




Reporting Period: February 2021

# Democratic Republic of the Congo





## Humanitarian Situation Report No. 02

unicef   
for every child

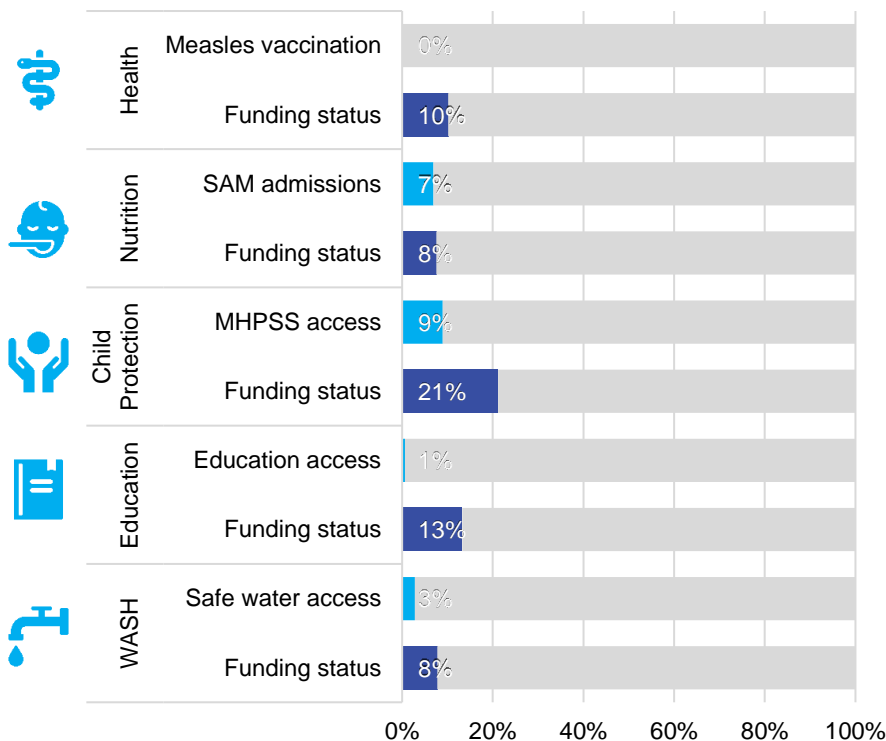
### Highlights

- Following the confirmation of Ebola resurgence in eastern DRC, UNICEF deployed additional staff and sent medical equipment and supplies to North Kivu. In February, 8 suspected cases of Ebola Virus Disease have been reported, including 4 deaths.
- After more than two months at home following the second wave of COVID-19, primary and secondary school students returned to school on Monday 22 February 2021 in the DRC.
- The Democratic Republic of Congo (DRC) has already reported a total of 9,972 suspected measles cases. According to statistics provided by the Expanded Programme on Immunisation (PEV), more than 84% of cases are located in the province of Sud and Nord-Ubangi.
- In February 2021, 52,614 people affected by humanitarian crises in Ituri, North-Kivu and Tanganyika provinces have been provided with *Non Food Items* (NFI) life-saving emergency packages through UNICEF's Rapid Response (UniRR).
- As of 28<sup>th</sup> February 2021, the COVID-19 outbreak has affected 23 out of the 26 provinces in the DRC, with a total of 25,913 confirmed cases.

### Situation in Numbers

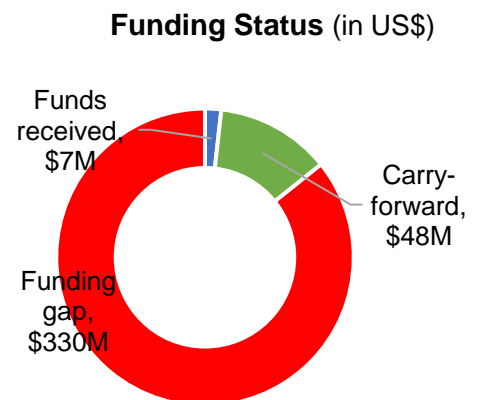
-  **9,800,000** children in need of humanitarian assistance (OCHA, Revised HRP 2021\*)
-  **19,600,000** people in need (OCHA, Revised HRP 2021\*)
-  **5,300,000** IDPs (Revised HRP 2021\*)
-  **1,350** cases of cholera reported since January (Ministry of Health)

### UNICEF's Response and Funding Status



### UNICEF Appeal 2021

## US\$ 384.4 million



## 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 86%, with significant funding needs in nutrition, health, WASH, education and communication for development.

## Situation Overview & Humanitarian Needs

### Inter-community violence and armed conflict:

In February, the Child Protection situation remains particularly out of concern in Ituri, North Kivu and South Kivu Provinces. Child protection actors noted an increase in child protection incidents and grave violations. In North Kivu, 373 *Unaccompanied and Separated Children* (UASC) and 416 *Children Associated with Armed Groups and Forces* (CAAFAG) have been identified.

In Ituri, children living in Djugu, Irumu and Mambassa are highly affected by recurrent attacks of armed groups and fightings. In the border area between North Kivu and Ituri, concerning trends of grave violations have been observed due to increased attacks of the non-state armed groups. 106 grave violations have been verified since January 2021 and children remain at risk of child protection incidents following important displacement of population.

Finally, in South Kivu, the persistence of the conflict in Haut Plateau of Uvira, Fizi and Mwenga continue to have negative consequences on children, and 41 allegations of grave violation have been collected. Verification of violation and assistance delivery remain difficult due to limited humanitarian access.

During the reporting period, a series of attacks in Ituri Province, and more specifically in the localities of Boga-Tchabi, Bambu-Mwangwalo and Rwampara, exacerbated humanitarian needs. Approximately 28,900 newly displaced people in Mangala were reported, while the security situation in Mangwalo-Bambu-Kilo remains volatile. In Irumu territory, approximately 55,476 people have newly been displaced due to attacks by non-state armed groups. In addition, more than 36,000 households have been recently returned in the areas of Sota, Mangal and Bambu but humanitarian assistance is limited due to access constraints.

In North Kivu, the security situation in Pinga continues to worsen, resulting in the displacement of approximately 28,000 households. In addition, in Beni and Lubero, the situation remains volatile due to ongoing military operations leading to a degradation of the humanitarian situation and preventing IDP's returning home, exacerbating their humanitarian needs as well as those of the host communities

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. In February, around 1,800 new IDP's were reported in Walungu/Mulamba from the neighbouring villages in Shabunda, and 3,500 in Kabare. In Maniema province, more than 4,500 people were forced to flee their homes and moved to Salamabila/Kabambare as a result of the clashes between non-state armed groups.

Finally, in Tanganyika Province, armed conflicts continue to generate large population movements in Nyunzu territory (4,250 people including 1,400 children) and Kongolo territory (2,745 people, including 1,098 children).

### 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 Uele<sup>1</sup>. Many are living in dire conditions in remote, hard-to-reach areas close to river arteries, without basic shelter and facing acute food shortages.

A weekly UNHAS flight from Kinshasa to Yakoma has been opened to facilitate the delivery of inputs and materials needed for the humanitarian response that is being put in place by the Congolese government and its humanitarian partners.

### Natural disasters:

In Tanganyika, floods affected around 321 households and two schools (Epmbuya and Mutakuya).

### Epidemics:

Since The first week of January 2021, **measles** and **cholera** outbreaks remain of serious concern. 9,972 suspected measles cases were notified through the country, of which 136 deaths, while 1,350 suspected cases of Cholera, of which 56 deaths, have been reported.

8 **Ebola** cases and 4 deaths have been confirmed in the Health Zones of Biena, Katwa, Musienene and Butembo, all in the North Kivu Province. Two of the 8 cases are healthcare professionals. Two people recovered and were discharged from the Ebola Treatment Centre. There are no cases among children. 367,906 people were reached by the Community Action Cells (CAC) members with Ebola awareness messages, while 929 healthcare providers were

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

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

briefed on Ebola prevention and other care protocols. In Ituri, in the health zone of Biringi, 70 new suspected cases of **plague** have been notified.

In addition, the **COVID-19** outbreak has affected 23 out of the 26 provinces, with a total of 25,913 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, 17,340 children (53% of girls) have been assisted on the management of severe acute malnutrition 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 satisfactory by international standards: cure rate of 90% death rate of 2.4% and defaulter rate of 7.6%. 7 Health Centers<sup>2</sup> received a donation of anthropometric materials and kitchen kits to ensure the nutritional assessment of patients and revive dietetic kitchens<sup>3</sup>.

UNICEF has supported the treatment of SAM in 131 health zones, which represent 73% of the priority health zones identified by the Nutrition cluster.

The monthly Nutrition Cluster meeting allowed the appointment of new co-facilitators<sup>4</sup> for two technical groups of the cluster (CIMAM and NISTWG<sup>5</sup>).

In February, in support of the DRC Government COVID-19 response plan, 152 health providers (60% of girls) were trained in Kongo Central and North-Kivu Provinces by UNICEF during 3 days on the protocol for nutritional care of COVID-19 patients.

### Health

As of 28<sup>th</sup> February 2021, 9,972 cases of measles have been reported in DRC, of which 136 deaths. The most affected Provinces were Sud-Ubangi (5,913 cases), Nord-Ubangi (2,536 cases), Bas-Uele (583 cases), Equateur (422 cases) and Sankuru (351 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 February, UNICEF procured 350,000 measles vaccine doses to the PEV (Expanded Programme of Immunisation) which were distributed across the 26 provinces.

### WASH

In February, 174,613 persons received WASH assistance by UNICEF through short-term emergency kits distribution, including water treatment products, in Ituri, Kinshasa, Kongo Central, Kasai Oriental, Tanganyika and Lomami Provinces. Out of this total, some 39,500 people gained access to safe water through the rehabilitation and construction of 79 water points, while 1,398 latrines have been built, benefiting 69,900 people.

In South Kivu, UNICEF's implementing partner NCA trained 260 health care providers on IPC Wash in 5 Health Zones and sensitized 13,771 people on Covid prevention.

Thanks to UNICEF support to EPST<sup>6</sup> in Ituri Province, WASH IPC inputs have been distributed to 87 schools, allowing 56,724 children to attend school in compliance with Covid-19 prevention measures

### Education

After more than two months at home following the second wave of COVID-19, primary and secondary school students returned to school on Monday 22.

In February, UNICEF and its implementing partners supported the construction of 48 classrooms (30 of them temporary) in Kasai Provinces<sup>7</sup> that will benefit 2,640 students. As a mitigation measure to the school closure due to COVID, UNICEF continued to support distance learning programs in North-Kivu and Kasai Provinces<sup>8</sup> to 20,716 students (including 8,909 girls), through lessons broadcasted via radio as well as distribution of exercise booklets to learners in the remote areas. In addition, 1,040 schools have been provided with handwashing facilities.

During the reporting period, the Education Cluster conducted a Cluster Coordination Performance Monitoring (CCPM) exercise in Goma, Bukavu, Kalemie and Kananga.

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<sup>2</sup> 3 in Kongo Central and 4 in North-Kivu

<sup>3</sup> The minimum kitchen kit includes a set of kitchen utensils, sets of saucepans, plates and kitchen equipment (stove, food scale, blenders, kettle...)

<sup>4</sup> ADRA et WFP

<sup>5</sup> Management of Acute malnutrition technical working groupe and Nutrition Information System technical working Group

<sup>6</sup> Enseignement Primaire, Secondaire et Technique

<sup>7</sup> Kasai Central : Dimberenge and Demba territories. Kasai Oriental : Katanda territory

<sup>8</sup> Through its implementing partners AVSI, SDC, AJID

## Social Protection and cash transfers

In February 2021, out of the 23,883 registered households in the health zone of Nsele (Kinshasa), 21,698 Households participated in biometric registration and 17,259 Households received the SIM cards to receive their assistance via mobile money (1,944 HH living in the most hard-to-reach areas will receive the cash assistance via “cash in an envelope” due to lack of connectivity in those areas).

As part of the joint UNICEF-WFP project, UNICEF recruited a team of C4D consultants to conduct in collaboration with the Bureau Central de la Zone de Santé (BCZS) an assessment of the 64 existing CAC in the 6 targeted health areas (Buma, Kindobo, Ndingi Ndingi, Mpassa 1, Mpassa 2, and Mikonga) to determine their capacity strengthening needs. The result of the ongoing assessment shows the need to further strengthen the support to CACs members through the following activities:

- Restructure and/or create additional CACs where needed and especially in most rural hard-to-reach areas taking into account demographic (density) and geographical characteristics (distance);
- Mobilize additional RECOs were needed to respect the standard norm of having one RECO per 50 households (some CACs don't have enough RECOs);
- Organize training for all CACs members to reinforce their capacities to carry out their community activities related to follow-up care for children and pregnant/lactating women as well as including a gender-specific module focusing on leadership, Gender-Based Violence (GBV) and Prevention of Sexual Exploitation and Abuse (PSEA);
- Increase women and youth participation within the community.

## Child Protection / GBViE

In February, a total of 29,679 children (9,706 girls 41%) affected by the humanitarian crises in DRC received child protection assistance.

Among them, 156 *Children Associated with Armed Groups and Forces* (CAAFAG) benefitted from transitional care and/or socioeconomic reintegration and 187 *Unaccompanied and Separated Children* (UASC) were identified and provided with temporary care, while 23,478 children received individualized or collective psychosocial support, including in IDPs sites.

During the reporting period, 500 women, girls and boys accessed GBV risk mitigation, prevention or response interventions. As part of the recent resurgence of Ebola outbreak in DRC, UNICEF has prioritized GBV risk mitigation in the ongoing Ebola response. Its response plan has concrete measures to mitigate GBV risks across the different interventions and phases. UNICEF staff and partners, including community volunteers at the frontline of the response, have received training on GBV risk mitigation measures- including protection from sexual exploitation and abuse (PSEA), how to identify and address GBV risks using the safety audit tools, and how to handle disclosure of GBV (including SEA) incidents. “*Solidarité des Associations Féminines pour les Droits de la Femme et de l'enfant*” (SAFDF), a community-based women's-led organization has been supported to provide comprehensive response services for survivors of GBV and SEA.

In February, the national *Child Protection Area of Responsibility* (CP AoR) trained 14 leads and co-leads of the provincial and territorial CP AoR in Ituri on coordination and CP rapid evaluation assessments to better and more efficiently measure child protection needs.

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

In February, the C4D section has continued its communication and community engagement activities to support the Government in its campaigns against epidemics including Ebola, COVID-19, Measles, and Cholera in 11<sup>9</sup> provinces of the DRC.

During the reporting period, 660 CAC conducted cholera prevention activities in the Province of Kasai-Oriental, reaching a total of 721,128 people.

UNICEF supported the dissemination of key messages in the fight against COVID-19 through the 26 Provinces. In total, prevention measures reached 1,2 million people through different communication channels (door-to-door visits, community dialogues, social networks, radio broadcasts). More specifically, UNICEF worked with 19,000 CAC, 227 community radios and 57 television channels. Through U-Report's SMS center, 2,943 questions from the population were answered, while the Covid-19 information center, has been consulted at least 14,682 times.

In response to the Ebola resurgence in North-Kivu province<sup>10</sup>, UNICEF and its implementing partner REMED<sup>11</sup> supported the dissemination of awareness messages through 14 community radios, to mobilize the population and communities against the EVD. 100,000 people have been reached.

## UNICEF Rapid Response (UniRR)<sup>12</sup>

In January 2021, a total of 8,452 households (52,614 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), despite increased security challenges in North- Kivu and Ituri Provinces.

<sup>9</sup> In Sud-Ubangi, Nord-Ubangi, Bas-Uele, Equateur, Sankuru, Nord-Kivu, Sud-Kivu, Kasai oriental, Kinshasa, Haut-Katanga and Kongo central.

<sup>10</sup> In the Health Zones of Biena, Katwa, Musienene and Butembo

<sup>11</sup> Réseau des Medias pour le Developpement

<sup>12</sup> 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

More specifically, UNICEF and its partners have assisted 7,602 households affected by conflict in Ituri (1,110), in North-Kivu (5,051) and in Tanganyika (1,441) and to 850 households affected by flooding in Nyunzu (Tanganyika). Since the outbreak of the COVID-19 pandemic, UNICEF has adapted its rapid response mechanism (UniRR) to prevent the spread of COVID-19. During its interventions, UNICEF ensures infection prevention and control (IPC) measures are enforced ensuring physical distancing in distribution sites, for example, availability of handwashing points and temperature 'screening'. UNICEF has also included bars of soaps in its NFI kits. The rapid response mechanism is also an opportunity for UNICEF to disseminate COVID-19 related messages amongst the population in hard-to-reach and high-risk areas. Lastly, UNICEF applies the "Do No Harm" principle by ensuring strict health checks of its staffs and partners before going to interventions.

## Cholera Response

From week 1 to week 8, 1,350 suspected cases of Cholera, of which 56 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 75%, with the number of suspected cases dropped from 4,528 cases in 2020 to 1,177 in 2021. The number of deaths attributable to the disease shows a 10% decrease, from 62 in 2020 to 56 in 2021. The fatality rate remains particularly high at 4%.

UNICEF has continued to support the government in the fight against cholera in the provinces of North and South-Kivu. 5,610 people received at least one Household Water Treatment product, while 77,125 were sensitized on prevention measures thanks to the community involvement and the rapid response teams' interventions. Finally, 6,030 houses were disinfected.

## Social Sciences Analysis Cell (CASS)

In February, the CASS teams in Kinshasa and Goma continued ongoing research into the broader impacts of COVID on community health, protection and socio-economic security. Each month, CASS data is integrated and analysed together with other data sources and types, from an increasing network of NGO, UN, government and academic partners, to generate a robust evidence base with which to inform decision making by humanitarian and development actors operating in the region. Social sciences analyses have highlighted a disproportionate impact of COVID-19 response measures on women and girls in the DRC (see the [report](#) from December 2020), and recent integrated evidence has highlighted the following:

- Reports of increases in adolescent pregnancy, and early marriage (often a result of early pregnancy)
- increase in unsafe abortions, and consultations for post-abortion care
- Early indication of an increase in maternal mortality in 2020 compared to 2019 (secondary impact of COVID, reduced access to sexual and reproductive healthcare services for women)
- Increased incidence of Sexual and Gender-Based Violence (SGBV), nationally
- Girls had less access to distance learning than boys during school closures (reflection of societal gender norms – girls more often required to support with household tasks and caregiving responsibilities)

*\*Schools in the DRC reopened on 22 February after 2 months, following advocacy by UNICEF and partners, which included reference to CASS evidence on the impacts of school closures*

The CASS is in the process of sharing and presenting results from this analysis and others relating to the impacts of COVID in the DRC and working with response actors to co-develop action plans to address the secondary impacts of this response on women and girls. Full study results, CASS analyses 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 February 2021, the communication team issued a new report [Fear and Flight: An Uprooted Generation of Children at Risk in the Democratic Republic of the Congo](#). A large number of publications on social networks supported the launch

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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).

of this report and were amplified at the global level on [Facebook](#), [Twitter](#) and [Instagram](#). Multimedia material was uploaded on [WeShare](#) (freely available for media). During the reporting period, UNICEF's support to [refugees from Central African Republic](#) was highlighted in a [press release](#) as well as a [video interview of the head of emergencies](#). UNICEF also welcomed the [reopening of schools](#) after two months of [closure due to the coronavirus](#).

## Next SitRep: 15/04/2021

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## Summary of Programme Results: UNICEF HAC 2021

Sector	Disaggregation	Overall needs	UNICEF and IPs Response			Cluster/Sector Response		
			UNICEF 2021 Target	Total results	Change since last report ▲▼	Cluster 2021 Target	Total results	Change since last report ▲▼
<b>Health</b>		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	-	-			
<b>Nutrition</b>		5,600,000						
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls		305,521	23,383	9,106	339,587	23,383	37,660
	Boys		282,019	21,337	8,234	313,464	21,337	34,440
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women		393,039	61,359	61,359	494,000	61,359	61,359
<b>Child Protection</b>		4,200,000						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	19,904	9,566	223,046	24,794	13,602
	Boys		147,000	13,912	726	214,299	31,851	17,427
	Women		51,000	932	843	74,349	1,213	1,124
	Men		49,000	1,134	982	71,433	1,385	1,233
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	3,856	140			
	Boys		30,000	3,077	61			
	Women		67,500	2,858	299			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	109	4	2,940	287	46
	Boys		5,250	411	152	8,817	820	303
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	202	77	8,965	319	170
	Boys		4,335	301	110	8,615	443	163
# 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	-			
<b>Education</b>		<b>4,700,000</b>						
# of children accessing formal or non-formal education, including early learning	Girls		221,722	1,373	1,373	265,720	1,373	1,373
	Boys		204,667	1,267	1,267	245,280	1,267	1,267
# of schools implementing safe school protocols (infection prevention and control)			1,408	1,040	1,040			
<b>WASH</b>		<b>7,900,000</b>						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	29,280	18,960	2,221,544	29,280	18,960
	Men		1,036,774	31,720	20,540	2,050,656	31,720	20,540
# of people accessing appropriately designed and managed latrines	Women		222,304	48,242	33,552	756,080	48,242	33,552
	Men		205,204	49,908	36,348	697,920	49,908	36,348
<b>Rapid Response</b>		<b>2,300,000</b>						
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments			765,000	71,577	42,282	1,340,000	157,309	100,851
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	74,837	56,957			
# of households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response			238,000	-				
<b>Social protection and cash transfers</b>								
# of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding			40,000	-				
<b>C4D, community engagement and AAP</b>								
# of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms			100,000	8,138	8,138			
# of community action cell members participating in community-level actions for social and behavioural change			34,000	8,429	7,274			
# of people reached through messaging on access to services			10,000,000	1,308,920	706,738			



## Annex B

## 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	623,200	12,586,468	0	161,878,567	92%	8,407,870.00
Health	43,598,460	561,600	3,877,468	0	39,159,392	90%	-
WASH	36,698,249	912,063	1,926,363	0	33,859,823	92%	-
Child Protection	16,198,381	904,416	2,524,288	0	12,769,676	79%	-
Education	56,955,555	0	2,379,759	5,156,478	49,419,318	87%	-
Social protection and cash transfers	7,100,000	1,531,633	0	0	5,568,367	78%	-
Communication for development/Social Policy	7,080,400	396,360	355,185	250,000	6,078,855	86%	-
Rapid response	37,942,810	1,125,282	17,566,944	0	19,250,584	51%	-
Cluster/Sector Coordination	3,750,000	711,226	1,414,476	0	1,624,299	43%	-
<b>Total</b>	<b>384,412,089.54</b>	<b>6,765,780.55</b>	<b>42,630,951.57</b>	<b>5,406,477.86</b>	<b>329,608,879.56</b>	<b>86%</b>	<b>8,407,870.00</b>

\* '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

(Data generated March 10, 2021)