UNICEF/UN0862081/Kalengera

U-Reporter Mapendo Dorcas raises awareness in her community about the signs of Ebola and the importance of respecting prevention measures in Miti-Murhesa, South Kivu Province, DR Congo on 28 May 2026.

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Humanitarian Situation Report No. 1

Reporting Period
15 May-30 June 2026

Democratic Republic of the Congo - Ebola Outbreak caused by Bundibugyo virus

HIGHLIGHTS

- UNICEF supported Government leadership of the Ebola response through its co-leadership of the RCCE and IPC/WASH pillars, strengthening technical coordination, harmonizing guidance and implementation approaches, and promoting partner alignment across affected health zones.
- UNICEF and partners scaled up RCCE interventions, training and mobilizing 5,740 frontline workers and community actors and reaching over 1 million people with messages on Ebola prevention and response through household visits, focus group discussions, educational talks and community engagement activities.
- UNICEF-supported community-based surveillance actors conducted approximately 27,000 household visits and active case-finding activities to identify suspected cases, community deaths and high-risk contacts.
- UNICEF and partners supported IPC/WASH readiness, safe case management and Ebola prevention in high-risk settings by providing supplies to seven Ebola Treatment Centres, equipping 15 health facilities in Ituri with IPC/WASH kits and providing handwashing kits to 154 examination centres and 12 schools.
- UNICEF-supported partners provided community-based MHPSS and child protection support to 8,535 people affected by Ebola, supported 240 children affected by or at risk of Ebola through individual case management, and operationalized three nurseries.
- UNICEF requires US$119.3 million for its revised six-month response plan, reflecting the expansion of the response from 21 to 51 affected and high-risk health zones. As of 30 June, US$23.5 million had been mobilized, leaving an 80 per cent funding gap.

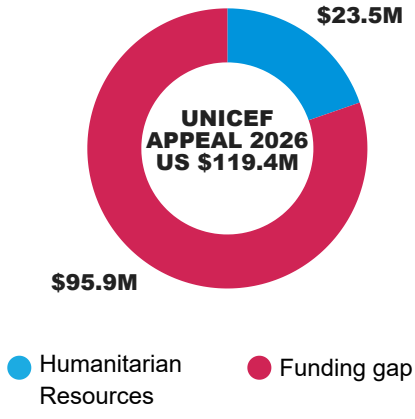
SITUATION IN NUMBERS[1,2]

1,963
Confirmed cases as of 12 July 2026

719
People deceased as of 12 July 2026

333
Recoveries as of 12 July 2026

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

EPIDEMIOLOGICAL SITUATION UPDATE

On **15 May 2026**, the Ministry of Public Health, Hygiene and Social Welfare of the Democratic Republic of the Congo (DRC) officially declared an outbreak of Ebola disease following laboratory confirmation of cases caused by the Bundibugyo virus species in Ituri Province. The first confirmed cases were reported in the health zones of Bunia, Rwampara and Mongbwalu. On 17 May, the World Health Organization (WHO) determined that the outbreak constituted a Public Health Emergency of International Concern (PHEIC). This marks the seventeenth Ebola outbreak recorded in the DRC and the first caused by the Bundibugyo virus species in DRC since 2012.

As of **12 July 2026**[3], DRC had reported 1,963 confirmed cases, including 719 confirmed deaths and 333 recoveries, corresponding to a case fatality rate of 36.6 per cent across 42 health zones in five provinces: Ituri, North Kivu, South Kivu, Haut-Uélé and Tshopo. Ituri remains the epicentre, accounting for 1,772 confirmed cases, or 90 per cent of the national caseload, and 608 deaths, representing 85 per cent of all confirmed deaths, across 26 affected health zones[4]. The geographic expansion to Haut-Uélé and Tshopo represents a significant development in the outbreak, although the cases reported in both provinces remain epidemiologically linked to the Ituri epicentre.

Contact tracing performance remains below the 95 per cent target, with a national follow-up rate of 81.5 per cent. Rates remained below target in Ituri, at 79.4 per cent, and North Kivu, at 90.5 per cent[5], underscoring persistent surveillance challenges in the most affected provinces.

The outbreak is unfolding within a complex humanitarian and conflict-affected environment, characterized by widespread insecurity, high population mobility and displacement, limited access to basic services and fragile health systems. These dynamics, combined with attacks against health personnel and limited access, have reduced operational reach in certain areas, requiring continuous adaptation of modalities, greater reliance on local actors and strengthened community-based approaches.

The continued expansion of the outbreak to new health zones requires interventions to be implemented simultaneously across multiple affected and high-risk areas, significantly increasing the complexity and cost of the response. These conditions underscore the need for response efforts to be locally led, anchored in communities and supported by sustained essential services, humanitarian access and operational capacity.

UNICEF'S EBOLA OUTBREAK RESPONSE

UNICEF is supporting the Government-led Ebola response through a six-month, integrated and community-centred response plan that has been significantly revised to reflect the continued geographic expansion of the outbreak and the increasing complexity of operations across eastern DRC. The revised plan expands UNICEF's geographical coverage from 21 health zones in the initial plan to 51 affected and high-risk health zones across Ituri, North Kivu and South Kivu. This includes intensified interventions in hotspot areas, alongside tailored response and preparedness measures in areas with active transmission and those at high risk of further spread. As a result of this expanded scope and the substantial scale-up required across all response pillars, funding requirements have increased from US$40.5 million to **US$119.4 million**. UNICEF and partners are prioritizing community-based surveillance and contact tracing, risk communication and community engagement, infection prevention and control, safe water and sanitation services, support to case management partners for pediatric patients, nutritional care, mental health and psychosocial support, and the continuity of humanitarian assistance and essential services for children and families. To ensure an inclusive and tailored response that addresses sex- and age-specific impacts, needs and risks, interventions promoting gender equality, GBV risk mitigation and the prevention of sexual exploitation and abuse are integrated across all sectors. The response is implemented in close coordination with the Ministry of Public Health, WHO, Africa CDC and operational partners, while strengthening preparedness, rapid-response capacity and cross-border readiness in areas at risk of further transmission.

COORDINATION, GOVERNANCE AND TECHNICAL SUPPORT

As co-lead of the **Risk Communication and Community Engagement (RCCE) pillar**, UNICEF supported national, provincial and health-zone coordination to **harmonize field interventions, strengthen partner alignment and support full geographic coverage**. This included regular coordination meetings with RCCE partners, the deployment of **12 national RCCE experts to affected health zones**, with additional deployments ongoing, and health-zone level meetings to monitor daily field activities and address operational challenges. Significant progress was made in **harmonizing surveys and studies, training approaches for community mobilizers, and the scale-up of RCCE interventions**. Technical fact sheets were also developed in collaboration with the Provincial Health Divisions in Ituri and North Kivu and the National Institute of Public Health (INSP) in Kinshasa to support harmonized RCCE messaging and implementation.

As co-lead of the **IPC/WASH pillar**, UNICEF supported the coordination of IPC interventions through regular meetings with government counterparts and partners at provincial and health-zone levels. These coordination mechanisms facilitated partner alignment, harmonized implementation approaches, monitored intervention coverage, and addressed operational challenges. UNICEF also ensured the active engagement of its implementing partners in these forums to strengthen coordination, information sharing and the effective delivery of response activities. As part of its support to IPC coordination, UNICEF supported the Provincial Health Division (DPS) to conduct supervisory missions by IPC pillar supervisors to health facilities in affected health zones, **strengthening the monitoring of IPC measures and the provision of on-site technical guidance**. UNICEF also supported **59 IPC baseline assessments** (25 in Ituri and 34 in South Kivu) in non-Ebola health facilities, generating baseline data on WASH conditions and IPC practices to inform response planning and track improvements in infection prevention measures over time.

For **Nutrition**, UNICEF worked with the National Nutrition Programme (PRONANUT) to **adapt nutrition guidance for the Ebola response, including the safe delivery of community-based management of acute malnutrition (CMAM) and infant and young child feeding in emergencies (IYCF-E) services** in Ebola treatment centres and at community level.

UNICEF also supported response coordination and operational capacity through transport and logistics support to national and provincial health authorities. This included the rental of six vehicles made available to the national coordination and six additional rental vehicles for the Ituri Provincial Health Division (DPS), as well as the donation of two vehicles to the Ituri DPS. UNICEF also provided 100 motorcycles to the Ituri DPS, including support to fuel costs, and 50 motorcycles to the North Kivu DPS.

COMMUNITY BASED SURVEILLANCE

Since the start of the response, **UNICEF has contributed to community-based surveillance efforts through mobilization, training, equipping and supervision of community health workers, community mobilizers and community surveillance focal points** in affected and high-risk health zones.

As of 30 June, these community actors response had generated **5,011 alerts** which were notified to health authorities within 24 hours.

UNICEF also contributed to contact tracing and follow-up activities in affected communities. A total of **812 contacts** were registered for follow-up, of whom **82.6 per cent** were successfully followed throughout the required 21-day period, against a response target of 95 per cent.

During June, UNICEF-supported community-based surveillance actors conducted approximately **27,269 household visits** and active case-finding activities to identify suspected cases, community deaths, unusual health events and high-risk contacts. UNICEF also supported **1,200 community-to-health facility referrals** to facilitate the rapid isolation and management of suspected cases.

A total of **1,700 community mobilizers (RECOs)**, (835 women and 865 men) were trained, equipped and deployed across the affected provinces to support active case finding, contact tracing, alert notification and community-based surveillance at household level.

Preparations are also ongoing to support the digitalization of community-based surveillance, including the use and deployment of the DHIS2 tracker, a digital system used to register and follow individual cases, contacts and alerts in real time.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

As of 30 June, UNICEF and partners had trained and mobilized **5,740 frontline workers** and community actors to support risk communication and community engagement interventions. This included **2,918 community leaders and key influencers**, **1,700 community mobilizers (RECOs)**, **600 teachers and education personnel** , **200 U-Reporters** and **322 other community actors**.

The **2,918 community leaders and key influencers** mobilized as part of this overall effort included religious and traditional leaders, women's groups, youth associations, journalists and other trusted community figures. Their engagement has been critical to strengthening trust, promoting preventive behaviours, addressing misinformation and supporting community acceptance of the response.

Overall, UNICEF-supported partners reached **1,005,245 people** (559,451 women and 445,794 men), with Ebola prevention and response messages through household visits, focus group discussions, educational talks and community platforms. This included **661,680 people** directly reached through **164,903 door-to-door household visits**.

Teachers and education personnel mobilized as part of the overall RCCE effort also played an important role in extending prevention messages to schools and temporary learning spaces. Through these interventions, **26,250 children** (15,750 girls & 10,500 boys), accessed age-appropriate, life-saving messages on Ebola prevention, early detection and referral.

To extend access to accurate and harmonized information, **UNICEF produced and distributed over 8,000 posters in Ituri and 4,100 posters in South Kivu.** UNICEF also **supported the Ministry of Health** to produce and disseminate **60,000 posters and 30,000 leaflets** on Ebola prevention across affected and at-risk provinces. In response to the continued geographic expansion of the outbreak, UNICEF is producing additional communication materials, including 10,000 posters and 10,000 leaflets for Ituri, and 18,900 posters and 9,000 leaflets for North Kivu.

Risk communication efforts were further amplified through **mass media and digital channels**. UNICEF and partners engaged **103 radio stations** across South Kivu (10), North Kivu (57) and Ituri (36). These stations produced and/or broadcast **2,697 radio spots**, **164 interactive programmes** and **15 other radio formats**. Messages were also disseminated through SMS, U-Report, social media and other digital platforms to expand reach and reinforce prevention messages among affected and at-risk communities.

Digital platforms and social-listening mechanisms enabled **51,000 people** to share concerns, ask questions or request clarifications. This included a U-Report poll that gathered responses from over **50,000 people** to assess Ebola-related knowledge, perceptions and behaviours. In Ituri, community feedback mechanisms also continued to inform response adaptation, with **732 feedback entries**, including rumours, questions and complaints, collected during the reporting period. Of these, 600 unique entries were documented and analysed, while 132 were duplicate or repeated feedback entries that had already been addressed.

Findings from community feedback and social listening were shared with relevant response pillars to **support evidence-based adjustments to interventions and messaging**. The most common rumours and concerns related to conspiracy theories, misinformation and false perceptions about Ebola treatment centres and health facilities, including perceptions that Ebola is a "business" and denial of the existence of the disease. Communities also raised concerns about gaps in services, particularly safe and dignified burials, infection prevention and control measures, access to handwashing supplies, and rising prices of prevention items such as hydroalcoholic gel.

INFECTION PREVENTION AND CONTROL (IPC) / WATER, SANITATION AND HYGIENE (WASH)

Since the onset of the Ebola outbreak, UNICEF has supported Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) interventions in Ebola Treatment Centres (ETCs), priority health facilities, schools, communities and high-traffic public locations. During this initial phase of the response, **UNICEF focused on rapidly establishing essential IPC/WASH capacities to support case management, strengthen facility preparedness, operationalize frontline response teams, and reduce transmission risks in affected areas**.

As of 30 June, **UNICEF has provided IPC supplies to partners managing 7 Ebola Treatment Centres (ETCs)** including provision of 360,000 litres of water to the CME ETC in Bunia (Ituri) and 135,000 litres to the ETC in Katwa (North Kivu). This support has helped ensure that ETCs maintain essential IPC and WASH standards for the safe care and management of suspected and confirmed cases.

An initial **15 health facilities were equipped with IPC/WASH kits** in Ituri (12 in Mongbwalu and 3 in Nizi), including materials for screening at entrances. Health workers in these facilities were briefed on the appropriate use of the supplies and Ebola prevention protocols. These activities mark the first phase of a larger-scale intervention aimed at strengthening IPC capacities, improving

preparedness, and enabling the monitoring of progress over time in affected health zones. In North Kivu, **IPC/WASH supplies**, including 863 twenty-litre jerrycans, 132 cartons of soap and two 45 kg drums of chlorine were distributed to **health facilities in Beni and Butembo.**

UNICEF also supported the outbreak response by **equipping and operationalizing two Safe and Dignified Burial (SDB) teams and three decontamination teams with IPC supplies and personal protective equipment (PPE)** sufficient for one month of operations. In addition, a rental vehicle was made available to support the mobility of one decontamination team, facilitating timely deployment and access to affected communities. UNICEF further supported coordination efforts through the allocation of funding for **30 decontamination teams** (four members per team) across five health zones in Ituri, aimed at strengthening operational response capacity and readiness.

In affected health zones, **154 exam centres and 12 schools** received handwashing kits ahead of the end-of-year examinations for an estimated **58,089 people** (1,477 women, 1,431 men, 29,391 girls and 25,790 boys). In North Kivu, **handwashing points and kits** were installed and distributed in **50 examination centres**, while **790 students** were reached with awareness raising sessions in and around Goma. This support contributed to a safer learning environment for students and teachers by strengthening hand hygiene during the examination period. Schools have now closed for the summer break, limiting transmission risks in educational settings.

To strengthen Ebola prevention measures in high-risk public spaces, UNICEF supported the rehabilitation of **two boreholes and four permanent handwashing stations** equipped with multiple taps and soap at Bunia's central market. The infrastructure provides access to handwashing facilities and water services for an estimated **50,000 people**, while also supporting hygiene services in restaurants and sanitation facilities within the market, contributing to improved infection prevention practices among vendors and visitors.

As part of the Ebola outbreak response, **UNICEF-supported IPC partners conducted Ebola prevention and awareness sessions** across affected health zones. In Mongbwalu Health Zone, partners conducted **15 sessions** across five villages, eight health facilities and two churches, reaching **2,425 people**, including 1,539 women. In Nizi Health Zone, partners reached **13,800 people** (5,800 women, 3,900 men and 4,100 children), through sessions held in two markets, three churches and three IDP sites. In Bambu Health Zone, community-based sessions reached **15,833 people** (5,784 women, 4,584 men, 2,850 girls and 2,615 boys). Overall, **32,058 people** were reached with key Ebola prevention messages across the three health zones in Ituri province.

HOLISTIC CASE MANAGEMENT

CLINICAL CARE FOR PEDIATRIC EBOLA PATIENTS

Since the start of the response, UNICEF has supported case management partners and health facilities in Ebola-affected areas through the **provision of essential medicines, medical supplies and other inputs to support safe clinical care, including for women and children**. This support has contributed to strengthening the readiness of Ebola treatment centres and health facilities to triage, isolate, refer and care for suspected and confirmed Ebola patients, while helping maintain access to essential primary healthcare services for affected communities.

In Ituri, UNICEF equipped seven health facilities across seven supported health zones — Bunia, Nyakundé, Nizi, Aru, Rwampara, Mongbwalu and Kilo — **with essential medicines, medical kits, equipment and patient-care supplies, including essential drugs, malaria kits, midwifery and obstetric kits**. During the reporting period, this support included targeted assistance to the Centre Médical Evangélique (CME) Bunia Ebola Treatment Centre and to treatment centres across the supported health zones.

As of 30 June, according to available DHIS2/INSP data, case management partners had managed 1,120 confirmed Ebola cases, including 318 deaths, in the Ebola Treatment Centres in Ituri where UNICEF provided inputs to support clinical readiness and continuity of care. This included 110 girls, 99 boys, 571 women and 340 men.

In addition, medical inputs were provided to the Provincial Health Divisions (DPS) in Ituri and North Kivu, while UNICEF also supported national coordination and epidemic-affected provinces with 150 beds with mattresses, 10 tents, malaria kits and essential medicine kits.

NUTRITIONAL CARE

During the reporting period, **UNICEF supported the continuation of nutrition services in 35 Ebola-affected health zones and nutrition activities in eight Ebola Treatment Centres: six in Ituri, one in North Kivu and one in South Kivu**.

In **Ebola Treatment Centres**, a total of **15 children** aged 0–5 months received infant and young child feeding in emergencies (IYCF-E) services, including breastfeeding counselling, relactation support, RUIF, age-appropriate breastmilk substitutes and individualized feeding plans. Of these eight girls and seven boys, there were 14 from Ituri and 1 in South Kivu. In addition, **23 children** aged 6–23 months (13 girls and 10 boys) were screened for malnutrition, with 22 children screened in Ituri and 1 in North Kivu.

UNICEF allocated and pre-positioned critical therapeutic nutrition and infant-feeding supplies in affected and at-risk areas, including **36,168 units of Ready-to-Use Infant Formula (RUIF)**. Of these, 24,144 units were allocated to Ituri and 5,976 to North Kivu, while 6,048 units are in the pipeline for South Kivu.

Across affected areas, community-based family mid-upper arm circumference (MUAC) screening was promoted to support early detection of acute malnutrition while reducing children's exposure to potential Ebola transmission risks. A total of **203,138 children** aged 6–59 months were screened for acute malnutrition: 190,852 in Ituri and 12,286 in North Kivu.

UNICEF also continued to contribute to the **management of severe acute malnutrition** through support to **152 outpatient treatment sites** across 35 Ebola-affected health zones: 108 sites in Ituri, 23 in North Kivu and 21 in South Kivu; as well as **12 stabilization centres** . As of 30 June 2026, **2,118 children** with severe acute malnutrition (1,101 girls and 1,017 boys), had been treated in health facilities in Ebola-affected health zones. Of these, 1,768 were treated in Ituri and 350 in North Kivu.

UNICEF and partners also reached **56,488 caregivers and community members** with nutrition awareness activities on early detection of malnutrition, family MUAC, safe care-seeking, referral, and safe infant and young child feeding practices in the context of Ebola. This breaks down to 43,428 women and 13,060 men, with 20,905 people reached in Ituri and 35,583 in North Kivu provinces.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Since the start of the response, UNICEF has provided community-based mental health and psychosocial support (MHPSS) and child protection services to children, adolescents, caregivers, patients, contacts, survivors, affected families and frontline workers affected by the Ebola outbreak.

As of 30 June, **8,535 people had accessed community-based MHPSS services** (948 girls, 806 boys, 3,644 women and 3,137 men). Support included psychological first aid, counselling, psychosocial follow-up and referrals for people directly affected by Ebola, including contacts, suspected cases, Ebola-affected families and children in nurseries or orphaned by Ebola.

UNICEF also provided **psychosocial support to 887 frontline workers**, including 447 women, to strengthen their well-being, resilience and ability to sustain critical Ebola response functions while operating under high levels of stress and exposure to traumatic events.

Psychoeducation activities reached 15,133 people (1,847 girls, 1,427 boys, 6,639 women and 5,220 men). Sessions were conducted with relatives, parents, children and community members living close to, or directly connected with, cases admitted to treatment centres. These activities contributed to improved understanding of Ebola prevention measures, available services, referral pathways, stigma reduction and psychosocial well-being.

A total of **240 children** affected by or at risk of Ebola, including 124 girls, benefited from individual case management. This included orphaned children, separated children and children living in Ebola-affected families. Support included individual assessment, referral, tailored assistance, family follow-up and continuity of care.

UNICEF also supported temporary and alternative care arrangements for children separated from parents or primary caregivers. **Three nurseries** are operational, providing **safe and child-friendly care for children whose caregivers are admitted to treatment centres**. Where nurseries are not yet operational, **family-based care arrangements are supported** to ensure children remain protected during their parents' hospitalization.

Response capacity was strengthened through the training of **109 social workers, para-social workers and psychologists** , including 58 women, on MHPSS, child protection, gender-based violence risk mitigation, psychological first aid, safe referral and care protocols. UNICEF also provided material assistance to **43 people** affected by Ebola through hygiene and dignity kits, contributing to reduction of immediate vulnerabilities.

To support critical response operations and outreach, UNICEF made available **21 mobile assets, including 3 rental vehicles and 18 motorcycles**, helping facilitate field follow-up, psychosocial support, case management, referrals and monitoring of children and families affected by Ebola.

To monitor the impact of the Ebola outbreak on ongoing Child Protection in Humanitarian Action programmes and inform evidence-based programming, UNICEF conducted three assessments and monitoring exercises in affected communities. **Findings highlighted persistent protection concerns, psychosocial distress, risks of family separation and barriers to service access among affected children and families.** The evidence generated informed referrals, individual case management, psychosocial support interventions and targeted response planning.

Despite progress, the response remains concentrated in priority health areas, leaving some affected and at-risk communities with limited access to child protection, MHPSS and GBV risk mitigation services. Expanding operational coverage remains critical to ensure timely identification, referral and support for vulnerable children and families.

Sustaining essential child protection and MHPSS services will require stronger linkages between existing humanitarian programming and Ebola-specific interventions. A seamless transition and integration of resources, systems and community structures are needed to avoid service gaps, preserve response capacity and ensure continued support to affected children and families beyond the immediate outbreak response.

HUMANITARIAN RESPONSE AND SERVICE DELIVERY

The Ebola outbreak is unfolding in areas already affected by armed conflict, displacement, food insecurity, recurrent epidemics and disruption of essential services, a robust response fundamentally relies on the unbroken continuity of essential services. Accordingly, **UNICEF maintained an integrated approach aimed at supporting outbreak containment while continuing life-saving humanitarian assistance for affected children and families.**

In June, through the UNICEF Rapid Response Mechanism (UniRR), **100,810 people** (34,304 girls, 34,418 boys, 6,981 women and 15,107 men) received non-food items, emergency shelter and WASH supplies within seven days of a rapid needs assessment across the three Ebola-affected provinces of Ituri, North Kivu and South Kivu. Furthermore, **1,781 people** accessed quality primary healthcare and nutrition services delivered through UniRR interventions in affected communities. This included 60 children with severe acute malnutrition and 73 children with moderate acute malnutrition who received appropriate nutrition support.

In Ebola-affected areas simultaneously reporting suspected cholera cases, case-area targeted intervention (CATI) teams reached **119,619 people**, targeted around 1,215 suspected cholera cases. Through responsive epidemiological surveillance and rapid intervention, targeted households and communities received a comprehensive cholera response within 48 hours of case notification.

These interventions are critical as the Ebola outbreak continues to place additional pressure on already overstretched public services and humanitarian response capacities in areas affected by conflict, displacement and recurrent disease outbreaks. The response is increasing operational demands on government institutions and humanitarian partners, while disruptions to service delivery may further limit access to essential health, nutrition, education, WASH and protection services. Sustaining humanitarian assistance and essential services alongside outbreak-control activities is therefore necessary to mitigate the wider impacts of Ebola on children, families and vulnerable communities.

GENDER EQUALITY, GBV RISK MITIGATION AND PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

Since the start of the response, UNICEF has integrated protection from sexual exploitation and abuse (PSEA), gender equality and gender-based violence risk mitigation across Ebola response interventions. UNICEF maintains a zero-tolerance policy towards sexual exploitation and abuse and continues to implement measures to mitigate risks among personnel, partners and affected communities.

All UNICEF personnel deployed to the Ebola response have completed mandatory PSEA training, while reference and background checks have been conducted for newly recruited personnel assigned to response activities. UNICEF implementing partners engaged in the response have undergone mandatory PSEA capacity assessments and have been classified as having full capacity against PSEA core standards; no partners with low PSEA capacity have been engaged. **UNICEF also conducted trainings to**

its implementing partners engaged in the Ebola response in North Kivu and Ituri on the integration of PSEA in public health emergencies, reaching 24 people in North Kivu and 29 people in Ituri.

At the onset of the outbreak, **UNICEF leveraged its existing partnerships to rapidly activate PSEA interventions in Ituri Province**. Existing community-based complaint and feedback mechanisms were reactivated and strengthened to support safe, confidential and accessible reporting channels in priority locations. Initial **communication materials in French and Swahili were disseminated in key intervention areas**, with additional materials under production to support broader coverage.

As of 30 June, **23,472 people** (1,587 girls, 1,697 boys, 13,574 women and 6,614 men) had access to information on safe, confidential and accessible channels for reporting sexual exploitation and abuse by personnel providing humanitarian assistance.

In Bunia, **40 U-Reporters**, including 20 women, were trained to support awareness-raising on PSEA. Given the reliance on community volunteers, particularly for RCCE activities, UNICEF also conducted an initial training of trainers to enable step-down training for community volunteers. To date, **84 community volunteers**, including 15 men, have been trained in Bunia, with further training planned in additional locations.

At inter-agency level, UNICEF supported the PSEA Network in developing and implementing a joint action plan involving United Nations agencies, government counterparts and humanitarian actors in Ituri and North Kivu. To strengthen community awareness and access to reporting mechanisms, UNICEF and partners, in collaboration with WFP, are broadcasting PSEA messages through three local radio stations in Swahili and French.

As the response expands, UNICEF will continue to reactivate and extend PSEA activities to additional Ebola-affected and at-risk locations. The main challenge remains the significant resource gap for PSEA activities, particularly as needs increase.

HUMAN INTEREST STORY

UNICEF/UN087461/Josipin Benekire

Ebola survivor, Dr. Mireille Kahindo holds her 15-month-old son, Miki, following their discharge from the Rwampara Ebola treatment centre in Bunia, Ituri Province.

Miki, 15 months old, was admitted to hospital as an emergency case after several days of persistent high fever. His mother, Dr. Mireille Kahindo, a medical doctor in Bunia, had initially taken him to a local health facility, hoping for prompt treatment. But the infant's condition rapidly deteriorated, and shortly afterwards an Ebola outbreak was officially declared in the region. A few days later, mother and child were transferred to the Rwampara Ebola Treatment Centre, supported by the medical charity Alima, where they both tested positive for Ebola.

Miki's condition worsened. The medical teams reacted immediately to resuscitate the child. A few minutes later, Miki regained consciousness. "When I was told he had woken up, I felt immense relief. From that moment on, I held onto hope," said Dr. Kahindo.

Like Miki, children are particularly vulnerable to Ebola epidemics. They represent a significant proportion of cases and are often the most exposed to serious complications and death. Many also face family separations, stigma, or the loss of loved ones.

Read more here: https://www.unicef.org/drcongo/en/stories/mothers-fight-against-ebola

EXTERNAL MEDIA

Over the past month, the Communication team has maintained an active digital and media presence to highlight the crisis response, including on global, UNICEF Africa and country office platforms. On UNICEF's WeShare platform a large variety of photo and video (edited and unedited) material has been uploaded for use by colleagues, external partners and media. These include content around community mobilizers , supplies , decontamination teams, nurseries, schools and personal interviews with survivors , staff , responders and psychologists . Three human interest stories were also written in the month.

Media engagement continued over June, even if interest has steadied after the initial peak in May. Two global press releases were issued in the second half of the month focusing on child data regarding Ebola and a joint request for proposals on vaccine production with Gavi. These releases secured high-profile pickup across major international and regional outlets, including Reuters, ABC , AllAfrica and APA News, and a Palais Briefing in Geneva. To further amplify the narrative, the team facilitated a steady stream of media interviews over the reporting period with leading global and local broadcasters and publications, including Bloomberg News , CNN , Globe and Mail, CGTN , China Daily and the ABC TV Channel (Australia).

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF requires **US$119.4 million** to implement its revised six-month Ebola response plan in the Democratic Republic of the Congo, up from the initial requirement of US$40.5 million. The increase reflects the expansion of the response from 21 to 51 affected and high-risk health zones across Ituri, North Kivu and South Kivu, including intensified interventions in hotspots, preparedness in areas at heightened risk, and the continuity of essential services and humanitarian assistance.

As of 30 June, **UNICEF had mobilized US$23.5 million, leaving a funding gap of approximately US$95.9 million, or 80 per cent of the revised requirement**. Additional resources are urgently needed to strengthen community-based surveillance and contact tracing, expand risk communication and community engagement, scale up IPC/WASH measures, and improve access to pediatric care, nutritional support and mental health and psychosocial services. Funding is also required to maintain essential health, nutrition, education, WASH and protection services in Ebola affected communities already impacted by conflict, displacement and recurrent disease outbreaks.

UNICEF extends its sincere appreciation to its core and flexible funding partners, whose early support enabled the rapid activation of the response. UNICEF is also grateful for contributions from the

Mastercard Foundation, the United States Government, the Government of Japan, the French Committee for UNICEF, UNICEF USA and other partners, as well as for the support provided by the European Union through ECHO Humanitarian Flights, which has facilitated the movement of emergency personnel and supplies.

Additional timely and flexible donor support will be critical to sustain frontline operations and is particularly important in a rapidly evolving outbreak, as it allows UNICEF and partners to adjust geographical priorities, deploy personnel and supplies quickly, respond to newly identified transmission chains and address emerging operational gaps. It also helps ensure that resources are distributed across the full range of response needs, including areas that are critical to the response but may receive less visibility, such as child protection, PSEA and the continuity of humanitarian service delivery.

HAC APPEALS AND SITREPS

- GLOBAL Appeals
  https://www.unicef.org/appeals/global-support
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 15 AUGUST 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Risk Communication and Community Engagement					
# of frontline workers (RECOs, teachers, and others community actors) in affected zones trained for RCCE on BVD prevention and response	Total	-	49,335	5,740	▲ 12%
# of at-risk people reached with prevention or access to services messages through door-to-door visits, focus groups and educational talks	Total	-	3.5 million	1 million	▲ 29%
# of children in schools and temporary learning spaces accessing Ebola life-saving messages to prevent the spread of the epidemics in schools	Total	-	400,000	26,250	▲ 7%
	Girls	-	192,000	15,750	▲ 8%
	Boys	-	208,000	10,500	▲ 5%
Community base surveillance/Case finding & contact Tracing in community					
# of CHWs/RECOs trained, equiped and deployed for active case finding and contact tracing in household	Total	-	33,311	1,700	▲ 5%
	Women	-	17,288	884	▲ 5%
	Men	-	16,023	816	▲ 5%
Wash and Infection and Prevention Control measures					
# of Ebola Treatment Centres (ETCs) where UNICEF provided WASH/IPC supplies to the case management partner	Total	-	10	7	▲ 70%
# of health facilities equipped with IPC kits and whose staff were trained on IPC	Total	-	800	15	▲ 2%
# of households with confirmed Ebola cases that were decontaminated, provided with IPC kits, and reached with prevention and hygiene awareness messages	Total	-	1,000	56	▲ 6%
# of schools in the affected health zones provided with IPC kits and awareness-raising activities	Total	-	900	64	▲ 7%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients					
# of confirmed cases receiving primary health care in UNICEF-supported facilities	Total	-	3,000	1,120	▲ 37%
	Girls	-	867	110	▲ 13%
	Boys	-	954	99	▲ 10%
	Women	-	648	571	▲ 88%
	Men	-	531	340	▲ 64%
# of health facilities equipped with medical kits	Total	-	66	7	▲ 11%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Holistic Case Management, Mental Health and Psychosocial Support					
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	57,654	7,917	▲ 14%
	Girls	-	15,829	893	▲ 6%
	Boys	-	15,386	724	▲ 5%
	Women	-	13,444	3,350	▲ 25%
	Men	-	12,995	2,950	▲ 23%
# of children who have received individual case management	Total	-	1,560	214	▲ 14%
	Girls	-	791	110	▲ 14%
	Boys	-	769	104	▲ 14%
Holistic Case Management, Nutritional Care and Food Assistance					
# of patients with acute malnutrition (SAM/MAM) admitted and receiving nutrition treatment in Ebola Treatment Centres (ETCs) and other health facilities located in Ebola-affected health zones	Total	-	6,434	2,118	▲ 33%
	Girls	-	3,256	1,101	▲ 34%
	Boys	-	3,178	1,017	▲ 32%
# of <6 months children who received appropriate nutritional support in nurseries, treatment centers, childcare institutions, and community settings	Total	-	183	15	▲ 8%
	Girls	-	93	8	▲ 9%
	Boys	-	90	7	▲ 8%
# of primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	162,160	56,488	▲ 35%
Humanitarian Response and Service Delivery					
# of people whose life-saving non-food items, emergency shelter and wash needs were met through supplies within 7 days after a rapid needs assessment through a RRM mechanism in areas affected	Total	-	369,600	100,810	▲ 27%
# of people benefiting from quality primary healthcare and nutrition services, for the populations affected by crisis, in particular women and children supported by the UNIRR intervention	Total	-	35,200	1,781	▲ 5%
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	Total	-	388,800	119,619	▲ 31%
Gender Equality, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	555,645	555,645	23,472	▲ 4%
	Girls	178,250	178,250	1,587	▲ 1%
	Boys	123,467	123,467	1,697	▲ 1%
	Women	168,928	168,928	13,547	▲ 8%
	Men	85,000	85,000	6,614	▲ 8%
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	10,780	13,398	4,896	▲ 37%
	Girls	3,822	4,749	1,366	▲ 29%
	Boys	3,714	4,616	1,053	▲ 23%
	Women	3,244	4,033	2,477	▲ 61%

**Progress in the reporting period 15 May-30 June 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Coordination, Governance and Technical Support	2,790,842	626,846	-	2,163,996	78%
Community base surveillance	19,680,979	4,781,409	-	14,899,570	76%
Risk Communication and Community Engagement (RCCE)	18,765,137	3,471,314	-	15,293,823	82%
Infection Prevention and Control (IPC-WASH)	22,403,174	8,296,062	-	14,107,112	63%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients	5,516,452	712,019	-	4,804,433	87%
Holistic Case Management, Nutritional Care	4,552,870	491,689	-	4,061,181	89%
Holistic Case Management, MHPSS	13,735,321	1,908,350	-	11,826,971	86%
Humanitarian Response and Service Delivery	20,938,281	1,057,166	-	19,881,115	95%
Gender equality, GBV risk mitigation and PSEA	1,850,554	122,923	-	1,727,631	93%
Operational support	9,125,299	2,034,423	-	7,090,876	78%
Total	**119,358,914**	**23,502,201**	**0**	**95,856,713**	**80%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. Institut National de Santé Publique (INSP), Democratic Republic of Congo, SitRep No. 059 – MVB, 13 July 2026, https://insp.cd/sitrep-n059/. (accessed 14 July 2026).

2. While the reporting period for interventions and results is from 15 May to 30 of June 2026, epidemiological data has been updated with the latest available at time of publication, 14 of July 2026.

3. ibid

4. Institut National de Santé Publique (INSP), Democratic Republic of Congo, SitRep No. 059 – MVB, 13 July 2026, https://insp.cd/sitrep-n059/. (accessed 14 July 2026).

5. ibid.