



Reporting Period: July 2021





Highlights

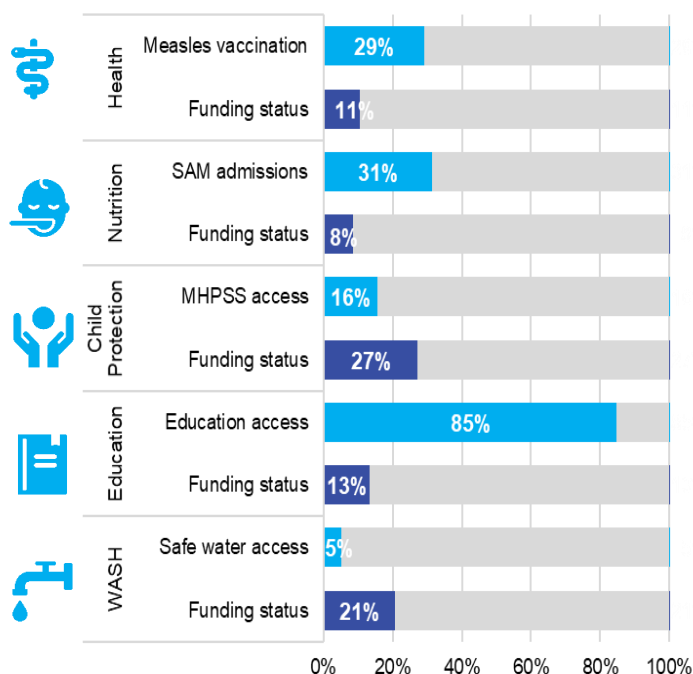
- The humanitarian situation in Ituri, North Kivu, South Kivu and Tanganyika remains critical with intensification of conflicts and violences in some territories leading to massive population movements and increase of violations notably against children.
- 101 Health Zones (HZs) are on alert for Severe Acute Malnutrition, the highest percentage (19%) since 2010.
- As of July, 78,871 people were vaccinated against COVID-19, including 2,513 in the second dose (AZ vaccine). Since July 10, here is, unfortunately, a suspension of vaccination due to lack of vaccines.
- 2,471 measles cases were reported in July, while Tshopo province remains a hotspot for meningitis epidemic, with at least 73 deaths in July.
- As of July 31, 2021, the Democratic Republic of Congo (DRC) has reported a total of 4,155 cholera cases, with 92 deaths, this level of incidence represents a decrease of 90% compared to 2020.

Democratic Republic of the Congo

Humanitarian Situation Report No.7

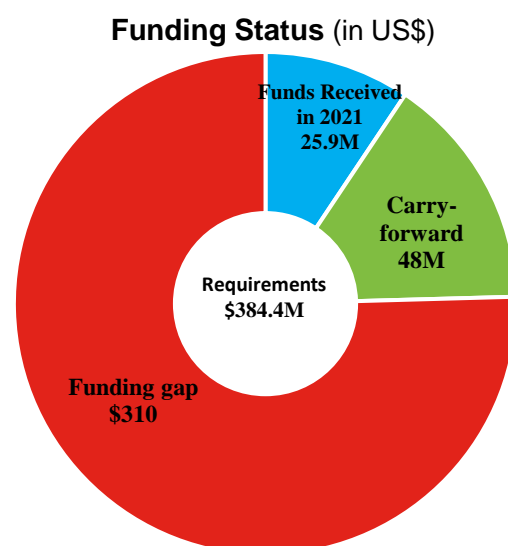
Situation in Numbers

-  **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*)
-  **4,155** 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 humanitarian situation remains very fragile particularly in the eastern provinces of the country: Ituri, North Kivu, South Kivu and Tanganyika. The situation in the northern North Kivu (petit Nord Kivu) and the south Ituri provinces remains of particular concern with current intensification of operations against non-state armed groups generating important population movements and affecting notably the protection of children. The recruitment of children, the lack of access to affected areas by humanitarian actors due to the volatile security situation and possibly an increased use of IEDs are some of the key concerns reported. In the territory of Djugu in northern Ituri province, the military operations also increased in the Mahagi and Djugu territories. New population displacements were recorded in the Bambu and Nizi health zones in Djugu.

In Tanganyika province, conflicts between fractions of armed groups and militias at the border of Tanganyika-Maniema and South Kivu continue to affect stability of Tanganyika. Nyunzu and Kalemie territories remain hotspots with on-going armed conflict, while tensions between the community Twa and Bantu are still ongoing. In addition to the pressing needs in terms of protection of the population, the newly displaced people continued to face difficulties in access to health care, water and sanitation shelter, and food.

Recurrent natural disasters, floods, and increasing Lake Tanganyika waters continue to wreak havoc on Tanganyika, destroying dwellings, essential utilities, and over 5,000 hectares of cultivated land. Besides, the heavy flooding resulted in the complete or partial destruction of 264 schools in four of the five territories in Ituri province.

Regarding the epidemics, meningitis, measles, cholera and plague are of particular concern as of July. A suspected bacterial meningitis epidemic was reported in the health zone of Banalia, Tshopo province, with at least 73 deaths reported between July 11 and 19 July 2021. Despite vaccination effort, the number of measles cases reported is increasing with 2,471 cases of measles recorded in July. As of 31 July 2021, the DRC has reported 4,155 cholera cases, with 92 deaths representing a 90% decrease compared to 2020 figures. However, the case fatality rate increased from 1.3% to 2.7% between 2020 and 2021. 34 cases have been notified in the health zones of Kalemie and Nyemba in the Tanganyika. Plague is still on-going in northern Ituri with one new case reported in Fataki Health Zone this month

A significant increase in the number of COVID-19 positive cases has been recorded since June. As of 31 July 2021, there are 52,292 confirmed cases and 1,050 deaths. 81,984 people have been vaccinated, but the vaccination process had to be stopped due to a shortage of vaccines. In response to the recent increase in the number of cases of COVID-19, the Government and the provincial authorities have put in place mitigation measures such as curfew and limitations of the transportation conditions in the cities and provinces where there are more than 20 declared COVID-19 positive cases (mainly Kinshasa, Haut-Katanga, Lualaba and Kivus). These measures are still in place in July

Summary Analysis of Programmatic Response

Nutrition

During the reporting period, 19,974 children (47% being girls) have been admitted in Nutrition Programs supported by UNICEF in eight provinces. The performance indicators for the treatment of SAM¹ are in line with the international standards of WHO: cure rate of 87.0%, the death rate of 1.1%, and defaulter rate of 8.4%. UNICEF has supported the treatment of SAM in 41 health zones, which represent 23% of the priority health zones identified by the Nutrition cluster. 101 Health Zones (HZs) on alert, the highest percentage (19%) since 2010.

Mothers of children aged 0 to 23 months have access to infant and young child feeding messages in 62% of health facilities, with an attendance rate estimated at 22% in July.

Health

UNICEF continues its support to primary health care, targeting children, and women, and has participated in the measles vaccination of 5,695 children under 59 months in July.

UNICEF supported the construction and equipment of the Kingonze health post in the Health Zone of Bunia, Ituri, to improve access to primary health care for IDPs in the camps of Kigonze and aim to support over 59) pregnant women and 2,800 children under 5 years old.

¹ Severe Acute Malnutrition

In collaboration with other partners, UNICEF works closely with the local health partners to riposte the Measles outbreaks in Lualaba and Maniema provinces. Since the beginning of the year, 4,935 cases of measles and 74 deaths have been identified in Maniema.

The macro-planning process for introducing the new oral polio vaccine type 2 in 2022 is underway for nine provinces. UNICEF supports the elaboration of the National Strategic Plan for Strengthening of the Preparedness and Response to COVID-19 in the DRC, 2021-2023, through the financial support for the order of 700 books «100 questions to understand COVID-19 » (French, Lingala, Kikongo, Tshiluba, and Swahili).

As of July, 78,871 people were vaccinated against COVID-19, including 2,513 in the second dose (AZ vaccine). Since July 10, here is, unfortunately, a suspension of vaccination due to lack of vaccines.

WASH

In July, 171,834 people received WASH assistance from UNICEF in North Kivu, South Kivu, Kasai, Tanganyika, and Maniema provinces. These people have benefited from preparedness and prevention activities for COVID-19 and Ebola-EVD (WASH-PCI) and access to safe drinking water in a sustainable manner through 67 water points constructed or improved, 40 chlorination points installed, 99 latrine doors to improve sanitation and hygiene promotion sessions.

During the period, 1,252 people (women and girls) benefited from GBV risk mitigation measures (including SEA risks) in the different program interventions.

Following the eruption of Nyiragongo volcano, on May 22, over 195,000 people were left without access to safe and clean water due to the eruption, raising the possibility of cholera outbreaks. UNICEF continues the supply of drinking water in the northern districts of the city of Goma, with a daily average of 400 m3 of water during the month of July.

Education

In July, 228,505 children and teenagers (112,033 girls) in the provinces of South Kivu, North Kivu, Tanganyika, and Ituri affected by the crises related to armed and inter-ethnic conflicts and volcanic eruption benefited from UNICEF support through a comprehensive package of activities including psychosocial support to children affected by the volcanic eruption, socio-economic reintegration of adolescent girls and boys through professionalization and entrepreneurship for trades, school reintegration in the formal system, distribution of school supplies, installation of temporary classrooms and remedial education.

Child Protection / GBVIE

In July, a total of 4,759 children, including 2,357 girls affected by conflicts received protection assistance. This represents a 50% increase compared to June. linked to the implementation of a new project in Ituri province. Among the beneficiaries, 140 EAFGA² and 171 ENA³ were identified and provided with temporary care and/or reintegration support, while 3,515 children received psychosocial or mental health support.

1,642 people (772 girls, 398 women, and 472 boys) in humanitarian situations have benefited from risk mitigation and/or prevention interventions to address gender-based violence through UNICEF-supported programs, an increase of more than 90% over the first half of the year's results.

Communication for Development (C4D), Community Engagement & Accountability

In July 2021, UNICEF continued to support government risk communication and community engagement interventions focusing on COVID-19 prevention and vaccination in 7 provinces and engagement activities post-Ebola community in Equateur Province.

UNICEF supported the continuation of advocacy actions concerning COVID-19 in Kinshasa to obtain the support of the leaders of the main religious confessions. Prevention messages related to this pandemic have been broadcast through radio stations, churches, CACs⁴, and other channels, reaching at least 2.7 million people.

On the digital level, UNICEF supported the publication of daily statistics on COVID-19 in the DRC, awareness messages in favor of vaccination, and the respect of barrier gestures on the social networks UNICEF in the DRC (Facebook, Twitter,) leading to more than 7,818 reactions (likes, comments, and shares). On the U-Report RDC platform, UNICEF has set up a COVID-19 information center accessible by SMS to 101, which was consulted over 60,000 times, with a specific interest for "COVAX" research.

UNICEF Rapid Response (UniRR)⁵

In July 2021, a total of 2,146 households (11,201 people) whose survival was threatened by humanitarian shocks have benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH kits through UNICEF rapid response mechanism (UniRR).

² Enfants associés aux forces et groupes armés (Children associated with armed forces and groups)

³ Enfants non-accompagnés (Unaccompanied children)

⁴ Cellule d'animation Communautaire (Community Animation Unit)

⁵ 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).

The assistance has been given to people affected by armed conflicts in Tanganyika (266 households with NFI and WASH) and flooding (1,880 households with NFI and WASH kits). In Niangara, Ituri, approximately 15,000 people have been displaced due to the floods, damaging 625 houses and 743 latrines, while 30 wells were contaminated due to the heavy rains. In Masisi, North Kivu province, approximately 26,693 displaced households have been registered between February and July 2021, provided with health care, food, and NFIs, including cash as well as protection interventions. However, security and access remain a challenge for UniRR teams on the ground in the Kivus, Ituri, and Tanganyika. The following table shows the progress on the significant indicators of the program as of July 2021:

PROGRAM INDICATORS	
<i>Rapid needs assessment followed by intervention</i>	84%
<i>Interventions made within 7 days of needs assessment</i>	75%
<i>Interventions followed by PDM (Post Distribution Monitoring)</i>	81%
<i>% of PDMs conducted between 14-25 days</i>	86%
<i>Beneficiaries satisfied</i>	96%
<i>Security incidents during the intervention</i>	1
<i>PSEA and anti-fraud training for partners and UNICEF staffs</i>	100%

Cholera Response

In terms of cholera cases at the national level, the most incidental provinces are South-Kivu, North-Kivu, Haut-Katanga, Haut-Lomami, which regroup 79% of all notified suspected cases (i.e. 3,296 out of 4,155 since January 2021). It has to be noted that the lethality is high in Haut Katanga et Haut Lomami, with 36 deaths since January, i.e. 37.8% of all country cholera-related deaths.

In July, more than 243 suspected cases have been reported across the country, without any death. For North Kivu, already seven weeks with 0 confirmed cases and a 69.5% sampling rate. In South Kivu, four weeks with 0 confirmed cases and a 31% sample rate. Cholera incidence has decreased by 90% compared to 2020, but the geographic dispersion of cases raises fears of a possible major epidemic. Indeed, 19% of cases were identified in Haut Katanga, and 18% of cases in Haut Lomami.

UNICEF has continued to support the government for the execution of the PMSEC⁶. In the Kivus, 96% of the response was made in less than 48 hours. 4,044 households received a water treatment product or a cholera kit, and 67 chlorination points were opened directly on the premises of reported suspected cases. Microbiological surveillance activities continue.

Social Sciences Analytics Cell (CASS)

In July, the CASS in the East of the DRC completed analyses of healthcare worker perceptions and behaviors around COVID-19. This applied an [Integrated Analytics](#) (IOA) approach, bringing together multidisciplinary data sources to provide robust evidence, presented to UNICEF, government, and other response actors, highlighting IPC (infection prevention and control), infrastructural, and training needs for healthcare facilities. The CASS primary research found that there is limited knowledge of modes of transmission or prevention measures for COVID-19 among healthcare workers, while 50% of the ones surveyed had no confidence in the vaccine against COVID-19. The CASS is currently presenting these analyses to numerous partners working in relevant sectors (WASH, communication, community engagement) and co-developed actions to address the problems raised.

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 and further explanation of CASS methodology.

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

⁶ Plan Multi-sectoriel d'élimination du cholera (multisectoral plan of elimination of cholera)

Human Interest Stories and External Media

During the reporting period, UNICEF continued to highlight its [work in lava-affected areas in Goma](#). Many publications have been dedicated to the coronavirus pandemic, including [daily updates on Facebook](#) and [information on UNICEF's response](#). On the occasion of African Women's Day (July, 31st), UNICEF has appointed [Céline Banza as National Ambassador to address gender-based violence, especially in humanitarian crises, at the center of the national debate](#). Several media picked this information up, including [Actualite.cd](#), [Habariircd](#), [Adiac-Congo](#), [mediacongo.net](#), and [La prosperite](#).

Next SitRep: 20/09/2021

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Summary of Programme Results: UNICEF HAC 2021

Sector	Disaggregation	Overall needs	UNICEF and IPs Response			Cluster/Sector Response		
			UNICEF 2021 Target	Total results	Change since the last report ▲▼	Cluster 2021 Target	Total results	Change since the last report ▲▼
Health		11,300,000						
# of children aged 6 to 59 months vaccinated against measles	6-11 months		20,874	49,558	1,362			
	12-59 months		1,022,810	255,282	4,333			
# of children and women receiving primary health care in UNICEF-supported facilities	Girls		156,754	13,068	▲ 8			
	Boys		144,696	11,147	▲ 7			
	Women		213,849	6,433	▲ 535			
Nutrition		5,600,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls	610,006	305,521	104,778	▲ 9,271	339,467	214,929	▲ 19,445
	Boys	563,082	282,019	96,897	▲ 10,703	313,355	192,954	▲ 19,600
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counseling	Women	1,234,757	393,039	64,567	▲ 40,599	493,992	225,537	93,975
Child Protection		4,200,000						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	26,484	▲ 1,585	223,046	89,085	▲ 17,215
	Boys		147,000	33,489	▲ 1,930	214,299	98,149	▲ 15,995
	Women		51,000	1,055	▲ 31	74,349	1,959	▲ 161
	Men		49,000	1,283	▲ 1	71,433	1,961	▲ 91

# of women, girls, and boys accessing gender-based violence risk mitigation, prevention, or response interventions	Girls		202,500	5,449	▲ 772			
	Boys		30,000	3,957	472			
	Women		67,500	3,296	398			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	286	▲ 8	2,940	676	▲ 66
	Boys		5,250	1,551	▲ 132	8,817	2,206	▲ 238
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	417	▲ 82	8,965	1,318	▲ 178
	Boys		4,335	566	▲ 89	8,615	1,584	▲ 160
# 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	173,961	▲ 111,763	265,720	236,441	▲ 148,518
	Boys		204,667	187,750	▲ 116,472	245,280	205,765	▲ 163,852
# of schools implementing safe school protocols (infection prevention and control)			1,408	1,490	▲ 42			
WASH		7,900,000						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	54,760	▲ 16,640	2,221,544	958,472	▲ 16,640
	Men		1,036,774	55,240	▲ 15,360	2,050,656	927,528	▲ 15,360
# of people accessing appropriately designed and managed latrines	Women		222,304	83,810	▲ 2,366	756,080	380,250	191,884
	Men		205,204	82,740	▲ 2,184	697,920	369,750	187,316
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	248,270	▲ 11,201	1,340,000	673,820	▲ 43,766
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	236,091	▲ 11,201			
# of households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response			238,000	30,730	▲ 66			
Social protection and cash transfers								
# of households reached with cash transfers through an existing government system			40,000	23,883	0			

where UNICEF provided technical assistance and funding								
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	55,836	▲ 7,851			
# of community action cell members participating in community-level actions for social and behavioral change			34,000	29,364	▲ 2,112			
# of people reached through messaging on access to services			10,000,000	7,337,264	▲ 612,112			

Funding Status*

Funding Requirements (as defined in the Humanitarian Appeal 2021)							
Appeal Sector	Requirements	Funds available**			Funding gap		Available in 2022 (\$)
		Funds Received Current Year*	Resources available from 2020		\$	%	
			ORE HAC Carry-Over***	ORR Carry-Over****			
Nutrition	175,088,235	2,016,251	12,586,468	0	160,485,516	92%	8,407,870.00
Health	43,598,460	724,565	3,877,468	0	38,996,427	89%	-
WASH	36,698,249	5,632,951	1,926,363	0	29,138,935	79%	-
Child Protection	16,198,381	1,885,893	2,524,288	0	11,788,200	73%	-
Education	56,955,555	0	2,379,759	5,156,478	49,419,318	87%	-
Social protection and cashtransfers	7,100,000	1,815,553	0	0	5,284,447	74%	-
Communication for development/Social Policy	7,080,400	1,618,557	355,185	250,000	4,856,657	69%	-
Rapid response	37,942,810	9,223,183	17,566,944	0	11,152,683	29%	-
Cluster/Sector Coordination	3,750,000	3,029,879	1,474,476	0	-754,355	- 20%	-
Total	384,412,089.54	25,946,832.57	42,690,951.57	5,406,477.86	310,367,827.54	81%	8,407,870.00

* '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 are 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 August 23, 2021)