




Reporting Period: January 2021

Democratic Republic of the Congo

Humanitarian Situation Report No. 01





unicef 

for every child

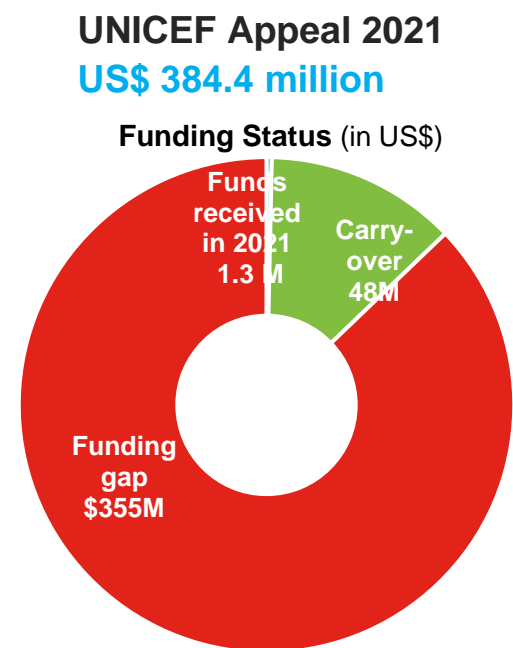
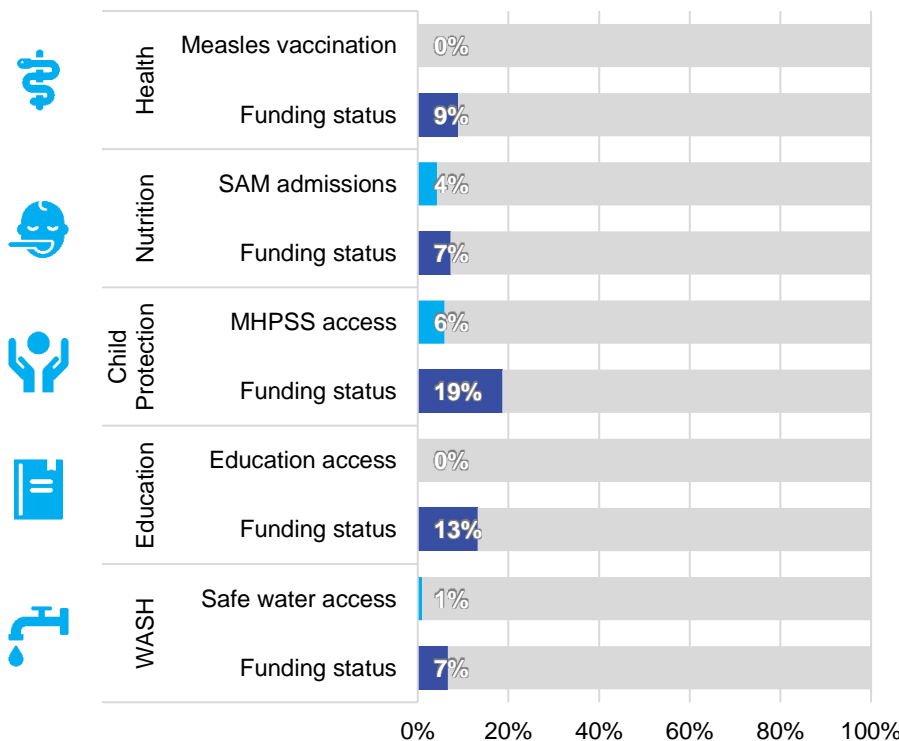
Highlights

- As of 31st January 2021, the COVID-19 outbreak has affected 22 out of the 26 provinces in the DRC, with a total of 22,842 confirmed cases.
- The Democratic Republic of Congo (DRC) has already reported a total of 5,221 suspected measles cases. According to statistics provided by the Expanded Programme on Immunisation (PEV), more than 41% of cases are located in the province of Sud Ubangi.
- A resurgence of violence in the southern Central African Republic in December 2020 led to refugee outflows from the country into the northern provinces of the Democratic Republic of the Congo (DRC). The outflows were an addition to the already existent CAR refugees in North Ubangi, South Ubangi and Bas-Uele, that had arrived in 2013 and 2017. As at the 31 January 2021, 92,053 new CAR refugees had crossed over into the three DRC provinces, according to border authorities' sources.
- In January 2021, 29,295 people affected by humanitarian crises in Ituri, Tanganyika, South-Kivu and North-Kivu provinces have been provided with *Non Food Items* (NFI) life-saving emergency packages through UNICEF's Rapid Response (UniRR).

Situation in Numbers

-  **9,800,000** children in need of humanitarian assistance (OCHA, Revised HRP 2021*)
-  **19,600,000** people in need (OCHA, Revised HRP 2021*)
-  **5,300,000** IDPs (Revised HRP 2021*)
-  **604** cases of cholera reported as of 1st January (Ministry of Health)

UNICEF's Response and Funding Status



Funding Overview and Partnerships

UNICEF appeals for US\$ 384 million to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2021 HAC has a funding gap of 87%, with significant funding needs in nutrition, health, WASH, education and communication for development.

Situation Overview & Humanitarian Needs

Inter-community violence and armed conflict:

The humanitarian situation in Ituri continues to deteriorate. At the beginning of 2021, approximately 117,040 people have newly been displaced due to attacks by the armed groups in Djugu and Irumu territories.

In addition, at least 5,700 people have returned to Mahagi territory and areas of Jiba, Linga with limited access to essential services and basic needs, exposing them to security risks.

In North Kivu, the security situation in Mutwanga health zone continues to worsen, resulting in the displacement of approximately 20,000 households, including 10,000 in Beni, the remaining 10,000 being displaced in Kyondo, Kasinidi, Mabalako. In addition, at the end of December 2020, clashes occurred between two armed groups in the South Lubéro resulting in more than 4,100 displaced households. In Rutshuru, the situation remains volatile due to ongoing military operations leading to a degradation of the humanitarian situation with access issues reported.

In South Kivu, the situation remains of concern as humanitarian access due to logistics and security constraints did not improve in the Hauts Plateaux of Uvira, Fizi and Mwenga. Around 180,000 people are still in needs of humanitarian assistance

In Tanganyika, the villages of Kapuka, Mitetezi and Mulisha have been the target of attacks by armed men from South Kivu and Maniema Provinces. Nearly 2,300 households have been displaced to the surrounding villages and also Kalemie. An evaluation is planned by UNICEF as soon as the security situation allows it.

In Maniema, 4,566 people were newly displaced following the clashes between the Mayi Mayi Malaika, with limited access to essential services due to the poor road conditions.

Refugees:

Following the resurgence of violence in the southern Central African Republic, 92,053 Central Africans arrived in the DRC by crossing the Ubangi, Mbomou and Uele rivers which form a natural border between the two countries, and have settled into some 40 localities in the provinces of North Ubangi, South Ubangi, and Bas Uele¹. Many are living in dire conditions in remote, hard-to-reach areas close to river arteries, without basic shelter and facing acute food shortages.

Natural disasters:

In Maniema Province, more than 22,000 people have been affected by floods and violent winds, in Kailo, Kabambare, Salamabila, Punia, Kindu, Lubutu territories.

In Ituri, between July 2020 to the end of January 2021, more than 1,150 houses and 200 hectares of crops around the banks in Mahagi, Djugu and Irumu have been affected by the rising water levels of Lake Albert.

In South Kivu, the floods in Uvira continued in January following the heavy rains, affecting 20,790 people since December 2020. 9,390 people are reported to be in spontaneous sites and churches without assistance to date. Humanitarian access in this area is made even more difficult by the fact that flooding has damaged the main road.

In Tanganyika, torrential rain fell on 24 January and caused a very large pond to overflow in Nyunzu. According to needs assessment by UNICEF rapid response team, the overflowing water affected around 1,000 households and two schools.

Epidemics:

In January 2021, **measles** and **cholera** outbreaks remain of serious concern. 5,221 suspected measles cases were notified in North-Ubangi Province, while 604 suspected cases of Cholera, of which 31 deaths, have been reported, mainly in the provinces of South-Kivu, Kasai Oriental and Lomami.

UNICEF continues to maintain the 90-day enhanced surveillance period for **Ebola** in western Democratic Republic of the Congo (DRC) since the end of the outbreak, which was declared by the Congolese Government on 18 November 2020.

In Ituri Province, in the health zone of Biringi, 66 suspected cases of **plague** have been notified, including one death in January 2021.

¹ Yakoma : <https://www.unicef.org/drcongo/media/5466/file>

Ndu : <https://www.unicef.org/drcongo/media/5471/file>

In addition, the **COVID-19** outbreak has affected 22 out of the 26 provinces, with a total of 22,842 confirmed cases. The COVID-19 pandemic had a devastating health, social and economic impact on already vulnerable populations, particularly women and children, undermining access to food, employment, health care and schools. The socio-economic impact of the COVID19 pandemic is expected to further increase the number of children with SAM in 2021

Summary Analysis of Programmatic Response

Nutrition

During the reporting period, 27,380 children (52% of girls) have been newly admitted for SAM treatment by UNICEF, in 8 Provinces (Ituri, Kasai, Kasai Central, Kasai Oriental, Lomami, Nord Kivu, Sud Kivu and Tanganyika). The performance indicators for the treatment of SAM are within international standards: cure rate of 84% death rate of 0.4% and defaulter rate of 8.6%.

UNICEF has supported the treatment of U5 SAM children in 131 health zones, which represent 73% of the priority health zones identified by the Nutrition cluster. The nutritional situation remains worrying in 63 health zones with nutritional alerts according to Bulletin No. 42 of the nutritional surveillance and early warning system.

Health

Since 1 January, 5,221 cases of measles have been reported in DRC. The most affected Provinces were Sud-Ubangi (2,147 cases), Nord-Ubangi (928 cases), Bas-Uele (302 cases), Equateur (279 cases) and Sankuru (240 cases).

UNICEF supported the Government with various measures such as capacity building, cold chain and vaccines supply deployment in the affected provinces, as well as communication for development activities to ensure continuity of routine immunization services. In January, UNICEF procured 550 measles kits to the PEV (Expanded Programme on immunisation) which were distributed across the 26 provinces. The kits contain antibiotics, rehydration salts, Vitamin A, pain relievers, antipyretics and other supplies to care for over 5,500 children infected.

WASH

In January, 86,718 persons received WASH assistance through short-term emergency kits distribution including water treatment products UNICEF, in Ituri, Kinshasa, Kongo Central, Kasai Oriental, Tanganyika and Lomami Provinces. Out of this total, some 21,500 people gained access to safe water through the rehabilitation and construction of 43 water points, while 565 latrines have been built, benefiting 28,250 people.

Education

In January, despite school closure due to COVID-19 since 18 December 2020, UNICEF and its implementing partners supported the training of 1,052 teachers of which 407 females on peer-to-peer psychosocial support, psychosocial support for learners, peaceful cohabitation and peaceful conflict resolution, as well as child-centred methodologies in Ituri, Nord Kivu and Kasai central provinces.

As a mitigation measure to the school closure due to COVID, UNICEF continued to support distance learning programs through lessons broadcasted via radio and TV as well as distribution of exercise booklets to learners in the remote areas.

Social Protection and cash transfers

In January 2021, a total of 21,182 households were registered to receive cash transfer assistance as part of the joint UNICEF-WFP project to mitigate the socio-economic impact of COVID-19 in the health zone of Nsele in Kinshasa.

As part of this intervention, UNICEF also supported and strengthened capacities of 64 CAC and 302 RECO to facilitate the dissemination of awareness messages about COVID-19 and to sensitize and inform the communities about the cash intervention and the registration activities, including distribution of beneficiary cards (SCOPE cards) and biometric registration.

Child Protection / GBViE

In January, a total of 30,936 children (14,284 girls/ 46%) affected by the humanitarian crises in DRC received child protection assistance.

Among them, 364 Children Associated with Armed Groups and Forces (CAAFAG) benefitted from transitional care and/or socioeconomic reintegration and 316 Unaccompanied and Separated Children (UASC) were identified and provided with temporary care. 23,765 children received individualized or collective psychosocial support, including in IDP sites.

In addition, 9,291 women, girls and boys accessed GBV risk mitigation, prevention or response interventions². In January, UNICEF staff and partners have been trained on GBV risk mitigation including how to manage disclosure of GBV and SEA incidents, how to consult with women and girls and how to conduct safety audits to identify and address women and girls' safety needs.

A new Child Protection Area of Responsibility working plan has been launched for 2021 to define the priorities³ and provide an appropriate response to the vulnerable children/and children victims of violence in DRC.

Communication for Development (C4D), Community Engagement & Accountability

In January, the C4D section has continued its communication and community engagement activities to support the Government in its campaigns against epidemics including COVID-19, Bubonic Plague, and Cholera in 6 provinces of the DRC.

During the reporting period, 5,664 Community Relays (RECOs) conducted educational talks on the adoption of Essential Family Practices (EFP) in Haut-Uele, Bas-Uele and Tshopo Provinces, reaching a total of 306,563 people.

UNICEF supported the dissemination of key messages in the fight against cholera in the provinces of Kasai-Oriental⁴ and Lomami⁵. In total, cholera related activities reached 249,833 people (including 64,736 women) through different communication channels (door-to-door visits, community dialogues, radio broadcasts).

In response to the Bubonic Plague in Ituri province⁶, UNICEF supported 1,400 CACs (Community Animation Cells) members to facilitate the dissemination of awareness messages to 8,550 people through different communication channels (community dialogues, educational talks, popular forums, radio broadcasts, printed materials), and engage communities to fight against the epidemic.

UNICEF Rapid Response (UniRR)⁷

In January 2021, a total of 5,859 households (29,295 people) recently displaced by armed conflicts, benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH through the UNICEF Rapid Response mechanism (UniRR).

More specifically, UNICEF and its partners have provided essential households items to 2,283 households affected by conflict in Irumu (Ituri Province), to 441 households affected by flooding in Masisi (North Kivu Province), to 120 households affected by flooding in Kabare (South Kivu Province) and finally to 3,015 households in Kalemie (Tanganyika Province).



Girls associated with Armed Groups in DRC:

- Between 30 and 40% of children recruited into armed groups are girls. Girls are more likely to be forcibly recruited (7% more than boys)
- The role of girls can be multifunctional: spouse/sex slaves, housekeeping (cooking, cleaning), childcare and transporting luggage and ammunition. In some armed groups, girls can play the role of combatants

- Girls represent only 9% of children officially released from armed groups and 15% of children reached by child protection actors between 2017 and 2019. Strong stigma and fear of reprisals - especially if they were wife's combatant or if they had a child in the armed group - girls are generally less part of the formal demobilization and reintegration process and their means of escape are more limited.
- They use informal exit channels and return themselves to their families or communities of their choice.
- In 2021 and based on the recent recommendation from the report on Girls Associated with Armed Groups (from The CAAFAG task force under the Child Protection Alliance for Humanitarian Action), UNICEF DRC will improve its gender sensitive programming for girls released from armed groups

² In 2021, UNICEF aims to scale up its protection intervention to address gender-based violence in emergencies (GBViE) including conflict related sexual violence (CRSV) and sexual exploitation which remains a long-standing issue in DR Congo. UNICEF DRC GBViE programming will consist of two distinct, yet complementary approaches: 1) supporting specialized programming aimed at prevention of and response to GBV and SEA, and 2) integrating GBV (including SEA) risk mitigation measures across UNICEF's programmes sections. Through its Rapid Response (UNiRR) programming, UNICEF DRC continues to prioritize the safety and wellbeing of vulnerable women and girls including pregnant women, women and girls with disabilities and girls head of households of households in non-food items distribution

³ Including SOPs for Child Protection case management, review of the guidelines for the Child Protection community networks,

⁴ Health Zone of Bonzola, Diulu, Lukelenge, Mukumbi et Muya

⁵ Health Zone of Kalambayi, Mulumba et Ngandajika

⁶ Health Zone of Rethy

⁷ Based on lessons learned from the Rapid Response to Population Movement (RRMP)'s programme, in late 2019, UNICEF developed a new model, UNICEF Rapid Response (UniRR), aimed to quickly meet the vital needs of people whose survival is threatened by humanitarian shocks such as preventive or reactive displacements, natural disasters, and epidemic, through an integrated package of life-saving humanitarian relief in WASH and NFI. The UniRR programme served as an entry point for a comprehensive and integrated humanitarian response. In line with the localisation agenda of the Grand Bargain, UNICEF delivered the rapid response programme jointly with local/national partners (Croix Rouge in North-Kivu and in Tanganyika, ARPS in South Kivu, PPSSP in Ituri).

Cholera Response

In January, 604 suspected cases of Cholera, of which 31 deaths, have been reported across the country mainly in the provinces of South-Kivu, Kasai Oriental and Lomami.

Compared to the year 2020, the incidence decreased by 77%, with the number of suspected cases dropped from 2,658 cases in 2020 to 604 in 2021. The number of deaths attributable to the disease shows a 28% decrease, from 43 in 2020 to 31 in 2021. The fatality rate remains particularly high at 5%.

During the last week of January, 170 cases of which 159 (93.5%) were distributed among 5 Provinces (65 in South-Kivu, 42 in Haut-Lomami, 21 in North-Kivu, 18 in Tanganyika and 13 in Haut-Katanga)⁸.

UNICEF has continued to support the government in the fight against cholera in the provinces of Kasai Oriental and Lomami. 2,493 people received at least one Household Water Treatment product, while 44,053 were sensitized on prevention measures thanks to the community involvement and the rapid response teams' interventions. Finally, 2,186 houses were disinfected.

Social Sciences Analysis Cell (CASS)

In January, the CASS in Kinshasa conducted a study of knowledge, attitudes and practices of healthcare workers (HCW) to explore the perception of risk of COVID-19, infection prevention and control measures (IPC), and obstacles preventing their implementation.⁹

Key results highlighted that:

- 59% reported having not received training on IPC since the beginning of the COVID-19 response
- 31% of HCWs highlighted a lack of water as a factor increasing the risk of infection, and 22% said that they must search for water each day (water not regularly available at facilities)
- 23% of private facilities reported a reduction in attendance of diabetes and hypertensive patients (both high-risk factors for severe COVID-19 infection).
- 48% of private health facilities do not have separate latrines for men and women, or patients and staff (security risk for women; nosocomial infection risk for patients and health personnel)

Results and integrated analytics will provide response actors with an understanding of training and material needs of structures and staff to limit nosocomial infection and promote uninterrupted access to vital health services. Full study results may be [found here](#), and further CASS studies and reports may be found on the [website](#).

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)
- UNICEF is also a member of the advisory board of the Humanitarian Fund in DRC

Human Interest Stories and External Media

In January 2021, the external communication team focused its external communication activities on UNICEF's advocacy [for the reopening of schools in DRC](#). Several media picked these two pieces of information up, including [VOA](#), [RFI](#), [Radio Okapi](#), [La libre Afrique](#) and [L'interview.cd](#).

Next SitRep: 15/02/2021

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⁸ Source: *epidemiological bill of PNECHOL-MD – Week 4*

⁹ The studies is consisted on 357 interviews: 72% private facilities (n=258), 28% public facilities (n=99)

Summary of Programme Results: UNICEF HAC 2021

| Sector | Disaggregation | Overall needs | UNICEF and IPs Response | | Cluster/Sector Response | |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|
| | | | UNICEF 2021 Target | Total results | Cluster 2021 Target | Total results |
| Health | | 11,300,000 | | | | |
| # of children aged 6 to 59 months vaccinated against measles | 6-11 months | | 20,874 | - | | |
| | 12-59 months | | 1,022,810 | - | | |
| # of children and women receiving primary health care in UNICEF-supported facilities | Girls | | 156,754 | - | | |
| | Boys | | 144,696 | - | | |
| | Women | | 213,849 | - | | |
| Nutrition | | 5,600,000 | | | | |
| # of children aged 6 to 59 months affected by SAM admitted for treatment | Girls | | 305,521 | 14,277 | 339,467 | 35,858 |
| | Boys | | 282,019 | 13,103 | 313,355 | 30,132 |
| # of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling | Women | | 393,039 | - | 494,000 | - |
| Child Protection | | 4,200,000 | | | | |
| # of children and caregivers accessing mental health and psychosocial support | Girls | | 153,000 | 10,338 | 223,046 | 11,192 |
| | Boys | | 147,000 | 13,186 | 214,299 | 14,424 |
| | Women | | 51,000 | 89 | 74,349 | 89 |
| | Men | | 49,000 | 152 | 71,433 | 152 |
| # of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions | Girls | | 202,500 | 3,716 | | |
| | Boys | | 30,000 | 3,016 | | |
| | Women | | 67,500 | 2,559 | | |
| # of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services | Girls | | 1,750 | 105 | 2,940 | 241 |
| | Boys | | 5,250 | 259 | 8,817 | 517 |
| # of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services | Girls | | 4,165 | 125 | 8,965 | 149 |
| | Boys | | 4,335 | 191 | 8,615 | 280 |
| # of people with access to safe channels to report sexual exploitation and abuse | Girls | | 90,000 | 905 | | |
| | Boys | | 22,500 | 597 | | |
| | Women | | 30,000 | 1,112 | | |
| | Men | | 7,500 | 968 | | |
| Education | | 4,700,000 | | | | |

| | | | | | | |
|--|-------|------------------|------------|---------|-----------|--------|
| # of children accessing formal or non-formal education, including early learning | Girls | | 221,722 | - | 265,720 | - |
| | Boys | | 204,667 | - | 245,280 | - |
| # of schools implementing safe school protocols (infection prevention and control) | | | 1,408 | - | | |
| WASH | | 7,900,000 | | | | |
| # of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene | Women | | 1,123,172 | 10,320 | 2,221,544 | 10,320 |
| | Men | | 1,036,774 | 11,180 | 2,050,656 | 11,180 |
| # of people accessing appropriately designed and managed latrines | Women | | 222,304 | 14,690 | 756,080 | 14,690 |
| | Men | | 205,204 | 13,560 | 697,920 | 13,560 |
| Rapid Response | | 2,300,000 | | | | |
| # of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments | | | 765,000 | 29,295 | 1,340,000 | 564,58 |
| # of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments | | | 459,000 | 17,880 | | |
| # of households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response | | | 238,000 | - | | |
| Social protection and cash transfers | | | | | | |
| # of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding | | | 40,000 | - | | |
| C4D, community engagement and AAP | | | | | | |
| # of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms | | | 100,000 | - | | |
| # of community action cell members participating in community-level actions for social and behavioural change | | | 34,000 | 1,155 | | |
| # of people reached through messaging on access to services | | | 10,000,000 | 602,182 | | |

Funding Status*

| Funding Requirements (as defined in the Humanitarian Appeal 2021) | | | | | | | |
|---|-----------------------|------------------------------|-------------------------------|---------------------|-----------------------|------------|------------------------|
| Appeal Sector | Requirements | Funds available** | | | Funding gap | | Available in 2022 (\$) |
| | | Funds Received Current Year* | Resources available from 2020 | | \$ | % | |
| | | | ORE HAC Carry-Over*** | ORR Carry-Over*** | | | |
| Nutrition | 175,088,235 | 0 | 12,586,468 | 0 | 162,501,767 | 93% | 8,407,870.00 |
| Health | 43,598,460 | 0 | 3,877,468 | 0 | 39,720,992 | 91% | - |
| WASH | 36,698,249 | 515,841 | 1,926,363 | 0 | 34,256,045 | 93% | - |
| Child Protection | 16,198,381 | 498,336 | 2,524,288 | 0 | 13,175,756 | 81% | - |
| Education | 56,955,555 | 0 | 2,379,759 | 5,156,478 | 49,419,318 | 87% | - |
| Social protection and cashtransfers | 7,100,000 | 0 | 0 | 0 | 7,100,000 | 100% | - |
| Communication for development/Social Policy | 7,080,400 | 0 | 355,185 | 250,000 | 6,475,215 | 91% | - |
| Rapid response | 37,942,810 | 0 | 17,566,944 | 0 | 20,375,866 | 54% | - |
| Cluster/Sector Coordination | 3,750,000 | 312,705 | 1,414,476 | 0 | 2,022,820 | 54% | - |
| Total | 384,412,089.54 | 1,326,882.55 | 42,630,951.57 | 5,406,477.86 | 335,047,777.56 | 87% | 8,407,870.00 |

* 'Funds received' does not include pledges

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

***Carry-over figures are the unutilized programmable balance that was carried over from the prior year to the current year, as of year-end closure and INCLUDING COVID-19 carryover amount of \$11,862,263.72, which if included will bring the total DRC carryover to \$48,037,428.57

****Rapid Response carryover funds include \$7M Ebola Staff salary carryover funds