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Reporting Period: April 2020

# Democratic Republic of the Congo

## Humanitarian Situation Report No. 04

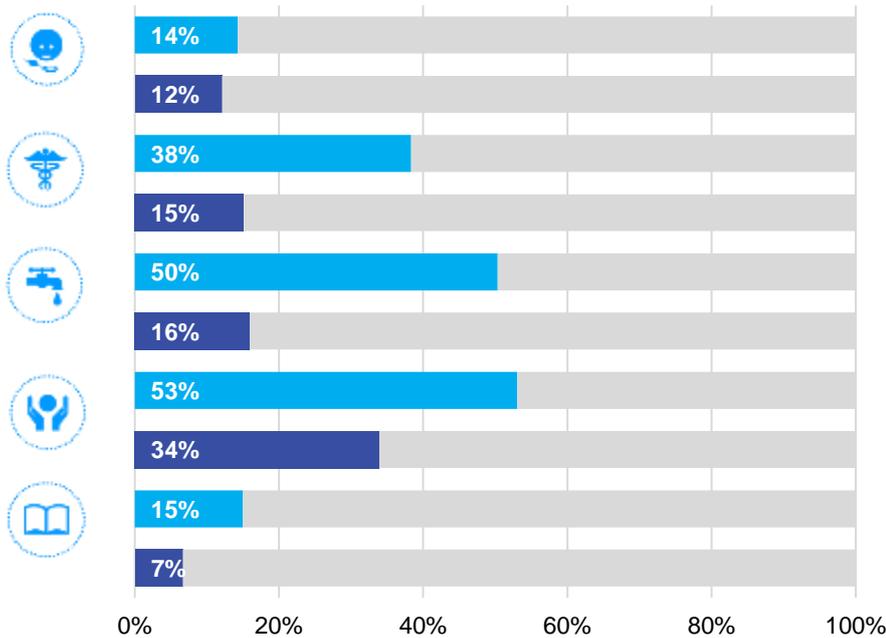
### Highlights

- After 52 days without any Ebola confirmed cases, one new Ebola case was reported in Beni, North Kivu province on the 10<sup>th</sup> of April 2020, followed by another confirmed case on the 12<sup>th</sup> of April. UNICEF continues its response to the DRC's 10<sup>th</sup> Ebola outbreak. The latest Ebola situation report can be found following this [link](#)
- Since the identification of confirmed COVID-19 cases in the DRC, schools have closed across the country to limit the spread of the virus. Among other increased needs, the COVID-19 pandemic further exacerbates the significant needs in education related to access to quality education. The latest COVID-19 situation report can be found following this [link](#)
- UNICEF has provided life-saving emergency packages in NFI/Shelter to more than 60,000 households while ensuring COVID-19 mitigation measures.

### Situation in Numbers

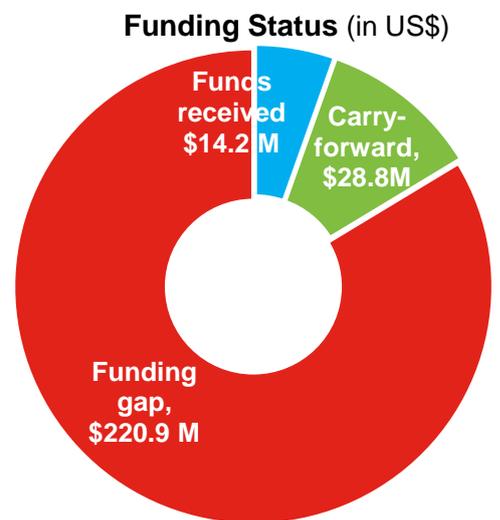
- 9,100,000** children in need of humanitarian assistance (OCHA, HNO 2020)
- 15,600,000** people in need (OCHA, HNO 2020)
- 5,010,000** Internally displaced people (HNO 2020)
- 7,702** cases of cholera reported since January (Ministry of Health)

### UNICEF's Response and Funding Status



### UNICEF Appeal 2020

#### US\$ 262 million



## Funding Overview and Partnerships

UNICEF appeals for US\$ 262M to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). In April 2020, UNOCHA has generously contributed to UNICEF DRC humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2020 HAC has a funding gap of 84%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

## Situation Overview & Humanitarian Needs

During the reporting period, the humanitarian context in the DRC was characterized by multiple epidemic outbreaks (COVID-19, measles, and cholera), conflict outbreaks, and flooding.

As of 29 April 2020, the COVID-19 outbreak has affected seven provinces in the DRC, with a total of 572 confirmed cases<sup>1</sup> distributed as follows: Kinshasa 556 cases, Nord-Kivu 6 cases, Sud-Kivu 4 cases, Ituri 2 cases, Kivu 1 case, Haut-Katanga 1 case, and Kongo Central 2 cases. As a result of the pandemic, schools remained closed across the country and increased risk of disease outbreaks remains high due to weak health systems. Despite these challenges, UNICEF continues to respond to humanitarian needs across the country while ensuring the implementation of COVID-19 prevention measures<sup>2</sup>. The latest COVID-19 situation report can be found here [link](#).

During the reporting period, a resurgence of violence from active militia groups has led to the displacement of an estimated 200,000 persons in Mahagi, Djugu and Irumu territories, in addition to the 1.2 million people already displaced in the province as a result of a two-year persisting conflict. The violent conflicts continue to worsen the protective environment with significant impact on children. 123 grave violations affecting children have been verified including 50 cases of murder and mutilation, 50 attacks against schools and 13 attacks against hospitals. The number of allegations is much higher, especially for attacks on schools and hospitals, which indicates a new cycle of particularly intense violence compared to last year with a new affected territory (Mahagi). In addition, 407 new unaccompanied children (196 girls) have been identified. In the IDPs camp, 60 Gender Based Violence (GBV) cases affecting children have been registered (all of them were provided with assistance). 97 women and 12 men were also identified as victims of sexual violence.

The Internally Displaced Persons (IDPs) sites in Bunia received 15,000 newly displaced persons. The remaining IDPs currently reside in public spaces and buildings (schools, churches), live in very crowded conditions and are exposed to numerous health and protection risks. Immediate multisectoral emergency humanitarian assistance is required.

With the resurgence of violence, significant material and human damage has been recorded, including burnt vehicles, cargoes, including fuel and essentials supplies imported from Uganda. More than 100 civilians have been brutally killed, villages destroyed, 49 health structures and 15 primary schools either looted and / or burned. The multiplication of attacks recorded on the RN27 has caused the disruption of transportation on this route, resulting in significant economic consequences in the town of Bunia with the soaring prices of essential goods, further exacerbating the humanitarian needs and food security. Due to heightened level of insecurity, humanitarian access has sharply reduced, as 70% of actors have withdrawn from the sites, resulting in the suspension of humanitarian assistance activities in the Djugu area.

Ongoing armed conflicts in Tanganyika province has affected humanitarian access in Nyunzu territory while an estimated 60,000 affected people continue to live in precarious conditions with limited access to basic social services (WASH, education, health care). During a recent evaluation conducted by Croix Rouge RDC (CRRDC), 6,054 IDPs have been recorded, of which 30 unaccompanied children (18 in Mwange and 12 in Fube).

In North Kivu province, more than 1.3 million people are internally displaced and nearly 700,000 people are returnees due to humanitarian crises (OCHA, Feb 2020). 94% of IDPs live with host communities, while over 90,400 persons live in 22 IDP spontaneous sites. Significant needs in education have been identified with approximately 445,617 out of school children due to the mass movements of populations and rupture of education. In addition, 54 health centers have been destroyed because of the violent conflicts, resulting in increased health needs among IDPs and returnees. Between January and September 2019, 7,813 protection incidents have been recorded in the province, particularly affecting women and children.

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<sup>1</sup> Source: Ministry of Health April 2020

<sup>2</sup> COVID-19 prevention measures: practicing social distancing, installation of handwashing stations, temperature checkpoints during interventions, and wearing masks.

During the reporting period, torrential rains affected the City of Uvira and Ruzizi Plain in South Kivu province, causing significant human and material damage. According to the humanitarian coordination and local authorities, 15,000 households (70,000 people of which 71% are children) were affected by the loss, either partial or total, of their goods (houses, essential household items, food stock, etc.). Of those affected by the floods, more than 5,200 households are housed in more than 40 regrouping sites (schools, churches, private houses) in the city of Uvira. The water supply disruption due to the damage to the local water treatment plant affects more than 250,000 people. This disruption will heighten the risk of cholera in an endemic region that has registered more than 1,800 cases since the beginning of the year. Five cases of cholera have already been reported in the displacement sites. The local health response capacity is also severely reduced because the main health center situated in Mulongwe has been destroyed. Due to the lack of access to drinking water in the city, insufficient latrines, overcrowding, contamination of water systems, the risk of a cholera epidemic is multiplied.

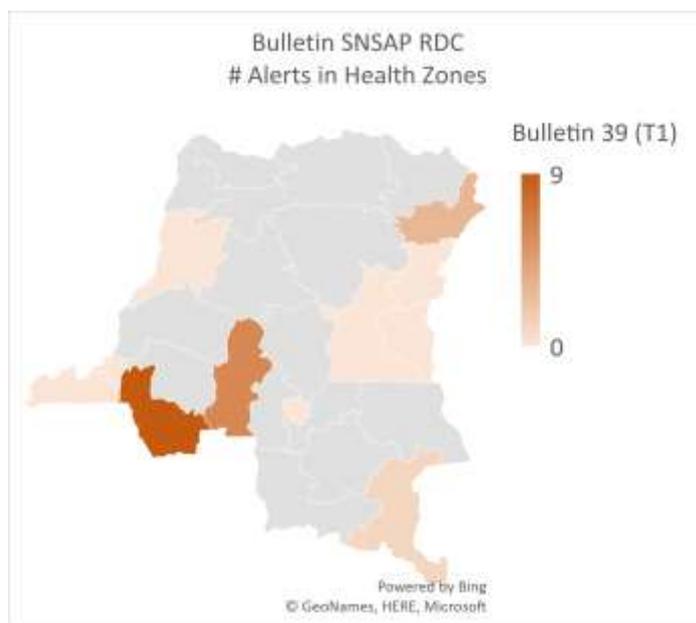
Furthermore, flooding and torrential rains have affected over 233,305 persons<sup>3</sup> in Tanganyika province. The floods have had significant infrastructural damage with 23 health facilities flooded and 212 schools affected (48 schools in Kabalo, 93 in Manono, 22 in Kalemie, 35 in Moba and 14 in Nyunzu). As of end of April, no humanitarian aid has been provided.

In Haut Lomami province, the territories of Bukama and Malemba Nkulu were affected by floods, which affected 95,670 displaced people (including around 47,170 children under 5, or 49%). 29 health centers and 122 schools have been destroyed, limiting access to quality education to over 22,675 school-aged children. Needs in WASH remain significant with limited access to drinking water, lack of personal hygiene, contamination of food and water, and high risks of diarrheal disease outbreaks (cholera).

## Summary Analysis of Programme Response

### Nutrition

In the DRC, UNICEF supports the National Nutrition Department of the Ministry of Health (PRONANUT) in strengthening nutritional surveillance and early warning system on the risks of deterioration in the nutritional situation in the provinces through information sent from sentinel sites. According to the quarterly bulletin number 39 (covering January to March 2020), 35 health zones (6.7%) are in nutritional alert. The provinces of Kwango (9 health zones), Kasai Central (6 health zones) and Tshuapa (4 health zones) have reported the highest number of alerts. Data analysis shows a decrease in the number of health zones monitoring the nutritional situation in the provinces, with 43% coverage in 2020 compared to 45% coverage in 2019. 70% of health zones that have at least two indicators beyond the emergency threshold and require close monitoring are located in the provinces of Equateur, Mongala, South Ubangi, South Kivu, Lomami, Kasai Oriental, Kasai Central, and Kasai.



Furthermore, 50% of these health zones have been affected by cholera outbreaks and all these health zones have recorded several cases of diarrhea. UNICEF and its partners have implemented an emergency nutritional response in 25% of health zones.

During the reporting period, based on data from PRONANUT, UNICEF supported nutritional treatment of Severe Acute Malnutrition (SAM) cases in 111 health zones, of which 66% are priority health zones identified by the nutrition cluster. In April 2020, a total of 26,892 children under 5 years of age suffering from SAM received treatment, of which 828 cases were hospitalized patients. The performance indicators<sup>4</sup> for SAM treatment were as follows: recovery rate of 91%; 0.4% death rate; default rate of 6.5% and non-respondent rate of 2.3%.

<sup>3</sup> Source: Croix Rouge RDC

<sup>4</sup> Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

In April 2020, an orientation manual on adjustments to nutritional programs was developed by 35 nutrition partners and approved by the Ministry of Health. According to the April 2020 Basic Food Prices Information Bulletin, COVID-19 has had an impact on the rise in prices of manufactured foods. 19 provinces have increased food prices, which influence the food security of vulnerable households facing difficulties in accessing food daily, further exacerbating the risks of food insecurity and increased malnutrition prevalence. The nutritional response capacities must be maintained or even strengthened to mitigate the effects of the impact of COVID 19.

## Health

Since the beginning of the year, 87 health zones across the DRC have been affected by a measles outbreak while 95 health zones (in 17 provinces) were affected by cholera. As of end of April, 534,587 suspected measles cases, including 694 deaths (CFR: 1.27%), have been reported, as well as 8,639 suspected cholera cases (with 112 deaths). In April, as response to the measles outbreak in the Equateur province, a measles vaccination campaign was organized with the support of 63 health zone team<sup>5</sup> members, members of the safety committee, and other development actors.

During the reporting period, UNICEF provided cholera medical kits to support the treatment of 487 patients to its partners in the provinces of Haut-Lomami, Lualaba and Haut-Katanga.

In response to the floods in South Kivu province, UNICEF provided drugs, including cholera treatment kits, and medical equipment, and supported 8 health centers and 2 referral hospitals to provide free health care to children 0 to 59 months, pregnant women, nursing mothers and elderly people in the affected areas and host communities. As a result, 707 people (419 victims and 288 members of host communities) have been provided with health care, of which 300 were children aged 0 to 5 years (42.4%). In addition, 156 pregnant women received antenatal consultations and 78 women benefited from an assisted delivery. UNICEF supported also the rehabilitation of Mulongwe Health Center, which was completely destroyed by the floods.

In Haut Lomami province, UNICEF supported the establishment of care units for patients with malaria, acute respiratory infection, simple diarrhea and others. As of end of April, 36,178 patients (25,893 under 14 years, 3,839 women and 6,446 men) benefited from medical care in Bukama territory.

## WASH

In April, 122,899 people affected by population movements due to conflicts and floods and 53,082 people affected by cholera and COVID-19 outbreaks, benefited from WASH assistance provided by UNICEF partners.

In Equateur province, the construction of four mechanical boreholes, four manual boreholes, the rehabilitation of 10 manual pumps, construction of 100 doors of emergency latrines, 2 doors of showers and latrines built in 1 health center were realized and these infrastructures will provide access to basic WASH services to 141,121 people. 127,021 people were also sensitized on good hygiene practices.

With UNICEF's support to the Tshopo Provincial Health Division, 11,882 people were reached with cholera prevention messages in Opala health zone.

In April, the WASH cluster participated in the strategic analysis of the Humanitarian Fund allocation for the COVID-19 response and mobilized USD \$3.5 million for the provinces of Kinshasa, Ituri, South Kivu, North Kivu and Tanganyika, targeting an estimated 1 million people. In North Kivu province, community surveillance interventions to respond to cholera continue with WASH partners from the Goma Hub. The WASH cluster held two coordination meetings with the PCI-WASH commissions and the health cluster to define the modalities of WASH interventions in health facilities by clarifying the roles and responsibilities of each cluster.

## Education

In April 2020, schools remained closed throughout the DRC as a result of the COVID-19 pandemic and distance education has been implemented in 26 provinces of the country.

During the reporting period, UNICEF launched distance learning in South Kivu, Ituri, Tanganyika, North Kivu, Kasai, Equateur, and Kasai Oriental provinces. In South Kivu province, with UNICEF's support, Okapi MONUSCO's radio

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<sup>5</sup> ECZS: Equipe Cadre de la Zone de Sante

program, OKAPI ECOLE, contributed to the provision of the education by distance program. These programs were relayed by other private and community radio stations, reaching an estimated 163,000 children. Furthermore, five television stations and five local radio stations broadcasted micro programs for math and French lessons. Four television and radio listening programs were organized to sensitize parents and communities on the importance of the new distance learning approach and the expected role of parents in supporting children at home.

## Child Protection

In April, a total of 5,521 children (49% girls) affected by conflict and other humanitarian crises received a child protection assistance<sup>6</sup>. The number of beneficiaries reached continues to decrease (33% of the previous month's results) due to the cessation of almost all activities in the child friendly spaces as a consequence of the COVID-19 outbreak and the implementation of preventive measures to stop the epidemic.

During the reporting period, 242 Children Associated with Armed Groups and Forces (CAAFG) and 179 Unaccompanied and Separated Children (UASC) were identified and received temporary assistance and/or reintegration support and 4,743 children benefitted from recreational activities.

The Child Protection cluster revised the 2020 HRP to ensure that the additional needs of children related to the COVID-19 outbreak are correctly captured.

## Communication for Development (C4D), Community Engagement & Accountability

In April, in response to the vaccine derived polio virus (cVDPV) outbreak, UNICEF provided technical and financial contributions to support the outbreak response through the training of eight journalists in Likasi health zone, in Haut Katanga province and 160 Community Relays (RECOs) in Haut Lomami province on the “role of mass media in the fight against polio” and on mass communication techniques. In addition, UNICEF supported the organisation of briefing sessions targeting 215 actors (medical staff and health workers) on polio vaccination, active surveillance and immediate notification of polio cases in Haut-Lomami and Kinshasa provinces. In addition, with UNICEF support, 47 Red Cross communication agents, reached 102,000 persons with key messages on polio vaccination in Limete health zone, Kinshasa province.

## UNICEF Rapid Response (UniRR)<sup>7</sup>

In April 2020, 9,278 households (38,415 people) whose survival was threatened by humanitarian shocks have benefitted from life-saving emergency packages of non-food items (NFIs) and shelter through UNICEF rapid response mechanism (UniRR) with the delivery of the life-saving items to 4,111 displaced households<sup>8</sup> in North Kivu and 3,267 households<sup>9</sup> affected by the resurgence of violence in Ituri. In addition, following torrential flooding in mid-April in South Kivu, UNICEF rapid response team has immediately intervened in Uvira serving 1,900 affected. The distribution for additional 2,600 families is on-going.

In times of COVID-19 pandemic, UNICEF stays and continues to deliver its rapid response programme. The programme was interrupted less than 10 days due to the pandemic. Since the COVID-19 pandemic onset, UniRR has provided much needed assistance to more than 60,000 households while ensuring COVID-19 mitigation measures and respecting “do no harm” principles. UNICEF ensured physical distancing in distribution sites, installed hand washing points, disseminated COVID-19 related communication messages and conducted strict health checks of staffs and partners before going to the field.

## Cholera Rapid Response

In coordination with the North Kivu Health Provincial Division and a partnership with the North Kivu Red Cross, UNICEF has been implementing since 24/12/2019, an approach to fight cholera based on the methodology: case-area targeted interventions (CATIs). The main objective is to respond to 80% of suspected cases in less than 48 hours by implementing health cordon around each suspected case.

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<sup>6</sup> A child protection assistance can include: psycho-social assistance, medical care, educational support, socio-economic reintegration, temporary assistance in transit centers and/or families foster care.

<sup>7</sup> 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.

<sup>8</sup> 174 households in Ngumba health zone in Masisi territory, 1,903 in Katsiru health zone and 1,299 in Kasoko health zone in Rusthuru territory and 735 households in Oicha health zone in Beni territory

<sup>9</sup> 1,325 households in Loga health zone in Djugu territory and 1,942 households (including 305 vulnerable households from host communities) in Boga health zone in Irumu territory

Current trends in the epidemic indicate an overall decrease in the number of suspected cases despite a visible rebound in weeks 15 and 17 of April. However, in terms of laboratory surveillance of cases, the situation remains promising as the North Kivu province is the one testing the highest number of suspected cases and having the lowest rate of positivity rate.

## Results from the Rapid Response cholera Program, “Cases Area targeting Interventions”

COMMUNITY RESPONSE AT A GLANCE – Summary of activities for the month of April, the last full week of April 2020, and cumulative since 01/01/2020 - RDC - Nord-Kivu	MONTH	WEEKS	TOTAL SINCE 01/01/2020
	2020_4	2020_17	
Suspected cases reported by MSP	386	97	2 918
Suspected cases reported by Line Listing	266	63	1 559
Completion line listing VS MoH data	68,91%	65%	53%
Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement) **	273	63	941
Number of response done (type 1: rapid responses only) *	220	52	764
Responded cases by CORT	248	62	1 191
% of response < 48 h (only type 1) *	98%	92%	98%
% of responded cases (Based on Line Listing)	93%	98%	76%
Average of households per response (i.e “cordon sanitaire” size)	13,04	12,59	11,60
Number of households having received at least one Household Water Treatment product	3829	1031	19490
Number of persons sensitized (rapid responses only) *	21278	5024	118 810
Number of persons sensitized (rapid responses, prevention and community involvement) **	29316	6684	159 768
Number of disinfected houses	2997	756	13 237
Average of disinfected houses per suspected cases	12,1	12,2	11,11
Number of emergency water chlorination points activated	6	2	84

\* Rapid responses= one response for one cholera suspected case

\*\*Preventions activities= mobilisation and sensitisation activities but not attached directly to one suspected case

\*\*\*Not currently provided for by the MoH.

## Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three clusters (nutrition, WASH, and education), Child protection sub-cluster, and the NFI Working Group at the national and decentralized level
- UNICEF co-leads the Cash Working Group, 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)

## Human Interest Stories and External Media

In April 2020, the communication team focused its external communication activities on the [COVID-19 pandemic](#) and posted more than 125 messages related to humanitarian issues . Many press releases explaining UNICEF's support to the Government of the DRC were issued and distributed through several national and international medias, including [CNN](#), [CNBC Africa](#), [Adiac Congo](#), [The Wall Street Journal](#), [Relief Web](#), [Radio Okapi](#), [Forbes](#), [News UN](#), [Actualite.cd](#), [Econews](#), [Ouraganfm.cd](#) and [Africa Newsroom](#).

The UNICEF Representative called for resource mobilization for the COVID-19 through an [OP-ED](#). Several media picked this information up, including [Radio Okapi](#), [Adiac-congo](#), [Mail & Guardian](#) and [Laproposteriteonline.net](#).

Several posts were related to the [floods in the east of the country](#) as well as the continuing [measles response campaigns](#). Following Sweden's new donation, UNICEF recalled its long-standing collaboration [on its social networks](#).

Multimedia material has been made available to the media on [WeShare](#).

## Next SitRep: 15/06/2020

UNICEF DRC Sitrep: [https://www.unicef.org/appeals/drc\\_sitreps.html](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

Sector	Overall needs	Cluster/Sector Response			UNICEF and its partners		
		2020 target	Total results	Change since last report ▲▼	2020 target	Total results	Change since last report ▲▼
<b>Nutrition</b>	4,700,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment		546,766	80,764	32,871	508,492	72,688	26,892
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	0	0	32,291	0	0
<b>Health</b>	5,600,000						
# of children aged 6 months to 14 years vaccinated against measles					965,000	370,036	168,036
# of children and women receiving primary health care in UNICEF-supported facilities					311,500	46,112	30,332
<b>WASH</b>	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,811,172	436,752	65,583	1,509,599	97,585	53,082
# of severely malnourished children and pregnant and breast-feeding women receiving wash assistance both at health centers and households' level (disaggregated by sex, age, handicap).		266,414	12,910	0	143,064	5,155	0
# of people affected by natural disasters, population movements and/or conflicts provided with access to WASH services (disaggregated by sex, age, handicap)		566,509	318,235	166,379	304,215	153,121	122,899
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		66,104	19,213	5,497	35,498	6,502	0
<b>Child Protection</b>	3,300,000						
# of children accessing mental health and psychosocial support		258,000	123,931	5,521	150,000	79,545	5,521
# of women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes					15,000	1,280	0

# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,700	1,569	179	8,500	1107	179
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	1,747	242	7,000	1,506	242
<b>Education</b>	<b>1,777,930</b>						
# of children aged 6 to 17 years accessing formal or non-formal education		491,741	81,239	0	359,000	53,810	0
"# of female and male teachers trained on learner-centred methodologies and peace education		7,739	1,464	0	2,660	703	0
<b>Rapid Response</b>	<b>1,900,000</b>						
# of people provided with essential household items, and shelter materials		1,300,000	132,866	48,425	450,000	101,555	38,425
<b>Multipurpose Cash-based Assistance</b>							
# of people receive an Unconditional Cash Grant							
<b>Communication for Development</b>							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	1,503,180	909,370
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	3,241	761

## Annex B

### Funding Status\*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	132,585,000	1,186,864	14,878,871	116,519,265	88%
Health	14,200,000	1,494,846	654,568	12,050,586	85%
WASH	33,487,000	4,074,748	1,259,480	28,152,772	84%
Child Protection	9,600,000	1,229,571	2,025,368	6,345,060	66%
Education	43,000,000	1,472,320	1,382,711	40,144,969	93%
Communication for Development	7,240,000	0	49,900	7,190,100	99%
Rapid Response	21,000,000	2,880,387	7,546,555	10,573,059	50%
Cluster/Sector Coordination	1,621,000	1,917,520	1,004,579	0	0%
<b>Total</b>	<b>262,733,000.00</b>	<b>14,256,255.70****</b>	<b>28,802,033.53</b>	<b>220,975,810.18</b>	<b>84%</b>

\* As defined in Humanitarian Appeal of 03/05/2020 for a period of 4 month

\*\* 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 figure is the unutilized programmable balance that was carried over from the prior year to the current year, as of year-end closure. The carry-over reflects the actual 'end of the year' balance.

\*\*\*\*\* The OFDA grant was received in October 2019, therefore the allocation was removed from 2020 fund received and added to carryover.