



# Humanitarian Situation Report No. 1

Reporting Period  
1 January to 30 June  
2023

## Democratic Republic of Congo

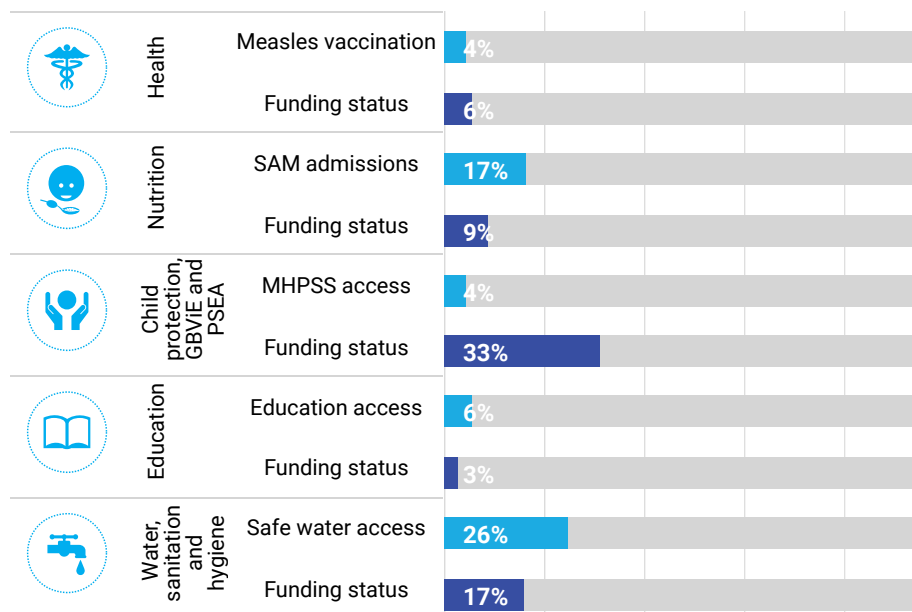
### HIGHLIGHTS

- Over the past 6 months, the situation in the Democratic Republic of Congo (DRC) continued to deteriorate particularly in the eastern provinces where conflict have caused unprecedented levels of humanitarian need but also in Mai Ndombe province, north of Kinshasa. This has led to a sharp increase in grave violations against children with over 1.44 million people have been displaced since January 2023, including over 800,000 children.
- The number of suspected cholera cases tripled compared to a year ago while the number of suspected measles cases has already exceeded the total number of cases for all of 2022.
- Since January 2023, UNICEF has reached over 1 million people but continues to be under-equipped to adequately respond to the major escalation of needs as conflict and epidemics spreads. Funding remains a major challenge to sustaining and scaling up life-saving assistance.
- On 16 June 2023, UNICEF announced a Level 3 Corporate Emergency Activation Procedure scale-up for the eastern DRC for 6 months.

### SITUATION IN NUMBERS

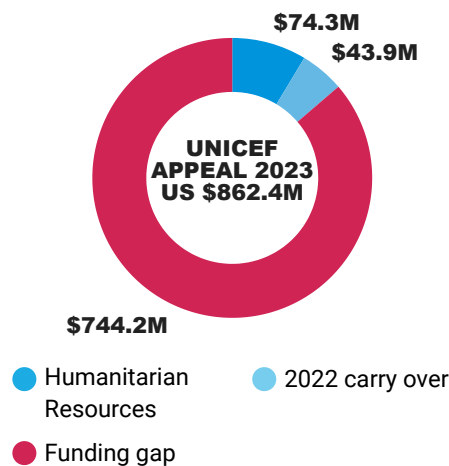


### UNICEF RESPONSE AND FUNDING STATUS\*



\* UNICEF response % is only for the indicator, the funding status is for the entire sector.

### FUNDING STATUS (IN US\$)\*\*



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

## FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF's Humanitarian Action for Children (HAC) 2023 Appeal requires US\$862.4 million to meet the critical humanitarian needs of children, adolescents, women, and men in the Democratic Republic of Congo. Including US\$ 43.9 million in funds carried over from 2022, only US\$ 74.3 million has been received towards the appeal to date, representing only 14 per cent of the required needs to reach children and their families with critical lifesaving and life-sustaining support. Within the appeal, funding dedicated to the L3 scale up in the East has been budgeted at US\$ 401.3 million and fully incorporated into the HAC.

UNICEF continues to appeal for support to close the remaining gaps and to ensure that children and their caregivers receive lifesaving support in 2023 and beyond. UNICEF expresses its sincere gratitude to the many donors who have already provided critical support towards UNICEF's HAC, including the Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), France, GAVI, Germany, Japan, Republic of Korea, the Swedish International Development Cooperation Agency (SIDA), UK Aid / Foreign Commonwealth Development Office (FCDO), U.S. Agency for International Development (USAID) / Bureau for Humanitarian Assistance (BHA), and private sector donor contributions through UNICEF National Committees.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS



The scale of humanitarian needs and protection concerns in the DRC has remained overwhelming during the first half of 2023. Armed conflict continues to have an alarming multidimensional impact on the protection of children. This is not only so in eastern DRC but also in the west of the country following the resurgence of violence in Kwamouth in Mai Ndombe province, 160 km north of Kinshasa. Attacks on schools and hospitals are being reported regularly and some are also being occupied for military use. This continues to compromise access to and availability of basic social services, especially for children.

Over the past 6 months, the situation has continued to deteriorate particularly in Ituri and North Kivu provinces with a spill over into South Kivu, causing unprecedented levels of humanitarian need. DRC now hosts over 6.2 million internally displaced people (IDPs), the highest number in Africa; 90 per cent of these IDPs are in Ituri, North Kivu and South Kivu<sup>5</sup>. Over 95 per cent of displacement is

due to armed and intercommunity conflict. Over 1.3million people have been displaced in the 3 eastern provinces since January 2023<sup>6</sup>, including over 800,000 children.

The intensification of fighting, attacks on civilians and displacement has led to a sharp increase in grave violations against children notably child recruitment, killing and maiming, abduction and sexual violence. During the reporting period, over 1,500 grave violations against children committed by armed forces and groups were verified by the United Nations through the Monitoring and Reporting Mechanism (MRM). They mainly occurred in North Kivu (approximately 50 per cent), followed by Ituri and South Kivu. The recruitment and use of children by armed groups remained the main concern, representing almost 40 per cent of all UN-verified violations, followed by killing and maiming (more than 20 per cent) and abduction (around 20 per cent). In addition, over 100 cases of rape and other forms of sexual violence against children were verified. While 60 per cent of all verified cases of child recruitment and Gender Based Violence (GBV) cases were in North Kivu, half of all verified cases of killing and maiming of children occurred in Ituri.

Children's access to education has been also severely impacted. The education of approximately 973,000 children aged 3 to 17 years has been disrupted in North Kivu, South Kivu, Ituri and Tanganyika provinces. Of these children, 48 per cent are in North Kivu, 23 per cent in Ituri and 19 per cent in South Kivu.

Over the past 6 months, the number of suspected cholera cases has increased exponentially with over 27,000 suspected cases reported as of June, including 197 deaths<sup>7</sup>. This represents more than a tripling of cases compared to a year ago. About 85 per cent of the suspected cholera cases have been reported in North Kivu and South Kivu provinces, and more than 70 per cent of suspected cases have been notified in the sites around Goma. The rapidly deteriorating situation over the past 6 months indicates that the disease may spiral out of control if urgent action is not taken particularly given the coming rainy season. Moreover, the number of suspected measles cases in the first half of 2023 has already exceeded the total number of cases for 2022. In the reporting period, there were almost 150,000 cases of measles, including 2,237 deaths, across all 26 provinces.<sup>8</sup>

A nutrition vulnerability analysis done by the nutrition cluster for the first half of 2023 revealed 191 health zones out of DRC's 519 health zones (37 per cent) are high priority. Of these health zones, 17 per cent are in Ituri, 14 per cent in Kasai Central, 9 per cent in Equateur, 8 per cent in Kwilu, 7 per cent in Kasai Oriental, 7 per cent in South Kivu and 6 per cent in Kwango.

South Kivu was also hit by flooding and mud slides in May 2023 which devastated the localities of Nyamukubi and Bushushu around Kalehe. More than 400 people were killed and over 3,000 people remain missing. UNICEF also participated in the UN inter-agency CADRI mission to identify opportunities to mitigate the impact of cyclical emergencies which will focus on Kinshasa and 3 provinces (Equateur, North Kivu, Kasai or Tanganyika).

Overall, UNICEF and the humanitarian community continue to be under-resourced to adequately respond to the major escalation of needs as conflict spreads. On 16 June 2023, following a discussion with the Emergency Directors Group, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator activated a systemwide humanitarian scale-up for Ituri, North Kivu and South Kivu for 3 months with the possibility of an extension for a maximum of 6 months. On 17 June 2023, UNICEF announced a Level 3 Corporate Emergency Activation Procedure scale-up for eastern DRC for 6 months until 14 December.



# SUMMARY ANALYSIS OF PROGRAMME RESPONSE

## Child protection, GBViE and PSEA



In the first half of 2023, UNICEF, in collaboration with local NGO partners and national institutions (DIVAS), continued to deliver essential child protection services to children affected by conflict, displacement and natural hazards. These services include identification, family tracing, temporary care, mental health and psycho-social support and support for survivors of gender-based violence (GBV) through health, education, psychosocial, and psychological services, access to dignity kits and socio-economic reintegration. In a context where child protection risks and needs are continuously on the rise, UNICEF continued to systematically support capacity building for social workers, foster families, and child protection community networks to bolster safe and quality care for children in need.

Through the establishment of child-friendly spaces, women and girls' safe spaces and listening points, UNICEF provided immediate assistance to an increasing number of vulnerable children, including unaccompanied and separated minors, children released from armed groups and survivors of GBV, in North Kivu, South Kivu, Ituri, Tanganyika and Mai Ndombe. Compared to the same period in 2022, the number of children reached by UNICEF-supported psychosocial support activities more than doubled. Similarly, the number of children released from armed groups with UNICEF support increased by 65 per cent, while the number of unaccompanied and separated children cared for increased significantly, with 3,678 children supported (six times more than in the first half of 2022), particularly in North Kivu.

As a widespread enrolment campaign in the national army continued, UNICEF supported the screening and age verification of candidates to prevent child recruitment and ensure that any children who were recruited were immediately released. UNICEF also supported the revision of a Child DDR Operational Framework which was validated in May by the Programme for Disarmament, Demobilization, Reintegration and Community Stabilization (P-DDRCS).

Finally, UNICEF expanded its sexual and gender-based violence monitoring, prevention, and response interventions notably in North Kivu, South Kivu and Ituri, where 4,358 survivors, (57 per cent of whom are under 18) received multisectoral assistance. In response to the worsening of the crisis in eastern DRC, UNICEF will continue to scale up its GBViE response and prevention services in

partnership with local government authorities, specialised national NGOs and women and youth-led organisations.

## Health

In the reporting period, DRC continued to have disease outbreaks including measles, yellow fever, polio, and cholera.

From 1 January to 30 June, 124,605 children under five years and pregnant women received primary health care at health centers supported by UNICEF and partners in the provinces of North Kivu, South Kivu, Ituri, Tanganyika and Mai Ndombe. 22 health facilities supplied with essential kits and equipment (Interagency Emergency Health Kit (IEHK) basic kit, IEHK complementary kit, midwife kit, obstetric surgery kit, and earplug surgical mask). UNICEF also supported the care of 53,928 children under 5 years of age in the community for acute respiratory infection, diarrhoea and malaria. Provision of 2 motorcycles for advanced strategies. Support for the operation of the 4 FOSA with support for the motivation of the service providers.

UNICEF supplied the national Expanded Programme on Immunization with 500,000 doses of measles vaccines were used to vaccinate around 490,000 children aged 6 to 59 months during the measles outbreak responses. UNICEF provided 175 measles kits, basics kits and other drugs were used for the medical care of 18,096 children under 5 with measles in the provinces of North Kivu, South Kivu, Tanganyika, Ituri, Tshopo, Sankuru and Equateur. 200 measles kits ordered will be delivered during the third quarter of 2023.

With the support of UNICEF and partners, 1,300 patients were taken care of in the cholera treatment centers (CTCs), cholera treatment units (CTUs) in the provinces of North Kivu, South Kivu, and Tanganyika. 1,000 patients and those accompanying them were given meals during their hospitalization in the province of Tanganyika. UNICEF also supported DPS Tanganyika to transport inputs from other partners to facilitate the start of care at ZS Kiambi.

## Water, sanitation and hygiene



During the reporting period, UNICEF and its partners supported 888,393 people (22 per cent of the HAC target) including 453,080 women and 486,839 children through water trucking and the establishment of sustainable water points. In addition, 68,525 people including 35,633 women and 37,552 children benefited from 1,370 newly built or rehabilitated emergency and durable latrines in Ituri, North and South Kivu in locations affected by cholera, conflict-related population movements and natural disasters. In the targeted areas, 1,466 healthcare staff benefited from WASH services including waste management zones in their health centers.



In response to a severe mud slide in Kahele in South Kivu, UNICEF quickly set up a pumping station to provide treated water to 3,500 people and constructed 30 emergency latrines.

In addition to hygiene and water promotion activities and construction of emergency sanitation facilities, UNICEF and its partners installed a water treatment plant to supply water through a water supply network in Bushushu with a production capacity of 25,000 liters per day, which has so far served 3,458 people.

In response to ethnic conflict in the western province of Mai Nombe, UNICEF constructed four water points benefiting 13,151 displaced people.

## Nutrition



From 1 January to 30 June 2023, 170,266 children under 5 years old suffering from Severe Acute Malnutrition (SAM) were treated in eight provinces (Ituri, Kasai Oriental, Kinshasa, Kasai Central, Kasai, Nord Kivu, Sud Kivu and Tanganyika), representing 17.1 per cent of the 2023 caseload. This is an increase of 10.1 per cent, up from 153,000 in the same period a year ago, due in part to improved data reporting. The simplified IMAM<sup>9</sup> protocol was implemented in 11 provinces<sup>10</sup> in the first half of 2023. A total of 382,843 mothers and caregivers of children aged 0 to 23 months (20 per cent of the target) received counselling through monthly sessions.

The main challenges remain poor access to health services in insecure areas due to population movements and low levels of contingency stock to respond to emergencies.

## Education

From 1 January to 30 June 2023, UNICEF reached 98,584 children (including 44,821 girls) aged between 5 to 17 years affected by humanitarian crises and climate hazards with education interventions in the provinces of North Kivu, Ituri, South Kivu and Tshopo. In these provinces a total of 78,258 children (including 36,242 girls) received school supplies. In response to the M23 crisis in North Kivu, UNICEF has set up and equipped 94 Temporary Learning Spaces (TLS) to improve the hosting capacity of schools around the IDP sites and distributed school supplies to 11,727 primary school children (4,751 girls) and 200 teachers (74 women) and recreational kits to 22 schools. In addition, UNICEF provided vocational training to 230 vulnerable IDP adolescents aged 15-17 (101 girls). Training focused on vocations including motorcycle and bicycle mechanics, culinary arts, hairdressing and communication entrepreneurship.

In response to the CODECO crisis in Ituri, UNICEF provided 14,820 conflict-affected children (7,524 girls) in Djugu, Mahagi and Irumu

with school kits. Moreover, 71 classrooms were equipped with desks, tables and blackboards. 205 teachers (72 women) received teacher kits and 10 primary schools were provided with recreational kits in Irumu. 120 teachers (40 women) were trained in the provision of psychosocial support. To increase school capacity to accommodate more displaced children, three temporary learning spaces were built around the Rhoe IDP camp in Djugu. Lastly, 12 schools in Djugu and Irumu were equipped with hygiene kits to improve hygienic conditions and ensure a protective learning environment free from contagious diseases.

UNICEF's response in South Kivu has focused on the provision of school kits to 26,258 students (13,200 girls) in Fizi territory; the training of 475 teachers (113 women) in peace education and psychosocial support in emergency contexts as well as the construction and handover of 15 classrooms and the establishment of 18 TLS in the areas affected by floods in Kalehe.

In response to the heavy floods in Isangi in Tshopo province, UNICEF established 72 TLS and distributed school supplies to 5,723 primary school children (2,816 girls) and 151 teachers (25 females) in the 18 schools most affected by the floods.

Challenges encountered during this reporting period include the great discrepancy between Education in Emergency needs, which are far beyond the capacity of UNICEF and education partners, and the financial resources available to respond. The long period of school closures in Rutshuru territory with no hope for their reopening in coming days remains a great challenge in North Kivu. Children and youth in Rutshuru are currently facing many protection risks, and their future is being jeopardized. The limited accessibility in some conflict-affected zones due to insecurity and bad roads is also one of the main challenges affecting children's access to education.

## UNICEF Rapid Response (UniRR)



As most affected people leave their homes with very few belongings essential for survival, UniRR provides each household with one Essential Household Items kit, one light shelter kit and one WASH kit with supplies for at least three months. All kits are designed to provide affected populations with essential supplies that will help improve their immediate circumstances.

During the reporting period, UNICEF and four national partners carried out 25 interventions. A total of 332,460 IDPs (including 206,540 children) received NFIs and WASH and hygiene kits within 7 days of the initial assessment of the situation. This included the delivery of 58,015 NFI kits, 58,015 WASH kits, and 53,359 hygiene kits. To complement its NFI distributions, UNICEF also further strengthened its strategic partnership with WFP and IFRC to ensure

the provision of food assistance to affected people at the onset of each crisis.

The insufficient access to quality health care in emergencies continues to be a major gap. In coordination with the health and nutrition sections, UniRR helped ensure access to primary health care by supporting 12 health centres. This resulted in 3,817 free consultations ensuring that 5,121 children were screened for Severe Acute Malnutrition (371 were treated).

With an average of 6 days between evaluation and the delivery of assistance, UniRR is one of the fastest rapid response programmes in the country, with 98 per cent of beneficiaries saying they are satisfied with the assistance received. Several factors contributed to solid results: 1) simple, high-impact programming; 2) strong partnership between UNICEF and local actors leveraging the comparative advantage of each organization; 3) technical support and frequent follow-up by UNICEF staff and continuous strengthening of partner capacity.

Leveraging comparative advantages and partnering with national actors allows for a contextualized response, better access to hard-to-reach areas, and increased community acceptance and engagement. UNICEF's semi-direct implementation approach allows for continuous coordination between national partners and UNICEF with daily collaboration and frequent UNICEF operational missions, alongside partners in the field in all phases of UniRR work.

All multisectoral needs assessments were shared with the humanitarian community (through OCHA's ehtool) making UniRR one of the main providers of humanitarian alerts. It also allows complementary and longer-term interventions in various sectors, either directly implemented by UNICEF or by other humanitarian organizations.

However, with increased violence and attacks on civilians, humanitarian access was constrained in some hard-to-reach areas due to insecurity and operational restrictions, resulting in several interventions having to be interrupted or postponed. Physical access constraints and logistics due to poor road conditions are another key challenge notably in South Kivu and Tanganyika.

## Cholera Case Area Targeted Interventions - CATI

In the first half of 2023, UNICEF supported a comprehensive response to persistent cholera outbreaks in North Kivu, South Kivu and Tanganyika provinces. There was a particularly worrying outbreak in North Kivu starting in November 2022, but also new outbreaks in Kyambi in Tanganyika province, and the city of Bukavu in South Kivu province around May 2023. As of June 2023, 13 out of 26 provinces have reported suspected cholera cases, amassing over 24,000 suspected cases reported along with 163 deaths. This represents a tripling in the number of cases compared to the same period last year.

In full coordination and partnership with the DRC government and local partners (Red Cross and national NGOs), the CATI programme, which remains the first responder at the forefront of epidemics, has improved epidemiological and laboratory surveillance capacities (almost 30 per cent of cases were laboratory investigated for *V. cholerae* and confirmed). Public health coordination, decision-making capacities and response reactivity have also improved.

Out of 24,993 suspected cholera cases notified by the Ministry of Health, 13,135 cases were investigated and responded to by CATI teams across provinces – 95 per cent of which took place less than 48 hours after case notification. Through these interventions 1,260,960 people in 210,160 households received direct support and a complete or partial cholera kit depending on the context (including

oral rehydration solution, soap, water treatment products, jerrycans and buckets), and were sensitized on proper hygiene practices. The CATI programme remains an important entry point for WASH and health programmes, as its surveillance and investigation activities help define and prioritize geographic areas or specific activities with the greatest impact on epidemics. This line of research is being developed both internally with the Cell of Integrated Analysis which allows for a more qualitative definition of gender roles or a more societal definition of persistence and transmission of diseases; and externally with the Sorbonne University/APHP (Assistance Publique des Hôpitaux de Paris).

## Humanitarian Cash Transfers

In March 2023, UNICEF completed a post distribution analysis (PDM) of the Cash+ Nutrition and multipurpose cash transfers for basic needs programmes concluded in January 2023. The PDM results indicated significant improvements in food security (poor food consumption scores decreased from 80 per cent to 30 per cent), health (300 per cent increase in access to health services), education (average number of children out of school decreased by a factor of four) and access to land for vulnerable families increased to 74 per cent from 39 per cent. Based on these positive outcomes, UNICEF initiated two Cash+ Nutrition and rapid response cash transfer programmes in Tanganyika province seeking to assist approximately 25,000 beneficiaries. The first round of transfers will be delivered in the third quarter of this year.

UNICEF also expanded the programmatic use of cash transfers by rolling out a pilot programme with the Child Protection section. Under this initiative, foster families receive regular mobile money transfers to ensure that the vulnerable children hosted by the foster families have access to basic needs and services available.

## Risk Communication, Community Engagement and Social and Behavior Change

From 1 January to 30 June 2023, UNICEF actively supported the government in organizing six polio and measles campaigns in key provinces, including Maniema, Tanganyika, Haut Lomami, and Lualaba. Social and Behaviour Change (SBC) awareness campaigns during these mass vaccination rounds reached more than 18 million people with lifesaving information through traditional and social media, opinion leaders and influencers, texts, and face-to-face communications in targeted areas. A total of 26,000 Community Action Cells (CAC) with 312,000 members were engaged in face-to-face communication, especially in hard-to-reach communities. 140 young bloggers were trained in social listening (online and within communities) to fight against hate speech, misinformation, rumours and online bullying about vaccination. Thanks in part to these efforts, over 23 million children have been vaccinated, mainly against polio and measles, in the 26 provinces of the country.

In the conflict-affected provinces of Ituri, North Kivu and South Kivu, UNICEF supported affected populations. Over 120 internally displaced youth, (50 per cent girls) staying in the Bulengo and Kanyaruchinya camps in the Goma suburbs, were educated about protection issues and sexual and exploitation abuse, and participated in vocational training in tailoring, shoemaking and communications. SBC banners displaying messages in French and Swahili about protection and essential family practices were also displayed in those camps.

To help children and families affected by floods and mudslides in Kalehe in South Kivu, UNICEF trained and supported CACs to engage with communities to raise awareness about cholera, WASH and vaccination. These activities targeted over 50,000 people in



campus.

UNICEF's partnerships with mobile phone companies enabled over 629,174 people to use SMS, WhatsApp and Facebook Messenger to provide feedback, express concerns, ask questions and receive information about vaccination and social cohesion on the RapidPro and U-Report platforms. A total of 1,276,675 requests for lifesaving information via the U-Report automated information centres chatbots were registered and 1,633,624 pieces of feedback were provided through short polls.

## Prevention of Sexual Exploitation and Abuse (PSEA)

During the first half of 2023, UNICEF re-established community-based community mechanisms in places such as Rutshuru where they had been rendered dysfunctional due to conflict and displacement. This strengthened access to safe mechanisms for reporting sexual exploitation and abuse and other safeguarding violations for over 750,000 people. In locations with new crises and interventions such as Kalehe in South Kivu province, where UNICEF mounted a flood response, mechanisms were also put in place to report sexual misconduct. In Kalehe, UNICEF initiated PSEA coordination activities prior to the arrival of the inter-agency PSEA network coordination on the ground. UNICEF has also strengthened its internal safeguarding system with a special focus on sexual misconduct by revising the PSEA code of conduct to include child safeguarding. This new code of conduct has been signed by UNICEF staff. Moreover, UNICEF scaled up community engagement to cocreate solutions for PSEA and other safeguarding concerns. Community members developed and represented their own PSEA messages in various formats (radio messaging, fliers, posters). UNICEF has also initiated institutional capacity strengthening for the Ministry of Humanitarian Affairs to ensure sustainability of actions.

## Integrated Outbreak Analytics and Integrated Analytics Cell (CAI)

UNICEF's Integrated Analytics Cell (CAI) conducted Integrated Outbreak Analytics (IOA) for measles, cholera and meningitis in the first half of 2023. This included six operational analytics in North Kivu, one in Haut Katanga and continued presentations of Integrated Analytics conducted in 2022 in Kasai and Tanganyika provinces to reinforce evidence use on Gender Based Violence (VBG) and polio respectively.

The national government requested the North Kivu provincial health department set up a CAI specifically to monitor the eastern DRC crisis. UNICEF CAI teams supported this by setting up the physical space, supporting the development of Terms of Reference, and organizing and bringing together partners.

The CAI has also supported the National Programme for the Elimination of Cholera and Other Diarrheal Diseases (PNECHOL-MD) to clean and automate cholera line lists thus improving automated analysis of cholera data. In the first half of 2023, this was completed in north and south Kivu and is projected to continue in all provinces over the year. Together with cholera partners, CAI developed an in-depth investigation of cholera-affected households to have a greater understanding of the multiple factors affecting these households. The data collected includes malnutrition screening, information about maternal and child health (including measles and malaria), displacement and socioeconomic indicators, as well as cholera prevention capacity and risk (e.g. access to clean water). The investigations are done in households where there are suspected and confirmed cholera cases as well as in neighboring households to compare results. The UNICEF CAI and PNECHOL teams are working in partnership with Bluesquare (PATH) to create

an automatic dashboard of all in-depth investigations which will be available in July 2023 with open access to partners.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continued to be proactive within the various coordination mechanisms (Humanitarian Country Team, COHP, ICN...) and notably advocated strongly for the activation of the L3 system-wide scale-up within the HCT. To this end, the UNICEF Country Office developed four 6-month response plans covering the upsurge in violence in North Kivu; intercommunal violence in Djugu-Mahagi territories in Ituri province; the violence in the "Grand Nord" covering North Kivu and the south of Ituri; and the cholera outbreak at national level.

UNICEF also continue to lead the WASH, nutrition and education clusters and the non-food items and child protection working groups at the national and subnational levels. UNICEF cluster leads provided leadership and ensured that well-coordinated, coherent, strategic, and effective humanitarian responses were planned and implemented in WASH, nutrition, education and child protection. As such, the WASH cluster reinforced its human resources capacities in the east and improved the WASH emergency response notably in the sites around Goma and strengthened the capacity of partners through technical training. A contingency stock was also put in place to enable partners to execute a more timely response. The nutrition cluster mapped the various nutrition supplies in the country to better identify gaps and improved its government capacity-building support. The cluster also organized capacity building trainings on the simplified IMAM approach to improve understanding of partners and government counterparts. The lack of RUTF contingency stock remains a challenge. The education cluster successfully advocated for the free participation to final exams for 12,309 displaced students (5,718 girls) while also reinforcing capacity of partners on data collection tools. The Child Protection Area of Responsibility group conducted bilateral discussions and exchanges with other clusters to ensure that child protection is integrated into other sectors.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- <https://www.unicef.org/drcongo/en/press-releases/unicef-condemns-attack-camp-displaced-people-easter>  
<https://www.unicef.org/drcongo/en/press-releases/unicef-condemns-attack-camp-displaced-people-eastern-drc>
- UNICEF DRC responds to deadly floods in Kalehe in South Kivu province  
<https://www.unicef.org/drcongo/en/press-releases/unicef-responds-deadly-floods-kalehe>
- <https://www.unicef.org/drcongo/en/press-releases/unicef-responds-deadly-floods-kalehe>  
<https://www.unicef.org/drcongo/en/press-releases/conflict-eastern-drc-having-devastating-impact-childrens-education>
- Lifesaving medical supplies and equipment delivered to conflict-hit eastern DRC  
<https://www.unicef.org/drcongo/en/press-release/lifesaving-medical-supplies-equipment-delivered>

- <https://www.unicef.org/drcongo/en/press-release/lifesaving-medical-supplies-equipment-delivered>  
<https://www.unicef.org/drcongo/en/press-releases/unicef-calls-immediate-unconditional-release-abducted-children>
- UNICEF condemns recent DRC violence and warns of tragic consequences for children  
<https://www.unicef.org/drcongo/en/press-releases/unicef-condemns-recent-drc-violence-warns-tragic-consequences-children>

## HAC APPEALS AND SITREPS

- Democratic Republic of Congo Appeals  
<https://www.unicef.org/appeals/drc>
- Democratic Republic of Congo Situation Reports  
<https://www.unicef.org/appeals/drc/situation-reports>
- All Humanitarian Action for Children Appeals  
<https://www.unicef.org/appeals>
- All Situation Reports  
<https://www.unicef.org/appeals/situation-reports>

## NEXT SITREP: 31/01/2024

# ANNEX A - PROGRAMME RESULTS

## Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*	2023 targets	Total results	Progress*
<b>Health</b>								
Children vaccinated against measles	Total	7.4 million	1.1 million	47,576	▲ 4%	-	-	-
	12-59 months	-	1.1 million	9,894	▲ 1%	-	-	-
	6-11 months	-	21,917	37,682	▲ 172%	-	-	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	618,400	124,605	▲ 20%	-	-	-
	Girls	-	188,117	50,380	▲ 27%	-	-	-
	Boys	-	173,647	47,801	▲ 28%	-	-	-
	Women	-	256,636	26,424	▲ 10%	-	-	-
<b>Nutrition</b>								
Children 6-59 months with severe wasting admitted for treatment	Total	6.4 million	995,800 <sup>11</sup>	170,266	▲ 17%	512,932	193,842	▲ 38%
	Girls	-	507,858 <sup>12</sup>	88,538	▲ 17%	261,595	101,261	▲ 39%
	Boys	-	487,942 <sup>13</sup>	81,728	▲ 17%	251,337	92,581	▲ 37%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.9 million <sup>14</sup>	382,843	▲ 20%	1.4 million	434,931	▲ 30%
Children 6-59 months receiving micronutrient powder	Total	-	58,000	8,995	▲ 16%	-	-	-
	Girls	-	29,580	3,967	▲ 13%	-	-	-
	Boys	-	28,420	5,028	▲ 18%	-	-	-
<b>Child protection, GBViE and PSEA</b>								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	3.9 million	2 million	89,547	▲ 4%	1.2 million	136,138	▲ 11%
	Girls	-	768,672	43,446	▲ 6%	455,483	66,467	▲ 15%
	Boys	-	738,528	43,568	▲ 6%	437,621	67,120	▲ 15%
	Women	-	256,224	1,639	▲ 1%	151,828	1,650	▲ 1%
	Men	-	246,176	894	0%	145,874	901	▲ 1%



Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	397,800 <sup>15</sup>	156,931	▲ 39%	-	-	-
	Girls	-	268,515 <sup>16</sup>	62,766	▲ 23%	-	-	-
	Boys	-	39,780 <sup>17</sup>	55,531	▲ 140%	-	-	-
	Women	-	89,505 <sup>18</sup>	38,634	▲ 43%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	600,000 <sup>19</sup>	308,318	▲ 51%	-	-	-
	Girls	-	360,000 <sup>20</sup>	81,697	▲ 23%	-	-	-
	Boys	-	90,000 <sup>21</sup>	79,233	▲ 88%	-	-	-
	Women	-	120,000 <sup>22</sup>	81,946	▲ 68%	-	-	-
	Men	-	30,000 <sup>23</sup>	65,442	▲ 218%	-	-	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	7,250	1,227	▲ 17%	10,060	1,717	▲ 17%
	Girls	-	1,813	321	▲ 18%	2,515	449	▲ 18%
	Boys	-	5,438	906	▲ 17%	7,545	1,268	▲ 17%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	10,200	3,678	▲ 36%	18,753	4,518	▲ 24%
	Girls	-	4,998	1,606	▲ 32%	9,189	2,051	▲ 22%
	Boys	-	5,202	2,072	▲ 40%	9,564	2,467	▲ 26%
<b>Education</b>								
Children accessing formal or non-formal education, including early learning	Total	-	1.7 million <sup>24</sup>	98,584	▲ 6%	842,000	127,155	▲ 15%
	Girls	-	880,464 <sup>25</sup>	44,821	▲ 5%	429,420	62,880	▲ 15%
	Boys	-	845,936 <sup>26</sup>	53,763	▲ 6%	412,580	64,275	▲ 16%
Children receiving individual learning materials	Total	-	1 million <sup>27</sup>	78,258	▲ 8%	-	-	-
	Girls	-	528,309 <sup>28</sup>	36,242	▲ 7%	-	-	-
	Boys	-	507,591 <sup>29</sup>	42,016	▲ 8%	-	-	-
<b>Water, sanitation and hygiene<sup>30</sup></b>								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	6.8 million	3.4 million	888,393	▲ 26%	-	3.7 million	-

	Women	-	1.7 million	453,080	▲ 27%	-	1.9 million	-
	Men	-	1.7 million	435,313	▲ 25%	-	1.8 million	-
People accessing appropriate sanitation services	Total	-	4 million	68,525	▲ 2%	-	3.7 million	-
	Women	-	2 million	35,633	▲ 2%	-	1.9 million	-
	Men	-	1.9 million	32,892	▲ 2%	-	1.8 million	-
Health workers accessing to WASH services in health facilities supported	Total	-	2,090	1,466	▲ 70%	-	-	-
	Women	-	1,066	748	▲ 70%	-	-	-
	Men	-	1,024	718	▲ 70%	-	-	-
<b>Social protection<sup>31</sup></b>								
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	100,000	2,625	▲ 3%	-	-	-
<b>Cross-sectoral (HCT, SBC, RCCE and AAP)</b>								
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Total	-	115,000 <sup>32</sup>	-	0%	-	-	-
People who participate in engagement actions	Total	-	300,000 <sup>33</sup>	312,000	▲ 104%	-	-	-
People reached through messaging on access to services	Total	-	6.5 million	5.3 million	▲ 82%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	150,000	209,724	▲ 140%	-	-	-
<b>Rapid response mechanism</b>								
People whose life-saving non-food items needs are met through supply or cash distributions within seven days of needs assessments	Total	-	1.1 million	332,460	▲ 31%	1.8 million	1 million	▲ 58%
People targeted around suspected cholera cases received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	Total	-	693,000 <sup>34</sup>	1.3 million	▲ 182%	-	-	-

\*Progress in the reporting period 1 January to 30 June 2023

## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Health</b>	59,331,600	2,066,328	1,222,337	56,042,935	94%
<b>Nutrition</b>	330,946,100 <sup>35</sup>	18,117,564	10,717,447	302,111,089	91%
<b>Child protection, GBViE and PSEA</b>	53,711,600 <sup>36</sup>	11,123,750	6,580,256	36,007,594	67%
<b>Education</b>	174,633,400 <sup>37</sup>	3,593,729	2,125,871	168,913,800	97%
<b>Water, sanitation and hygiene</b>	76,392,200 <sup>38</sup>	7,994,773	4,729,309	63,668,118	83%
<b>Social protection</b>	41,600,000 <sup>39</sup>	75,000	44,366	41,480,634	100%
<b>Cross-sectoral (HCT, SBC, RCCE and AAP)</b>	56,241,400 <sup>40</sup>	5,335,946	3,156,479	47,748,975	85%
<b>Rapid response mechanism</b>	65,792,600 <sup>41</sup>	25,955,319	15,353,872	24,483,409	37%
<b>Cluster coordination</b>	3,750,000	-	-	3,750,000	100%
<b>Total</b>	<b>862,398,900</b>	<b>74,262,409</b>	<b>43,929,937</b>	<b>744,206,554</b>	<b>86%</b>

Who to contact for further information:



## ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Democratic Republic of the Congo: 2023 Humanitarian Needs Overview', OCHA, 2022
2. *ibid*
3. OCHA Factsheet as of June 2023, <https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-personnes-deplacees-internees-et-retournees-juin-2023>
4. Ministry of Public Health, Cholera situation Epidemiological, week 26 - 2023
5. OCHA Factsheet Ituri, North Kivu and South Kivu as of June 2023, <https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-nord-kivu-sud-kivu-et-ituri-personnes-deplacees-internees-et-retournees-juin-2023>
6. *ibid*
7. As of 19 June 2022, 7,352 suspected cases and 113 deaths had been reported
8. In 2022, for the whole year 148,638 Cases, 1875 Deaths were reported
9. Integrated Management of Acute Malnutrition
10. Ituri, Haut Uele, North Kivu, South Kivu, Tshopo, Tanganyika, Kwilu, Kwango, Kasai, Kasai central, Kasai Oriental
11. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
12. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
13. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
14. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
15. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
16. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
17. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
18. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
19. Represents 5 per cent of people to be reached by UNICEF.
20. Represents 5 per cent of people to be reached by UNICEF.
21. Represents 5 per cent of people to be reached by UNICEF.
22. Represents 5 per cent of people to be reached by UNICEF.
23. Represents 5 per cent of people to be reached by UNICEF.
24. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
25. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
26. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
27. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
28. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
29. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
30. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
31. 60,000 households that previously received humanitarian cash transfers will receive US\$25 per month for eight months; 40,000 others will receive US\$25 per month for 20 months to protect the outcome of humanitarian interventions and increase resilience to further shocks. The transfer value amount is based on the government social assistance transfer value.
32. UNICEF aims to reach 15,000 households through the Rapid Response Mechanism to receive one-off multipurpose cash assistance to cover their basic needs for three months. In addition, 70,000 households will be assessed on the basic needs and cash plus approach and receive monthly multipurpose cash assistance to cover their basic needs for four months. Finally, through a cash for nutrition approach, 30,000 households will be receive cash for four months to prevent malnutrition, improve food diversity for children aged 6-23 months, complement severe wasting treatment and prevent default.
33. Community actors involved in the humanitarian response, including community-based workers, displaced people's leaders, chiefs of villages and other community leaders, as well as people who participate in community dialogues.
34. The target is based on a projection of 7,700 suspected cases for 2023. Through the case area targeted interventions (CATI) approach, 15 households (6 members each) are targeted around each suspected cholera case.
35. The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.
36. Includes US\$45,481,434 for child protection interventions; US\$5,838,250 for gender-based violence in emergencies interventions; and US\$2,391,928 for prevention of sexual exploitation and abuse interventions.
37. Unit cost: US\$74 per child for access to education and US\$16 per child for learning, plus operational cost (21 per cent).
38. Unit cost: access to safe water US\$12/person, sanitation US\$91 for maximum 18 people. WASH in health centres: cost for training for health workers estimated to at US\$41 per person. The estimated cost for WASH infrastructure in 120 health facilities is US\$45,000 per health facility.
39. 60,000 households who previously received humanitarian cash transfers will receive US\$25 per month for 8 months, and 40,000 others will receive US\$25 per month for 20 months to protect the outcome of humanitarian interventions and increase resilience to further shocks. The transfer value amount is based on the government social assistance transfer value.
40. Includes US\$49,595,000 for humanitarian cash transfers and US\$6,646,363 for communications for development activities and community engagement.
41. Includes US\$54,507,600 for the UNICEF Rapid Response mechanism (UniRR) and US\$11,284,980 for the cholera rapid response using the CATI approach.