



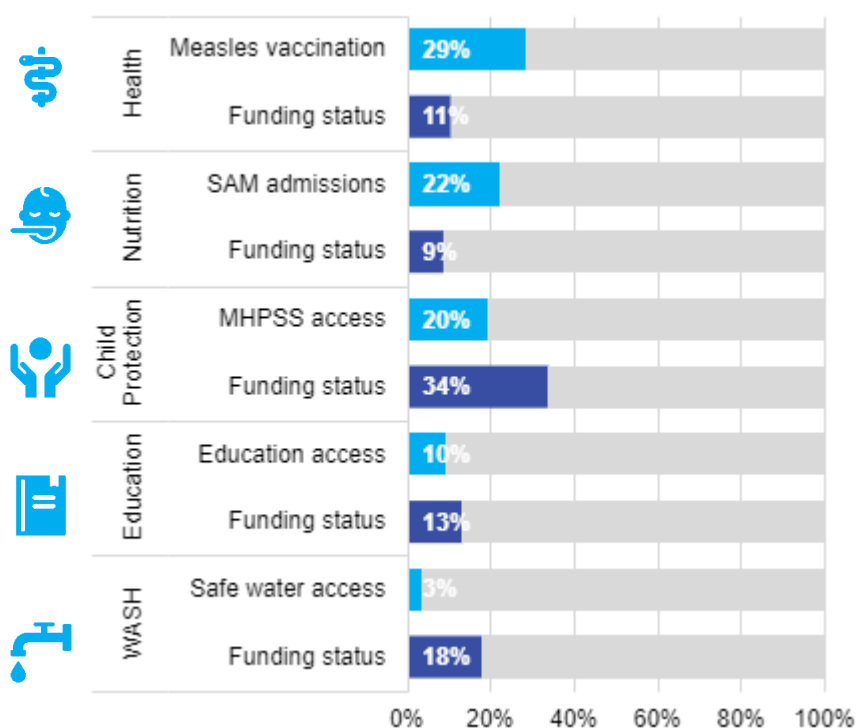
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Reporting Period: May 2021

Highlights

- The eruption of Mount Nyragongo on 22 May 2021 led to 32 deaths and the destruction of 3,629 houses in Goma, while the evacuation on 27 May led to the displacement of around 234,000 persons. During the last week of May, UNICEF provided a life-saving assistance in displacement areas (Sake, Minova, Rutshuru), with priority given to assistance at the community level in WASH, Cholera response and Child protection.
- As of May 31st, 2021, the Democratic Republic of Congo (DRC) has already reported a total of 3,201 cholera cases, with 86 deaths. This represent a decrease of 68.3% in number of cases, and of 45% in number of deaths compared to 2020, whereas the fatality rate has risen from 1.3% to 2.7% from 2020 to 2021.
- In May 2021, 36,683 people affected by humanitarian crises in Ituri, and North-Kivu provinces have been provided with Non-Food Items (NFI) and WASH life-saving emergency packages through UNICEF's Rapid Response (UniRR). As of 13 June 2021, the DRC has already reported 35,668 confirmed cases of COVID – 19, with 846 death, and entered its third wave of the pandemic.

UNICEF's Response and Funding Status







Democratic Republic of the Congo

Humanitarian Situation Report No.5



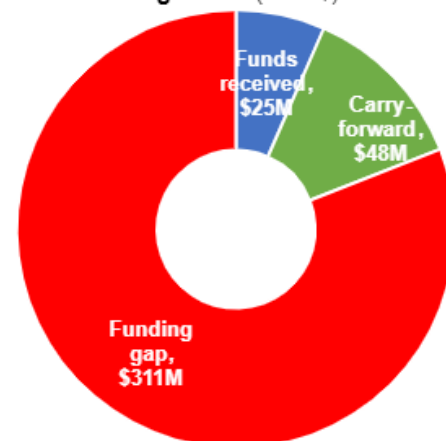
Situation in Numbers

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

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 81%, with significant funding needs in nutrition, health, WASH, education and communication for development.

Situation Overview & Humanitarian Needs

Inter-community violence and armed conflict:

On May 6, 2020, President Felix Tshisekedi declared a state of siege in the provinces of Ituri and North Kivu, under a one-month renewable arrangement. The aim of giving power to military governors in the two provinces is to combat the non-state armed groups (NSAGs) more effectively in the east of the country. The state of siege was extended at the request of the President for an additional two weeks on May 29.

In Ituri, FARDC increased military operations against the positions of non-state armed groups (NSAGs) in Djugu and Mambasa territories.

In North-Kivu, despite the state of siege declared on 6 May by the President Félix Tshisekedi, violence has intensified, especially in Mutwanga and Rwenzori heath zones, with 35,000 households displaced in May. The “state of siege in these both Ituri and North Kivu provinces increases child protection risks particularly in terms of grave violations.

In South-Kivu, intercommunity tensions led to the displacement of 15,000 persons in Katasomwa and 40,000 persons in Bunyakiri¹, while a new wave of violence has surged in the Hauts Plateaux.

In Tanganyika, Nyunzu and Kalemie territories remain hotspots of the violence between FARDC and NSAGs. Meanwhile, tensions between the community wa and Bantu are still ongoing.

Natural disasters:

In North Kivu, the eruption of the Nyiragongo volcano on 22 May led to the displacement of 234,000 people², destroyed at least 3,629 houses, seven schools and four health centers. The eruption and displacement related to the eruption led separation of 1,340 children from their families and initially over 195,000 people without access to safe and clean water. The eruption also led to many family separation and increased child protection risk incidents including GBV. As of 29 May, 1,361 unaccompanied children have been identified.

Epidemics:

New suspected cases of pneumonic plague have been reported in Ituri (Fataki and Drodoro HZ) and number of notified cases of measles continue to increase.

Regarding Cholera, as of 31 May 2021, the DRC has reported 3,201 cholera cases, with 86 deaths, representing a death rate of 2.7%. These numbers are significantly down from 2020, when there were 10,803 cases and 132 deaths on the same date. However, the case fatality rate increased from 1.3% to 2.7% between 2020 and 2021.

As of June 13, 2021³, the COVID-19 outbreak has affected 23 out of the 26 provinces, with a total of 35,668 confirmed cases and 846 deaths. Around 23,733 have been vaccinated in DRC during May. In response to the recent increase in number of cases, the Government and the provincial authorities have put in place mitigation measures such as curfew and limitations of the transportation conditions.

Summary Analysis of Programmatic Response

Nutrition

In May, the number of health zones in nutrition alert increased, with 87 health zones compared to 75 in April. 17 of the 26 provinces have at least one health zone on alert as of June 1st, 2021.

During the reporting period, 25,187 children (including 53% girls) have been assisted on the management of severe acute malnutrition by UNICEF and its partners, 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 84.7%, death rate of 1.1% and defaulter rate of 8.3%.

UNICEF has supported the treatment of SAM in 41 health zones, which represent 23% of the priority health zones identified by the Nutrition cluster.

¹ Inter-Agency Assessment

² OCHA, June 1st, 2021

³ No official report on the COVID-19 cases from April 23 till June 13, 2021

The Nutrition Cluster launched a steering committee on the implementation of simplified approaches to SAM treatment and finalized and published the National Cluster Performance Monitoring Survey. Significant progress was observed in terms of accountability to affected population issues.

Health

12 health zones (Kanzenze, Manika, Fungurume - Lualaba, Bosobolo - North Ubangi, Bulu, Bominenge and Ndage - South Ubangi, Bosobolo – Equateur, Yakusu, Tshopo, Lubunga Sankuru and Dingila – Bas Uele) have benefitted from UNICEF pre-positioned medical care kits in response to measles outbreaks.

UNICEF contributed to the organization of a two-phases preventive polio campaign with bivalent oral polio vaccine (bOPV) in 13 provinces (261 health zones) with a total target of 10,783,713 vaccinated children. The country is also preparing the introduction of the novel oral polio vaccine type 2 (nOPV2) and has already met the 20 recommended requirements.

UNICEF has allocated materials and equipment against COVID-19 to the General Direction for Disease Control (GDLM): 5,500 thermoflash, 46,000 gloves pairs, 30,000 hydro-alcoholic gel bottles, oxygen concentrator, portable ECG, nebulizers, medical ventilator, drugs, etc.).

During the reporting period, two workshops were organized with the technical and financial support of UNICEF for the elaboration of the decree creating and organizing the multisectoral consultation framework for health security in DRC.

WASH

In May, 53,595 people received WASH assistance in North Ubangi, Ituri, Haut Katanga, and Tshopo provinces. The latter province benefited from preparedness and prevention activities for COVID-19 and Ebola-EVD, and sustainable access to potable water through the construction of 14 water points and 30 latrine doors.

Following the eruption of the Nyiragongo in North-Kivu, UNICEF supported the installation of a bypass system allowing more than 130,000 people to regain access to regular and quality water supply in Goma. Meanwhile, UNICEF worked with CARITAS Goma and AVUDS to provide access to water through water-trucking for 34,666 persons per day in Goma. To avoid an outbreak of diarrheal diseases, UNICEF installed 15 chlorination points near the lake in Goma. UNICEF also supported the displaced persons in Sake, with rapid actions: establishment of 10 waterpoints with bladders for a total capacity of 150 m³, construction of 90 latrines and shower doors, and hygiene promotion activities.

During the reporting period, 1,636 women and children benefited from with focus groups and awareness activities organized to sensitize communities to the risks of GBV risks around water points and latrines.

Education

In May, 3,172 children (including 1,696 girls) aged 6 to 17 in North Kivu and Ituri provinces affected by the crisis linked to armed and inter-ethnic conflicts benefited from UNICEF support comprising psychosocial support in the classroom, school reintegration into formal and non-formal schools, distribution of school supplies, installation of 12 temporary learning classrooms and remedial education.

Considering the response to the COVID-19 epidemic, 49,477 children (23,657 girls, 25,820 boys) enrolled in 69 schools, in North Kivu spread across the Walikale 3, Oicha and Beni axes, were supported with school supplies and remedial classes. In addition, awareness-raising activities were conducted in 110 schools in the city of Bunia with the observance of barrier measures in schools for the benefit of 6,120 students, 181 teachers and school heads by the local NGO PADI. Three cases of GBV occurred in three schools in the town of Bunia and were referred to a specialized facility.

Child Protection / Gender Based Violence

Following the “state of siege” proclamation in Ituri and North Kivu, UNICEF and Child Protection Area of Responsibilities (CP AoR) started conducting advocacy with military authorities to (i) ensure the respect of International Humanitarian Law (IHL) by the FARDC and the police forces and (ii) that 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 (Paris Principles). In addition, child protection actors intensified child protection monitoring, including monitoring of grave violations against children affected by conflict (MRM), while child protection contingency plan are also developed based on potential scenarios.

In May, a total of 6,325 children (including 48% of girls) affected by the humanitarian crises in DRC received a child protection assistance. 210 Children Associated with Armed Groups and Forces (CAAFAG) benefitted from transitional care and/or socioeconomic reintegration and 113 Unaccompanied and Separated Children (UASC) were identified and provided with temporary care. 5,580 children received individualized or collective psychosocial support, including in IDPs sites.

745 women, girls and boys accessed GBV risk mitigation, prevention, or response interventions.

The DRC CP AoR also released in May a new technical note on child protection mainstreaming in NFI distributions, in close collaboration with the NFI Working Group.

Social Protection and Cash Transfers

In May 2021, 17,913 households received their second and third transfers in a single payment: 89% via mobile money and 11% via cash in the areas of difficult access.

UNICEF also carried out the second step of the community-based targeting (CBT) in each CAC. As a result, 16,000 households out of the 21,640 which benefitted from the Phase 1 were categorized as “poor” or “extremely poor”, and thus eligible to receive the cash assistance for the six additional months.

In the perspective of strengthening the community engagement, UNICEF has accompanied 222 CACs in their creation or restructuring, and has signed a partnership with a Congolese women’s NGO, Afia Mama, which will carry out a package of gender-sensitive activities with the support of other local NGOs. This latter partnership will also enable UNICEF teams and health authorities to integrate a gender module within the standard training to build capacities on community dynamics.

UNICEF finalized its report on the impact assessment of the cash transfers activities on the community, led in collaboration with its Office of Research Innocenti, based in Firenze (Italy).

Communication for Development (C4D), Community Engagement & Accountability

In May, the C4D section has continued its communication and community engagement activities to support the Government in its campaigns for COVID-19 vaccination, yellow fever vaccination in 7 provinces and to prevent cholera.

Regarding COVID-19 vaccination, UNICEF has supported Government’s efforts to sensitize health personnel, persons with comorbidities, reaching more than 11.5 million people. UNICEF has deployed 15 C4D consultants in Kinshasa to support vaccination, notably through helping identification of target persons in care centers. UNICEF prevention messages broadcasted by radio stations, churches, CACs⁴ and other channels have reached at least 2.4 million persons.

During the vaccination campaign against yellow fever organized in Bas-Uélé, Haut-Uélé, Mongala, Tshuapa, North-Ubangi, South-Ubangi and Tshopo, at least 135 community radios and 4,620 CACs have been mobilized to ensure information of parents, reaching about 3.9 million persons.

Concerning cholera, 205 community relays conducted activities to promote prevention measures in the health zones of Moba, Kalemie and Nyemba in Tanganyika, reaching a total of 3,464 people.

In addition, with the intention to restore social cohesion in Nyunzu territory (Tanganyika), UNICEF supported, under the lead of the Community Engagement Task Force and the support of the Cohesive Leadership Initiative, a community consultation from 19 May to 29 May 29 between community Twa and Bantou. This consultation consisted in 80 focus group bringing together 2,400 influential personalities from 650 villages. It allows the identification of collective priorities as well as of community influencers. The next step of this initiative will be to develop action plans for the 10 thematic groups, probably in July.

UNICEF Rapid Response (UniRR)⁵

In May 2021, a total of 5,758 households (36,683 people) benefitted from life-saving emergency packages of Non-Food Items (NFIs) and WASH kits through UNICEF rapid response mechanism (UniRR). The assistance was given to internally displaced people affected by armed conflicts in Ituri (1,751 households with NFI and Menstrual Hygiene kits, representing 10,799 people) and North-Kivu (4,007 households with NFI and WASH kits, representing 25,884 people).

In line with the localization agenda of the Grand Bargain, UNICEF delivers the rapid response programme jointly with local/national partners. (Croix Rouge in North-Kivu and, PPSSP in Ituri). The following table shows the progress on the major indicators of the programme as of May 2021:

⁴ Community Animation Cells

⁵ 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).

PROGRAM INDICATORS	
<i>Rapid needs assessment followed by intervention</i>	85%
<i>Interventions made within 7 days of needs assessment</i>	75%
<i>Interventions followed by PDM (Post Distribution Monitoring)</i>	83%
<i>% of PDMs conducted between 14-25 days</i>	86%
<i>Beneficiaries satisfied</i>	95%
<i>Security incidents during the intervention</i>	0
<i>PSEA and anti-fraud training for partners and UNICEF staffs</i>	100%

Cholera Response

From week 1 to week 21, 3,201 suspected cases of Cholera, of which 86 deaths, have been reported across the country mainly in the provinces of South-Kivu, North-Kivu and High-Lomami.

Compared to the year 2020, the incidence decreased by 68%, with the number of suspected cases dropped from 10,083 cases in 2020 to 3,201 in 2021. The number of deaths attributable to the disease show a 35% decrease, from 132 in 2020 to 86 in 2021. The fatality rate remains particularly high at 2.7%, up compared to 2020.

UNICEF continues to support the government in the fight against cholera in the provinces of North and South-Kivu, proposing a response in less than 48h to 98% of the suspected cases in these two provinces. Since January 2021, 27,124 people received at least one household water treatment product, while 395,728 were sensitized on prevention measures thanks to the community involvement and the rapid response teams' interventions. Finally, 27,520 houses were disinfected.

Social Sciences Analysis Cell (CASS)

In May, the CASS continued ongoing research on COVID-19, conducting a rapid assessment to explore the potential impacts of the pandemic on the feeding of children under 23 months in Kinshasa. Main findings are that children's diets are affected by the economic situation of their families, with a reduction in diversity and in special foods dedicated to babies. The CASS has also been conducting data collection in 5 Kinshasa neighbourhoods to understand whether COVID had an impact on childhood illnesses, particularly water-related ones. The situation in Selembao health zone shows that the access to water is particularly difficult, with financial difficulties due to COVID-19.

In Tanganyika, a rapid study was conducted to understand the gendered dimensions of malnutrition, and the complete study presentation is [available online here](#). Key findings highlight the limited knowledge and understanding of nutritional requirements for children and new-borns and that communities recognize that children (particularly girls) are the most at risk of malnutrition. Among other obstacles, the study underlined those below:

- Markets: women are limited by distance and lack of transport options to get to market to sell produce
- Unpaid care: women acknowledged as overworked with limited time to complete daily tasks and care-giving activities, while limiting their ability to have money-making opportunities
- Nutritional practice: women are expected to continue working during pregnancy and breastfeeding
- Household income and management: men control all family assets (land, money, livestock, harvested produce) and make decisions around their use, with a lack of trust between men and women inside most of the households.

Following the Nyiragongo eruption, the CASS adapted the cholera household surveys (as part of the CATI intervention) to understand outbreak dynamics and the impacts of the eruption on households (displacement, health, water, socio-economic).

The CASS teams are currently working with field teams to develop concrete actions based on these evidences. 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 AoR, and the NFI Working Group at the national and decentralized level
- 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, UNICEF [welcomed the end of North Kivu Ebola outbreak](#) and highlighted the [continuous to improve access to water and sanitation, promote good hygiene, and support survivors](#).

The communication activities focused on Mount Nyiragongo's eruption and [its impact on children](#). Several media picked this information up including [News UN](#), [Relief Web](#), [Africa News](#), [Zoom Eco](#) and [Adiac Congo](#).

UNICEF communicated [in the early hours](#) and [quickly scaled up communication about interventions for children and families](#). Multimedia material was uploaded on [WeShare](#), including video footage.

Next SitRep: 31/07/2021

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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 ▲▼
Health		11,300,000						
# of children aged 6 to 59 months vaccinated against measles	6-11 months		20,874	48,196	-			
	12-59 months		1,022,810	250,949	-			
# 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	610,006	305,521	75,557	▲ 12,603	339,587	124,274	▲ 14,213
	Boys	563,082	282,019	69,042	▲ 12,584	313,355	107,758	▲ 13,365
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women	1,234,757	393,039	23,968	-	493,992	131,562	▲ 15,003
Child Protection		4,200,000						
	Girls		153,000	34,243	▲	223,046	62,997	▲

# of children and caregivers accessing mental health and psychosocial support					2,534			8,275
	Boys		147,000	41,505	▲ 3,046	214,299	74,360	▲ 8,175
	Women		51,000	1,022	▲ 1	74,349	1,685	▲ 161
	Men		49,000	1,286	-	71,433	1,765	▲ 143
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	4,621	▲ 511			
	Boys		30,000	3,485	▲ 234			
	Women		67,500	2,898	-			
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	266	▲ 40	2,940	555	▲ 40
	Boys		5,250	1,296	▲ 170	8,817	1,779	▲ 191
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	309	▲ 54	8,965	888	▲ 60
	Boys		4,335	434	▲ 59	8,615	1,186	▲ 80
# 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	20,195	▲ 1,696	265,720	33,806	▲ 4,846
	Boys		204,667	20,465	▲ 1,476	245,280	41,913	▲ 4,474
# of schools implementing safe school protocols (infection prevention and control)			1,408	1,132	▲ 8			
WASH		7,900,000						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Women		1,123,172	35,780	▲ 3,640	2,221,544	29,280	▼ 1,040
	Men		1,036,774	37,720	▲ 3,360	2,050,656	31,720	▼ 960
# of people accessing appropriately designed and managed latrines	Women		222,304	78,246	▲ 780	756,080	48,242	▼ 29,120
	Men		205,204	77,604	▲ 720	697,920	49,908	▼ 26,780
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	165,596	▲ 36,683	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	140,481	▲ 25,884			
# 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	17,913	-			
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	33,789	▲ 5,949			
# of community action cell members participating in community-level actions for social and behavioural change			34,000	21,985	▲ 4,101			
# of people reached through messaging on access to services			10,000,000	5,482,000	▲ 722,870			

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	2,845,848	12,586,468	0	159,655,919	91%	8,407,870.00
Health	43,598,460	724,565	3,877,468	0	38,996,427	89%	-
WASH	36,698,249	4,712,919	1,926,363	0	30,058,967	82%	-
Child Protection	16,198,381	2,965,893	2,524,288	0	10,708,200	66%	-
Education	56,955,555	0	2,379,759	5,156,478	49,419,318	87%	-
Social protection and cash transfers	7,100,000	2,115,698	0	0	4,984,302	70%	-
Communication for development/Social Policy	7,080,400	976,668	355,185	250,000	5,498,547	78%	-
Rapid response	37,942,810	8,976,873	17,566,944	0	11,398,993	30%	-
Cluster/Sector Coordination	3,750,000	2,513,305	1,414,476	0	-177,780	-5%	-
Total	384,412,089.54	25,831,769.68	42,630,951.57	5,406,477.86	310,542,893.43	81%	8,407,870.00

* 'Funds received' does not include pledges

** 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 July 7, 2021)