



Reporting Period: October and November 2021

Democratic Republic of the Congo

Humanitarian Situation Report No.9

Highlights

- An alarming recurrence of measles was recorded in nine health zones in the Maniema province, 5,361 cases and 97 fatalities were recorded.
- A total of 119 Monkeypox cases including 13 deaths were reported in the Tunda health zone.
- UNICEF and partners provided non-food items (NFI) and water, sanitation and hygiene (WASH) packages to 52,381 people (7,754 households), in Beni, Lubero and Rutshuru territories.
- Attacks by the Armed Forces of the Republic of Congo (FARDC) against armed groups in Masisi and Lubero, as well as suspected Allied Democratic Forces (ADF) incursions in Beni and Ituri, displaced 33,500 people (5,641 households).
- The security situation in Ituri province substantially deteriorated, resulting in increased humanitarian needs and vulnerabilities among the internally displaced persons (IDP).

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*)

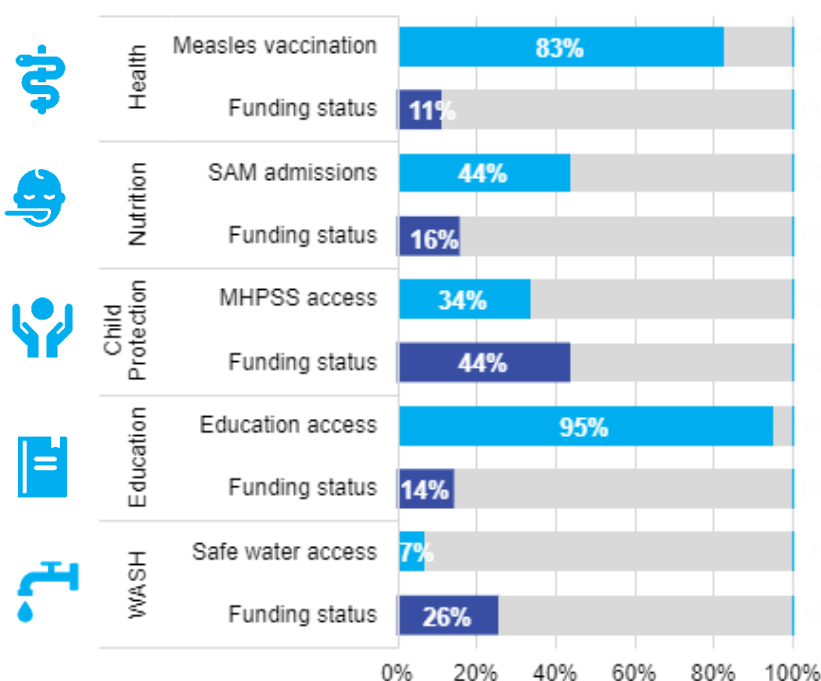
5,300,000

IDP (Revised HRP 2021*)

4,155

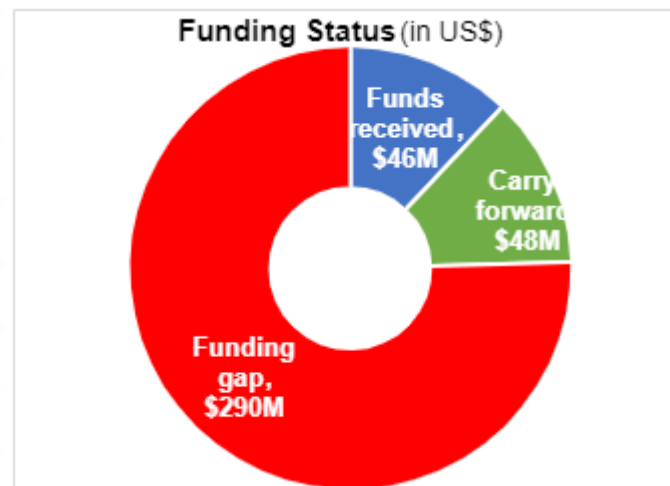
cases of cholera reported since January (Ministry of Health)

UNICEF's Response and Funding Status



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 75 per cent, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Needs

North Kivu

During the reporting period, the security situation was dominated by the continuation of FARDC operations against the armed groups, particularly against the Alliance des Patriotes pour un Congo Libre et Souverain (APCLS) in Masisi, Mai-Mai in Lubero, and the attacks by the alleged ADF in Beni and Ituri. More than 33,500 people (5,641 household) were displaced. Human rights violations were perpetrated, including killings, abduction, looting (including health centres), and destruction of civilian homes. Moreover, in Lubero territory 1,278 households displaced from Mangiyo and Fatuwa villages, following clashes between the Nduma Defense of Congo (NDC) and Forces Patriotiques Populaires (FPP).

After a lull, more than 1,500 households (7,500 people) returned to Katanda early November. However, the returnees were facing difficult conditions. Challenges related to lack of housing and basic services, restricted access to farming and economic activities which left the returnees in a precarious situation.

UniRR and partners assisted 7,754 households (52,381 people) with provisions of NFI and WASH packages in Beni, Lubero and Rutshuru.

South Kivu

In Moyens plateaux Fizi territory, clashes between armed groups were repeatedly reported. The violence resulted in killing of civilians, looting of livestock and burning of houses. Displacement of 25,900 people (4,077 households) were observed in different locations (Baraka, Bitobolo, Ibumba, Lweba, Mukolwe, and Lusenda). UNICEF and partners provided life-saving support to 1,509 displaced households in Baraka through NFI, WASH supplies and cholera packages. Following the reinforcement of FARDC and the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), return movement of the displaced population was observed at the end of October.

In Hauts-Plateaux de Fizi and Mwenga, security situation remained intense in Minembwe and Itombwe health zones, respectively. Incidents involving armed groups were reported and the exact number of displaced persons was unknown due to security and access challenges.

In Kalehe, the intensified military operations in Masisi caused the displacement of more than 33,000 people in Ziralo. While in Kabre and Shabunda, more than 1,264 households were displaced in Bakisi and Ninja due to the clashes between armed groups (between the coalition of Lukoba and Mabala against the group of Blaise Kafanyambiyo). Through UniRR, UNICEF distributed non- food items and water sanitation and hygiene packages to 2,023 households, including insecticide treated mosquito net for 1,094 pregnant and lactating women.

In Maniema, measles outbreak was declared in Maniema province, a total of 5,361 measles cases including 97 deaths (1.8 per cent fatality rate) were reported with an alarming resurgence of measles in nine health zones (Bikenge, Kipaka, Karomo, Kunda, Mbutu, Mobanga, Saburi, Sengamali and Penegori). Monkeypox with a total of 119 cases including 13 deaths were reported in Tunda health zone.

Ituri

The security situation in Ituri province had deteriorated significantly over the past two months, as violence by the armed groups in Djugu and Irumu territories had intensified, leading to 130,000 people displaced. The situation was hampered humanitarian assistance with limitation of access, temporary suspension of activities including evacuation of staff. As a result, humanitarian needs and vulnerabilities increased among the internally displaced persons.

In Djugu territory, repeated attacks by the Cooperative for Development of the Congo (CODECO) were reported, 26 people killed (including 16 children) and 50,000 people displaced (including 27,000 children). In Irumu, Boga-Chabi area, nearly 20,000 people were displaced. While, in southern Irumu (Komanda-Luna-Tchabi triangle) attacks attributed to Patriotic Force and Integrationist of Congo (FPIC) and alleged ADF displaced 45,000 people in Gety Komanda, Lolwa and the outskirts of Bunia. The pace of displaced people returning to Mahagi was slowed down due to the reemergence of armed groups activities around the border of Djugu. Between October and November, 15,000 returnees have been prevented from returning.

Tanganyika

Despite the overall situation remained calm in Tanganyika, security condition in Nyunzu and Kalemie deteriorated due to FARDC operations against Mai-Mai factions. In northern part of Nyunzu, 4,400 households were forcibly moved to different locations. In addition, in the south of Nyunzu, the return of Twa militia had destabilized security and stability of the area with sporadic attacks which caused the population to make precautionary moves toward Manono and central Nyunzu. While, Kongolo territory continued to experience the incursion by Mai-Mai, 870 households were displaced. Moreover, in Kalemie territory, repeated incursions by Apa na pale, 400 displaced households were reported. In addition, due to the closure of the IDP sites in Kalemie, 1,193 households (4,571 people) were relocated to villages on the Eliya, Lukwangulo, and Tabacongo axes.

UNICEF and its partner UniRR distributed NFI and WASH kits to 1,944 returnee households on the South Lukuga axis (Ngombe-Ngoy-Makumbo) and to 3,453 displaced households in Kisengo center, North Lukuga, Nyuzu territory.

Protection:

In general, the child protection situation in the DRC remained extremely worrying, particularly in the eastern provinces of the country following the security context. The two provinces, North Kivu and Ituri were still the most affected. Clashes between armed groups (ADF, CODECO, FPIC...) and the Armed force of the Democratic Republic of Congo were more recorded in the territories of Masisi, Beni in the province of North Kivu, Irumu, Mambassa, and Djugu in the province of Ituri.

Humanitarian needs were substantial due to population movements induced by hostilities and the degradation of the populations socio-economic position. Certain socioeconomic, educational, rural and parastatal activities were paralyzed. Serious children's rights violations had been documented by the monitoring reporting mechanism (MRM), and indicated an increase in cases, particularly on the recruitment and use of children by armed groups, sexual violence and gender-based violence (GBV). Two territories were specifically affected from a child protection perspective, Beni territory in North Kivu and Djugu territory in Ituri.

In Beni Territory, the Ruwenzori sector was attacked by Allied Democratic Force rebels. They made their way into Kalembo by targeting Armed Forces of the Democratic Republic of the Congo bases. The balance sheet reported 22 people including 5 women, 1 girl-child around 6 years old and 16 men massacred. Plus 10 people abducted including women, children and a teacher from Twanzane primary School. As a result, a population movement from Kalembo, Libokora, Mayele, Katerrain and Mantumbi towards the center of the rural commune of Bulongo was recorded.

Epidemics:

COVID-19 resulted in 58,319 confirmed cases and 1,107 deaths as of 6 December 2021, according to the authorities. The vaccination coverage rate was 0.11 per cent; 57,625 people were fully vaccinated. Many people in the target demographic had not yet been immunized due low vaccine demand and hesitancy.

In Kinshasa a steady increase in the number of confirmed COVID-19 cases was recorded. There were 58,422 confirmed cases and 1,107 deaths as of 29 November 2021. (Lethality 1,9 per cent).

A total of 5,361 measles cases had been documented in Maniema, with 97 fatalities (1,8 per cent fatality rate) and an alarming recurrence of measles in nine health zones (Bikenge, Kipaka, Karomo, Kunda, Mbutu, Mobanga, Saburi, Sengamali and Penegori). In addition, 119 cases of monkeypox and 13 fatalities were documented in the Tunda health zone during this time.

New cases of vaccine derived polio virus type two (VDPV2) were verified in Maniema province, Kailo(1), Kibombo (2),

and Kindu (1) health zones, as well as vaccine derived polio virus type two cases in Punia and Alunguli health zones. Maniema two is a new development in the Kailo health zone.

During this period, epidemiologically, the provinces continued to face cholera epidemic which intensified towards the end of September 2021. In week 46, Tanganyika had accumulated 2,565 notified cases from 9 out of 11 health zones and 5 out of 11 internally displaced person sites in the Kalemie territory. At the end of November 2021, the epidemiological situation remained worrying.

On 7 September, a meningitis outbreak was declared in the Tshopo health zone, with an accumulation of 2,661 suspected cases, 45 confirmed cases, and 205 fatalities, or a case fatality rate of 7.7 per cent.

Summary Analysis of Programmatic Response

During this response period UNICEF's support focused on several areas including:

Nutrition

During the reporting period, 52,935 children (53.2 per cent being girls) were admitted in nutrition programmes supported by UNICEF and partners, in eight provinces (Ituri, Kwango, Kasai Oriental, Kasai, Tshuapa, Sud Kivu, Nord Kivu and Tanganyika). The performance indicators for the treatment of severe acute malnutrition (SAM) was in line with the international SPHERE standards: cure rate of 85.7 per cent, death rate of 1.2 per cent and defaulter rate of 6.0 per cent. UNICEF supported the treatment of SAM in 103 health zones, which represented 58.8 per cent of the priority health zones identified by the Nutrition cluster.

In addition, UNICEF provided nutritional supplies (19,000 boxes of Plumpy Nuts), anthropometric materials and medicines to Bureau for Humanitarian Assistance (BHA) and Humanitarian funds partners for the management of SAM interventions targeting 23,704 children aged 6-59 months in the provinces of Kasai, Kasai Central, Kasai Oriental and North Kivu.

In Tanganyika province, 1,676 mothers and caregivers of children aged 6-59 months affected by acute malnutrition were trained on early detection of malnutrition through UNICEF's action and the implementation of the family mid-upper arm circumference (MUAC) strategy in four health zones (Manono, Moba, Kansimba, Kalemie).

It should be noted that the treatment of SAM was underway in the two provinces with the World Bank funding will end in December 2021.

Health

Vaccination programmes were held in 10 provinces through the end of November 2021 in order to boost community immunity, particularly among youngsters, and to halt the spread of diseases. Thus, concerning measles, out of the 93 health zones (HZ) confirmed as having an outbreak, only 33 health zones had organised a response. UNICEF ensured the response in 23 health zones. A total of 864,845 children aged 6 months to 14 years were vaccinated. UNICEF had also provided an emergency stock of 1,100,000 doses of measles vaccines and 550 measles management kits to respond quickly. However, the number of suspected cases and deaths continued to increase with a cumulative 55,940 cases and 825 deaths (1.47 per cent) as of 30 November 2021 compared to the cumulative 39,042 suspected cases including 595 deaths (fatality 1.5 per cent) at the end of September 2021.

Regarding COVID-19 vaccination, the Democratic Republic of Congo received 756,000 doses of Johnson & Johnson vaccine in October 2021. Vaccination continued with the different types of vaccines available (Moderna, Pfizer, J&J and SINOVAC) in 228 functional sites spread across seven provinces. The launch of the vaccination campaign took place in Kinshasa and North Kivu. As of 29 November, 2021, the total of 135,954 people vaccinated with dose one (vaccination coverage 0.25 per cent) and 51,128 people vaccinated for dose two (vaccination coverage 0.09 per cent). The number of people fully vaccinated was 57,103 (vaccination coverage 0.11 per cent). The Democratic Republic of Congo remained below the African average of 3.8 per cent for dose one. The challenges remained to continue vaccination in 14 provinces in campaign mode and expand to 12 other provinces.

In the humanitarian context, UNICEF continued its support to primary health care in the health zones with internally displaced persons and/or returnee people from Ituri (health zones: Aungba, Kambala, Komanda, Rwampara) and Tanganyika (health zones: Nyunzu and Nyemba). For this period, 36,004 people including 9,931 children under 5 years and 1,865 pregnant women benefited from access to primary health care.

WASH

During the period covered by the report, 596,280 people received water sanitation and hygiene package assistance from UNICEF in the provinces of North and South Kivu, in Tshopo and Bas Uele. Over the long term, 11,500 people benefited from access to water as a result of 23 water points built or upgraded; a total of 136 latrine doors were installed to improve their sanitation and hygiene promotion sessions were provided as well as 2,500 WASH kits. A total of 14,629 people (women and girls) benefited from gender based violence risk mitigation measures, such as the separation of latrine doors according to men and women; bringing water points closer to the beneficiaries. The water points were built on sanitary training sites to avoid remoteness with the beneficiaries' women/girls, including prevention of sexual exploitation and abuse (PSEA) risks, integrated into the different programme interventions.

Education

During the reporting period, 38,991 children and adolescents (18,916 girls) were assisted with a package of activities for school access and retention including the setting up of 12 temporary classrooms as well as the distribution of supplies. Integrated protection activities were organised including school and economic reintegration for 745 adolescents (217 girls) at risk of exploitation, victims of interethnic conflicts in the provinces of Tanganyika, Ituri and North Kivu. This package also included capacity building for 231 teachers (119 women), trained in psychosocial support, peace education, conflict and disaster risk reduction, the importance of education, prevention to COVID-19, gender based violence and prevention of sexual exploitation and abuse.

In Tanganyika, 910 adolescent girls were trained on menstrual hygiene and received related kit (briefs, washable sanitary napkin, small toilet bucket, 3 bars of soap, etc.). In Ituri, 36 schools participated in awareness sessions on COVID-19 prevention in schools. In North Kivu, the construction of 15 classrooms in Nyiragongo territory started.

Child Protection

During the reporting period, a total of 53,109 children (31,340 girls, or 59 per cent and 21,769 boys, or 41 per cent) were affected by armed and inter-community conflicts. All these children benefited from protection assistance in the provinces of Tanganyika, Ituri, Maniema, North Kivu, South Kivu, Bas Uélé, North Ubangi and South Ubangi.

Among the 53,109 children, 39,085 children benefited from psychosocial and/or mental health support and 14,024 children in humanitarian situations benefited from risk mitigation and/or prevention interventions to fight against GBV through programmes supported by UNICEF. Out of the 39,085 children, 1,200 children including 454 children associated with armed forces and groups (EAFGA) and 746 unaccompanied children were taken in temporarily, reunited with their families and/or received support for social reintegration economic and educational through the support of UNICEF and its partners.

A total of 14,024 children benefited from risk mitigation and/or prevention interventions to fight against gender based violence, 690 children (651 girls and 39 boys) and 929 adult women, survivors of sexual violence had benefited from an appropriate response provided by UNICEF and its 13 partners in 11 provinces of the Democratic Republic of Congo. It should also be noted that the UniRR partners had benefited from training on PSEA, including on the referral of protection cases and the use of protection checklists before and during the intervention.

In connection with the Drodro crisis in Ituri province, internally displaced children benefited from the child protection response at the Rhoe site. Referrals for health care were provided by Doctors Without Borders (MSF) although coverage is limited in terms of number of beneficiaries. 542 children, including 168 girls and 374 boys, received psychosocial support from UNICEF partners.

Given the spillover of the conflict from Beni/Butembo into southern parts of Ituri (Mambasa and Irumu), UNICEF as child protection area of responsibility has reinforced coordination across Ituri and North Kivu to ensure appropriate coverage of protection interventions for children affected by the conflict.

Social Protection and Cash Transfers

During the reporting period, 16,000 households targeted out of the 21,000 beneficiary households of phase one received their sixth cash payment (\$40/month) via mobile money and direct cash, corresponding to the end of phase two of the urban cash transfer project in Nsele. The community engagement was a key element of the cash project. In total, 192 community animation cells (CAC) were trained to carry out community service delivery activities in Nsele and also enhance their support to the implementation of the cash assistance project. At the end of the training, all CAC received an equipment to better carry out their activities and enhance their visibility in their community including bikes, phones, raincoats, t-shirts and bags.

UNICEF partnered with a national women's non-governmental organization AFIA MAMA aiming at enhancing gender equality at community level through a package of gender-sensitive activities. 60 women associations and 20 community animation cell focal points were trained on functional literacy and business management and income generating activities and on gender based violence. One important part of this project is to document the achievements and lessons learned from the implementation. UNICEF had engaged with its Innocenti research office, based in Florence (Italy), to conduct an independent impact assessment. The end line data collect was conducted.

In the last quarter of 2021, UNICEF started a humanitarian cash transfers for nutrition programme in Manono health zone of Tanganyika province. The cash intervention targeted 2,000 households with children received SAM treatment provided by UNICEF and in line with UNICEF's cash plus approach. SAM treatment helps families address their basic needs and improve overall nutritional status of the household members. Each household targeted by the programme will receive six rounds of cash transfers through mobile money transfers.

In December 2021, UNICEF will launch the HOPE system - UNICEF's corporate beneficiary data and transfer management tool - in the Democratic Republic of the Congo as the standard platform for handling cash-based transfers. The cash for nutrition programme in Manono was the pilot implementation for UNICEF's HOPE platform, which was utilized as a standard administration platform for other cash transfer programmes in the Democratic Republic of Congo.

Communication for Development (C4D)

UNICEF continued to support government risk communication and community engagement interventions focused on COVID-19 prevention and vaccination in seven provinces, as well as cholera prevention. UNICEF supported the revision and validation of messages as well as COVID-19 vaccinations communication materials, training of national trainers, including communicators for COVID-19 vaccination.

UNICEF continued to support the COVID-19 vaccination pre-registration mechanism set up to identify vaccine needs in the provinces and health zones. As of 7 December, 122,494 people were pre-registered by SMS. Furthermore, the information center on COVID-19 was set up with the UNICEF's support and was accessible 24 hours a day in French and in the four national languages by SMS free of charge. It recorded more than 25,000 consultations in November, and the specific information center on COVID-19 vaccination was consulted more than 95,000 times.

According to a survey conducted in November 2021, at least 44 per cent of the 74,388 people who responded said they did not trust vaccines, 18 per cent said because they think they are in good health. 12 per cent had already been vaccinated. <https://drc.ureport.in/opinion/5454/>.

In Tanganyika, as part of cholera prevention, 27,442 people including 3949 children were exposed to messages on preventive measures against cholera shared by 240 Community relays Moba, Kalemie, Nyemba, Kabalo and Nyunzu health zone. In addition, 3650 Households of the Kisengo axis in Nyunzu, victims of the clashes were on integrated messages on the prevention from sexual exploitation and abuse, the promotion of family practices (PFE) and the fight against COVID-19.

UNICEF Rapid Response (UniRR)¹

In October and November 2021, a total of 22,991 households (159,978 people) whose survival were threatened by humanitarian shocks benefitted from life-saving emergency packages of NFI and WASH kits through UNICEF rapid response mechanism (UniRR). The assistance was given to people affected by armed conflicts in Tanganyika (6,897 households with NFI and WASH), in Ituri (6,318 households with NFI and WASH); in Nord Kivu (4,544 households with NFI and WASH) and in Sud Kivu (5,232 households with Non Food Items and WASH).

The following table shows the progress on the significant indicators of the programme as at the end of November 2021:

PROGRAM INDICATORS	
Rapid needs assessment followed by intervention	89%
Interventions made within 7 days of needs assessment *	78%
Interventions followed by PDM (Post Distribution Monitoring)	91%
% of PDMs conducted between 14-25 days *	97%
Beneficiaries satisfied	97%
Security incidents during the intervention	1
PSEA and anti-fraud training for partners and UNICEF staffs	87%
Interventions coordinated with PAM (Nord Kivu only)	47%

* Travel time not included

All UniRR partners have been trained on prevention of sexual exploitation and abuse, anti-fraud, protection (including referral of protection cases and use of protection check list before and during intervention) and gender-based violence mainstreaming. In addition, UNICEF has developed a stock inventory management tool for each partner reinforcing monitoring of kits at partner's level.

Since the outbreak of the COVID-19 pandemic, UNICEF adapted UniRR to prevent the spread

of COVID-19. During its interventions, UNICEF ensured infection prevention and control measures were enforced ensuring physical distancing in distribution sites for example, availability of hand washing points and temperature screening. The rapid response mechanism was 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

In coordination with the Ministry of Health, the (CNAEHA)², the provincial health directorates and the (CPAEHAs)³, UNICEF is implementing a cholera control programme based on the following lines of intervention:

1. Strengthening coordination and epidemiological surveillance
2. Targeted rapid response around suspected cholera cases in communities
3. Reinforcement of the medical care of cholera cases
4. Preparation and strengthening of communities and intensification of hygiene awareness in the Health Zones and Priority Health Areas.
5. Water, Hygiene and Sanitation response as a second level of intervention in areas of active transmission

During the reporting period 31 case area targeted interventions (CATI) teams carried out 1,504 rapid response interventions of which 94 per cent percent were responded in in less than 48 hours. These interventions were able to cover nearly 95 per cent of suspected cases by setting up sanitary cordons with an average size of 17,7 households around each case. In order to prevent and interrupt cholera transmission, 27,082 households received water treatment products and/or a cholera kit and were also disinfected. Through these interventions, 178,858 people in these households were sensitized and trained to prevent cholera through door-to-door and small group focus technics. Finally, 165 chlorination points with a minimum duration of one month, were carried out in and around these sanitary cordons.

¹ 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).

² National Action Committee on Water, Hygiene and Sanitation

³ Provincial Action Committee on Water Hygiene and Sanitation

When situations call for it, last-resort medical treatment and logistical assistance are also offered. Thus, in the provinces of South Kivu, Tanganyika, and Haut Lomami, support was given to Provincial Health Division, health zones, and health areas, as well as directly to medical care organizations.

Integrated Analytics Cell (CAI)

The integrated analytics cell continued to research explore the public health situation in Nyiragongo, one of the three health zones that comprised the wider city of Goma. Communities in Nyiragongo were severely affected by the volcanic eruption in May 2021, with thousands of families having lost homes, livelihoods, and access to basic services (healthcare, education, water etc.). However, in the most part, this event simply exacerbated existing public health issues and further degraded very poor health outcomes, particularly for women and children.

In November, field teams began providing an up to date and real-time analysis of the context, adapting the research to meet the evidence needs of UNICEF and other actors. Initial qualitative reports suggest that the situation has broadly not improved for families affected by the eruption, with limited access to safe drinking water and sanitation, and poor economic mobility, impacting household capacity to access food, health services and education for children. A representative quantitative household survey will be conducted in December.

This evidence had been integrated with data from other sources on an ongoing basis to provide the most holistic understanding of the context and ensure the most robust and reliable evidence base with which to inform decision making in real time.

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

Humanitarian Leadership, Coordination, and Strategy

As part of the planning of the humanitarian response for next year, the GTPE is currently working on the development of the HNO and HRP 2022 to inform the strategic planning of child protection according to the 2022 most pressing humanitarian needs. Advocacy has been carried out to the prison authorities of North Kivu so that the children's courts can primarily ensure the placement of these children in Child Care and Education Establishments (EGEE). Since September, three new juvenile judges are now present at the Goma juvenile court

Human Interest Stories and External Media

During the reporting period, UNICEF covered the arrival of the [COVID-19 vaccines](#) and the [launch of the second phase of the vaccination campaign](#). The [climate emergency](#) was the focus of [communications around COP26](#) and [World Children's Day on 20 November](#). UNICEF also continued to communicate on [malnutrition](#), [displacement](#), [protection](#) and [other emergencies](#)

Next SitRep: 20/02/2022

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Summary of Programme Results: UNICEF HAC 2021

Sector		Overall needs	UNICEF and IPs Response			Cluster/Sector Response		
			UNICEF 2021 Target	UNICEF 2021 Total Results	UNICEF Change since last report	Cluster 2021 Target	Cluster 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	60,758	11,200			
	12-59 months		1,022,810	804,087	548,805			
# of children and women receiving primary health care in UNICEF-supported facilities	Girls		156,754	18,674	5,065			
	Boys		144,696	16,541	4,866			
	Women		213,849	23,684	15,032			
NUTRITION		5,600,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls		335,138	146,368	28,169	339,587	269,516	36,476
	Boys		309,358	136,851	24,766	313,464	242,331	33,670
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women		393,039	117,502	52,935	494,000	425,374	52,935
CHILD PROTECTION		4,200,000						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	61,234	19,436	223,046	187,643	33,235
	Boys		147,000	70,400	19,649	214,299	200,971	35,810
	Women		51,000	1,257	69	74,349	2,203	108
	Men		49,000	1,547	43	71,433	2,267	83
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	28,347	11,904			
	Boys		30,000	16,552	2,120			
	Women		67,500	80,984	64,119			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	472	57	2,940	990	185
	Boys		5,250	2,602	397	8,817	3,327	460
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	1,194	338	8,965	2,725	776
	Boys		4,335	1,422	408	8,615	3,068	919
# of people with access to safe channels to report sexual exploitation and abuse	Girls		90,000	905	0			
	Boys		22,500	597	0			
	Women		30,000	1,112	0			
	Men		7,500	968	0			
EDUCATION		4,700,000						
# of children accessing formal or non-formal education, including early learning	Girls		221,722	195,277	18,916	265,720	276,368	31,443
	Boys		204,667	210,839	20,075	245,280	257,492	37,746
# of schools implementing safe school protocols (infection prevention and control)			1,408	1,678	188			
WATER, SANITATION & HYGIENE		7,900,000						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	73,220	5,980	2,221,544	976,932	5,980
	Men		1,036,774	72,740	5,980	2,050,656	945,028	5,980
# of people accessing appropriately designed and managed latrines	Women		222,304	138,748	5,980	756,080	435,188	5,980
	Men		205,204	133,912	5,980	697,920	420,922	5,980
Rapid Response Mechanism		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	479,328	159,978	1,340,000	1,414,886	159,978
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	475,595	168,430			
# of households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response			238,000	39,326	8,596			
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	39,883	0			
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	81,500	18,650			
# of community action cell members participating in community-level actions for social and behavioural change			34,000	34,200	2,700			
# of people reached through messaging on access to services			10,000,000	9,125,000	1,139,979			

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	15,202,623	12,586,468	0	147,299,144	84%	8,407,870.00
Health	43,598,460	1,107,965	3,877,468	0	38,613,027	89%	-
WASH	36,698,249	7,554,223	1,926,363	0	27,217,663	74%	-
Child Protection	16,198,381	4,575,093	2,524,288	0	9,098,999	56%	-
Education	56,955,555	699,052	2,379,759	5,156,478	48,720,266	86%	-
Social protection and cash transfers	7,100,000	1,815,553	0	0	5,284,447	74%	-
Communication for development/Social Policy	7,080,400	1,995,220	355,185	250,000	4,479,995	63%	-
Rapid response	37,942,810	10,708,166	17,566,944	0	9,667,700	25%	-
Cluster/Sector Coordination	3,750,000	2,573,754	1,467,788	0	-291,542	-8%	-
Total	384,412,089.54	46,231,649.76	42,684,264.19	5,406,477.86	290,089,697.73	75%	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 on 09/12/2021)