Reporting Period: April 2021

Democratic Republic of the Congo

Humanitarian Situation Report No. 04

Highlights

- More than 1.8 million people have been displaced (IDPs) during the reporting period -while the anti-MONUSCO protests paralysed As a result, UNICEF had to temporarily close its field office in Beni. While UNICEF continues to deliver its programme through local partners, this situation ampers humanitarian access on the ground and has negative impact on children and their protective environment
- Eight Ebola cases and 4 deaths were confirmed in the Health Zones in the North Kivu Provinces. 2 of the cases were healthcare professionals. 367,906 persons were reached with Ebola awareness messages, while 929 healthcare providers were briefed on Ebola prevention and other care protocols.
- During the first quarter, the nutritional surveillance and early warning bulletin (SNSAP) provides information on nutritional alerts in 75 health zones representing 14% of health zones across the DRC.

Situation in Numbers

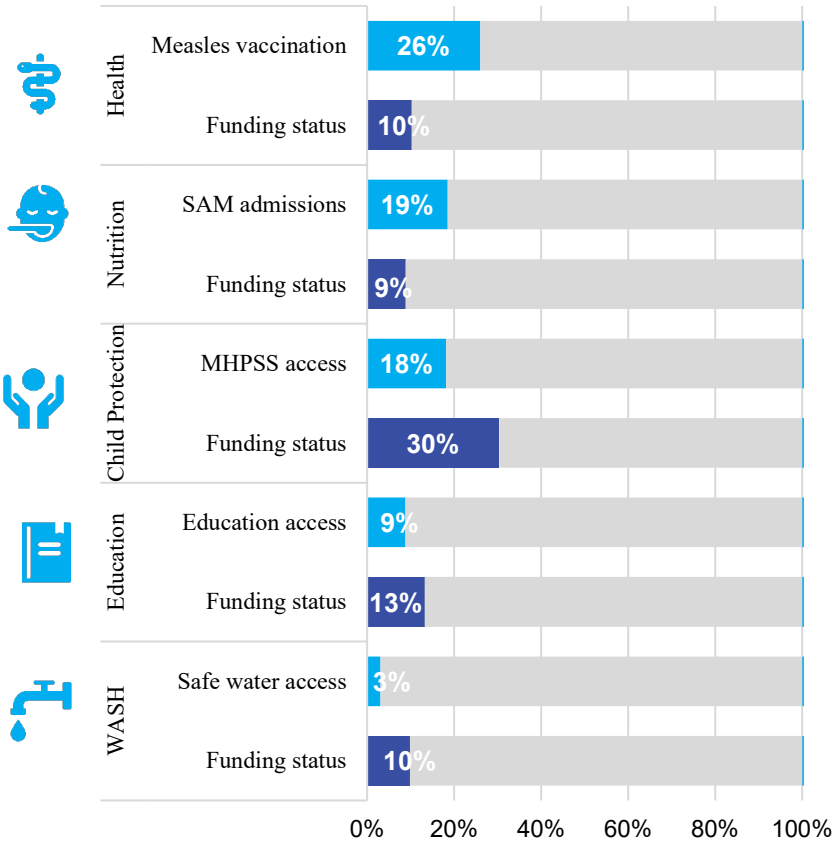
9,800,000
people in need of humanitarian assistance (OCHA, Revised HRP 2021*)

19,600,000
people in need
(OCHA, Revised HRP 2021*)

5,300,000
IDPs
(OCHA, Revised HRP 2021*)

3,201
cases of cholera reported since January
(Ministry of Health)

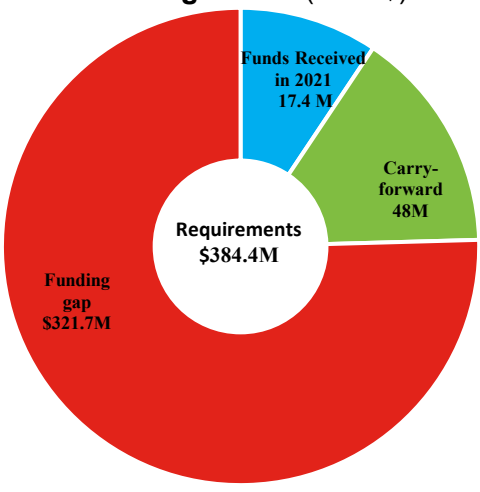
UNICEF's Response and Funding Status



UNICEF Appeal 2021

US$ 384.4 million

Funding Status (in US$)



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 84%, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Needs

Inter-community violence and armed conflict:

Since March, protests against MONUSCO have been arisen in North Kivu and Ituri and turned into protests against humanitarian operation (called zero humanitarian operation). As a result, UNICEF had to temporarily close its field office in Beni. While UNICEF continues to deliver its programme through local partners, this situation ampers humanitarian access on the ground. In addition, there has been negative impact on children and their protective environment. Children are 'used' by political leaders/groups to participate in the protests. Seven children have been shot and wounded, one killed, and more than 70 children and youth have been arrested and incarcerated during the protests. Schools have been (unofficially) closed and parents are scared to send children to school, hampering education activities for children. Number of visits to the health and nutrition centre has been reduced.

Nord Kivu Province: more than 1.8 million people have been displaced (IDPs) during the reporting period -while the anti-MONUSCO protests paralysed the socio-economic, education and civil activities across the province, the attacks by alleged Non State Armed groups have been intensifying in the Grand Nord Kivu. As a result, humanitarian needs are deepening but most of humanitarian actors have limited access to deliver assistance.

Ituri province: During the reporting period, security situation in the territories of Djugu and Irumu continue to intensify, the armed groups continue to attack FARDC and civilians, according to the need assessment conducted by UNICEF - around 23,080 people are displaced. On a positive note, at the end of April traffic along RN27 has been slowly resumed. UNICEF mobilized integrated response, including WASH, Health and C4D, with total of 1,637 NFI kits thru UniRR interventions. As a reminder, more than 1.6 million people have been displaced in Ituri Province and 49% of the total population are in needs of humanitarian assistances . Mortality rates in the Province is 1.5 times higher than the emergency threshold.

South Kivu province: Following a resurgence of the inter-ethnic tensions with armed group involvement in Kalehe territory, around 7,000 people have been displaced to Katasomwa and 10,000 people to Bunyakiri. According to an assessment led by the Provincial authority, multi-sectoral needs were observed. Conflict and humanitarian situation in Haut Plateaux has been spilled into Moyen Plateaux and Ruzizi plain as people from the Haut Plateaux started to come down to those areas. approximately 37,000 people are affected.

Tanganyika province: In Tanganyika, the clashes between FARDC and armed groups in the northeast of Nyunzu and the north of Kalemie continued to impact humanitarian situations that keeps deteriorating with 4,815 people displaced in April including 1,400 children.

Epidemics:

During the reporting period, , 8 Ebola cases and 4 deaths have been confirmed in the Health Zones of Biena, Katwa, Musienene and Butembo in the North Kivu Province. 2 of these cases were healthcare professionals. 2 persons had recovered and discharged from the Ebola Treatment Centre. There were no cases among children

Regarding cholera, from week 1 to week 17, 2,801 suspected cases of cholera, of which 85 deaths, have been reported across the country mainly in the provinces of South-Kivu, North Kivu, Kasai Oriental, Haut Katanga and Lomami. Compared to the year 2020, the incidence decreased by 67,6%, with the number of suspected cases dropped from 8,639 cases in 2020 to 2,801 in 2021. The number of deaths attributable to the disease show a 14% decrease, from 112 in 2020 to 85 in 2021. The fatality rate remains particularly high at 3%.

In Ituri, in the health zone of Biringi Aru Territory, 70 new suspected cases of plague have been notified.

The COVID-19 outbreak is affecting 23 out of the 26 provinces, with a total of 29,850 confirmed cases.

Nutrition overview:

During the first quarter, the nutritional surveillance and early warning bulletin (SNSAP) provides information on nutritional alerts in 75 health zones representing 14% of health zones across the DRC. Six provinces are more affected, especially in Equator (14 ZS); Maniema (10 ZS); Kasai Oriental (10 ZS); Lomami (8Z); Sankuru (7 ZS) and Tshuapa (5 ZS). A nutritional intervention is underway in the provinces of Kasai Oriental, Sankuru and Tshuapa with funding from FCH,

USAID / FFP, PUNC and World Bank. In response to SNSAP alerts, a SMART nutrition survey conducted in the Iboko and Pendjwa health zones shows a disturbing prevalence of malnutrition, respectively (SAM: 7.3%; GAM: 17.9% and SAM: 2.8%; GAM: 11.2%).

Natural disaster:

In Tanganyika province, 193 schools were destroyed by natural disasters affecting the schooling of more than 43,000 students (76 following the floods of Lake Tanganyika and 117 schools because of the torrential rains). Overall, on going floods are affecting 9,097 households in the province

Summary Analysis of Programmatic Response

Nutrition

During the reporting period, 44,642 children (53% of girls) have been assisted by UNICEF and partners in 8 Provinces (Ituri, Kasai Central, Kasai Oriental, Kasai, Lomami, Sud Kivu, Nord Kivu and Tanganyika). The performance indicators for the treatment of SAM are satisfactory by international standards of OMS: cure rate of 85%%, death rate of 0.8% and defaulter rate of 12%. UNICEF has supported the treatment of SAM in 88 health zones, which represent 49% of the priority health zones identified by the Nutrition cluster.

A final coverage survey was conducted in April in the Binza Météo health zone Kinshasa Province where is implemented the pilot simplified treatment approach for Acute Malnutrition in children under 5 years old. The results show an improvement in the coverage of Acute Malnutrition from 0% to 34.5%.

Health

Within the framework of the COVAX initiative, the vaccination campaign against COVID-19 started on April 28 of the campaign 2,035 people were vaccinated. UNICEF provided technical and financial support for capacity building of health care providers from the MoH on prevention, cases management, community surveillance, risk communication and community engagement of Covid-19. A total of 700 health workers have been trained for this first round.

WASH

In April, 39,364 people received WASH assistance from UNICEF in the provinces of Equateur, Kasai Oriental, Haut-Katanga and Lomami. The latter benefited from COVID-19 and EVD-Ebola (WASH-PCI) preparation and prevention activities and from sustainable access and drinking water thanks to 7 water points built or upgraded.

During the period 1,636 people (women and children) benefited from GBV risk mitigation measures (including SEA risks) in the different program interventions. 645 implementing partners were trained in PCI-WASH including in Bikoro, Ntondo, Iboko, Irebu, Mbandaka, Boende, Lisala, Bumba, Basankusu and Djombo. 36 schools were provided with hand washing kits in Lisala and Bumba; 24,183 students were affected including 12,258 girls and 11,925 boys.

Education

As of April, 37,488 (18,499 girls) children aged 6-17 in North Kivu, South Kivu, Ituri and Tanganyika have benefited from UNICEF support in responding to the crisis related to armed and inter-ethnic conflicts. This support includes reintegration into formal and non-formal schools, distribution of school supplies, the establishment of temporary learning classes, school remedial courses and psychosocial support in the classroom. In Ituri province 45 focal points were trained on protection against sexual abuse and exploitation in schools and 90 teachers signed the code of conduct. In South Kivu province (Mwenga and Walungu territories), 54 trainers have been able to prevent Covid-19 in schools and are ensuring the multiplication of training among peers. In Tanganyika province in Nyunzu territory 1,690 children from 30 schools and targeted communities were made aware of the prevention of VBG and the actions/barriers against COVID-19 in school settings.

Response preparation is on-going n Tanganyika to support the schools destroyed by the flood.

Child Protection

In March, a total of 12.100 children (5.312 girls 44%) affected by the humanitarian crises in DRC received a child protection assistance. 198 Children associated with Armed Groups and Forces (CAAFAG) benefitted from transitional care and/or socioeconomic reintegration and 76 Unaccompanied and Separated Children (UASC) were identified and

provided with temporary care. 11.979 children received individualized or collective psychosocial support: including in IDPs sites. 121 women, girls and boys accessed GBV risk mitigation, prevention, or response interventions.

The protests in Beni province, prevented school children and students from going to schools and Child protection actors reported the presence of many children and adolescents who were allegedly systematically involved in these marches and demonstrations, exposing them to significant risk of violence or arrest. Moreover, the situation in the rest of the territory of Beni is not improving, because of the clashes perpetrated by the ADF. CP AoR issued an advocacy note and supported advocacy activities to ensure that the protection and rights of children were respected.

UNICEF and its partner are positioned, as part of the rapid response, to provide assistance in WASH and NFI kits but still have not been able to access the area, following the example of the suspension of the activities of humanitarian actors in the zone.

Cholera Response

UNICEF has continued to support the government in the fight against cholera in the provinces of North, South-Kivu, Haut-Lomami and Kasai. 22,648 household received at least one Household Water Treatment product, while 186,435 people were sensitized on prevention measures thanks to the community involvement and the rapid response teams' interventions. Finally, 23,313 houses were disinfected.

Social Protection and cash transfers

In April 2021, The Phase1 of the social protection project in Nsele was completed, 17,913 HH received their first payment: 15,969 HH via mobile money (MPESA), and 1944 HH in the difficult to access due to connectivity problems received assistance through TMB (using cash in an envelope). UNICEF is also supporting the six health centre to establish an action plan to strengthen the 86 existing CAC creation of 136 additional to address demographic needs due to the increase of population over recent years and geographic needs (distance) mostly in rural hard-to-reach areas. UNICEF staff is currently supporting this process jointly with 10 staff from the health zone office (including community health workers) and 18 local facilitators. The local facilitators were trained to accompany the communities during the whole process including the organization of village assemblies to elect members of CAC and development of community action plans. In addition, the network of community workers has been strengthened to effectively carry out the sensitization activities to raise awareness within their communities about COVID-19 prevention measures and to carry out community-based surveillance of suspected cases of COVID-19.

UNICEF established community-based complaint committees in all 63 targeted CACs in collaboration with the MINAS and World Vision. For this, UNICEF equipped CACs with telephones and visibility material. UNICEF trained the established committees on how to manage and handle complaints as well as conducting a sensitization campaign to inform communities about the existence and functioning of these committees. To complement the complaint committees at CAC level, UNICEF set up the tool Rapid-Pro for payment verification and complaint/feedback mechanism. In addition, UNICEF has partnered with a national women's non-governmental organization, Afia Mama, which will carry out a package of gender-sensitive activities to empower women and contribute to gender equality. In the 6 targeted health areas, Afia Mama will conduct a mapping of grassroot women associations and gender champions among members of each CAC to reinforce their capacities through training and coaching sessions on women leadership and civic participation; functional literacy and business management (focusing on financial management of the cash transfers); and on prevention of GBVs and PSEA.

Also, in preparation for Phase 2, where only the most vulnerable households among the 23,883 HH will continue to receive the cash assistance for an additional period of 6 months, UNICEF started the first phase of the community-based targeting (CBT).This methodology consists of two steps: 1) organization of focus groups with community members (with men and women separately) to identify the vulnerability criteria following a participatory approach ; 2) organization of the community-based categorization of households by CACs into wellbeing categories (able, poor and extremely poor). During the reporting period, in collaboration with WFP and the MINAS, UNICEF implemented the first step of the methodology and carried out focus groups regrouping community members from the 6 targeted health zones. Only households categorized as 'poor' ("mokeleli") or 'extremely-poor' ("mobola") during the CBT will be eligible to receive the cash assistance in Phase 2 of the project.

Social Sciences Analysis Cell (CASS)

In the East, the CASS completed an operational study focused on the plague in Ituri. The results were presented in Ituri and Goma and resulted in 20 local level and co-developed recommendations which will be followed in the coming

months. e 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.

In April, 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. In Kinshasa, a specific focus was on healthcare worker surveys (357 structures in total), to understand perceptions of risk, capacity to prevention transmission and impacts of COVID on healthcare facilities. This was a second phase of the healthcare workers (first conducted in August 2020)

Key results include:

1. More than 35% of respondents (all types of organizations) consider their level of knowledge about COVID to be "good"; while 42% of caregivers surveyed in private facilities consider it "average".
   → No significant change since the first iteration of the survey in July.
2. More than 90% of the caregivers feel able to answer their patients' questions about COVID. The majority also know the most common symptoms of COVID and the modes of transmission
3. 77% of caregivers surveyed in public facilities and 44% in private facilities said they had received training on COVID-19. private facilities said they had received training on COVID-19.
4. To the question "What type of support would enable you to better implement in response to the question "What type of support would help you better implement IPC measures in your facility?
   - 60% of caregivers in private facilities and 65% in public facilities cited financial support for facilities cited financial support to purchase IPC materials.
   - 40% of caregivers in public facilities and 49% in private facilities
5. 49% in private facilities cited regular training.
   - Health care workers who have received training have a higher level of knowledge than those who have not. knowledge than those who have not been trained (statistical probability calculation)
6. The lack of inputs (gloves, masks) is cited as the main barrier to the implementation of for the application of IPC measures in health facilities but also as the factor putting as the factor putting health facilities at risk of nosocomial infections, according to all the health workers interviewed.
7. 58% of respondents in public facilities and 47% in private facilities report a reduction in attendance and use of certain services since COVID 19
8. 40% of HCW interviewed in public facilities and 32% in private facilities report shortages of inputs since COVID 19 began
9. 20% of HCF reported not having access to water consistently

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 the 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, UNICEF DRC amplified the launch of the vaccination campaign against COVID-19 through several posts published on social networks. Multimedia material was uploaded on We Share, including video footage of the vaccine rollout in eastern DR Congo. UNICEF called on the international community and other humanitarian actors to redouble their efforts in the province of Ituri, where violence is threatening the health of children. UNICEF also called for to prevent the manipulation of children during political demonstrations. Several media picked this this information up, including Radio Okapi, politico.cd, ACP, Faapa, 24 sur 24 and Top 243 News.

Next SitRep: 30/05/2021

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: UNICEF HAC 2021

			UNICEF and IPs Response			Cluster/Sector Response		
Sector		Overall needs	UNICEF 2021 Target	UNICEF 2021 Total Results	UNICEF Change since last report	Cluster 2021 Target	Cluster 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	32,545	0			
	12-59 months		1,022,810	238,673	0			
# of children and women receiving primary health care in UNICEF-supported facilities	Girls		156,754	0	0			
	Boys		144,696	0	0			
	Women		213,849	0	0			
NUTRITION		**5,600,000**						
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls		335,138	62,954	23,660	339,587	110,061	30,230
	Boys		309,358	56,458	20,982	313,464	97,393	26,083
# of primary caregivers of children aged 0 to 23 months receiving infant and young childfeeding counselling	Women		393,039	23,968	0	494,000	116,559	37,050
CHILD PROTECTION		**4,200,000**						
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	31,709	5,211	223,046	54,722	13,074
	Boys		147,000	38,459	6,768	214,299	66,185	15,011
	Women		51,000	1,021	0	74,349	1,524	126
	Men		49,000	1,286	0	71,433	1,622	70
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	4,110	101			
	Boys		30,000	3,251	20			
	Women		67,500	2,898	0			
	Girls		1,750	226	33	2,940	515	46

# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Boys		5,250	1,126	165	8,817	1,588	218
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls Boys		4,165 4,335	255 375	35 41	8,965 8,615	828 1,106	182 222
# of people with access to safe channels to report sexual exploitation and abuse	Girls		90,000	905	0			
	Boys		22,500	597	0			
	Women		30,000	1,112	0			
	Men		7,500	968	0			
EDUCATION		**4,700,000**						
# of children accessing formal or non-formal education, including early learning	Girls		221,722	18,499	10,460	265,720	33,806	14,384
	Boys		204,667	18,989	9,125	245,280	37,439	13,972
# of schools implementing safe school protocols (infection prevention and control)			1,408	1,124	84			
WATER, SANITATION & HYGIENE		**7,900,000**						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	32,140	1,820	2,221,544	32,140	1,820
	Men		1,036,774	34,360	1,680	2,050,656	34,360	1,680
# of people accessing appropriately designed and managed latrines	Women		222,304	77,466	104	756,080	77,466	104
	Men		205,204	76,884	96	697,920	76,884	196
Rapid Response Mechanism		**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	128,913	48,400	1,340,000	205,709	48,400
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	114,597	30,824			
# of households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response			238,000	0	0			
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	17,913	17,913			
C4D, community engagement and AAP								
# of people who shared their concerns and asked questions/clarifications to address their needs			100,000	33,789	12,068			

through established feedback mechanisms						
# of community action cell members participating in community-level actions for social and behavioral change			34,000	21,985	8,851	
# of people reached through messaging on access to services			10,000,000	5,482,000	3,221,870	

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	2,795,992	12,586,468	0	159,705,775	91%	8,407,870.00
Health	43,598,460	584,550	3,877,468	0	39,136,442	90%	-
WASH	36,698,249	1,688,920	1,926,363	0	33,082,966	90%	-
Child Protection	16,198,381	2,391,097	2,524,288	0	11,282,996	70%	-
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	3,545,613	17,566,944	0	16,830,253	44%	-
Cluster/Sector Coordination	3,750,000	1,246,713	1,414,476	0	1,088,812	29%	-
Total	**384,412,089.54**	**14,686,374.99**	**42,630,951.57**	**5,406,477.86**	**321,688,285.12**	**84%**	**8,407,870.00**

* Funds available include 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 INCLUDES 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 May 6, 2021)