



unicef   
for every child

Democratic Republic  
of the Congo

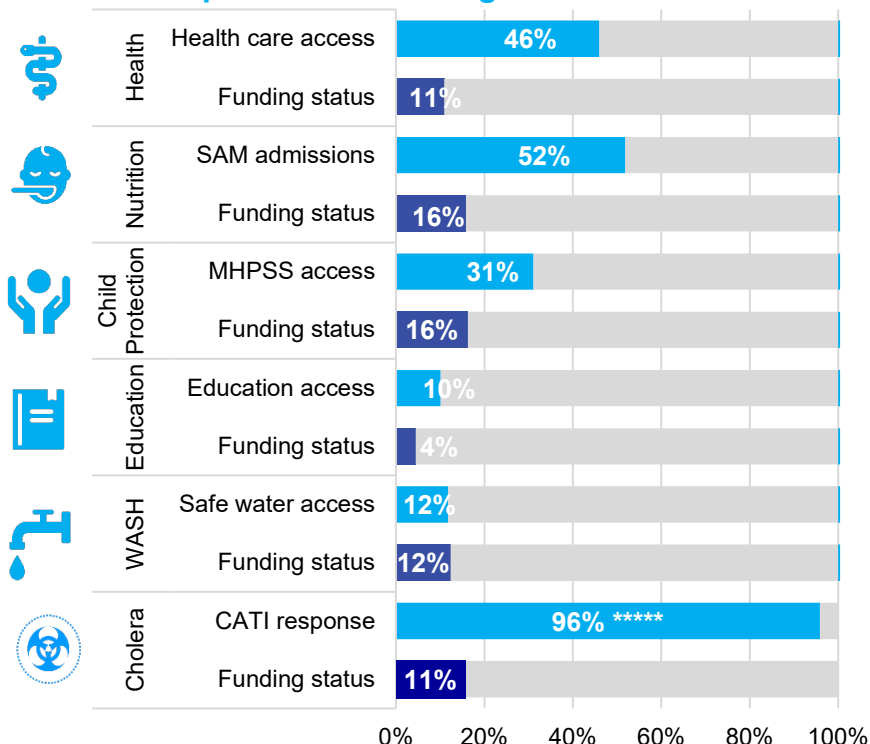
Situation Report No.7  
Level 3 Emergency scale up  
Ituri, North Kivu, South Kivu provinces\*

Reporting Period: 1 to 31 December 2023

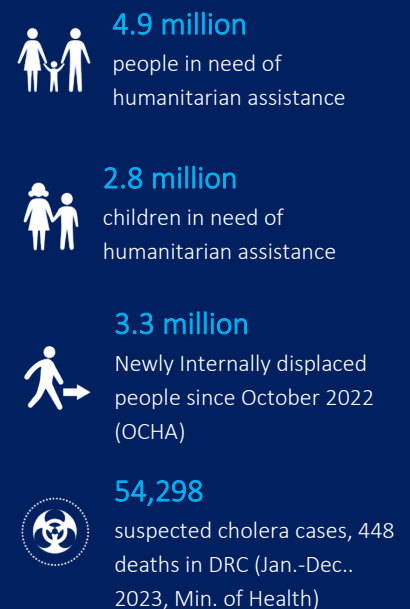
## Highlights

- Escalating armed conflict and inter-communal clashes in the eastern provinces have led to extensive displacement and heightened humanitarian needs. In North Kivu, the crisis has surpassed the previous peak in January 2023, with the current count at 1.1 million internally displaced people, significantly up from 591,000 in August 2023.
- Massive population movements in North Kivu have led to a 51% increase in cholera cases within a month, resulting in the worst outbreak in six years. 65% of the cases in the eastern provinces are children.
- Since June 2023, UNICEF has reached nearly 1.5 million people across the crisis-affected areas representing 53 per cent per cent of the ambitious scale-up target.
- UNICEF received less than 4 per cent of the funding required since the declaration of the L3 scale up in June 2023. Funding remains a challenge to attaining the life-saving and acute protection assistance scale-up targets.

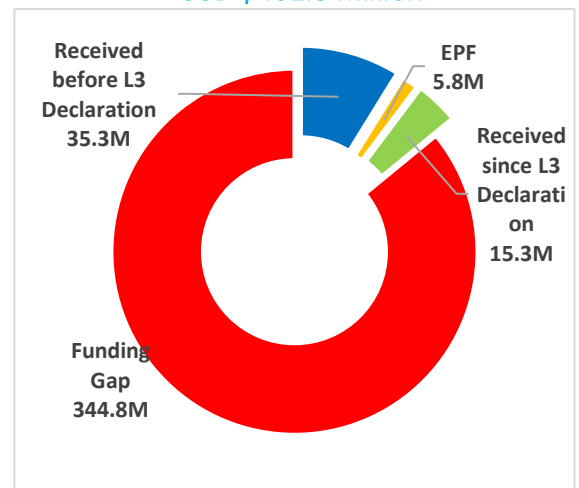
## UNICEF Response and Funding Status\*\*\*



## Situation in Numbers\*\*



## UNICEF Appeal\*\*\*\* USD \$401.3 million



\* UNICEF's L3 corporate emergency scale-up is activated for the crises in North Kivu, South Kivu, and Ituri provinces for six months, from 15 June to 14 December 2023

\*\* As per UNICEF's L3 emergency scale up plan

\*\*\* Funding figures represent funds available until December, while results in some areas may be low due to designing and deploying new programming.

\*\*\*\* UNICEF's requirements for the L3 Emergency Scale-up in eastern DRC is part of UNICEF's overall Humanitarian Action for Children 2023 funding needs for DRC; funding requested for the L3 is a sub-set of the total HAC appeal.

\*\*\*\*\* In North Kivu, the CATI approach has been adjusted to address the widespread epidemic in IDP sites with available funding. This modification allows reaching more people with less funding, but also a less comprehensive package.

## Funding Overview and Partnerships

UNICEF's US\$ 401.3 million requirement for its L3 emergency scale-up in eastern DRC is a subset of UNICEF's overall [Humanitarian Action for Children 2023 for DRC](#). The scale-up allows for the increased provision of life-saving services and protection services to meet the acute needs of women and children resulting from: the upsurge in violence in Rutshuru and Masisi territories (North Kivu); inter-communal conflict in Djugu and Mahagi territories (Ituri); violence in the "Grand Nord Kivu" and South Ituri; and the cholera outbreak in North Kivu and South Kivu provinces. Since June 2023, UNICEF has received US\$ 15.3M million against the emergency funding requirements. However, a total of US\$35.3 million was received in 2023 before the L3 declaration and is being used for the scale-up of humanitarian response since June, along with an internal loan of US\$ 5.75 million (UNICEF Emergency Response Fund/ EPF). UNICEF sincerely thanks all public and private donors for the contributions received.

## Situation Overview and Humanitarian Needs

The situation continues to deteriorate dramatically in Ituri and North Kivu with armed conflict and inter-communal clashes generating massive displacement and increased humanitarian needs. South Kivu is also increasingly affected as the fighting extends south causing population movement towards Kirotshe.

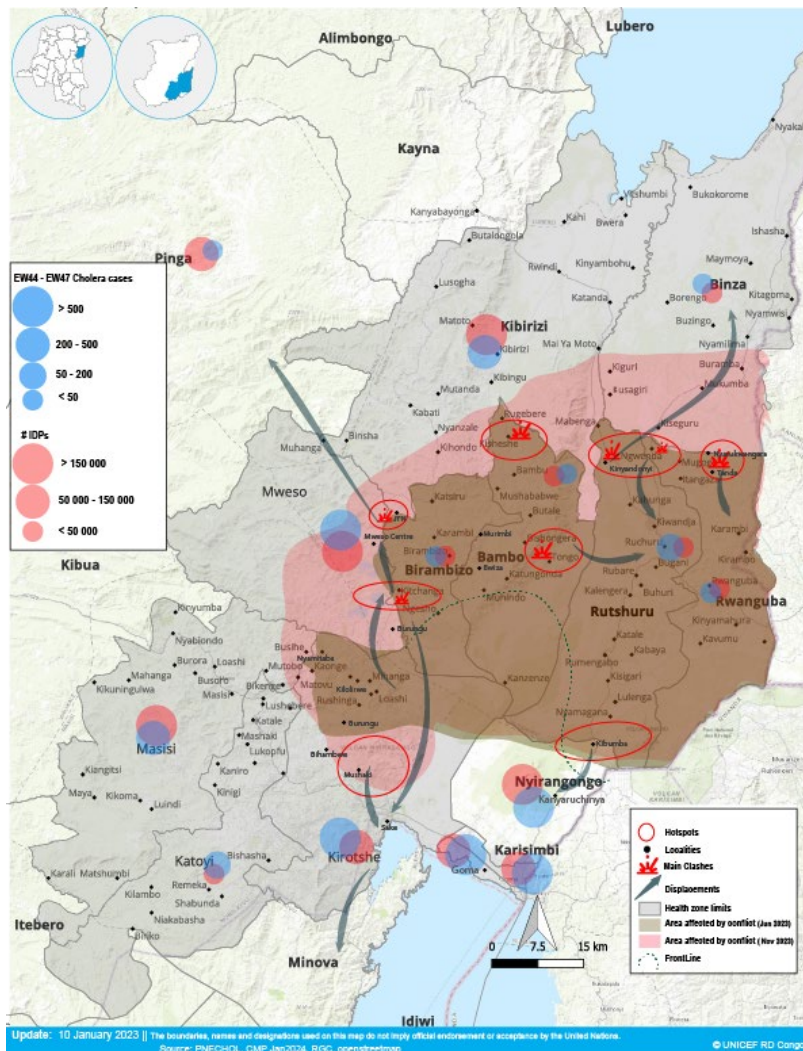
During the reporting period, heavy fighting between the Armed Forces of the Democratic Republic of the Congo (FARDC) and its allies and non-state armed groups (NSAGs) continued in many areas of North Kivu, notably in Masisi and Rutshuru. The M23 armed group extended its area of influence as East Africa Community (EAC) troops started to withdraw. In November 2023, the M23 took control of the city of Mweso. Combat led to new population displacements, mainly in Masisi, from which a significant number of people arrived in Sake. Combat in Rutshuru also led to new displacement towards Kanyabayonga in Lubero.

The escalation of the conflict, including violence towards civilians, has resulted in significant population movements, a deteriorating humanitarian situation, a worsening protection situation for children and women, and increased access constraints.

The number of new internally displaced people (IDPs) caused by the M23 crisis is higher than in January 2023 – which was the previous peak. There are now 1.1 million IDPs up from 591,000 in August 2023. As of 20 November 2023, there were 569,909 new IDPs in Goma, Masisi, Rutshuru, Lubero, Walikale and Nyiragongo territories,<sup>1</sup> a 30 per cent increase from 9 November. Massive new waves of IDPs arrived in Sake and in sites in western Goma, reflecting a situation similar to that in February 2023.

Due to the deteriorating situation in the Hauts Plateaux in Minova in South Kivu, UNICEF extended its child protection interventions to the localities of Numbi, Kalunzu and Bulenga.

Massive population movements have contributed to the spread of cholera. The growing number of IDPs in already overcrowded sites, limited access to certain areas, and a lack of capacity to meet needs has resulted in a 51 per cent increase in cholera cases in North Kivu over the past month (from 1,340 in October to 2,020 in November). The most impacted areas are the IDP sites in Nyiragingo, Kitchanga/Mweso, Kibirizi and Goma.



<sup>1</sup> OCHA and Population Commission Movement, North Kivu, 29 November 2023



The situation has given rise to the worst cholera outbreak in six years with 42,672 suspected cases and 357 deaths.<sup>2</sup> North Kivu is the hardest hit, representing over 65 per cent of all cases countrywide (25,711 notified cases) – 65 per cent of these cases concern children under 18 year of age and over 25 per cent concern children under 5 years of age. DRC is currently reporting the highest number of suspected cholera cases and deaths in West and Central Africa, accounting for nearly 80 per cent of cholera transmissions and close to 60 per cent of deaths.<sup>3</sup>

Combat has directly impacted the humanitarian response in some places. The Kilolirwe health centre was once again looted, and rapid response health supplies were plundered; it remains non-functional.



A child displaced by violence in the Rusayo IDP site in North Kivu province, DR Congo on 9 September 2023.. © UNICEF/UNI480813/Vigné

In Beni in North Kivu and in Ituri attacks on civilians by NSAGs have also continued, provoking new displacements. NSAGs have made incursions into the villages of Mabuo and Wimbandere near Biakato in Mambasa. Killing and kidnapping of civilians and looting of property has been reported. The unpredictability of NSAG attacks in this area, and the impossibility of negotiating access, makes any intervention difficult.

In the rest of Ituri, Djugu and Mahagi remain insecure as the result of local militia activity, leading to population movements and increased needs. Humanitarian access continues to be hampered not only by fighting but also by the rainy season. In Ituri, accessing communities and delivering humanitarian goods has become a real challenge as trucks often get stuck for days.

The intensification of military operations in North Kivu continued to increase child protection risks and reduced the possibilities for children recruited by armed groups to escape. This is due to difficulties in accessing conflict areas and the establishment of multiple checkpoints between Rutshuru and Masisi. In the Petit Nord, lack of access to combat areas remains a concern both in terms of being able to provide protection services to children and of being able to document and verify grave violations against them.

In Ituri, the continued activity of armed groups, particularly the Allied Democratic Forces (ADF) in the southern territories (Irumu and Mambasa) continues to impact children, with an increased number of verified cases of children being recruited and used by armed groups between October and December (an increase of 20 per cent compared to the previous quarter). Similarly, in the areas affected by ADF activity in North Kivu, despite the intensification of the conflict and violent attacks, no children released from ADF were referred to UNICEF and its partners for support and protection services, which is of particular concern. In South Kivu, in the Hauts Plateaux area of Kalehe, the recruitment and the use of children by armed groups remains a grave concern.

## Humanitarian Leadership, Coordination and Strategy

Given the deteriorating humanitarian situation in eastern DRC and the extent of humanitarian needs, UNICEF, in alignment with the Inter Agency Standing Committee's (IASC) system-wide scale-up protocol<sup>4</sup> activated its Level 3 Corporate Emergency Activation Procedure (CEAP) in June 2023 to mobilise corporate resources to support the scale up of the humanitarian response.

Under the interagency framework for humanitarian coordination in DRC, led by the Humanitarian Coordinator, UNICEF leads the education, nutrition and WASH clusters as well as the Child Protection Area of Responsibility (AoR) at national and subnational levels. UNICEF is also a key partner in the Health Cluster, the inter-agency network on Prevention of Sexual Exploitation and Abuse (PSEA), the Humanitarian Access working group, and the Accountability to Affected Populations (AAP) working group.

### UNICEF Clusters

During the month of December 2023, the WASH cluster contributed to strengthening the capacities of partners in the response to the cholera epidemic by organizing training on the CATI approach for more than 60 people, including 21

<sup>2</sup> Ministry of Health, PNECHOL-MD / MoH, Epidemiologic week 1- 43 / 2023

<sup>3</sup> <https://www.plateformecholera.info/>

<sup>4</sup> On 16 June, the Under-Secretary-General for Humanitarian Affairs, and the Emergency Relief Coordinator activated a humanitarian systemwide for three months which is extended to 31 Dec 2023.

women in the provinces of North Kivu, Sud Kivu and Ituri. Technical support was provided to the partners along with equipment and supplies (four motorized pumps, 1300 hygiene kits and 200 20-litre jerry cans) strengthening their capacity to intervene. In the Rusayo 2 site, drinking water supply capacity was increased with the construction of a 140 m3 water network. This has improved hygiene conditions for people living in the Sake, Burewmana and Goma displacement sites. With the aim of improving water quality in the sites, the cluster supported real-time monitoring of quality through control of residual chlorine levels in 30 IDP sites in Goma. Evaluation of the cluster's performance was successfully carried out through the CCPM, with over 80 partners taking part in the process.

In December, Education Cluster partners reached 33,946 children (15,361 girls) in Ituri, North Kivu and South Kivu. Partners trained 664 teachers (322 women) in Nyiragongo, Kayna, Katwa and Beni in child-centred methodologies, psychosocial support, peace education, child protection and prevention of sexual exploitation and abuse in school environments. School supplies including menstrual hygiene kits and WASH kits were also provided along with nutritious meals. Classrooms were constructed or rehabilitated.

Within the run-up to and during the elections, the Child Protection AoR engaged regularly with child protection and humanitarian actors to be ready to reduce and mitigate risks for children as required during political rallies and protests. Indeed, child protection teams intervened in cases where children were used to in campaigning or became involved in campaign-related violence.

The Nutrition Cluster developed an [intersectoral manual for an integrated response in Humanitarian contexts](#) to improve the quality of interventions. This was done in close collaboration with the health, food security and WASH clusters. Training in nutrition in emergencies and cluster coordination was carried out in Bukavu to strengthen nutrition partners operational capacity.

### **Integrated Analysis Cell (CAI)**

The UNICEF CAI team continues to provide technical support to the North Kivu CAI Provincial Health Division (DPS) on Integrated Outbreak Analytics (IOA), including the use and tracking of use of operational evidence across health-related sectors. In north and south Kivu and Ituri, CAI work directly with the INFOSAN unit within the DPS to improve data collection and integrated analytics.

**Integrated Exposure, Risks and Protection Analyses:** the approach and tools piloted in August 2023 in IDP camps was, via local consultation, adapted for IDPs living in host families and piloted in Minova in South Kivu. Data collection was completed December 2023.

**IOA and cholera:** Prior to the spike in cholera cases at the end of December, CAI teams supported PNECHOL-MD and WASH cluster to monitor the risks presented by reduced partner presence in areas reliant on water trucking, the increase the number of displaced people arriving in these and neighbouring areas, and simple and severely dehydrated diarrhoea cases for cholera prevention and early response. In-depth investigations conducted in all cholera-affected health zones in North Kivu over the year highlighted the significantly greater proportion of cholera cases among displaced households arriving within the most recent 3 months and with little to no access to sanitation facilities (newly displaced people often settle at the periphery where infrastructure has not yet been built or services provided).

### **Prevention of Sexual Exploitation and Abuse (PSEA)**

UNICEF continues to use innovative approaches to intensify its PSEA engagements. To facilitate access of children to information on PSEA, a comic book for children aged 11 to 17 was developed with inputs from children themselves. This will be shared with the PSEA network for use by all members. An image box has also been developed to raise awareness. UNICEF carried out an assessment of existing community-based complaint mechanisms to identify challenges such as weak coordination and collaboration between entities. The results of the assessment will be used to take remedial action.

In December 2023, over 500 additional people have had access to safe mechanisms for reporting SEA.

Meanwhile all emergency and other kits distributed by UNICEF will from now on include PSEA messages (including how to report sexual misconduct) in French and local languages.

## **UNICEF Programme Response**

Since the declaration of the system-wide scale-up for eastern DRC in June 2023, UNICEF has intensified its efforts and redirected funding to meet the increased needs of the population in Ituri, North Kivu, and South Kivu. Programmatic priorities and targets were revised, and partners mobilized to continue to provide lifesaving assistance to those affected by the crisis. The results in this situation report are for December 2023 against targets in the validated response plans.

To see more details about UNICEF DRC's humanitarian action for children since January 2023 please see previous [UNICEF DRC Situation Reports](#).

UNICEF continues to leverage its extensive presence in DRC, including field offices in Goma (North Kivu), Bunia (Ituri) and Bukavu (South Kivu), as well as its engagement with government, NGO, civil society partners and other UN agencies to scale up the humanitarian response and address the needs of vulnerable children, women and families. As part of its scale-up strategy, UNICEF has been expanding its field presence and deploying emergency personnel to areas including Beni, Rutshuru, Drodro, and Mahagi to reach the most vulnerable children.

## Child Protection and Gender-Based Violence (GBV)

UNICEF continued to provide access to life-saving child protection services to more than 51,000 children affected by conflict and displacement, including individual support to close to 1,000 children formerly associated with armed groups, unaccompanied and separated minors, and survivors of sexual violence in all L3 areas.

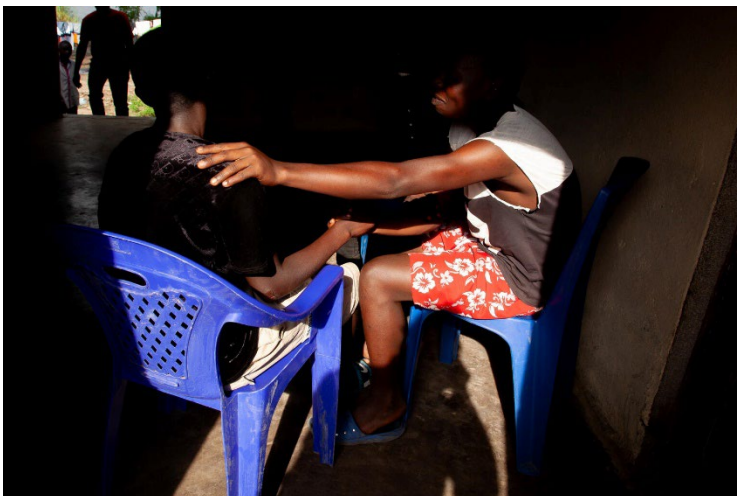
In collaboration with the provincial government in North Kivu, UNICEF continued to seek durable solutions for 135 unaccompanied girls and heads of households who are at great risk of violence, abuse and exploitation identified in on particular IDP camp between October and November. Each of them was provided with a tailored solution suited to her situation. This included for example reuniting the girls with their families or relocating them to safer areas in collaboration with Camp Coordination and Camp Management (CCCM) partners. Identification of other particularly vulnerable adolescent girls is underway in other IDP camps around Goma. UNICEF is working closely and advocating with the CCCM working group to highlight the situation of girls separated from their parents caring for dependents, who are at heightened risk of violence, abuse and exploitation in the camps, so as to identify relevant risk mitigation measures and support safe identification and referrals.

In North Kivu, South Kivu and Ituri provinces, UNICEF continued to support multi-sectoral gender-based violence response services reaching 172 survivors during December.

As part of its GBV prevention, response and risk mitigation programme in Minova, UNICEF in collaboration with AVSI and Panzi, conducted the first cash distribution via mobile money transfers to women and children in 8,044 households (approximately 34,863 women, girls and boys were reached). This programme supplements WFP's blanket cash distribution with an additional top-up for particularly vulnerable women and girls, helping to address the risks linked to meeting basic survival needs. In addition, as part of individual case management for GBV survivors, cash transfers are used to increase access to a comprehensive set of GBV response services. Key GBV risk mitigation measures were designed and implemented ahead of the cash distribution, including messages on cash for GBV prevention and response and the availability of GBV services and the presence of GBV specialists at distribution sites. Prior to the distribution, in alignment with UNICEF's strong commitment to accountability to affected populations (AAP) and evidence-based programming, a specific GBV risks survey was conducted by the child protection section and UNICEF's Integrated Analytics Cell from 3 to 6 December in Minova city, to identify existing and potential risks for women and girls and support the co-development of preventative and responsive actions to address those risks as per the recommendations of the community.

Despite notable access constraints, UNICEF continued to support children and caregivers with lifesaving mental health and psychosocial support services, reaching more than 56,000 children and caregivers in North Kivu, South Kivu and Ituri during December.

The intensification of military operations and conflict (notably in North Kivu), reduced accessibility, and the December elections hampered the further expansion of UNICEF-supported programmes with child protection actors. Nevertheless, UNICEF redoubled its efforts to support children at risk being recruited and used by armed groups, as well as those who have exited groups with identification, documentation, family tracing and reunification (IDTR) services as well as temporary care, help to find jobs or to return to school or training, and multi-sectorial services. A total of 255 children were assisted in December of whom 17 per cent were girls (the highest percentage since July).



Justin\* (left) and Guy\* (right - orange shorts) talk at Listening and Orientation Point set up by UNICEF partner in Bweremana, North Kivu. The two boys have left armed groups and are now supported by UNICEF. They benefit from temporary care and protection services as part of their reintegration, in addition to a health, education and psychosocial support. These programmes are essential to help children overcome the trauma and violence to which they have been subjected. © UNICEF/UNI481250/Vigné



## Water, Sanitation and Hygiene (WASH)

UNICEF remained one of the main actors in the Level 3 WASH response.

In December 2023, UNICEF provided drinking water to 221,029 people in north and south Kivu. In North Kivu, the focus was on IDP sites, including those affected by cholera, ensuring a minimum of 10 litres of drinking water per person per day for 165,229 people, with sanitation facilities for a further 91,850 people.

In addition, WASH activities launched against cholera in the Mweso and Kitshanga IDP sites in November 2023, extended to Sake in December, providing drinking water for 16,875 people latrines for 3,550 people.

In Ituri province, the figures have not changed much, apart from 40 latrines for 2,000 people. Solar pumps are on order for the three boreholes completed at the Rhoe IDPs site and a fourth in the Masumbuko community.

In Minova in South Kivu, WASH infrastructure has been established to provide water to 47,800 people (IDPs and members of the host community). 70 latrines and 40 family shower units are 700 IDPs and host community members. New needs arising from insecurity, lack of access and fresh displacement are among the challenges affecting the response in North Kivu.



Two girls filling water in a site in Ituri © UNICEF/Dechennines

## Cholera Rapid Response

Despite the challenging environment, the Case Area Targeted Interventions (CATI) programme continues its first response. The strategic positioning of local teams (PRECATI) enables an immediate response to suspected cholera cases. The CATI strategy has been modified in North Kivu to facilitate a broader response, given the available funding and the widespread nature of the epidemic in IDP sites. This adaptation has enabled reaching a greater number of people with reduced funding, albeit with a less comprehensive package. The emphasis has been on decontamination, as well as few distributions in areas lacking water trucking and where WASH kits have not been previously distributed.

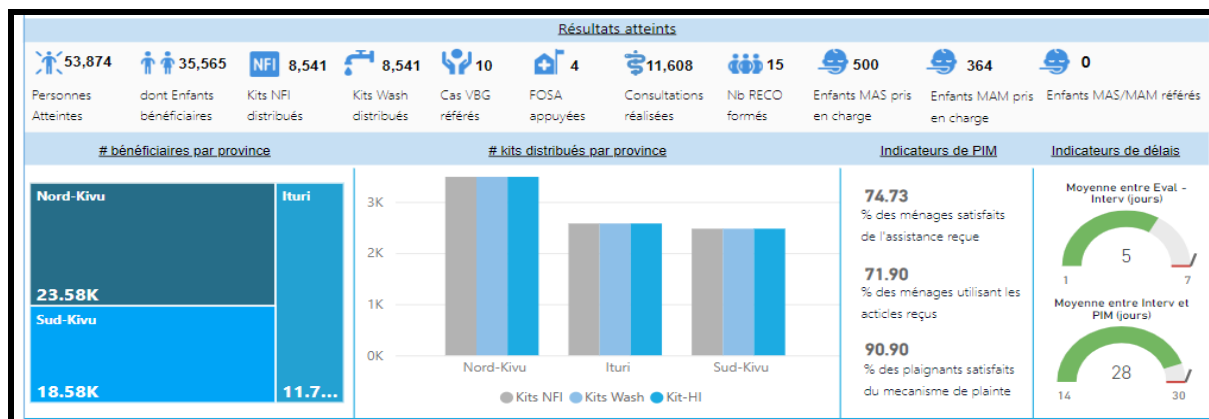
During December, 35 rapid response teams were active: 18 in North Kivu and 17 in South Kivu. Additionally, a total of 75 local Red Cross teams (Pre-CATI) conducted surveillance and first response particular in conflict-affected areas such as Mweso. Overall, CATI teams performed 1,948 interventions – 98 per cent of which were completed in less than 48 hours from when the case were alerted. Out the 2,790 cholera suspected cases that were recorded in the line listing (LL) for both provinces, the CATI teams responded to 2,076 cases (74.4 per cent). In total, 228,839 individuals were reached within 48 hours through CATI interventions which include the distribution of cholera prevention kits. People also received guidance on good hygiene practices and information about available cholera services within their communities.

The CATI Programme is continuously increasing people's resilience in the field, prepositioning local rapid response teams with contingency stocks in strategic areas, especially those with limited access because of security issues.

## UniRR (Rapid Response)

In December, UniRR interventions took place within five days of the initial assessment, demonstrating the efficiency of the programme. Around 8,541 essential household items and WASH kits were distributed for more than 53,000 people including 35,000 children; 11,608 primary healthcare consultations were provided, and 8644 children malnourished were cared for. Exceptionally, in North Kivu, UniRR responded to cholera cases in Sake following reports of several deaths in less than a week from seven suspected cases. The emergency team decided to engage UniRR to support the Sake Health Center in the reorganization of the Cholera Treatment Centre (CTC) and in case management for 12 days. UniRR then handed over to MSF. No deaths were reported as a result of UniRR's support.

In South Kivu, a new UniRR intervention was organized in Minova following new displacement from North Kivu due to fighting in Masisi and Kirotshé.



## Nutrition

UNICEF and its partners continued to provide support to both displaced and host populations in affected areas. Mothers and other caregivers of children under the age of 5 were trained to use a mid-upper arm circumference (MUAC) tape in their homes to identify cases of malnutrition (the Family MUAC approach) under the supervision of community health workers.

In December 2023, 52,212 children aged 6-59 months were screened with 7,964 of those children being admitted for treatment for severe acute malnutrition. A total of 174,751 mothers and guardians of children under 2 years were reached by nutritional education sessions (awareness-raising and cooking demonstrations) in health facilities, villages, and IDP sites:

- In M23 crisis areas, 5,242 children aged 6-59 months suffering from severe wasting, were admitted for care and 107,708 mothers and guardians of children under 24 months were reached by nutritional education sessions.
- In the Djugu-Mahagi crisis areas, 2,722 children between 6 and 59 months suffering from severe wasting, were admitted care and 67,043 mothers and other caregivers of children under 24 months were reached by nutrition education sessions.



A baby is screened for malnutrition by a nurse at the UNICEF-supported Minova Health Centre in Minova, South Kivu province. The MUAC ribbon shows the colour red, a sign of severe acute malnutrition. © UNICEF/UNI483787/Vigné

## Health

Most of the Humanitarian Programme Development (HPD) related to M23 Crisis have reached was ending in December 2023. Work is ongoing for extension to continue the activities. Moreover, two other HPD are initiated with 2 new partners (ALIMA and AIDES) for cholera response and strengthen the free access to primary health care (through post UNIRR intervention) in Kirotshe, Minova, and Mwesso.

Despite security challenges, UNICEF, in partnership with NGOs, supported health facilities to carry out:

- 27,538 curative consultations for children under 15
- 12,421 curative consultations for vulnerable people
- 2,563 ANC 1 (Antenatal Care)
- 1,407 ANC4

1,251 deliveries assisted by qualified medical personal

## Education

In December 2023, UNICEF education and protection sections kept working together with partners to support provision of education services for 16,751 crisis-affected children and adolescents (8,543 girls) in North Kivu and South Kivu. The Education in Emergency (EiE) response was delivered through the distribution of school kits to students, the setting up of temporary learning spaces, teacher training in psychosocial support (PSS) and peace building, the sensitization of teachers and students on PSEA and the availability of GBV case management services.

In North Kivu, UNICEF and partners provided learning materials to 4,894 students (2,576 girls) and setting up 78 temporary learning spaces. UNICEF and partners also trained 39 teachers (17 women) in PSS and peace education.

In South Kivu, UNICEF and partners worked together to support children who are experiencing trauma. A total of 9,460 school children (4,767 girls) were made aware about PSEA and GBV services.

UNICEF is still advocating for access in the non-government-controlled zone of Rutshuru to enable the EiE response to be effective.

## Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE) and Accountability to Affected Populations (AAP)

In December, more about 1.5 million people were reached with lifesaving information bringing the total number of people reached since the beginning of the emergency response to 5.9 million. The provision of messages about cholera prevention and access to basic services was done face to face, mainly through community action cells and U-Report volunteers, and via public banners, as well as through SMS blasts and digital platforms. This included information on essential family practices, PSEA and protection against violence.

12,936 individuals – including IDPs and those in host communities – were engaged in activities to facilitate involvement in decision making and to build community resilience. This brings to 292,445 the total number of people engaged. People involved included local community leaders, members of community action cells and young U-Report volunteers. To meet the needs of young people living in IDP camps, a U-Report Tour capacity-building programme was organized in the Rhoe IDP camp in Ituri. As a result, 120 young people (60 girls) were trained in protection against sexual exploitation and abuse, cholera prevention measures, as well as skills to improve their employability. To further strengthen social cohesion between communities, cultural and sporting activities were organized in Djugu territory in December, involving 13,501 individuals.

145,901 people were also provided with access to UNICEF's feedback mechanisms, bringing the total reach to 641,870 since the beginning of the emergency response. Based on the information gathered, the main priority for IDPs remains obtaining food.

## Stories from the field

### Life of a displaced teenager in Bulengo IDP camp



At the [global launch of its 2024 humanitarian appeal](#), UNICEF invited a teenager staying in Bulengo IDP in Goma, North Kivu to say some words to donors and media about her life in the camp. Here is what she had to say:

“My name is Médiatrice and I am 15 years old. I was born into a family of 10 children.

We left Burungu [in Masisi, North Kivu] because of the war. One morning at around 5am, we heard bombs. We woke up and we fled. We walked to this displacement site in Bulengo.

Life here is not easy, I don't want to stay here.

I usually wake up at 5am and get ready for school.

Médiatrice, 15, sits in front of a shelter at the Bulengo IDP site in North Kivu province on 1 December 2023.

©UNICEF/2023/Benekire

In the afternoons, I go to a [UNICEF-supported] safe space to learn how to weave raffia bags as this can help me in the future.

At the safe space, they also teach us about children's rights. Now that I'm trained in children's rights, I'm going to be a champion of children's rights here in the displacement site, because there's a lot of violence.

I hope that one day we'll be able to go home, study normally and have food like we used to.”



**Thanks to our donors:**



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for further information:**

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## Annex A: Funding Status\*

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2023	Humanitarian resources received (carry forward)	GAP	%
Rapid Response UniRR+CATI	66,888,948	19,693,308	-	47,195,640	71%
Cash +	28,500,000	1,250,000	-	27,250,000	96%
WASH	77,386,642	9,583,020	-	67,803,622	88%
Child Protection/GBV	50,800,555	8,279,627	-	42,520,928	84%
Health	21,710,188	2,370,000		19,340,188	89%
Nutrition	47,455,001	7,499,008		39,955,993	84%
Education	86,721,230	3,900,952		82,820,278	96%
SBC	8,820,968	260,000		8,560,968	97%
CAI	415,000	0		415,000	100%
PSEA	4,768,000	623,060		4,144,940	87%
Operational Support Coordination	7,800,000	3,181,750		4,618,250	59%
<b>Total</b>	<b>401,266,532</b>	<b>56,640,725</b>	<b>-</b>	<b>344,625,807</b>	<b>86%</b>

\* UNICEF's appeal for the L3 Emergency Scale-up for a period of 6 months is part of the UNICEF DRC Humanitarian Action for Children 2023; funding requested for the L3 is a subset of the total HAC appeal.

## Annex B: External Media Links

### Social media

<https://twitter.com/UNICEFDRC/status/1733554370376007905>  
<https://twitter.com/UNICEFDRC/status/1733898492437790904>  
<https://twitter.com/UNICEF/status/1733909508508750159>  
[https://twitter.com/grant\\_leaity/status/1734568591977009368](https://twitter.com/grant_leaity/status/1734568591977009368)  
<https://twitter.com/unicefchief/status/1734576410897928233>  
<https://twitter.com/UNICEFDRC/status/1734836530013716735>  
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<https://twitter.com/UNICEFDRC/status/1736685312078700999>  
<https://twitter.com/UNICEFDRC/status/1736726790716956810>  
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<https://twitter.com/UNICEFDRC/status/1738182777793642537>  
[https://twitter.com/UNICEF\\_FR/status/1739345263863505356](https://twitter.com/UNICEF_FR/status/1739345263863505356)

## Annex C: Consolidated Humanitarian Programme Monitoring

		UNICEF and IPs Response		
Sector		UNICEF Target	Total Results June- December	Change since last report
Indicator	Gender Disaggregation			
<b>HEALTH</b>				
# of children and women receiving primary health care in UNICEF-supported facilities	<b>Total</b>	<b>441,366</b>	202,985	22,530
	Girls	216,250	72,622	10,048
	Boys	207,431	56,575	8,975
	Women	17,685	73,788	3,507
<b>NUTRITION</b>				
# of children 6-59 months with severe wasting admitted for treatment	<b>Total</b>	<b>71,434</b>	37,057	7,964
	Girls	37,146	19,270	4,141
	Boys	34,288	17,787	3,823
# of # of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	<b>Total</b>	<b>427,338</b>	693,653	174,751
<b>CHILD PROTECTION</b>				
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	<b>Total</b>	<b>978,254</b>	304,109	56,553
	Girls	401,084	134,304	25,789
	Boys	381,519	137,801	25,363
	Women	117,391	19,641	3,662
	Men	78,260	12,363	2,045
# of survivors accessing gender-based violence response interventions (holistic care)	<b>Total</b>	<b>15,100</b>	4,647	172
	Women	5,285	1,651	338
	Girls	8,305	2,800	112
# of women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	<b>Total</b>	<b>1,004,198</b>	673,160	75,684
	Girls	401,679	221,012	16,026
	Boys	251,050	233,906	64,025
# of children who have exited armed forces and groups provided with protection or reintegration support	<b>Total</b>	<b>4,350</b>	2,250	255
	Girls	1,088	538	43
	Boys	3,262	1,712	212
# of unaccompanied and separated children provided with alternative care and/or reunified	<b>Total</b>	<b>6,700</b>	3,900	523
	Girls	3,417	1,628	230
	Boys	3,284	2,272	293
<b>PSEA</b>				
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	<b>Total</b>	<b>610,174</b>	958,560	13,199
	Girls	182,268	256,459	2,461
	Boys	171,632	221,405	1,517
	Women	131,039	265,597	6,317
# of people use safe and appropriate sanitation facilities	<b>Total</b>	<b>1,872,936</b>	269,460	0
	Women	955,870	148,047	0
	Men	918,385	121,413	0
# 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	<b>Total</b>	<b>1,280,105</b>	1,227,325	148,261
<b>Rapid Response Mechanism (UniRR)</b>				
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments		<b>1,201,372</b>	300,030	42,169
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>				
# of people reached through messaging on prevention and access to services		4,890,145	5,917,112	1,462,792
# of people engaged in RCCE actions		67,884	292,445	12,936
# of people with access to established accountability mechanisms		374,941	641,870	211,934
# of households reached with UNICEF-funded humanitarian cash transfers across sectors		435,000	0	0



## Annex D: Humanitarian Programme Monitoring per crisis

		Crise Djugu-Mahagi			Crise M23			Crise ADF			Crise choléra			TOTAL	
		UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	
Sector		UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
Indicator		Disaggregation													
HEALTH															
# of children and women receiving primary health care in UNICEF-supported facilities	Total	66,749	62,733	8,704	365,418	137,590	13,546				9,199	2,662	280	441,366	202,985
	Girls	32,707	26,734	4,137	179,055	45,068	5,815				4,489	820	96	216,250	72,622
	Boys	31,372	20,499	3,585	171,746	35,136	5,289				4,313	940	101	207,431	56,575
	Women	2,670	15,500	982	14,617	57,386	2,442				398	902	83	17,685	73,788
NUTRITION															
# of children 6-59 months with severe wasting admitted for treatment	Total	24,634	15,637	2,722	46,800	21,420	5,242							71,434	37,057
	Girls	12,810	8,131	1,415	24,336	11,138	2,726							37,146	19,270
	Boys	11,824	7,506	1,307	22,464	10,282	2,516							34,288	17,787
# of primary caregivers of children aged 0 to 23 months receiving infant and young childfeeding counselling	Total	65,088	179,212	67,043	362,250	514,441	107,708							427,338	693,653
CHILD PROTECTION															
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	394,108	145,677	26,851	419,131	106,778	22,448	165,015	51,654	7,254				978,254	304,109
	Girls	161,584	56,997	10,760	171,844	53,074	11,735	67,656	24,233	3,294				401,084	134,304
	Boys	153,702	62,334	11,409	163,461	50,667	10,371	64,356	24,800	3,583				381,519	137,801
	Women	47,293	15130	2738	50296	2776	648	19,802	1735	276				117,391	19,641
	Men	31,529	11216	1944	33530	261	0	13,201	886	101				78,260	12,363
# of survivors accessing gender-based violence response interventions (holistic care)	Total	4,000	1,497	0	6,000	1,977	112	5,100	1,173	60				15,100	4,647
	Women	1,400	407	0	2100	960	321	1,785	284	17				5,285	1,651
	Girls	2,200	1071	72	3300	873	0	2805	856	40				8,305	2,800
	Boys	400	19	0	600	144	12	510	33	3				1,510	196
# of women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	Total	285,050	167,038	38,766	504,131	340,583	19,658	215,017	165,539	17,260				1,004,198	673,160
	Girls	114,020	54,314	10,950	201,652	112,221	0	86,007	54,477	5,076				401,679	221,012
	Boys	71,263	49,093	10,674	126,033	137,949	49,018	53,754	46,864	4,333				251,050	233,906
	Women	99,768	63,631	17,142	176,446	90,413	0	75,256	64198	7,851				351,470	218,242
# of children who have exited armed forces and groups provided with protection or reintegration support	Total	1,000	223	55	1,300	1418	138	2,050	609	62				4,350	2,250
	Girls	250	51	12	325	315	17	513	172	14				1,088	538
	Boys	750	172	43	975	1103	121	1,537	437	48				3,262	1,712
		Crise Djugu-Mahagi			Crise M23			Crise ADF			Crise choléra			TOTAL	

		UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	
Sector	Disaggregation	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
# of unaccompanied and separated children provided with alternative care and/or reunified	<b>Total</b>	<b>2,600</b>	412	51	1,550	2774	394	2,550	714	78				<b>6,700</b>	3,900
	Girls	1,326	191	21	790	1110	178	1,301	327	31				3,417	1,628
	Boys	1,274	221	30	760	1664	216	1,250	387	47				3,284	2,272
<b>PSEA</b>															
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	<b>Total</b>	<b>186,583</b>	184,084	7,032	316,091	577,314	6,167	107,500	197,162	0				<b>610,174</b>	958,560
	Girls	55,191	47,119	1,734	94,827	167,941	727	32,250	41,399	0				182,268	256,459
	Boys	53,027	42,909	1,218	88,505	142,808	299	30,100	35,688	0				171,632	221,405
	Women	39,966	55,306	2,133	67,960	142,762	4,184	23,113	67,529	0				131,039	265,597
	Men	38,399	38,825	2,022	64,799	123,803	957	22,038	52,730	0				125,236	215,358
<b>EDUCATION</b>															
# of children accessing formal or non-formal education, including early learning	<b>Total</b>	<b>292,646</b>	29,363	0	262,536	41,708	13,749	235,994	9,036	3,002				<b>791,176</b>	80,107
	Girls	149,249	14,975	0	133,893	21,271	7,012	120,355	4,608	1,531				403,498	40,855
	Boys	143,397	14,388	0	128,643	20,437	6,737	58,974	4,428	1,471				331,013	39,252
# of children receiving individual learning materials	<b>Total</b>	<b>175,588</b>	31,127	0	157,522	14,701	4,211	141,596	1,697	683				<b>474,706</b>	47,525
	Girls	89,550	15,875	0	80,336	7,343	1,993	120,355	865	582				290,241	24,083
	Boys	86,038	15,252	0	77,186	7,358	2,218	58,974	832	616				222,198	23,442
<b>WATER, SANITATION &amp; HYGIENE</b>															
# of people accessing a sufficient quantity of safe water for drinking and domestic needs (based on 10L per person per day)	<b>Total</b>	<b>692,950</b>	<b>8,000</b>	<b>0</b>	<b>948,273</b>	213,029	45,836				<b>1,181,305</b>	213,029	45,836	<b>1,874,255</b>	221,029
	Women	353,405	4,080	0	357,577	110,775	23,835				602,466	110,775	23,835	955,870	114,855
	Men	339,546	3,920	0	343,555	102,254	22,001				578,839	102,254	22,001	918,385	106,174
# of people use safe and appropriate sanitation facilities	<b>Total</b>	<b>692,950</b>	<b>2,000</b>	<b>0</b>	<b>948,273</b>	133,130	0				<b>1,181,305</b>	134,330	0	<b>1,874,255</b>	269,460
	Women	353,405	1,200	0	483,619	73,049	0				602,466	73,798	0	955,870	148,047
	Men	339,546	800	0	464,654	60,081	0				578,839	60,532	0	918,385	121,413
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification	<b>Total</b>										<b>1,280,105</b>	1,227,325	148,261	<b>1,280,105</b>	1,227,325
		<b>Crise Djugu-Mahagi</b>			<b>Crise M23</b>			<b>Crise ADF</b>			<b>Crise choléra</b>			<b>TOTAL</b>	
Sector		UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	

		UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
<b>Rapid Response Mechanism</b>															
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments		<b>300,716</b>	114,083	0	645,856	133,508	42,150	254,800	52,439	19				<b>1,201,372</b>	300,030
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>															
# of people reached through messaging on prevention and access to services		2,127,045	1,345,759	74,969	950,000	1,737,170	503,398				<b>1,813,100</b>	2,834,183	884,425	<b>4,890,145</b>	5,917,112
# of people engaged in RCCE actions		12,000	11,450	1,432	17,952	129,026	4,881				<b>37,932</b>	151,969	6,623	<b>67,884</b>	292,445
# of people with access to established accountability mechanisms		319,057	229,285	54,438	17,952	88,394	8,020				<b>37,932</b>	324,191	149,476	<b>374,941</b>	641,870
# of households reached with UNICEF-funded humanitarian cash transfers across sectors		75,000	0	0	360,000	0	0							435,000	0