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Reporting Period: March 2020

Democratic Republic of the Congo

Humanitarian Situation Report No. 03



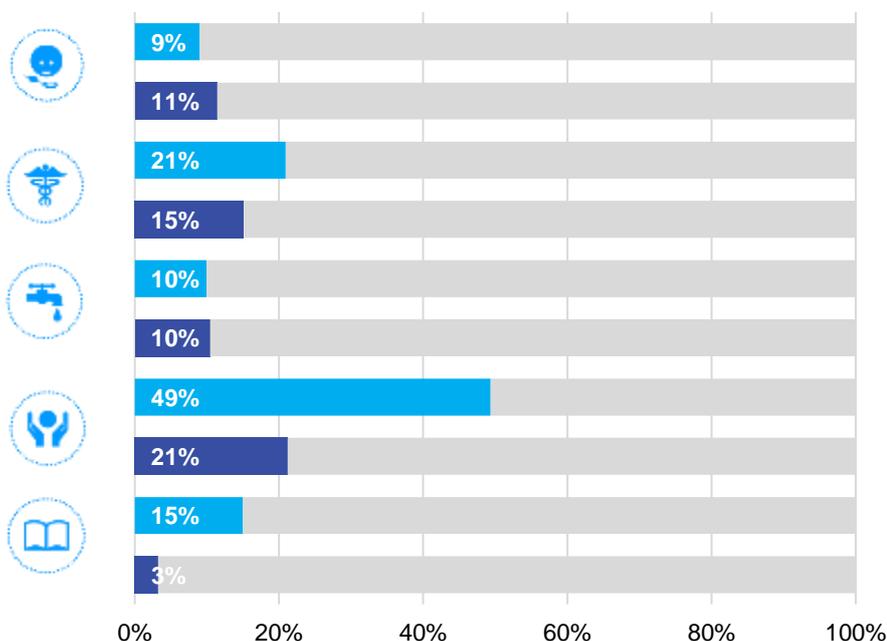
Highlights

- 10 March, the Democratic Republic of the Congo (DRC) reports its first COVID-19 confirmed case. As of 31 March 2020, 109 confirmed cases have been recorded, of which 9 deaths and 3 recovered patients have been reported. During the reporting period, the virus has affected the province of Kinshasa and North Kivu
- In addition to UNICEF's Humanitarian Action for Children (HAC) 2020 appeal of \$262 million, UNICEF's COVID-19 response plan has a funding appeal of \$58 million to support UNICEF's response in WASH/Infection Prevention and Control, risk communication, and community engagement. UNICEF's response to COVID-19 can be found on the following [link](#)
- During the reporting period, 26,789 in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages

Situation in Numbers

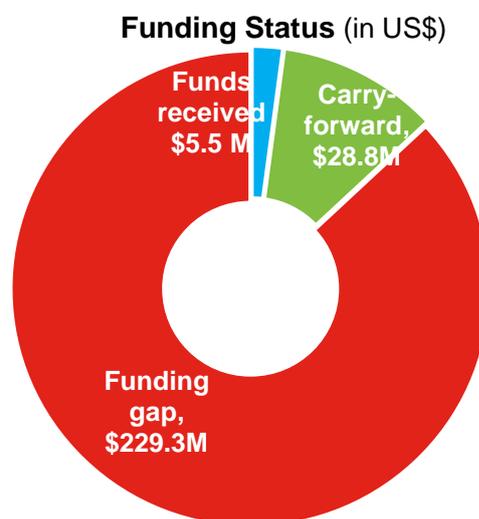
- 9,100,000** children in need of humanitarian assistance (OCHA, HNO 2020)
- 15,600,000** people in need (OCHA, HNO 2020)
- 5,010,000** Internally displaced people (HNO 2020)
- 6,297** cases of cholera reported since January (Ministry of Health)

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 March 2020, the European Commission (ECHO) and United States Fund for UNICEF 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 87%, with significant funding needs in nutrition, education, and communication for development.

Situation Overview & Humanitarian Needs

During the reporting period, the identification of the first imported COVID-19 case has further added a layer of complexity to the DRC's humanitarian context. As of March 2020, 109 confirmed cases have been recorded, of which 9 deaths and 3 recovered patients have been reported. Due to the high contagiousness of the virus, COVID-19 has spread from the province of Kinshasa to the province of North Kivu. The COVID-19 outbreak poses a new threat and further exacerbates the pressure on the DRC's fragile health care system, which has significant consequences on the lives of vulnerable families and children. In addition, COVID-19 increases the vulnerabilities of families and challenge the humanitarian response in the country, which has been struggling with deadly measles and cholera epidemics that have killed thousands of children over the past year.

As a result of COVID-19 pandemic, children are at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures. Furthermore, stigma related to COVID-19 has left some children more vulnerable to violence and psychosocial distress. At the same time, control measures that do not account for the gender-specific needs and vulnerabilities of women and girls may also increase their risk of sexual exploitation, abuse and child marriage.

As the virus is transmitted through respiratory droplets through contact with contaminated persons or surfaces, the risk of propagation to other communities across the DRC remains high due to the limited access to basic WASH services. Consequently, hand hygiene is extremely important to prevent the spread of the COVID-19 virus. In particular, displaced populations living in camps or settlements may be vulnerable to COVID-19 due to the overcrowding, lack of access to safe drinking water and sanitation and limited access to health services. Overall, the COVID-19 pandemic exacerbated the complexity and gravity of the humanitarian situation in the DRC, where access to basic services and infrastructure is already very limited.

In terms of population displacements and ongoing continuous violence, multiple resurgence was reported in Ituri, Tanganyika, and South Kivu provinces. In Ituri province, the upsurge in violence has led to increased inter-ethnic tension resulting in an influx of internally displaced persons (IDPs) to the spontaneous sites in Bunia town and around. During the reporting period, 8,369 people, of which 5,300 are children, have been registered in these sites and an additional 1,500 IDPs still wait for the registration process. These IDPs are currently housed in communal sheds and living in very crowded conditions, further exposing them to numerous health and protection risks. As result of the conflicts, 100 vulnerable children including Unaccompanied and Separated Children (UASC) and Children Associated with Armed Groups and Forces (CAAFAGAs) have been identified in the territories of Djugu, Irumu and Mambasa are in need of care for their protection.

During the reporting period, active militia group clashes persisted in Tanganyika, particularly in Kalemie and Nyunzu territory. 52,440 IDPs have been identified, of which 11,240 are children. An additional 2,500 IDPs have been recorded in Moba territory, of which 1,050 are children in need of immediate humanitarian assistance. The IDPs currently live in host families in Moba territory and an additional 8,100 IDPs reside in surrounding villages in Fube, Kalanda, Musosa and Munkonge. Furthermore, the provincial government continue to advocate for the closure of IDP sites in Kalemie. To date, the living conditions of 65,800 displaced people, including 26,978 children, continue to deteriorate in 13 spontaneous sites surrounding Kalemie with urgent humanitarian needs in health, WASH, child protection, education, and nutrition.

In South Kivu province and Maniema province, the activity of militia groups has led to the displacement of an additional 22,000 persons in Shabunda and Kambarare territory and Kailo territory. The affected populations have not received any humanitarian assistance and continue to live in precarious conditions.

In March 2020, the provinces of Maniema, South Kivu, and Haut-Lomami have been affected by torrential rains and flooding. In Maniema province, 22,000 persons shelter less in Kailo territory and Walungu territories, South Kivu province. The rains have destroyed over 2,000 houses and 501 hectares of crops, further exacerbating food security and vulnerabilities of affected families. In these provinces, the destruction and damage of water points and latrines have

limited the affected population's access to safe WASH services, further increasing the risks of diarrheal disease outbreaks (such as cholera). Affected populations have limited access to basic social services, such as schools, health centers etc, further exacerbating the populations' vulnerabilities. In Haut Lomami province, more than 246,000 people (including 134,700 children) have been left homeless, exposed to diseases and currently living either in churches, in spontaneous sites, or in host families. The floods have resulted in substantial infrastructural damage, with two flooded centers and 23 flooded schools. As a result of the floods, urgent humanitarian needs are in the areas of health, WASH, and education. In terms of health, 47,670 children of less than 5 years are exposed to malaria due to the increase in number of mosquitoes and the affected populations not having any shelter. For WASH, accessing safe drinking water remains a challenge, as well as lack of personal hygiene could result in an increase in water-borne diseases (cholera, diarrhea). For education, 1,989 children, of which 733 girls, are left out of school without access to quality education as a result of the flooding of 23 primary schools.

In terms of cholera epidemic, 6,297 cases of cholera and 85 cholera related deaths have been recorded as of March 2020.

Breakdown of confirmed cholera cases by age group

RDC- Nord-Kivu du 1st January 2020 to 31 March 2020					
Nord-kivu	V.C 01 OGAWA	V.C 01 INABA	Total Confirmed Cases	Total Available Results	% Positive Cases
Ages	64	0	64	578	11.00%
> 5 years old	37	1	38	308	12.00%
>2 et <= 5 years old	4	0	4	53	8.00%
>1 et <= 2 years old	8	0	8	91	9.00%
< = 1 years	11	0	11	126	9.00%

Summary Analysis of Programme Response

Nutrition

The DRC is ranked eight globally among countries most affected by acute malnutrition, with a global prevalence of acute malnutrition of 6.5 per cent and 42 per cent chronically malnourished. About 1.1 million children under the age of 5 have Severe Acute Malnutrition (SAM). Food insecurity, which affected almost 15.6 million people, epidemics, weak immunization coverage, limited access to health structures, conflicts and movements of populations were factors that contributed to this major public health problem. In March 2020, two nutritional SMART surveys were conducted in Kamina health zone in Haut Lomami province and in Bikoro health zone in Equateur province. The preliminary results revealed an emergency¹ nutritional situation with a SAM prevalence of 6.3% and Global Acute Malnutrition (GAM) prevalence of 15.7% in Kamina health zone. In Bikoro health zone, the SAM rate is 4.0% and the GAM rate is 17.4%.

In response to the nutritional crisis across the DRC, based on the Ministry of Health database, UNICEF supported the treatment of 22,332 children under five years old suffering from SAM in 64 health zones spread in 10² provinces during the reporting period. Out of the 22,332 SAM children, 21,413 were taken treated as outpatients and 919 SAM cases as inpatients. The performance indicators were in line with the international standards³ with a cure rate of 93.6%, the death rate of 0.4% and defaulting rate of 3.1%. The non-respondent rate was 2.8%.

In February, 4 Nutrition Cluster Coordinators and 2 Information Management Officers assigned to the sub-offices of Bunia, Kalemie, Mbujimayi and Kananga were briefed during 3 days on the management of the cluster before joining their duty stations. During the cluster monthly meeting in March, the decision was made to hold 2 meetings per month instead of one to deal with the response linked to COVID1-19.

¹ Emergency threshold: 10% for GAM and 2% for SAM

² Provinces: Haut Uele, Ituri, Kasai Oriental, Kasai Central, Kasai, Lomami, Lualaba, South Kivu, Sankuru and Tanganyika

³ Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

Health

The high prevalence of infectious diseases and multiple, simultaneous outbreaks further exacerbated the complexity and gravity of the humanitarian situation in the DRC, where access to basic services and infrastructure is very limited. As of March, 42,491 cases of measles have been reported across the DRC, of which 527 deaths have been recorded.

In the province of Equateur, UNICEF prepared the vaccination campaign for 70 health areas in 4 health zones to vaccinate 200,000 children from 6 months to 9 years. Furthermore, UNICEF plans the distribution of 1,295 measles kits to treat 129,500 children affected by measles across the country.

WASH

According to the Humanitarian Response Needs (HNO) 2020, around 6,872,770 people (50.8 per cent of whom were women) have needs related to access to basic WASH services in the DRC, with the most affected provinces being Tanganyika, Ituri, South Kivu and North Kivu. Poor access to WASH services is an aggravating factor to nearly one million children under the age of 5 suffering from SAM, especially in spontaneous IDP sites and conflict-affected communities. Furthermore, about 66,100 students in areas affected by conflict and epidemics were deprived of potable water and sanitary facilities. Lack of access to basic WASH services further increased the vulnerability of affected populations to diarrheal diseases, especially cholera. As of week 14, 6,297 cholera cases have been recorded in the DRC.

In March 2020, UNICEF provided WASH assistance to 26,789 people who were affected or at risk of cholera epidemics, of which 642 persons were students. In Tanganyika province, 1,405 at risk of cholera epidemics, of which 642 students, were reached through implementing partner Armee du Salut. The community members were reached through the rehabilitation of two water sources and construction of 8 latrine doors in two primary schools in Kalemie. In Haut Lomami province, 25,384 persons were reached in Bukama health zone through UNICEF's implementing partner Vijana va Panda Tujengeni (VIPATU) through door to door sensitization on key hygiene practices in response to the floods and cholera outbreak affecting the province.

In response to the COVID-19 pandemic, the WASH cluster has developed a strategic guidance note and created online training platforms on health measures and WASH technical specifications related to the epidemic, which is now accessible to 120 organizations. During the reporting period, the WASH in Health assessment tools were developed in agreement with the PCI / WASH commission. To date, 80 health centers have been targeted for WASH interventions in Kinshasa and 40 health structures have been equipped with PCI WASH kits.

Education

With the recent COVID-19 pandemic, schools have closed in the DRC during the month of March to limit the spread of the virus. The closure of schools required new approaches to implement the education response, particularly in developing strategies to promote distance learning and still provide quality education. The outbreak further exacerbates the needs in education in the DRC, which is estimated that over 1,523,640 children aged 3 to 17 years old affected by displacements (IDPs, returnees and host communities) lacked access to quality education, of which 228,547 children were with disabilities (15 per cent). The main needs in education were linked to access, continuity and quality of education. Displacements increased the educational pressure in host communities where the demand for education exceeds absorption capacity and/or schools were occupied by displaced people.

In Lomami province, 21,200 persons in four⁴ health zones were affected by heavy floods caused by the overflowing of the Congo River. In response to the dire need of humanitarian assistance and limited access to quality education, UNICEF supported 14,444 children, of which 6,068 girls, with an education response through the relocation of affected students to other schools. Furthermore, the students received an assistance package, including school kits. During the reporting period, UNICEF supported the establishment of 18 new emergency classrooms through the donation of tents, which reduced the educational pressure on host schools as they were already overcrowded.

In March, 8,220 newly displaced children gained access to remedial courses and school reintegration. In addition, 1,415 children received psychosocial support, 844 teachers received training, of which 27 teachers were trained on psychosocial support. The teachers received training on the following themes: children-centered pedagogy, peacebuilding and psychosocial support in conflict-affected areas in Tanganyika, South Kivu and Grand Kasai province.

⁴ Affected health zones: Bukama, Kinkonja, Kabondo and Butumba

During the reporting period, the education cluster organized three workshops to train members from Kananga⁵, Tshikapa⁶ and Mbuji-Mayi⁷ on data collection tools for education in emergencies. Furthermore, the cluster contributed to the development of the national standard allocation strategy for the Humanitarian fund and finalized the annual work plan and the capacity building plan for 2020.

Child Protection

The reporting period was marked by the outbreak of the COVID-19 in the DRC. As a result of preventive measures, many child-friendly spaces have been closed. However, UNICEF and its partners maintained critical activities, particularly transitional care of CAAFG, UASC and assistance to women and children victims of violence, including Sexual and Gender Based Violence (SGBV). In most of the time, family reunification and socio-economic reintegration interventions have been maintained but adjusted to the context.

In March, a total of 16,532 children (49% of girls) affected by conflict and other humanitarian crises received a child protection assistance⁸. The number of community members reached with services/support represent 44% of the previous month's result. This decrease is explained by the outbreak of COVID-19 and the implementation of preventive measures to stop the epidemic.

Among them, 173 CAAFG and 221 UASC were identified and received temporary assistance and/or reintegration support, and 16,124 children benefitted from psychosocial and recreational activities.

In addition, 1,280 persons (431 women and 771 girls) in humanitarian situations were provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programs.

Between January and March 2020, the Monitoring and Reporting Mechanisms (MRM) Country Task Force verified 1,408 grave violations against children. This represents a 35% increase in the total number of violations compared to the previous quarter. About 64% of the violations⁹ verified took place in Grand Kasai (739), followed by North Kivu (295 cases, 25%). Through the Child Protection s/cluster, UNICEF contextualized and disseminated various guidelines on child protection during COVID-19 period and finalized practical tools (including training modules).

Communication for Development (C4D), Community Engagement & Accountability

In March, UNICEF provided technical and financial support for the implementation of a pre-campaign plan organised by the Committee of Emergency Operations against Polio (COUP) to respond to the polio derived from the vaccine strain (cVDPV) outbreak in the DRC. This pre-campaign plan was necessary to respond to the challenges concerning vaccinations in the city of Kinshasa. During the reporting period, UNICEF deployed 18 consultant experts on communication for development to support the polio response in Matete health zone, one of 35 health zones in the city of Kinshasa with confirmed cases of cVDPV.

In response to the measles epidemic in Tsuapa province, UNICEF and three members of the Task Force Provincial Communication led a targeted response campaign against measles with the assistance of 52 community animators, 90 members of social mobilization subcommittee. Approximately 8,390 people were reached through the response in 75 churches and 40 schools. UNICEF's [SMS platform U-Report](#) (112,500 members) continues to engage youth and other community members, sharing health-promotion content and encouraging members to share with their families/neighbors.

18,000 displaced persons and returnees were reached with awareness messages on the proper usage of humanitarian assistance in Kalemie, Kansimba, Moba and Nyemba health zones, Tanganyika province, through 80 Red Cross volunteers. Furthermore, UNICEF reached 1,000 persons (including parents, caregivers and patients in Cholera Treatment Centers) with cholera prevention messages and essential family practices through 60 members from NGO ESF and AMUKA in Nyemba and Moba health zones in Tanganyika province. These activities sought to educate affected families on key hygiene practices to help families cope with the floods in Moba health zone.

⁵ Kasai Central province

⁶ Kasai province

⁷ Kasai Oriental province

⁸ 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.

⁹ Previously identified violations which have been verified and reported in March 2020

UNICEF Rapid Response (UniRR)¹⁰

In March 2020, through its rapid response mechanism (UniRR), UNICEF has provided life-saving emergency packages in non-food items (NFIs) and shelter to 1,838 displaced households in Rimba and Mahagi health zones in Ituri province, 1,419 displaced households in Nyabiondo health zone in North Kivu province and 321 households affected by flooding in Moba health zone in Tanganyika province. In total, UNICEF has contributed to quickly meet the vital needs of 3,578 households or 17,890 people whose survival is threatened by humanitarian shocks in March 2020. The activities were carried within 5 days after need assessments were conducted.

In addition, a batch of medicines were provided to Regeza health center in Moba health zone to support the provision of free health care services to the people affected by flooding. UNICEF strives to collaborate with the World Food Programme (WFP) whenever possible to provide a comprehensive assistance to affected population. In Nyabiondo health zone, 1,419 households have received both NFI kits by UNICEF and foods by WFP. The result in March has been lower than that of February due to challenges resulted by the COVID-19 pandemic. In cooperation with OCHA, UNICEF has launched an advocacy to establish a code of conduct (minimum engagement) within the humanitarian community to ensure the continuity of humanitarian assistance while ensuring “do no harm” to population we assist.

UNICEF rapid response team has quickly put COVID-19 mitigation measures in place. For example, 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 Health Provincial Division North Kivu and a partnership with the North Kivu Red Cross, UNICEF has been implementing since 24/12/2019, an approach to fight against 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.

Please find below results achieved in March 2020:

COMMUNITY RESPONSE AT A GLANCE – Summary of activities for last month (march) last full week of March 2020, and cumulative since 01/01/2020 - RDC - Nord-Kivu	MONTH WEEKS		TOTAL SINCE 01/01/2020
	2020_3	2020_13	
Suspected cases reported by MSP	633	173	2 532
Suspected cases reported by Line Listing	330	70	1 439
Completion line listing VS MoH data	52,13%	40%	57%
*Number of interventions by CORT (Community Outbreak Response Team - rapid responses, preventions activities and community involvement)	263	57	750
Number of response done (type 1: rapid responses only)	237	53	630
Responded cases by CORT	317	70	1 041
% of response < 48 h (only type 1)	98%	98%	99%
% of responded cases (Based on Line Listing)	96%	100%	72%
Average of households per response (i.e “cordon sanitaire” size)	12,63	13,12	11,28
Number of persons treated with chimioprophyllaxy**	0	0	0
Number of households having received at least one Household Water Treatment product	5042	1216	17573
Number of persons sensitized (rapid responses only)	31246	6809	105 445
Number of persons sensitized (rapid responses, prevention and community involvement)	37976	8083	138 162
Number of disinfected houses	3697	881	11 340
Average of disinfected houses per suspected cases	11,7	12,6	10,89
Number of emergency water chlorination points activated	4	0	67

* 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.

¹⁰ 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.

In terms of microbiological surveillance, in 2020, 36% of suspected cases were sampled for a positive or confirmation rate of 11%. In 2019, 20% of suspected cases were sampled for a positive rate of 34%. A clear improvement is therefore likely.

Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three clusters (nutrition, WASH, and education) and the Child protection sub-clusters 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 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 March 2020, the communication team focused its external communication activities on the COVID-19 pandemic. A press release explaining [UNICEF's support to the Government of the DRC](#) was issued and distributed through several national medias, including [Actualite.cd](#), [Radio Okapi](#), [Adiac.com](#), [Congofrance.com](#) and [Congo Shafaqna.com](#).

A [dedicated COVID-19 page](#) has been set up on UNICEF DRC's website, which includes information on prevention methods and UNICEF's support to the response. 80 posts on [Facebook](#), [Twitter](#), [Instagram](#) and [LinkedIn](#) provided key messages to 4 million people. Specific posts raised awareness about fake news about coronavirus that claimed to be from UNICEF.

A [report released on 31 March](#) highlighted how COVID-19 could strain an already battered health system that is struggling to protect children from measles and cholera. The [press release](#) was widely. Several media picked this information up, including [Europa Press](#), [ACP](#), [Radio Okapi](#), [Laprunelleverte](#), [Africain.info](#), [dworaczek-bendome.org](#), [rdc.news](#).

Next SitRep: 15/05/2020

UNICEF DRC Sitrep: https://www.unicef.org/appeals/drc_sitreps.html

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

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

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Summary of Programme Results

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 ▲▼
Nutrition	4,700,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment		546,766	47,893	24,429	508,492	45,796	22,332
# of pregnant and lactating women supported with IYCF-E interventions in humanitarian context		35,879	0	0	32,291	0	0
Health	5,600,000						
# of children aged 6 months to 14 years vaccinated against measles					965,000	202,000	0
# of children and women receiving primary health care in UNICEF-supported facilities					311,500	15,780	0
WASH	8,010,865						
# of people in cholera-prone zones and other epidemic-affected areas benefiting from prevention and response WASH packages		2,811,172	371,169	12,516	1,509,599	44,503	26,789
# 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	5,155
# of people affected by natural disasters, population movements and/or conflicts provided with access to WASH services (disaggregated by sex, age, handicap)		566,509	151,856	43,480	304,215	30,222	9,095
# of students from primary school affected by conflicts, natural disaster, epidemics provided with access to wash in school services		66,104	13,716	5,497	35,498	6,502	2,247
Child Protection	3,300,000						
# of children accessing mental health and psychosocial support		258,000	118,410	33,481	150,000	74,024	16,124
# 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	254

# of unaccompanied and separated children accessing family-based care or appropriate alternative services		11,700	1,390	350	8,500	928	221
# of children separated from armed groups accessing reintegration support accessing transitional care and/or reintegration support reintegration support		8,400	1,505	199	7,000	1,264	173
Education	1,777,930						
# of children aged 6 to 17 years accessing formal or non-formal education		491,741	81,239	42,523	359,000	53,810	32,659
"# of female and male teachers trained on learner-centred methodologies and peace education		7,739	1,464	195	2,660	703	224
Rapid Response	1,900,000						
# of people provided with essential household items, and shelter materials		1,300,000	84,441	17,520	450,000	63,130	17,520
Multipurpose Cash-based Assistance							
# of people receive an Unconditional Cash Grant							
Communication for Development							
# of people reached with key life-saving/behaviour change messages on humanitarian services					7,000,000	593,810	4640
# of people accessing mechanisms to voice their needs/concerns/feedback					10,000	2,480	2,480

Annex B

Funding Status*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	132,585,000	266,664	14,878,871	117,439,465	89%
Health	14,200,000	1,494,846	654,568	12,050,586	85%
WASH	33,487,000	2,234,348	1,259,480	29,993,172	90%
Child Protection	9,600,000	10,306	2,025,368	7,564,325	79%
Education	43,000,000	0	1,382,711	41,617,289	97%
Communication for Development	7,240,000	0	49,900	7,190,100	99%
Rapid Response	21,000,000	0	7,546,555	13,453,445	64%
Cluster/Sector Coordination	1,621,000	1,546,160	1,004,579	0	0%
Total	262,733,000.00	5,552,324.70****	28,802,033.53	229,308,381.68	87%

* As defined in Humanitarian Appeal of 08/04/2020 for a period of 3 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. Ebola grants, which constituted 58% of the carryover, was not added to the total

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