contacts
- In Mbandaka, few children between 0-4 listed as contacts (significantly less than other health zones with more than 1 case)

Social sciences analyses: reasons for refusing contact listing and follow-up

- Poor dialogue about contact tracing (CT) – the purpose and process (doubt in the existence of the disease; acceptance and belief in Ebola and the need for response interventions is directly linked to proximity to cases)
- Fear of vaccine (side effects, belief that it is used to infect with Ebola, and developed to kill local population so their forests and land can be exploited)
- Fear of the risk that contact tracing will result in community stigmatisation
- Lack of trust in the response teams, seen as “strangers”, not inclusive of community members
- Fear of being transferred to the Ebola treatment centre (ETC)
- Delays in planned follow-up visits, and inappropriate timing (conflicting with other activities)
- Barriers in accessing healthcare (if symptoms during follow-up)

CASS recommendations

- 1) Reduce visibility: do not use cars, or leave the vehicles at a distance before entering intervention sites
- 2) Minimise the risk of stigmatisation through transparent consultation with contacts
- 3) Not every Ebola outbreak is the same: adapt interventions and protocols to the characteristics of the epidemic and the context
- 4) Adapt communication to the characteristics of the epidemic: for all teams in contact with communities. Surveillance and Psychosocial Support (PSS) are the first in touch with affected families; it is critical that they can explain transmission, risk and how contact tracing and vaccination work. This is not only for Risk Communication and Community Engagement (RCCE). CASS teams are currently working with local actors to co-develop recommendations based on these initial results, and to establish plans for implementation and progress monitoring. The recommendations resulting from this study and other CASS studies in Equateur are compiled online in the MONITO tool [\(available here\)](#).

²¹ 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.

Ebola in North Kivu and Ituri Province

Risk Communication and Community Engagement (RCCE)

UNICEF's RCCE team continued community engagement activities as part of the post-Ebola transition and focused on training and promoting of EFP to increase community resilience. During the reporting period, UNICEF has signed three new partnership agreements, to continue to strengthen the capacity of CAC members and community leaders on EFP, with the following organisations:

- *Collectif des Associations Feminines (CAF)* working in the Mutwanga Health Zone
- *Programme d'Accompagnement des Jeunes A Risque au Congo (PAJR)* in the Oicha Health Zone
- *Contributions des Operateurs Economiques aux Initiatives de Developpement Local (COEIDL)* in the Health Zone of Kalunguta

In September, 1,746 CAC members and community leaders, of which 1,360 women, were engaged through these activities.

Regarding mass media communication, UNICEF and its implementing local partner *Reseau de Media Pour le Developpement (REMED)* have extended their partnership with 60 radios in North Kivu and Ituri provinces, until December 2020 to continue interactive radio programs focusing on Essential Family Practices targeting more than one million listeners of 60 partner radios.

In September, 25,675 people benefited from personalized house visits undertaken by the Community Animation Cells (CACs) to raise awareness on Ebola, while 4,196 CACs members were trained on communication techniques and EFPs.

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

In September, UNICEF continued to implement Pillar 3 activities, reaching 2 health facilities with a WASH package²² in areas affected by EVD or at risk.

At the community level, UNICEF and its implementing partners²³ built or rehabilitated 16 water points in Beni (2), Mabalako (9), and Lubero (5). Thanks to these interventions 38,404 people had an improved access to WASH services in areas that have been affected by EVD or at risk. In order to achieve sustain WASH infrastructure, SI trained 130 members of the water point management committees, including 49 women and 81 men, in the Health Zone of Mabalako and Mandima, while FAEVu installed 14 water point management committees in Health Zone of Lubero,

As part of activities at school level, SI built 4 blocks of latrines in Health Zone of Mabalako while CEPROSSAN built 3 latrine doors at EP Kalunguta.

UNICEF and its implementing partners continued the sanitization on good hygiene practices such as handwashing with soap and proper use of the toilet facilities. SI sensitized 3245 people in Mabalako. In the city of Butembo, CEPROSSAN reached 6639 people through sensitization.

Psychosocial Support

UNICEF and its partners continued to support the most vulnerable children in the Ebola affected health zones.

Thanks to the NGO *Actions Concrètes pour la Protection de l'Enfance (ACOPE)*, 21 children associated with armed groups (1 girl, 20 boys) were certified. In addition, 26 children associated with armed forces and groups (EAFGA), including 1 girl and 17 unaccompanied children (ENA) including 8 girls were reunited with their families in the health zones of Beni, Oicha, Kalunguta, Musienene, Kayna, Butembo, Katwa, Mutwanga and Lubero.

1176 children (582 girls and 594 boys) vulnerable and/or affected children have benefited from psychosocial support and 1112 of them had access to protection services thanks to *Save the children* and SAFDF in the health zones of Beni, Mabalako, Butembo, Katwa, Musienene, Vuhovi and Kalunguta. It should be noted that there were 10 displaced children (6 girls and 4 boys) 79 ENA (35 girls and 44 boys) who have benefited from family reunification in collaboration with care structures and the DIVAS. and 24 EAFGA (all boys, 17 from Health area of Bingo, 7 from Health area Aloya) who are benefiting from transitional care and reintegration.

57 girls' victims of sexual and gender-based violence have been identified and documented in the Beni areas. They were referred to benefit from services in health, psychosocial and legal support structures. However, 20 of them from the Mabalako health zone did not receive the necessary socio-professional reintegration responses.

²² Water point, latrines, shower and incinerators

²³ Fondation des Aigles pour l'Encadrement des Vulnérables (FAEVu), Solidarite International (SI), Centre de promotion socio-sanitaire (CEPROSSAN), Agence de Développement Intégral en Milieu Rural (ADIMR)

30 children from families affected by EVD (19 girls and 11 boys) have benefited from socio-economic reintegration through vocational training (cutting and sewing, carpentry).

24 children including 3 girls were found in the places of detention, during the monitoring in the amigo of the PGI and in 6 police dungeons of 4 communes, GMI and GMI in the town of Beni, among whom 15 children in conflict with the law (ECL) including 1 girl whose age varies between 15 and 17 years and all were brought before their natural judge, and 9 other children (7g and 2 girls) were handed over to the DIVAS for their family reunification.

In Ituri, 162 new cases of children eligible for case management were opened by para-social workers (74 boys, 88 girls) and 3 cases closed (2 boys, 1 girl) following the categorical refusal of collaboration by the parents (1 girl) and 2 children (2 boys) were reunited. All the children benefited from psychological support, 17 sick children (10 boys, 7 girls) including 3 malnourished children (2 boys, 1 girl) referred to medical structures for appropriate medical care; 9 children (7 boys, 2 girls) referred to transitory foster families, 1 girl registered at the civil registry office, 4 children in a street situation including 1 boy placed in a transitional support structure, and family mediation conducted for 3 children.

As part of social and legal protection: 1,356 children (691 girls and 665 boys) were registered at the civil registry office, of which 1,116 children (582 girls and 534 boys) in the Butembo and Katwa health zones and 240 children (109 girls and 131 boys) were registered at the civil registry office within the deadline in the zones of Kalunguta, Musienene. In addition, 23 birth registration actors (18 men and 5 women), in Lubero, have been trained in order to enhance their capacity.

48 children (1 girl and 47 boys) in conflict with the law, victims and witnesses have received a legal and judicial assistance. Among them, 33 children (including 1 girl) have obtained decisions as follows: 24 (23G and 1fi) were released and reunited with their families and 9 were placed in a childcare establishment.

As part of the strengthening of the protective environment of the child and the strengthening of psychosocial resilience and reintegration, thanks to UNICEF and its Implementing Partner SAFDF, 9,044 vulnerable children (4,115 girls and 4,929 boys) receiving group psychosocial support through the seven Child Friendly Spaces. 527 children among them received psychosocial support through individual listening sessions.

Health and Nutrition

In the five health centers dedicated to survivors' follow up²⁴, thanks to UNICEF-trained nutritionists, 146 children aged 0-17 benefitted from a nutritional follow up. 87 of them have presented the following pathologies, which have been treated: respiratory tract infections (30%), malaria (18%), visual disturbances (12%), intestinal parasitosis (10%), Urinary Tract Infections (7%), neurological disorders (8%), Infected wounds (3%) and other pathologies (12%).

In addition, medical staff trained by UNICEF also provided pediatric care to 2,715 children aged 0 to 17 (1,408 boys and 1,307 girls). Among them, 146 children (82 boys and 64 girls) were EVD survivors.

As part of its strategy of reinforcement of Health System in areas affected by EVD, UNICEF and its partners trained 19 provincial trainers on the technical management of *Programme Elargi de Vaccination* (PEV) and 24 provincial trainers strategies to fight the COVID-19 pandemic. In addition, 33 Health Facilities received medical equipment in Beni and Bunia. Furthermore, 12 Health area management (BCZ) were provided with motorcycles to strengthen their logistical supervision and support capacities. These are the BCZs of Alimbonog, Kayna, Lubero, Katwa, Butembo, Musienne, Massereka, Vuhovi, Kyondo, Kalunguta, Biena & Mangurujipa

As part of the follow up of separated and orphaned children, UNICEF and its implementing partners reached 366 children under 24 months of age, who received breastmilk substitutes Thanks to the interventions of UNICEF" implementing partner, *Adventist Development and Relief Agency* (ADRA), 8 baby-friendly spaces received 530 children under 5 years old, 170 of whom benefited from stimulation. In addition, 2,748 mothers and caregivers benefited from sensitization sessions and cooking demonstrations to improve children's dietary diversification.

UNICEF and the Government's programme *Programme National de Nutrition* (PRONANUT) supported the operation of the pre-school consultation (CPS) and the Integrated Management of Severe Acute Malnutrition (SAM) in 197 health facilities that enabled monthly growth monitoring of 118,870 children aged 0-59 months and the management of 2,231 cases of SAM, 922 of which were admitted during the month of September. These activities are accompanied by 17 technical supervisors in support of the coordination offices of the 17 health zones that were most affected by the EVD epidemic.

²⁴ Beni, Butembo, Goma, Mangina and Mambassa

Malnutrition screening reached 77,659 children aged 6-59 months, including 637 cases of SAM. The SAM cases received treatment at facility level. This screening will be reinforced by the improvement of coverage through the mother-PB approach.

UNICEF has also signed nine partnerships with local NGOs for the implementation of community-based nutrition in 25 health areas most affected by EVD in North Kivu.

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 September 2020, the communication team focused its external communication activities on the Ebola outbreak. During the reporting period, one press releases explaining how UNICEF welcomes the end of the 90-day period of enhanced surveillance following the end of the Ebola outbreak in eastern Democratic Republic of Congo (DRC) was published. Several media picked this information up, including Actualite.cd and Congo.shafaqna.com.

The communication team also posted more than 150 messages related to humanitarian issues on [Facebook](https://www.facebook.com/unicefdrc), [Instagram](https://www.instagram.com/unicefdrc), [Twitter](https://twitter.com/unicefdrc) and [LinkedIn](https://www.linkedin.com/company/unicefdrc). During the reporting period, new stories were published on the [Ebola landing page](#), highlighting [UNICEF's long-term support for survivors of the disease](#). [UNICEF's rapid response](#) was also highlighted in several posts on social networks.

Next SitRep: 15/10/2020

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

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

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

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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	217,277	23,271	557,823	222,300	24,761
# 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	537,684	0
# of children and women receiving primary health care in UNICEF-supported facilities					155750	67025	284
WASH	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,811,172	964,239	104,060	1,609,056	500,921	104,060
# 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	5,682	128,724	10,837	5,682
# 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	1,302,333	36,550	407,627	317,843	36,550
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		88,063	78,709	1,450	38,918	10,856	1,450
Child Protection	3,300,000						
# of children accessing mental health and psychosocial support		201,300	244,745	54,571	150,000	157,507	26,193
# 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	8,346	256
# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,400	4,657	609	8,500	2,360	407
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	5,615	1,944	7,000	2,404	221
Education	1,777,930						
# of children aged 6 to 17 years accessing formal or non-formal education		490,258	89,442	1,569	359,000	59,513	1,569

"# of female and male teachers trained on learner-centered methodologies and peace education		8 914	1,751	225	2,660	980	225
Rapid Response	1,900,000						
# of people provided with essential household items, and shelter materials		1,300,000	607,929	33,411	450,000	360,267	33,411
Communication for Development							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	7,399,287	1,023,111
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	10,381	366

Summary of Programme Results: 10th Ebola Outbreak

Pillar 1: Strengthened public health response	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents).	87,956	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.			
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 ²⁵	N/A
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A ²⁶	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

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

26 Same as above

# 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	92,761	2,748
# Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note***	22,358	21,156	0
# of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery's, orphanages and in the communities	2,189	1,667	0
# of children aged 6 to 23 months who cannot be breastfed and who receive ready-to-use liquid milk in ETCs, nursery's, orphanages and in the communities	1,500	846	0
Education			
# of students reached with Ebola prevention information in schools	1,850,486	1,253,415	0
# of teachers briefed on Ebola prevention information in schools	61,573	48,117	0

Pillar 3: Humanitarian response to communities affected by Ebola²⁷	Target	Total results*	Change since last report ▲▼
Risk Communication and Community Engagement			
# CAC members trained in communication techniques and essential family practices	47,304	73,730	4,196
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	183,687	38,404
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	112	2
# of students (aged 5 to 17) in schools in areas affected by EVD who received a water, hygiene and sanitation intervention (disaggregated by gender)	60,000	26,392	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
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	42,460	9,044
# 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	16,768	3,609
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	113	43
# of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk	20,000	2,658	922
# of children (6-59) months of age who received vitamin A	743,075	680,760	0

# of children (6-59) months of age who received deworming (12-59 months)	699,363	601,730	0
Education			
# of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials	426,900	41,258	0
# Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding	8,538	131	0

Annex B

Funding Status*

Funding Requirements (as defined in the Humanitarian Appeal 2020)					
Appeal Sector	Requirements	Funds available**		Funding gap	
		Funds Received Current Year*	Carry-Over***	\$	%
Nutrition	144,738,334	1,316,780	14,878,871	128,542,683	89%
Health	12,500,000	1,494,846	654,568	10,350,586	83%
WASH	39,903,200	4,736,348	1,259,480	33,907,372	85%
Child Protection	9,600,000	1,229,571	2,025,368	6,345,060	66%
Education	43,000,000	3,056,667	1,382,711	38,560,622	90%
Communication for development/Social Policy	7,240,000	0	49,900	7,190,100	99%
Rapid response	21,000,000	4,451,996	7,546,555	9,001,449	43%
Cluster/Sector Coordination	1,621,000	2,483,060	1,004,579	0	0%
Ebola****	38,695,576.15	9,961,922	10,880,620	0	0%
Total	318,298,110	28,731,190	39,682,653	233,897,871	73%

NB

* 'Funds received' does not include pledges

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

*** Carry-over figure is the unutilized programmable balance that was carried over from the prior year to the current year, as of year-end closure

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