



Reporting Period: March 2021

Democratic Republic of the Congo

Humanitarian Situation Report No.3

unicef 
for every child

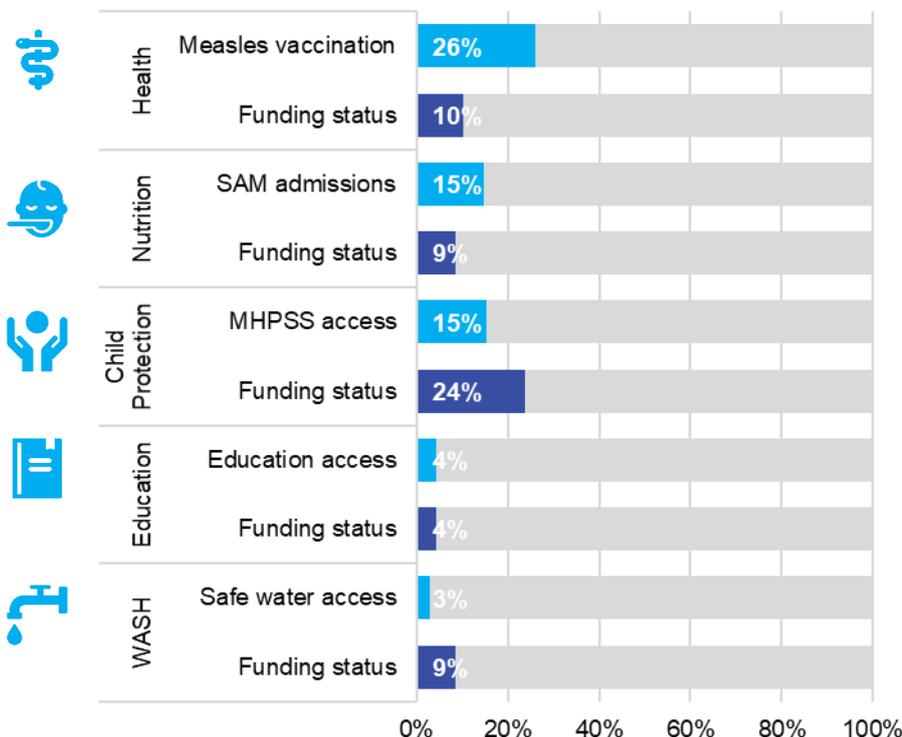
Highlights

- Following the confirmation of Ebola resurgence in eastern DRC, UNICEF deployed additional staff and sent medical equipment and supplies to North Kivu. In March, 11 suspected cases of Ebola Virus Disease have been reported, including 5 deaths. The 42-day countdown to the declaration of the end of the epidemic has thus begun as of Monday, March 22.
- In March 2021, 8,936 people affected by humanitarian crises in Ituri and Tanganyika provinces have been provided with *Non-Food Items* (NFI) life-saving emergency packages through UNICEF's Rapid Response (UniRR).
- As of 31st March 2021, the COVID-19 outbreak has affected 23 out of the 26 provinces in the DRC, with a total of 28,196 confirmed cases.

Situation in Numbers

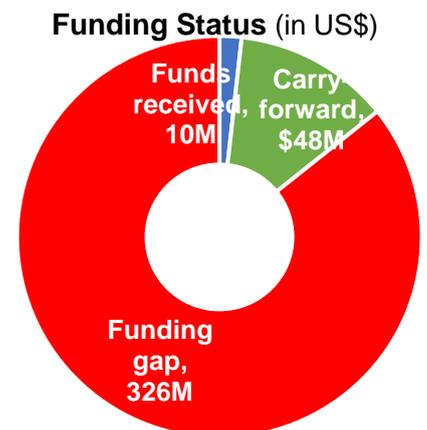
-  **9,800,000**
children in need of humanitarian assistance (OCHA, Revised HRP 2021*)
-  **19,600,000**
people in need (OCHA, Revised HRP 2021*)
-  **5,300,000**
IDPs (Revised HRP 2021*)
-  **2,050**
cases of cholera reported since January (Ministry of Health)

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:

Between January and March 2021, the MRM Country Task Force documented a total of 602 grave violations against children including 303 recruitment and use of children, 112 abduction, 102 killing and maiming and 74 sexual violence. The North Kivu remain the most affected province (262 violations) followed by Ituri (177 violations) and South Kivu (87).

During the past 6 months, the increased attacks of ADF and incidents of violence against civilians (including children) in the border area between South Ituri and the North of North Kivu is particularly concerning. In addition, and following the decision of the US State Department to designate the ADF as foreign Terrorist organization affiliated to ISIS; UNICEF and its partners are closely monitoring the situation of children associated with the ADF to ensure the respect of Paris Principles¹ and CAAFAG programs focused on children's right and best interest.

In March, security situation in Ituri Province, in particular Djugu and Irumu Territory, remained volatile. At Iga-Barriere in Djugu Territory, a humanitarian vehicle was set on fire limiting humanitarian access in the zone. In relations to this, disrupted traffic on RN27 road that links Bunia, Djugu and Mahagi hampers humanitarian assistances towards Djugu and Mahagi as well as increases prices of food and basic necessities. In the locality of Boga and Tchabi in south of Irumu Territory, incursions by non-State armed groups were intensifying, leading to displacement of around 27,000 people according to OCHA. As a reminder, more than 1.6 million people have been displaced² in Ituri Province and 49% of the total population are in needs of humanitarian assistances³. Mortality rates in the Province is 1.5 times higher than the emergency threshold⁴.

In North Kivu Province where more than 1.8 million people have been displaced (IDPs)⁵, the fragmentation/fighting caused by a war of secession of an armed group continue to cause suffering of people in Masisi, Rutshuru, Walikale and Lubero Territory. In addition, in Beni and Lubero, the situation remains volatile due to on-going military operations and incursion of armed groups 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 province, approximately 72,830 people⁶ are in needs of humanitarian assistance in Fizi, Mwenga and Uvira. In addition, conflict situation in Haut Plateaux and Moyens Plateaux is still on-going limiting humanitarian access and deepening needs of affected population.

Natural disasters:

South Kivu also faced natural hazard in addition to armed conflicts. Approximately 6,000 households in Uvira territory were affected by the rising water of Lake Tanganyika and in need of emergency shelter and humanitarian assistances. In addition, massive floods in Tanganyika have affected 10,123 people in Kalemie and Moba Territory.

Epidemics:

A total of 11 confirmed cases of Ebola virus (EVD), resulting in five deaths have been recorded in the health zones of Biena, Katwa, Musienene, and Butembo since the resurgence of the disease in February 2021, in North Kivu province. Two of the 11 cases are health professionals. More than 66,500 people have been reached by Community Action Cells (CACs) trained people who have delivered Ebola awareness messages since the beginning of the epidemic. 929 health care providers have been briefed on Ebola prevention and other care protocols; The funding gap for the response is currently 67%. In addition, the **COVID-19** outbreak has affected 23 out of the 26 provinces, with a total of 28,196 confirmed cases. The COVID-19 pandemic had a devastating health, social and economic impact on already vulnerable

¹ In all disarmament, demobilization and reintegration programs and peace agreements with armed groups, the rights and protection needs of children are included as a priority, including the unconditional release of children from armed groups (Principles of Paris).

² Commission de Mouvement de Population (CMP) March 2021, Ituri

³ HRP 2021, DRC

⁴ MSF briefing note : trois ans de violences et de surmortalité des besoins humanitaires immenses et une réponse toujours largement insuffisante, Novembre 2020

⁵ HRP 2021 DRC

⁶ Commission de Mouvement de Population (CMP), 19 March 2021

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, 30,050 children (53% of girls) have been assisted on the management of severe acute malnutrition by UNICEF, in 6 Provinces (Ituri, Kasai Central, Kasai Oriental, Lomami, Sud Kivu and Tanganyika). The performance indicators for the treatment of SAM are satisfactory by international standards: cure rate of 85,2% death rate of 0,6% and a high defaulter rate of 14,1% which needs to be monitored.

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

Health

As of 31th March 2021, measles outbreaks remain a serious concern.

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 March, 271,218 children aged 6 to 59 months have been vaccinated in Sankuru, Kwango, Maniema, Kasai-Central and Sud-Ubangi Provinces.

WASH

In March, 58,000 persons received WASH assistance by UNICEF through emergency water and sanitation, in Maniema, Nord-Ubangi, Kasai-Oriental, Haut-Katanga and Lomami Provinces.

Education

In March, UNICEF and its implementing partners supported the construction of 48 classrooms (30 of them temporary) in Kasai Provinces⁷ that will benefit to 2,640 students. As a mitigation measure to the school closure due to COVID, UNICEF continued to support distance learning programs in North-Kivu, Tanganyika and Kasai Oriental Provinces⁸ to 15,263 students (including 6,666 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 hand washing facilities.

Child Protection / GBViE

In March, a total of 11,448 children (6,749 girls 59%) affected by the humanitarian crises in DRC received a child protection assistance, reaching a total of 63,059 children since the beginning of 2021. A decrease of 13% has been observed compared to the same period of last year, which can be explained by some delays in the renewal of some UNICEF key partners.

Among them, 634 *Children Associated with Armed Groups and Forces* (CAAFAG) benefitted from transitional care and/or socioeconomic reintegration and 51 *Unaccompanied and Separated Children* (UASC) were identified and provided with temporary care, while 11,448 children received individualized or collective psychosocial support, including in IDPs sites.

During the reporting period, 347 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.

Communication for Development (C4D), Community Engagement & Accountability

In March, the C4D section has continued its communication and community engagement activities to support the Government in its campaigns against epidemics including Ebola, vaccine-derived poliovirus type 2 (cVDPV2) COVID-19, Measles, Bubonic Plague and Cholera.

During the reporting period, 1,760 CAC conducted cholera prevention activities in the Province of Kasai-Oriental, reaching a total of 514,857 people.

The response campaigns against polio derived from the vaccine strain have been organised in 3 provinces of the DRC: Nord-Ubangi, Sud-Ubangi and Mongala. This support from UNICEF reached 3,223,099 people, and has been provided through:

- The design and distribution of awareness posters

⁷ Kasai Central : Dimberenge and Demba territories. Kasai Oriental : Katanda territory

⁸ Through its implementing partners AVSI, SDC, AJID

- Training of Community Action Council (CAC) members, journalists and health workers
- Broadcasting messages through churches and community radio stations.

UNICEF supported the dissemination of key messages in the fight against COVID-19 through the 26 Provinces. In total, prevention measures reached 7,8 million people through different communication channels (door-to-door visits, community dialogues, social networks, radio broadcasts).

In response to the Ebola resurgence in North-Kivu province⁹, UNICEF and its implementing partners ECC and REMED¹⁰ supported the dissemination of awareness messages through 33 community radios, to mobilize the population and communities against the EVD. Around 1,8 million people have been reached.

UNICEF Rapid Response (UniRR)¹¹

In March 2021, a total of 1,347 households (8,936 people) recently displaced by armed conflicts, benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH through UNICEF Rapid Response mechanism (UniRR), despite increased security challenges in North- Kivu and Ituri Provinces.

More specifically, UNICEF and its partners have provided the assistance to 1,003 households affected by conflict in Ituri (1,110) and in Tanganyika (344). The results in March were lower than previous month due to security challenges that UniRR team faces on the ground in particular in North Kivu and Nord Kivu. The following table shows the progress on the major indicators of the programme as of March 2021:

PROGRAM INDICATORS	
<i>Rapid needs assessment followed by intervention</i>	66%
<i>Interventions made within 7 days of needs assessment</i>	75%
<i>Interventions followed by PDM (Post Distribution Monitoring)</i>	86%
<i>% of PDMs conducted between 14-25 days</i>	76%
<i>Beneficiaries satisfied</i>	96%
<i>Security incidents during the intervention</i>	0
<i>PSEA and anti-fraud training for partners and UNICEF staffs</i>	100%

Throughout March, UNICEF has started to analyze humanitarian needs and logistics and security aspects of Maniema province with the aim of deciding its programme in Maniema. All the partners of UniRR have been trained on PSEA (Prevention of Sexual Exploitation and Abuse), anti-fraud, protection (including referral of protection cases and use of protection check list before/during intervention) and GBViE (Gender-Based Violence in Emergencies) mainstreaming. In addition, UNICEF has developed a stock inventory management tool for each partner reinforcing monitoring of kits at partner's level.

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 hand washing 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 population in hard-to-reach and high-risk areas. Lastly, UNICEF applies "Do No Harm" principle by ensuring strict health checks of its staffs and partners before going to interventions.

Cholera Response

In March, more than 700 suspected cases and more than 20 death relatives, have been reported across the country. Haut Katanga is the most incidental province, followed by North Kivu, South Kivu, Kasai, Haut Lomami and Haut Lualaba. Even if the transmission of the disease has never been so low, with a 74% decrease in incidence between week 12 of 2021 and SE12-2020, the geographical dispersion of cases raises fears of a possible major outbreak exacerbated by more than 35% of cases in Haut Lualaba and 6% in Haut Katanga.

UNICEF has continued to support the government for the execution of the PMSEC. Thus, the epidemiological and laboratory surveillance axis was reviewed as well as the methodology in a joint MoH, WHO, UNICEF workshop, organized by UNICEF. The new tools are being reproduced and disseminated in the provinces.

⁹ In the Health Zones of Biena, Katwa, Musienene, Beni, Kalunguta and Butembo

¹⁰ Eglise du Christ au Congo et Réseau des Médias pour le Développement

¹¹ 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).

At the same time, the particular support of rapid response centered around suspected cases continues particularly in the Kivus where 96% of response was done in less than 48 hours and concerning all suspected cases notified in the linear lists. The implementation of sanitary cordons of an average of 16 households around each suspected case, allowed the distribution to 8054 households of cholera kits including a home water treatment product and household disinfection. Finally, 50 chlorination points were opened directly in the places where suspected cases were reported.

Social Sciences Analysis Cell (CASS)

In March, the CASS finalised a study exploring perceptions around sexual abuse and exploitation (SEA), and barriers to reporting for women in Equateur province. The objective was to provide evidence to support the development of appropriate, safe and usable community-based reporting mechanisms for SEA cases. The study was conducted in areas exposed to the 11th Ebola response in 2020, where humanitarian organisations were either based, or implemented programmes.

Key results:

- Women considered relationships with humanitarians (sexually exploitative) as an economic opportunity. If they or their family could benefit materially from the relationship, they would not be inclined to report it.
- Shame, and stigmatization by others were the main reasons why women would refuse to report cases of sexual violence (also, but to a lesser extent the case for sexual exploitation)
- Women have little confidence in the local or national judicial system, and by extension in mechanisms designed to punish perpetrators of SEA.
- Women feel powerless to demand justice from aid workers: they see the money and status of aid workers and believe that they will not be held accountable for their actions.

Results of this study have been used to support the co-development of recommendations with local actors, which are intended to guide the implementation of the UNICEF action plan for prevention of SEA, particularly the components regarding reinforcement of community-based reporting mechanisms. The full report of this study 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 member of the advisory board of the Humanitarian Fund in DRC

Human Interest Stories and External Media

During the reporting period, the [arrival of the first doses of COVID-19 vaccine through the COVAX initiative](#) was covered on [social media](#) and multimedia material was uploaded on [WeShare](#). Several media picked this information up, including [Africanews.com](#), [Relief web](#), [Jeune Afrique](#) and [Actualite.cd](#). The launch of the [joint UNICEF-WFP project](#) was also [highlighted](#) as well as the [situation of refugees from Central African Republic](#)

Next SitRep: 15/04/2021

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Summary of Programme Results: UNICEF HAC 2021

UNICEF and IPs Response

Cluster/Sector Response

Sector		Overall needs	UNICEF 2021 Target	Total results	Change since last report ▲▼	Cluster 2021 Target	Total results	Change since last report ▲▼
Indicator	Disaggregation							
Health		11,300,000						
# of children aged 6 to 59 months vaccinated against measles	6-11 months		20,874	32,548	32,548			
	12-59 months		1,022,810	238,673	238,673			
# 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	46,766	23,383	339,587	65,484	42,201
	Boys		282,019	48,579	27,242	313,464	60,136	38,799
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women		393,039	85,327	23,958	494,000	79,509	38,658
Child Protection		4,200,000						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	26,498	6,594	223,046	41,648	16,854
	Boys		147,000	31,691	4,593	214,299	51,174	19,323
	Women		51,000	1,021	89	74,349	1,398	185
	Men		49,000	1,286	152	71,433	1,512	127
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	4,009	153			
	Boys		30,000	3,231	154			
	Women		67,500	2,898	40			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	193	84	2,940	469	212
	Boys		5,250	961	550	8,817	1,339	619
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	220	18	8,965	646	327
	Boys		4,335	334	33	8,615	884	441
# 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	8039	6666	265,720	19422	18,049
	Boys		204,667	9864	8,597	245,280	23467	22,200

# of schools implementing safe school protocols (infection prevention and control)			1,408	1,040	-			
WASH		7,900,000						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	30,320	1,040	2,221,544	30,320	1,040
	Men		1,036,774	32,680	960	2,050,656	32,680	960
# of people accessing appropriately designed and managed latrines	Women		222,304	77,362	29,120	756,080	77,362	29,120
	Men		205,204	76,788	26,880	697,920	76,688	26,880
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	80,513	8,936	1,340,000	-	-
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	83,773	8,936			
# 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	21,721	13,583			
# of community action cell members participating in community-level actions for social and behavioural change			34,000	13,134	4,705			
# of people reached through messaging on access to services			10,000,000	2,260,130	95,1210			

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	2,363,992	12,586,468	0	160,137,775	91%	8,407,870.00
Health	43,598,460	584,550	3,877,468	0	39,136,442	90%	-
WASH	36,698,249	1,204,659	1,926,363	0	33,567,227	91%	-
Child Protection	16,198,381	1,311,097	2,524,288	0	12,362,996	76%	-
Education	56,955,555	0	2,379,759	5,156,478	49,419,318	87%	-
Social protection and cash transfers	7,100,000	1,546,633	0	0	5,553,367	78%	-
Communication for development/Social Policy	7,080,400	886,856	355,185	250,000	5,588,358	79%	-
Rapid response	37,942,810	1,125,282	17,566,944	0	19,250,584	51%	-
Cluster/Sector Coordination	3,750,000	1,002,379	1,414,476	0	1,333,146	36%	-
Total	384,412,089.54	10,025,448.08	42,630,951.57	5,406,477.86	326,349,212.03	85%	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 is 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 April 13, 2021)