








Reporting Period: March and April 2022

Democratic Republic of the Congo

Humanitarian Situation Report No. 02

unicef 
for every child

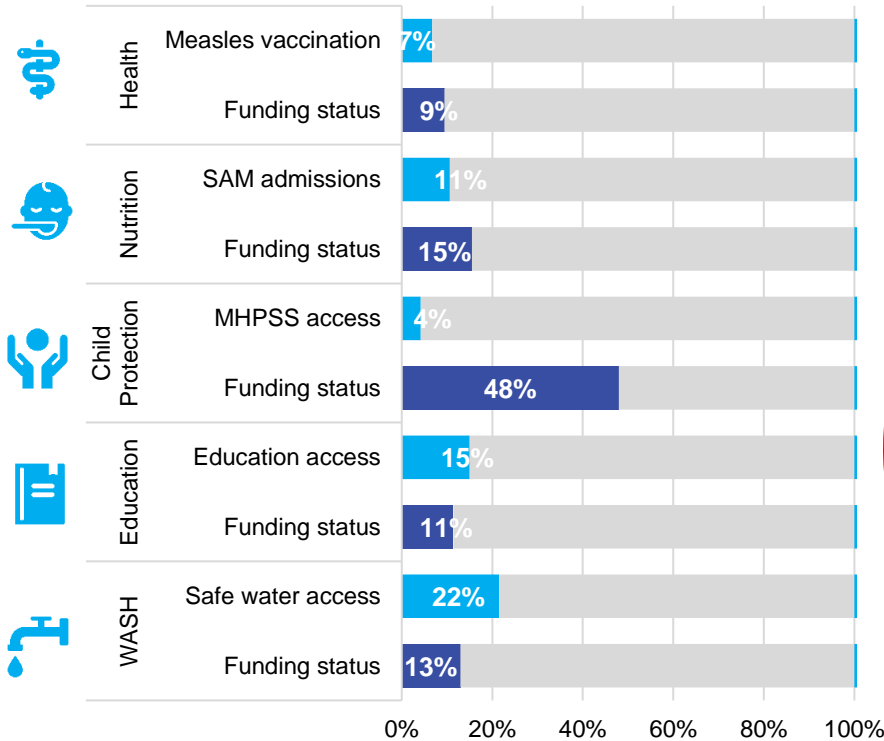
Situation in Numbers

-  **15,800,000** children in need of humanitarian assistance (OCHA, Revised HRP 2022*)
-  **27,000,000** people in need (OCHA, Revised HRP 2022)
-  **5,700,000** IDPs (Revised HRP 2022)
-  **3,518** cases of cholera reported since January (Ministry of Health)

Highlights

- Since April 11, the country has experienced the 14th Ebola virus outbreak in the province of Equateur, the third outbreak in 5 years (2018 – 2022). The accumulation to date reports three positive cases (1 female, 2 male) and 100% death.
- The upsurge of measles epidemic remains a concern with 6,638 cases including 128 deaths reported in Tanganyika and 3,019 cases, including 28 deaths, reported in South Kivu.
- Vaccination campaigns against COVID-19 were rolled-out in four provinces (Maniema, Kwilu, Kasai and Kinshasa 13 HZ) where 346,050 people were vaccinated during the months of March and April 2022. At the national level 2.33% of the population has received the first dose of the vaccine and 1.48 are fully vaccinated with best performances in Kasai Oriental (6.9%), Kasai(3.9%), Haut Uélé (2.8%), Kwilu (2.5%) and Sud Ubangi (2.5%).

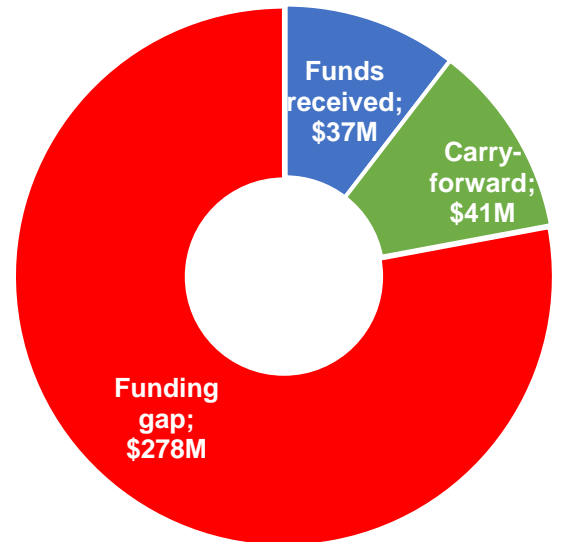
UNICEF's Response and Funding Status



UNICEF Appeal 2022

US\$ 356.4 million

Funding Status (in US\$)



Funding Overview and Partnerships

UNICEF appeals for US\$ 356 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 2022 HAC has a funding gap of 82 per cent, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Need

Population Displacement:

Persistent and intensified insecurity in several parts of eastern Democratic Republic of Congo (DRC) continued to affect civilians. The first round of peace talks between the DRC government and armed groups operating in the east took place in Nairobi from April 23 to April 27, 2022, with the goal of putting an end to armed violence. During the talks, President Felix Tshisekedi urged the armed groups to accept demobilization and begin reintegration to restore peace, security, and stability in the country.

In the North Kivu province, humanitarian crisis worsened following clashes between Armed Forces of the Democratic Republic of Congo (FARDC) and Non-State Armed Groups (NSAG) in Rutshuru territory where 55,000 civilians had sought safety in the health zones of Rutshuru and Rwanguba and 10,000 people had crossed the border into Uganda. In Ituri, repeated attacks by various armed groups and FARDC military operations, particularly in Irumu, Djugu and Mahagi territories, have resulted in 165,000 Internally Displaced persons (IDP) in Komanda, Lolwa and Mambasa zones; 10,000 in Aungba and 10,000 in Linga. Response to the humanitarian needs remained challenging due to multiple displacements and increasing access constraints due to frequent attacks on roads.

In the South Kivu province, the territory of Fizi and Uvira remained the main centre of the humanitarian crisis as clashes between armed groups were repeatedly reported. Displacement of around 19,000 people were registered during the reporting period. In the northern part of Tanganyika, intercommunal conflicts continued to force people to flee their homes seeking safety, protection, and assistance.

Epidemic:

Since April 11, the country has experienced the 14th Ebola virus outbreak in the province of Equateur, the third outbreak in 5 years (2018 – 2022). The accumulation to date reports three positive cases (1 female, 2 male) and 100% death. The current outbreak is unrelated to the other two EVD outbreaks experienced in the province of Equateur. The DRC also continued to face several other epidemics (measles, Cholera, Covid-19, polio, etc.). The measles situation became increasingly serious. At week 17 of 2022, the cumulative number of suspected measles cases already reached 85% of notified cases for the whole of 2021 (55,771 suspected cases and 783 deaths: i.e., a lethality of 1.4% with 106 health zones. A total of 1,242 COVID-19 cases including 3 deaths (0.24 per cent case-fatality rate) were also reported. Polio outbreak was ongoing in Maniema, North and South Kivu, where 25 cases of vaccine derived polio virus type two (cVDPV2) were reported.

Protection:

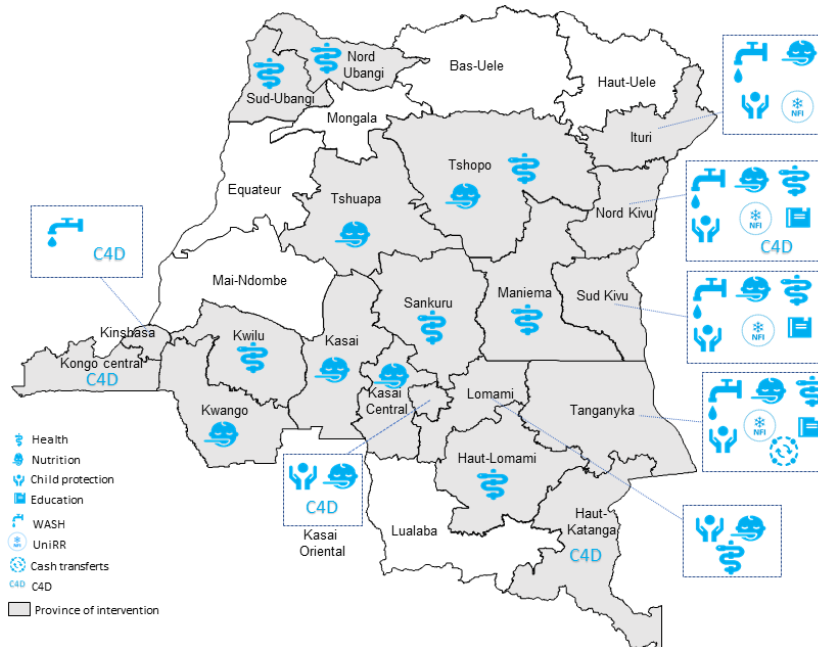
Children and women continue to be at heightened risk (gender-based violence and in particular sexual violence) in conflict affected areas. As of March 2022, the State of Siege was renewed by the President of DRC in these two provinces for the second time since May 2021. Of particular concern remains the increase of killing and maiming of children, particularly in Ituri. Children in North Kivu, Ituri, Tanganyika and South Kivu continue to be particularly at risk of recruitment and abduction. Ongoing military operations and attacks against IPDs sites further increase risks for civilian population and particularly children.

Nutrition:

The key factors influencing the nutritional situation remained food insecurity, epidemics, and population movements. UNICEF continued efforts to increase response capacity with partners in five provinces (Tanganyika, Kivu, Kasai, Kasai Central). SMART nutrition surveys were conducted in six health zones of Lusambo, Kayamba, Kabalo, Nyunzu, Kongolo and Mbulula respectively in the provinces of Sankuru, Haut Lomami and Tanganyika. The results indicated high rates of Severe Acute Malnutrition (SAM) in the health zones of Lusambo (SAM: 4.3 per cent, Global Acute Malnutrition (GAM): 13.6 per cent) and Kayamba (SAM: 4.4 per cent, GAM:13,0 per cent).

Summary Analysis of Programmatic Response

UNICEF program implementation by province



Nutrition

From January to April, 57,243 SAM children under five (53 per cent girls) were treated. During the reporting months, 40,621 SAM children under five were treated in UNICEF and its partners supported 100 hospitals and 1,720 nutritional health centres in the provinces of North Kivu, Ituri, South Kivu, Kasai, Kasai Central, Kasai Oriental, Lomami, Tshuapa, Kwango and Tanganyika. Performance indicators for the treatment of SAM were in line with SPHERE standards: 90.8 per cent cure rate, 0.8 per cent death rate, 4.4 per cent dropout rate.

UNICEF continued to support the government and its partners in the treatment of SAM in 124 health zones, which represents 51 per cent of the prioritized health zones according to 2022 Nutrition Cluster classification. Counselling on Infant and Young Child Feeding (IYCF) in emergency situations and other key family care practices were provided to 6,257 pregnant and lactating women and other caregivers of children from 0 to 23 months in two health zones of the provinces of North Kivu, South Kivu.

The technical working group of the Nutrition Cluster supported the training of 26 nutrition program managers on the topic of IYCF. The Nutrition Cluster also supported the training of partners on disability, inclusion and mainstreaming of disability in the emergency's nutrition response. To reinforce the nutrition response standards, the Nutrition Cluster coordinated the development of the IYCF and Epidemics (cholera, measles and meningitis) Orientation Manual. This manual will be used as a practical guideline, including an integrated health, nutrition, WASH, food security manual for health care providers and community agents.

Health

As in previous outbreaks, UNICEF's response regarding the 14th MVE epidemic in the Equateur province, is in support to the Government of the DRC response plan and rolled-out in coordination with partners. UNICEF has an active part in the response through different pillars such as coordination, PCI, CREC, Psycho-social, Health-Nutrition, PSEA and Logistics. UNICEF actively participates in:

- the planning and monitoring of the activities of the medical management of EVD;
- the evaluation of the care and treatment for EVD cases;
- the provision of a large batch of medical materials and equipment (PPE).

Substantial technical support was also provided for the finalization and validation of the Ebola Virus disease response plan.

The DRC received 8,862,500 doses of novel oral polio vaccine type 2 (nOPV2) in response to the polio outbreak in seven provinces. Following intensive polio campaigns 6,663,459 children under five years have been vaccinated in 152 health zones of Lomami, Maniema, North Kivu, Sankuru, South Kivu, Tanganyika and Maniema provinces. To respond to the measles epidemic, UNICEF supported the expanded immunization program in the preparation of a measles

response campaign targeting 76 health zones in with other technical and financial partners. With the M&RI (Measles and Rubella Initiative) funds mobilized, UNICEF purchased and made available to the Expanded Programme Immunization (EPI) 2,974,000 doses of measles vaccines and 550,000 doses already available to support this response campaign to vaccinate 3,157,914 children aged 6 to 59 months. Also, 73 measles kits were received at Provincial Health Divisions (DPS) in Tanganyika, South Kivu, North Kivu, Maniema, North Ubangi and South Ubangi to provide care for 7,300 children suffering from measles.

Vaccination campaigns against COVID-19 were rolled-out in four provinces (Maniema, Kwela, Kasai and Kinshasa 13 HZ) where 346,050 people were vaccinated during the months of March and April 2022. At the national level 2.33% of the population has received the first dose of the vaccine and 1.48 are fully vaccinated with best performances in Kasai Oriental (6.9%), Kasai (3.9%), Haut Uélé (2.8%), Kwilu (2.5%) and Sud Ubangi (2.5%). UNICEF provided technical assistance in the development of the National Acceleration Plan (NAP) and the new COVID-19 vaccination guidelines.

During the month of April 2022, UNICEF DRC managed incentive transfers to more than 1,600 vaccinators working on UNICEF's Covid-19 vaccination campaigns in Maniema, Kwilu and Kasai. UNICEF DRC plans to scale up the direct cash transfers for vaccinator incentives to an additional 11 provinces in May and June 2022.

WASH

During this reporting period, UNICEF provided the Water, Hygiene and Sanitation (WASH) package to a total of 101,476 people (52,768 women) in the provinces of North Kivu, South Kivu, Ituri and Tanganyika. In North Kivu, UNICEF supported its implementing partners HEKS EPER and PPSSP to provide basic sanitation and water to 19,250 people (10,020 women) including in 17 schools, as well as in eight health centres. In South Kivu, WASH interventions were conducted to stop the spread of cholera cases in areas currently in epidemic. These activities have benefited 10,362 people and 12,000 people who now have access to basic sanitation.

As part of strengthening WASH resilience in IDP and returnee sites in the Ituri province, UNICEF has drilled six deep mechanical boreholes equipped with a reliable photovoltaic pumping system. With support of the partners seven renewable springs have been developed. As such a total of 44,528 people, previously in dire situation, benefit from these water supply infrastructures. In addition, 17 schools and 11 health centres received a complete WASH package.

In the province of Tanganyika, UNICEF is continuing its assistance in the fight against cholera in Mubi, where access to WASH services was provided to 15,336 people (7,975 women). The province received the visit of the National Coordinator of the WASH Cluster in the DRC to analyse the contexts and to assess the needs and strengthen the capacities of the provincial Cluster coordination.

Education

Across country, intense population movements and displacements, due mainly to armed conflicts and insecurity, has caused a lot of damages to educational infrastructures:

- In Ituri, about 250 schools were destroyed, occupied, attacked, burned in the territory of Djugu and 37 schools closed in the territory of Mambassa following the activism of armed groups affecting about 9,200 children;
- In the province of Tanganyika on the Bendera axis, 12 schools were closed following the incursion of elements of the Twa militia and 3,000 students (1,100 girls) were at risk of dropping out of school;
- In Kasai Central, in January 2022, 36 classrooms were set on fire in the territories of Demba, Dimbelenge and in February the same facts were reproduced in the territory of Katanda, 48 rooms were also set on fire with tables, benches, cupboards, chairs for teachers and textbooks (sources: reports of school subdivisions and administrators of these territories).

Between March and April, an average of 57,640 children and adolescents aged 6-17 (26,626 girls) have been affected by the aftermaths of conflicts and natural disasters in the provinces of North Kivu, South Kivu, Ituri, Kasai Central and Tanganyika. These children benefited from the assistance of UNICEF for their access and retention in school through a package of activities including the distribution of school supplies to 5,605 students, school reintegration of 1,200 children (512 girls) in the Ituri province and 998 (444 girls) in the return areas of Kalemie. A total of 32 temporary learning spaces were set up (24 in Kasai Central and 8 in Ituri). The needs of 5,000 students in Kasai Central for educational structures were met through community engagement in the construction of 12 classrooms using local materials.

Child Protection

UNICEF and partners continued to support registration, Identification, Documentation, Family Tracing and Reunification (IDTR) and provided Temporary Care and Protection Services, socio economic support and school reintegration mechanisms to children formerly associated with parties in conflict, as well as to unaccompanied minors and vulnerable and conflict-affected children from host communities. 8,642 children formerly associated with armed groups and 50 unaccompanied minors have been supported. While awaiting family reunification or other suitable durable solutions, children had access to holistic services such as referral to medical care, psychosocial support (group-based activities and/or individual specialized psychosocial support depending on the child's individual needs), recreational activities.

UNICEF and partners provided 2,997 survivors of Gender Based Violence (GBV), women, girls and children, with access to multi sectorial response services. UNICEF child protection and UniRR teams worked closely to continue strengthening integration of GBV risk mitigation across the programme.

6,636 children (of which 50.57 per cent girls) received psychosocial support through individual and group activities in child friendly spaces organised by seven operational partners in six provinces Nord-Kivu, South Kivu, Ituri, Tanganyika, Kasai-Oriental et Lomami.

Social and Behaviour Change

A total of 7.5 million individuals were reached via the dissemination of Essential Family Practices (EFP) messages, including epidemic prevention messages, by Community Animation Cell (CAC) members around the country, particularly in provinces with emergency conditions, between March and April 2022.

In Mbandaka, 911 community animation cells have been established or reactivated to enable community discussion in the context of many emergencies, including Covid-19 immunization, polio vaccine, cholera prevention, and the Ebola response. In addition, 300 young bloggers between the ages of 14 and 24 have been educated to detect and report fake material on social media to counteract rumors. More than 600 false information and unwanted content on various topics, including Covid-19, have been identified and reported through the blog information center.

The UNICEF *Media Influencer and Sport and Arts for Development* programs were implemented across the DRC. During this reporting period, operations in conjunction with radio stations have been enhanced, with a concentration on Sports in Kasai Oriental, Kasai Central, Tanganyika, North Kivu, and Central Congo.

A total of 20,000 young volunteers were exposed to healthy lifestyle promotion and assisted UNICEF in reaching a total of 10 million people.

Approximately 24,780,800 individuals were reached through Covid-19, Ebola, nutritional deficiencies, GBV, PFE, social cohesion messaging, peace and conflict management, and other emergencies that struck the DRC's provinces. The plan was articulated around radio spots, programs, songs, and microprograms aired by community media; interventions by leaders, local influencers, and change agents (youth leaders, women's leaders, civil society leaders, Red Cross children reporters, and religious denomination leaders).

The C4D SMS approach, use of U-Reporters and information centers (Chat bots) aided the dissemination of information about Ebola, measles, polio and Covid-19 (general information and vaccinations):

- Chat bots were accessed 124,936 times between March and April, with most requests (94,465) on Covid-19 vaccines;
- 1,530,496 consultations for Covid-19 immunization SMS pre-registration;
- 4,026 enquiries about the Covid-19 vaccination and Ebola in March and April via U-Report SMS service;
- 36,298 U-Reporters received information on how to protect themselves against Ebola via SMS.

It should be mentioned that the U-Report community has 3,000,000 members, with one million young people joining the movement in less than four months. DRC becomes the first country to break this record in a short amount of time, trailing U-Report Cote d'Ivoire, and U-Report Nigeria

CASH interventions

During March and April, UNICEF conducted 3rd and 4th rounds transfers for the Cash for Nutrition programme in Manono, Tanganyika. The Cash for Nutrition programme in Manono supports families with children who are receiving treatment for severe acute malnutrition to ensure that the household has access to nutritious food and avoid falling back to malnutrition after the treatment. Through this mobile money transfer mechanism, a total of 1,431 beneficiaries (834

children) were reached. UNICEF is in process of including a second cohort to scale up the programme to 600 households. The second cohort will receive their first round of assistance in May.

During April, UNICEF DRC also received an additional funding opportunity of USD 1.9 million from the Humanitarian Fund for assisting 3,700 households in Mbulula territory of Kongolo. The preparations for the HCT intervention are underway and the first cohort for this intervention is expected to receive cash transfers end of June 2022.

UNICEF Rapid Response (UniRR)¹

In March and April 2022, a total of 21,896 households (196,667 people) whose survival was threatened by humanitarian shocks benefitted from emergency packages of Non-Food Items (NFIs) and WASH kits through UNICEF rapid response mechanism (UniRR). Assistance was given to people affected by armed conflicts in Tanganyika (3,034 households), Ituri (3,020 households), North Kivu (11,018 households) and South Kivu (4,824 households). However, security and access remain a challenge for UniRR teams in the Kivus, Ituri, and Tanganyika.

During the reporting period, through its health and nutrition integrated package, UniRR strengthened the capacities of nine health centres in the provinces of North Kivu and Ituri, provided primary healthcare to 1,429 people (including 549 children under five and 146 pregnant women) and nutrition treatment to 452 children identified with severe acute malnutrition. In addition, 452 children in Djugu and Rutshuru territories received treatment and ready-to-use therapeutic food. Moreover, 20 cases of Gender-Based Violence (GBV) were identified and referred for proper assistance.

Cholera Elimination Program

In March and April 2022 (EW 9-16, 2022), the cholera epidemic in the DRC was characterised by substantial disease transmission. As result, 1,784 suspected cases were notified with 22 deaths (fatality rate: 1.2 %) at the national level. The affected provinces with most reported cases were Tanganyika (461 suspected cases and six deaths), North Kivu (420 suspected cases and one death), Haut Lomami (312 suspected cases and three deaths) and South Kivu (383 suspected cases). Globally, the number of reported cases shows a reduction by 50 % compared to last January and February 2021 (3,518 suspected cases were notified as well as 52 deaths).

During the reporting period, the UNICEF CATI (Case Area Targeted Interventions) cholera response mechanism currently operational in three affected provinces (South Kivu, North Kivu and Tanganyika) in support to DRC/MSP, has achieved a total of 1,275 interventions through which a total of 31,831 houses were decontaminated, 9,677 households received cholera kits (WASH basic & ORS) and 294,692 persons were sensitized.

Integrated Analytics Cell (CAI)

The Integrated Analytics Cell (CAI) continued to support UNICEF field offices in North Kivu, Tanganyika, Kinshasa and Equateur provinces, providing evidence to inform programmes and strategies to address new outbreaks and ongoing public health emergencies.

In Goma, North Kivu, in addition to ongoing analyses around the cholera outbreak and UNICEF's response, CAI commenced the second phase of research exploring the public health situation for women and children in Nyiragongo – a peri-urban area on the outskirts of the city which was most heavily impacted by the volcanic eruption in May of last year. Communities in Nyiragongo had anyway very limited access to water or hygienic toilets, many could not afford to pay for healthcare, and few had the capacity to grow crops to feed their children or sell. The eruption and lava destroyed fields, houses, schools, and health facilities, leaving families with even poorer access to basic services, increasing the risk of malnutrition, infection and complications relating to pregnancy and childbirth. Applying an integrated analytics approach, the CAI is exploring risk factors, and access to reproductive health services for women in Nyiragongo, as well as community dynamics impacting health outcomes for children. Data is being collected from schools, health facilities and households, to contribute to an extensive analysis of the context, and support UNICEF and partner organisations in providing the most timely, appropriate and adapted response to the needs highlighted. Full analysis will be completed in the coming weeks.

Further research results, analyses, and reports may be found on the CAI website, and via the YouTube channel containing videos of presentations of different studies and further explanation of the research methodology.

¹ Through its Rapid Response Mechanism (UniRR), UNICEF delivers an integrated package of life-saving humanitarian relief in WASH, NFI and Shelter to people whose survival is threatened by humanitarian shocks (preventive or reactive displacements, natural disasters and epidemics). The UniRR is characterized by its high life-saving impact, rapidity, simplicity and local implementation.

Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three Clusters (Nutrition, WASH, and Education), the Child protection sub-cluster, and the NFI Working Group at the national and decentralized levels
- UNICEF co-leads NFI/Shelter Working Group, Rapid Response Working Group and the Anti-Fraud Task Force in Goma, North Kivu. UNICEF also co-leads the Monitoring and Reporting Mechanism on grave violations against children in armed conflict (MRM) with the UN Deputy Special Representative to the Secretary-General (DSRSG)
- UNICEF participates in inter-cluster and inter-organizations meetings at the national and decentralized levels and is an active member of the Humanitarian Country Team (HCT)
- UNICEF is also member of the advisory board of the Humanitarian Fund in DRC

Human Interest Stories and External Media.

During the reporting period, 44 social media posts highlighted the humanitarian situation in DRC and UNICEF's response. After her visit to the DRC which was widely covered on [social networks](#), Catherine Russell [called for political resolution to end violence against children](#). Following the [announcement of a new Ebola outbreak in Mbandaka](#), UNICEF raised awareness [of Ebola prevention measures on its social networks](#) and relayed information on [initial response activities on the ground](#). UNICEF [urged parents and children to take safety precautions](#). During World Immunization Week, UNICEF's work in the fight against epidemics such as [measles](#) and [COVID-19](#) was highlighted. The impact of [cash transfers](#) on [children's education](#) and [nutrition](#) was also highlighted through [stories on the website](#). New multimedia material was uploaded on [WeShare](#).

Next SitRep: 20/07/2022

UNICEF DRC SitRep: https://www.UNICEF.org/appeals/drc_sitreps.html

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

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

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Summary of Programme Results: UNICEF HAC 2022

Sector		Overall needs	UNICEF and IPs Response			Cluster/Sector Response		
			UNICEF 2022 Target	Total Results	UNICEF Change since last report	Cluster 2022 Target	Cluster Total Results	Change since last report
Indicator	Disaggregation							
HEALTH		8,900,000						
# of children aged 6 to 59 months vaccinated against measles	6-11 months		21,917	19,104	0			
	12-59 months		1,073,951	54,618	0			
# of children and women receiving primary health care in UNICEF-supported facilities	Girls		156,754	1,464	1,464			
	Boys		144,696	1,764	1,764			
	Women		213,849	396	396			
NUTRITION		6,100,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls		279,992	29,270	21,529	339,587	35,858	23,647
	Boys		258,455	27,973	19,092	313,464	34,158	20,561
# of primary caregivers of children aged 0 to 23 months receiving infant and young childfeeding counselling	Women		448,762	21,888	6,257	494,000	72,234	72,234
CHILD PROTECTION		4,200,000						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	8,428	3,769	223,046	27,090	11,291
	Boys		147,000	7,496	2,867	214,299	26,069	11,143
	Women		51,000	608	608	74,349	629	618
	Men		49,000	177	177	71,433	196	183
# of women, girls and boys accessing gender-based violence risk mitigation, prevention, or response interventions	Girls		202,500	1,790	1,746			
	Boys		30,000	260	260			
	Women		67,500	996	991			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	35	4	2,940	120	61
	Boys		5,250	337	182	8,817	470	231
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	199	26	8,965	361	130
	Boys		4,335	169	24	8,615	335	137
# of people with access to safe channels to report sexual exploitation and abuse	Girls		346,200	617	0			
	Boys		86,550	625	0			
	Women		115,400	1,327	0			
	Men		28,850	1,025	0			
EDUCATION		2,100,000						
# of children accessing formal or non-formal education, including early learning	Girls		200,136	26,626	21,701	318,603	27,769	21,701
	Boys		184,741	31,020	26,980	294,096	32,665	26,980
# of children receiving individual learning materials	Girls		120,082	23,065	21,565			
	Boys		110,844	32,991	31,491			
WATER, SANITATION & HYGIENE		6,600,000						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	Women		779,270	167,917	54,966	1,731,711	208,809	95,858
	Men		719,326	155,001	50,739	1,598,503	188,418	84,156
# of people use safe and appropriate sanitation facilities	Women		311,708	62,816	56,732	692,685	62,816	56,732
	Men		287,731	57,984	57,423	639,401	57,984	57,423
Rapid Response Mechanism		2,900,000						
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments			720,000	196,667	146,157	1,632,911	509,468	365,617
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	196,667	146,157			
# 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			693,000	239,166	0			
Cross-sectoral (HCT, C4D, RCCE and AAP)								
# of people reached through messaging on prevention and access to services			10,000,000	1,662,517	0			
# of people engaged in RCCE actions			500,000	90,750	0			
# of people with access to established accountability mechanisms			200,000	16,600	0			
# of households reached with UNICEF-funded humanitarian cash transfers across sectors			35,000	286	37			

Annex B

Funding Status*

Funding Requirements (as defined in the Humanitarian Appeal 2022)							
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	159,094,178	9,876,897	14,762,711	0	134,454,570	85%	525,497
Health	50,789,061	105,404	4,671,373	0	46,012,284	91%	-
Water, sanitation and hygiene	33,147,686	1,518,205	2,766,877	0	28,862,604	87%	-
Child protection, GBViE and PSEA	19,297,558	7,623,306	1,634,085	0	10,040,167	52%	-
Education	40,027,204	3,542,084	1,010,304	0	35,474,816	89%	-
Rapid Response Mechanism	33,968,395	11,932,939	3,446,319	0	18,589,136	55%	-
Cross-sectoral (HCT, C4D, RCCE and AAP)	16,278,250	2,317,563	7,605,283	5,569,266	786,138	5%	-
Cluster coordination	3,750,000	265,762	0	0	3,484,238	93%	-
Total	356,352,332	37,182,159	35,896,952	5,569,266	277,703,953	78%	525,497

* 'Funds received' does not include pledges

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

*** Carry-over 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 \$5,569,266.28, which if included will bring the total DRC carryover to \$54,808,524.10