

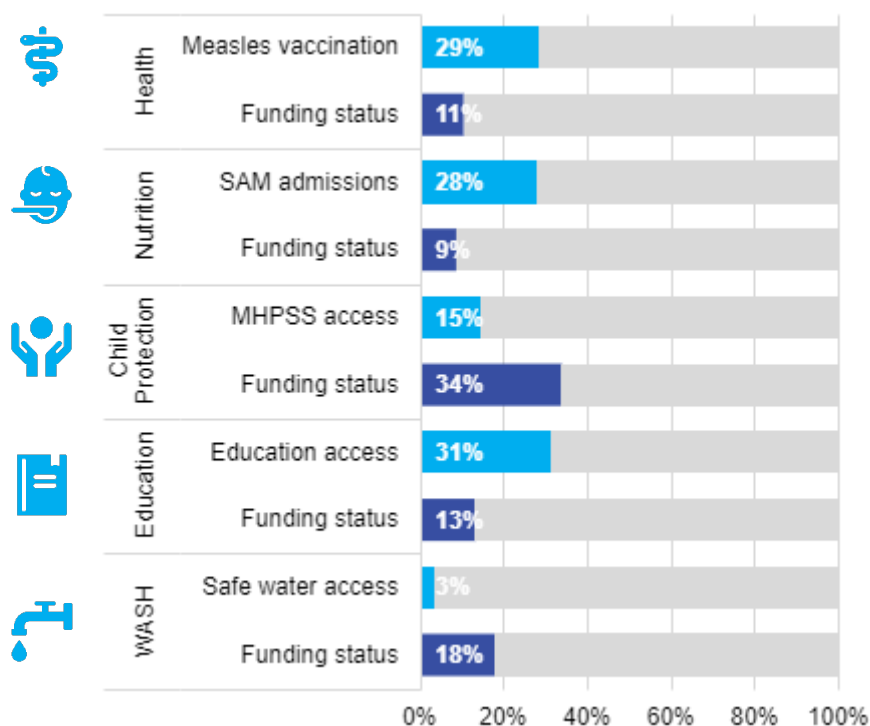


Reporting Period: January - June 2021

Highlights

- During the first six months of 2021, armed conflicts have intensified in the eastern provinces, especially in North-Kivu and Ituri, where the state of siege was declared from May 6. This insecurity has deepened the protection and GBV risks of children, while further limiting humanitarian access to areas where almost 350,000 additional people have fled their homes.
- The eruption of Mount Nyiragongo on May 22, 2021 led to 32 deaths and the destruction of 3,629 houses in Goma, while the evacuation on May 27 led to the displacement of around 234,000 persons. During the last week of May, UNICEF provided a life-saving assistance in displacement areas (Sake, Minova, Rutshuru), with priority given to assistance at the community level in WASH, Cholera response and Child protection.
- As of June 30, 2021, as the third wave of COVID-19 continues to gain intensity, the DRC has reported 41,240 confirmed cases of and 928 deaths
- As of June 30, 2021, the Democratic Republic of Congo (DRC) has reported a total of 3,599 cholera cases, with 92 deaths.

UNICEF's Response and Funding Status







Democratic Republic of the Congo

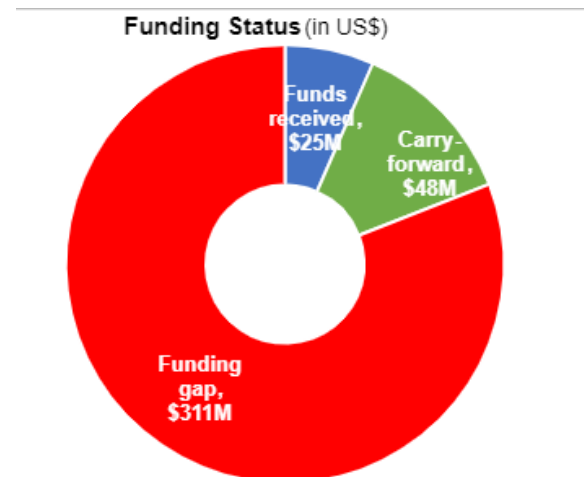
Humanitarian Situation Report No.6

unicef 
for every child

Situation in Numbers

-  **9,800,000**
children in need of humanitarian assistance (OCHA, Revised HRP 2021*)
-  **19,600,000**
people in need (OCHA, Revised HRP 2021*)
-  **5,300,000**
IDPs (Revised HRP 2021*)
-  **3,599**
cases of cholera reported since January (Ministry of Health)

UNICEF Appeal 2021 US\$ 384.4 million



Funding Overview and Partnerships

UNICEF appeals for US\$ 384 million to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2021 HAC has a funding gap of 81%, with significant funding needs in nutrition, health, WASH, education and communication for development.

Situation Overview & Humanitarian Needs

The scale and complexity of humanitarian needs and protection concerns in the Democratic Republic of Congo (DRC) remained staggering in the first six months of 2021. Chronic poverty and systemic weaknesses riddled with recurrent armed conflicts, acute malnutrition and major epidemics outbreaks led to high levels of vulnerability.

During this period, the armed conflicts continue to result in a very high level of violence in the eastern provinces of the country, especially in North-Kivu, Ituri, South-Kivu and Tanganyika. These armed conflicts are coupled with inter-ethnic tensions that make stability fragile in some areas, even though the authority of the state is largely weakened. In response to this security situation, President Félix Tshisekedi declared a state of siege on May 6 in North Kivu and Ituri provinces, which has led to an increase in armed violence and concerns about the protection of civilians and children. These conflicts resulted in the displacement of 251,496 people in Ituri and 87,600 people in North-Kivu, while limiting humanitarian access to populations in need of life-saving assistance.

The protection situation for children in the DRC remains of concern, particularly in Ituri, North-Kivu and South-Kivu. During the first half of 2021, evidence continued to demonstrate increased protection risks for children, with a high risk of GBV and SEA against women and girls, with those having lost their houses and land being particularly vulnerable. The recruitment and use of children continued to be the most prevalent violation documented, with an increase in May and June¹. UNICEF and child protection actors are particularly worried about ADF attacks both in the southern areas of Ituri and northern parts of North-Kivu, including risks of killing and abduction.

In North Kivu, the eruption of the Nyiragongo volcano on 22 May led to the displacement of 234,000 people, destroyed at least 3,629 houses, seven schools and four health centers. The eruption also initially left over 195,000 people without access to safe and clean water, increasing the risks of cholera outbreaks notably in the main displacement area of Sake, which is already prone to repeated outbreaks. Tanganyika is still affected by recurrent natural disasters (floods and rising waters of Lake Tanganyika), leading to the massive destructions of houses, basic services infrastructures and more than 5,000 ha of cultivated lands.

The end of Ebola outbreak has been officially declared in February 2021 in North-Kivu, with a total of 8 cases and 4 deaths. During the first 6 months of 2021, measles and cholera outbreaks have remained of serious concern, in North-Ubangi, South-Ubangi and Maniema for measles (25,474 cases and 342 deaths) and in North-Kivu, South-Kivu and Tanganyika for cholera (3,599 cases and 92 deaths). The ongoing plague outbreak which includes both bubonic and pneumonic cases in Ituri also constitutes a concern for public health, with 70 new suspected cases since January. The COVID-19 outbreak has affected 24 out of 26 provinces, with a total of 41,240 confirmed cases and 928 deaths as of June 30, with increasing concern of the spread of the Delta variant from May. Kinshasa remains the epicenter of the epidemic with 72.7% of cases, followed by North-Kivu, Haut-Katanga and Central Kongo. Eventually, 9 cases of cVDPV2 polio were notified in three provinces (North Ubangi, South Ubangi and Mongala) since the beginning of 2021.

Summary Analysis of Programmatic Response

Nutrition

During the first six months of 2021, 181,701 children (52.6% girls) have been admitted in nutritional feeding programmes supported by UNICEF in eight provinces (Ituri, Kasai Central, Kasai Oriental, Kasai, Lomami, South-Kivu, North-Kivu and Tanganyika). The performance indicators for the treatment of SAM² are in line with the WHO international: cure rate of 85.2%, death rate of 1.2% and defaulter rate of 8.2%. As of June 30, 31% of children under 5 suffering from SAM have access to nutritional care in UNICEF-supported nutrition units. UNICEF has supported the treatment of SAM in 131 health zones, representing 73% of the priority health zones identified by the Nutrition Cluster. The percentage of pregnant and lactating women accessing infant and young child feeding counselling services remains low, due to difficulties in reporting, low resource, and delays in the start-up of some projects.

¹ 121 violations documented in April and 191 in May by the MRM Country Task Force

² Severe Acute Malnutrition

During the first half of 2021, the Nutrition Cluster has developed an integrated response package and sector indicators to ease prioritization with the Nutrition, Food Security and WASH Clusters, and draw lessons on integrating nutrition into the response to COVID-19, in collaboration with the Ministry of Health.

Health

With the intensification of the third wave of COVID-19 since May 2021, UNICEF supported the Ministry of Health, with the provision of supplies (oxygen concentrator, ventilator, thermometer, masks, hydroalcoholic gel, etc.) and essential medicine, the capacity-building of around 1,100 health workers and the development of strategic response plans. The DRC received a total of 1,766,000 doses of Astra Zeneca from the COVAX mechanism, however by June 21, only 44,840 people had been vaccinated. Many challenges remain to control the epidemic, including reinforcing vaccine uptake, and additional financial support for prevention and treatment.

UNICEF supported the Ministry of Health in its fight against measles, with capacity-building training, cold chain, care kits and vaccine supply in the affected provinces, as well as with communication and community engagement (C4D) activities. UNICEF procured 2,100,000 measles vaccine doses for the Expanded Programme of Immunization, which allowed a total of 299,145 children aged from 6 to 59 months vaccinated, and 1,763 taken in charge. The main challenges are the availability of vaccines and care kits, the mobilization of financial resources to respond in a timely manner in all outbreak areas, and the strengthening of community-based surveillance.

During the first semester, UNICEF participated to the response to cVDPV2 in Mongala, North-Ubangi and South-Ubangi provinces. UNICEF mobilized 3,601,000 doses of mOPV2 vaccine. It led to the vaccination of 1,683,425 children from 0 to 59 months, with a proportion of missed children of 3% in the second round.

WASH

From January 2021, 78,000 people (including 38,120 women and girls) received WASH assistance DRC provinces to provide access to safe water for drinking, cooking, and personal hygiene. In addition, 162,000 people (including 81,444 women and girls) were able to access safe latrines. This material assistance was accompanied by preparedness and prevention activities for COVID-19 and Ebola. All these activities are also accompanied by training for partners on AMPS and GBV risk mitigation measures.

Following the eruption of the Nyiragongo in North-Kivu, UNICEF has supported the installation of a bypass system allowing more than 130,000 people to regain access to regular and safe water supply in Goma. Meanwhile, UNICEF was working with CARITAS Goma and AVUDS to provide access to water through water-trucking for 34,666 persons per day in Goma, while providing water and chlorination points for a total capacity of 150 m³. In June 2021, these activities were complemented with the Education section, to improve access to safe water and toilets in 5 schools for students whose schools have been destroyed by the eruption.

Education

After a 9-month school closure in 2020-2021 due to COVID-19 outbreak, following heavy advocacy from UNICEF CO, on February 22, the Government reopened schools. In response to COVID-19, UNICEF supported 1,448 schools in conflict zones to put in place minimum hygiene standards, through the installation of handwashing devices and awareness-raising activities. In addition, a distance learning program has been implemented through the broadcasting of lessons on radio and TV as well as the distribution of exercise booklets, reaching a total of 20,716 children, including 8,909 girls.

UNICEF and its partners provided during the first six months of 2021 access to education to 133,206 children and teenagers, including 61,928 girls affected by armed conflicts in South-Kivu, North-Kivu, Ituri, Tanganyika and Maniema. This support comprised a package of activities including the training of 4,332 teachers on peace education and psychosocial support, the school recovery course for students who experienced long learning interruptions, psycho-recreational activities, the distribution of school supplies and the establishment of temporary learning spaces. As part of the response to the volcanic eruption in Nyiragongo, UNICEF supported the affected schools with 15 tents serving as temporary learning spaces for 1,313 students, including 585 girls.

Since January 2021, together with Save the Children, as s Lead Agencies of the Education Cluster UNICEF updated the guidelines on the use of schools as shelters for IDPs with the Shelters cluster, produced a Guidance Note for Education partners with the Rapid Response Working Group, contributed to the development of the response strategy after the volcanic eruption and deepened its collaboration with the Child Protection cluster to develop cross-cutting themes and activities.

The Education Cluster remains among the least funded sector during the first half of the year, with only 5% of the funds already covered. This all the more damaging as the eastern provinces are facing major educational challenges : in Tanganyika, 193 schools were destroyed by floods and rains, and the situation should be repeated from September 2021 ; in North-Kivu, there is a need for the reconstruction and rehabilitation of schools either destroyed by the lava or used as shelters by the IDPs after the volcanic eruption ; in Ituri, due to the armed conflicts, between 60,000 and 80,000 school-aged children are out of school. Eventually, the third wave of COVID-19 raises concerns about the deterioration of teaching conditions, while schools remain potential sources of contamination.

Child Protection / GBViE

For the first six months of the year, UNICEF reached only around 20% of its HAC targets, due to limited funding, restricted humanitarian access, particularly in South-Kivu and Ituri, as well as the need to initiate a process of call for proposals. All partnerships are now operational, and the delay should be reduced in the second half of the year.

In North-Kivu, as part of the response to the volcano eruption, UNICEF, in partnership with the North Kivu Division of Social Affairs (DivAS) and the Red Cross, has identified a total of 1,175 unaccompanied and separated children, of whom 1,593 have been reunified with their families. For children remaining in transitional care, UNICEF collaborated with WFP to organize the distribution of food and hygiene/NFI kits. As part of the support for families returning to Goma, mechanisms to prevent family separation and violence against children are being put in place. To ensure that the humanitarian response includes measures to mitigate the risks of GBV and PSEA, UNICEF trained 36 people among WASH and cholera partners and conducted GBV safety audits on WASH facilities managed by partners. Finally, 35 supervisors and social workers from 11 reception centres providing care for unaccompanied children were trained on PSEA and the implementation of child-friendly complaint mechanisms.

During the first 6 months of the year, the DRC CP AoR increased funding for the sector thanks to constant advocacy and better visibility of ongoing achievements (quarterly dashboard reports, *ad hoc* situation analysis, etc.). Following the declaration of the state of siege in North-Kivu and Ituri, the CP AoR released an advocacy note to ensure protection of the most vulnerable children (particularly CAAFAG).

Communication for Development (C4D), Community Engagement & Accountability

In the first half of 2021, UNICEF supported the government's risk communication and community engagement interventions in prevention and response to several epidemics as well as other emergencies, including the COVID-19, Ebola and polio responses, yellow fever campaigns and cholera prevention. UNICEF uses a holistic communication strategy based mainly on Community Animation Cells (CACs), media, and the U-Report platform³.

UNICEF-supported interventions, mainly communication and community engagement activities, reached 6,725,152 people on access to basic social services and enabled 27,252 CACs' members to participate in community-level actions for social and behavioural change. In addition, 47,985 people were able to provide feedback, concerns and raise questions which were responded to, to better meet their needs.

Regarding the COVID-19 vaccination, UNICEF supported the Government's efforts, reaching more than 12.9 million people in 6 provinces. Public awareness of COVID-19 prevention continued in almost all provinces through more than 19,000 CACs, 227 community radio stations, 57 TV channels and social media, reaching a total of 45.5 million people. UNICEF also supported the vaccination campaigns against yellow fever in 7 provinces, reaching 3.9 million people, especially parents of young children. Activities to promote cholera prevention measures were carried out in 8 provinces. 14 radio stations continue to broadcast messages on Ebola in 4 health zones which used to be affected by Ebola in North Kivu.

Despite ongoing campaigns and engagement, several changes were met during the first six months of 2021. The main challenge is the low engagement and uptake of COVID-19 vaccination.

UNICEF Rapid Response (UniRR)⁴

From January 2021, a total of 266,863 people⁵, including 141,163 children, facing crisis have benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH including female hygiene kits through UNICEF rapid response mechanism (UniRR). The assistance has been given to people affected by armed conflicts in Ituri, by flooding and armed conflicts in Tanganyika and in South-Kivu, and to people affected by armed conflicts and volcanic eruption in North Kivu.

In line with the localization agenda of the Grand Bargain, UNICEF delivers the rapid response programme jointly with local/national partners. (Croix Rouge in North-Kivu and in Tanganyika, ARPS in South Kivu, PPSSP in Ituri). The following table shows the progress on the major indicators of the programme as of June 2021:

³ U-Report platform includes SMS center, information center and survey tool

⁴ Based on lessons learned from the Rapid Response to Population Movement (RRMP)'s programme, in late 2019, UNICEF developed a new model, UNICEF Rapid Response (UniRR), aimed to quickly meet the vital needs of people whose survival is threatened by humanitarian shocks such as preventive or reactive displacements, natural disasters, and epidemic, through an integrated package of life-saving humanitarian relief in WASH and NFI. The UniRR programme served as an entry point for a comprehensive and integrated humanitarian response. In line with the localisation agenda of the Grand Bargain, UNICEF delivered the rapid response programme jointly with local/national partners (Croix Rouge in North-Kivu and in Tanganyika, ARPS in South Kivu, PPSSP in Ituri).

⁵ These numbers are different from the HPM numbers because the items considered are slightly different: in the HPM: in the HM are reported in a differentiated manner the beneficiaries of a WASH and of a NFI kit, while some beneficiaries got in most of the cases both at the same time. So this number represents the maximum of WASH/NFI beneficiaries.

PROGRAM INDICATORS	
<i>Rapid needs assessment followed by intervention</i>	78%
<i>Interventions made within 7 days of needs assessment</i>	75%
<i>Interventions followed by PDM (Post Distribution Monitoring)</i>	83%
<i>% of PDMs conducted between 14-25 days</i>	86%
<i>Beneficiaries satisfied</i>	95%
<i>Security incidents during the intervention</i>	1
<i>PSEA and anti-fraud training for partners and UNICEF staffs</i>	100%

Since January 2021, all the partners of UniRR have been trained on PSEA (Prevention of Sexual Exploitation and Abuse), anti-fraud, protection (including referral of protection cases and use of protection check list before/during intervention) and GBViE (Gender-Based Violence in Emergencies) mainstreaming. In addition, UNICEF has developed a stock inventory management tool for each partner reinforcing monitoring of kits at partner's level.

Since the COVID-19 pandemic, UNICEF has also adapted its rapid response mechanism (UniRR) to prevent the spread of COVID-19. During its interventions, UNICEF ensures infection prevention and control (IPC) measures are enforced which includes ensuring physical distancing in distribution sites, the availability of hand washing points and temperature screening. UNICEF has also included bars of soaps in its NFI kits. The rapid response mechanism is also an opportunity for UNICEF to disseminate COVID-19 related messages amongst population in hard-to-reach and high-risk areas. Lastly, UNICEF applies "Do No Harm" principle by ensuring strict health checks of its staffs and partners before going to interventions.

Cholera Response

From week 1 to week 26 the Ministry of Health has reported 3,599 suspected cases of cholera, of which 92 deaths, across the country mainly in the provinces of South-Kivu, North-Kivu, High-Lomami and Tanganyika, with a global lethality rate of 2.6%. It must be noted that case fatality rates in North (0.5%) and South-Kivu (0.1%), where the UNICEF's CATI programme is in place, are much lower than in provinces such as High-Katanga (5.4%) and Kasai (10.6%).

Compared to 2020, cholera incidence decreased by 70%, as the number of suspected cases has dropped from 12,031 cases in 2020 to 3,599 in 2021. The number of deaths attributable to the disease show a 47% decrease, from 174 in 2020 to 92 in 2021. The fatality rate remains particularly high at 2.6%, up compared to 2020.

UNICEF has continued to support the government in the fight against cholera in the provinces of North and South-Kivu, proposing a response in less than 48h to 97% of the suspected cases in these two provinces. Since January 2021, 29,597 people received at least one Household Water Treatment product, while 457,497 were sensitized on prevention measures thanks to the community involvement and the rapid response teams' interventions. Finally, 30,664 houses were disinfected.

Social Protection and Cash Transfers

During the first semester of 2021, a total of 23,883 households were registered to receive a cash transfer assistance as part of the joint UNICEF-WFP project to mitigate the socio-economic impact of COVID-19 in the health zone of Nsele in Kinshasa.

UNICEF supported six health areas to strengthen the 86 existing CACs⁶ and to create 136 additional ones in Nsele, to improve community service delivery and to enhance support to the implementation of the cash assistance project, particularly CBT⁷ activities and complaint management. In addition, UNICEF partnered with a national women's NGO to launch a package of gender-sensitive activities (trainings and sensitization campaign) on women leadership and civic participation, functional literacy, business management and prevention of GBVs and PSEA.

UNICEF finalized its report on the impact assessment of the cash transfers activities on the community, led in collaboration with its Office of Research Innocenti, based in Firenze (Italy).

Social Sciences Analytics Cell (CASS)

During the first half of 2021, the CASS supported UNICEF through rapid operational research, and generation of evidence to inform decision making. So far this year, 138 evidence-based recommendations have been developed with

⁶ Cellule d'Action Communautaire (Community Action Cell)

⁷ Cash-based transfers

communities and actors relating to Ebola, COVID-19, gender determinants of malnutrition in children, disease and behavioural dynamics around the suspected outbreak of plague in Ituri, community dynamics related to cholera outbreaks responses in North and South Kivu, and gender-based violence. To date, 43% have been implemented to completion, whilst 28% are in progress and being followed. Evidence based recommendations have been developed and recorded in the MONITO (a tool developed by the CASS to monitor the use of evidence by study, location and public health situation/outbreak) and their implementation monitored.

The CASS has published several integrated and holistic analytics reports around the broader impacts of COVID-19 on communities in the DRC, including the impact of school closures on children and adolescents ([report](#) here), and the specific risks faced by women and girls ([report](#) here), and projected consequences of the outbreak on populations. The CASS also explored perceptions around sexual abuse and exploitation committed by humanitarians, and barriers to reporting cases ([report](#) here), with recommendations co-developed with local partners to improve reporting mechanisms and support structures for women.

Full research results, CASS analyses and reports may be found on the [website](#), and via the [CASS YouTube](#) channel containing videos of presentations of different studies.

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 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

During the first semester of 2021, the external communication team focused its external communication activities on the UNICEF's advocacy [for the reopening of schools in DRC](#). Several media picked this two information up, including [VOA](#), [RFI](#), [Radio Okapi](#), [La libre Afrique](#) and [L'interview.cd](#).

The [arrival of the first doses of COVID-19 vaccine through the COVAX initiative](#) was covered on [social media](#) and multimedia material was uploaded on [WeShare](#). Several media picked this information up, including [Africanews.com](#), [Relief web](#), [Jeune Afrique](#) and [Actualite.cd](#). The [launch of the vaccination campaign against COVID-19](#) through [several posts published on social networks](#) was also highlighted. Multimedia material was [uploaded on WeShare](#), including [video footage](#) of the vaccine rollout in eastern DR Congo.

During the reporting period, UNICEF [welcomed the end of North Kivu Ebola outbreak](#) and highlighted the [continuous to improve access to water and sanitation, promote good hygiene, and support survivors](#).

The communication activities also focused on Mount Nyiragongo's eruption and [its impact on children](#). Several media picked this this information up including [News UN](#), [Relief Web](#), [Africa News](#), [Zoom Eco](#) and [Adiac Congo](#). UNICEF communicated [in the early hours](#) and [quickly scaled up communication about interventions for children and families](#). Multimedia material was uploaded on [WeShare](#), including video footage. The communication team highlighted the [prevention of sexual exploitation and abuse to actors involved in the humanitarian response in Sake](#). In a [press release](#) widely shared on social networks, UNICEF warned that [violence in eastern DR Congo](#) continues to exact a [grave toll on children and families](#).

Next SitRep: 15/08/2021

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Summary of Programme Results: UNICEF HAC 2021

UNICEF and IPs Response

Cluster/Sector Response

Sector		Overall needs	UNICEF 2021 Target	Total results	Change since last report ▲▼	Cluster 2021 Target	Total results	Change since last report ▲▼
Indicator	Disaggregation							
Health		11,300,000						
# of children aged 6 to 59 months vaccinated against measles	6-11 months		20,874	48,196	-			
	12-59 months		1,022,810	250,949	-			
# of children and women receiving primary health care in UNICEF-supported facilities	Girls		156,754	13,060	▲ 13,060			
	Boys		144,696	11,140	▲ 11,140			
	Women		213,849	5,898	▲ 5,898			
Nutrition		5,600,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls	610,006	305,521	95,507	▲ 19,950	339,587	195,484	▲ 71,210
	Boys	563,082	282,019	86,194	▲ 17,152	313,355	173,354	▲ 65,596
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women	1,234,757	393,039	23,968	-	493,992	131,562	-
Child Protection		4,200,000						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	24,899	▲ 9,344	223,046	71,870	▲ 8,873
	Boys		147,000	31,559	▲ 9,946	214,299	82,154	▲ 7,794
	Women		51,000	1,024	▲ 2	74,349	1,798	▲ 113
	Men		49,000	1,282	▲ 4	71,433	1,870	▲ 105
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	4,677	▲ 56			
	Boys		30,000	3,485	-			
	Women		67,500	2,898	-			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	278	▲ 12	2,940	610	▲ 55
	Boys		5,250	1,419	▲ 123	8,817	1,968	▲ 189
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	335	▲ 26	8,965	1,140	▲ 252
	Boys		4,335	477	▲ 43	8,615	1,424	▲ 238
# of people with access to safe channels to report sexual exploitation and abuse	Girls		90,000	905	-			
	Boys		22,500	597	-			
	Women		30,000	1,112	-			
	Men		7,500	968	-			
Education		4,700,000						
# of children accessing formal or non-formal education, including early learning	Girls		221,722	61,928	▲ 41,733	265,720	87,923	▲ 54,117
	Boys		204,667	71,278	▲	245,280	107,658	▲

					50,813			65,745
# of schools implementing safe school protocols (infection prevention and control)			1,408	1,448	▲ 40			
WASH		7,900,000						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	38,120	▲ 2,340	2,221,544	941,832	912,552
	Men		1,036,774	39,880	▲ 2,160	2,050,656	912,168	880,448
# of people accessing appropriately designed and managed latrines	Women		222,304	81,444	▲ 3,198	756,080	188,366	140,124
	Men		205,204	80,556	▲ 2,952	697,920	182,434	132,526
Rapid Response		2,300,000						
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments			765,000	237,069	▲ 71,473	1,340,000	630,054	▲ 472,745
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	224,890	▲ 84,409			
# of households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response			238,000	30,664	▲ 30,664			
Social protection and cash transfers								
# of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding			40,000	23,883	▲ 5,970			
C4D, community engagement and AAP								
# of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms			100,000	47,985	▲ 14,196			
# of community action cell members participating in community-level actions for social and behavioural change			34,000	27,252	▲ 5,267			
# of people reached through messaging on access to services			10,000,000	6,725,152	▲ 1,243,152			

Funding Status*

Funding Requirements (as defined in the Humanitarian Appeal 2021)						
Appeal Sector	Requirements	Funds available**		Funding gap		Available in 2022 (\$)
			Resources available from 2020	\$	%	

		Funds Received Current Year*	ORE HAC Carry-Over***	ORR Carry-Over***			
Nutrition	175,088,235	2,845,848	12,586,468	0	159,655,919	91%	8,407,870.00
Health	43,598,460	724,565	3,877,468	0	38,996,427	89%	-
WASH	36,698,249	4,712,919	1,926,363	0	29,908,967	81%	-
Child Protection	16,198,381	2,965,893	2,524,288	0	10,708,200	66%	-
Education	56,955,555	0	2,379,759	5,156,478	49,419,318	87%	-
Social protection and cash transfers	7,100,000	1,546,633	0	0	5,553,367	78%	-
Communication for development/Social Policy	7,080,400	976,668	355,185	250,000	5,498,547	78%	-
Rapid response	37,942,810	8,976,873	17,566,944	0	11,398,993	30%	-
Cluster/Sector Coordination	3,750,000	2,513,305	1,414,476	0	-177,781	-5%	-
Total	384,412,090	25,262,704	42,630,951	5,406,478	310,961,957	81%	8,407,870

* 'Funds received' does not include pledges

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

***Carry-over figures is the unutilized programmable balance that was carried over from the prior year to the current year, as of year-end closure and INCLUDES COVID-19 carryover amount of \$11,862,263.72, which if included will bring the total DRC carryover to \$48,037,428.57

****Rapid Response carryover funds, include \$7M Ebola Staff salary carryover funds
(Data generated July 23, 2021)