



Humanitarian Situation Report No. 2

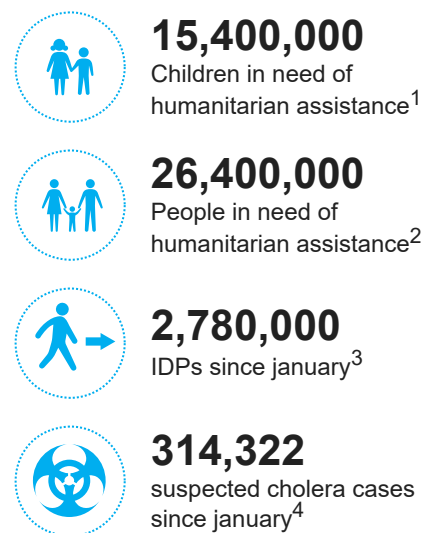
Reporting Period
1 January to 31 December 2023

Democratic Republic of Congo

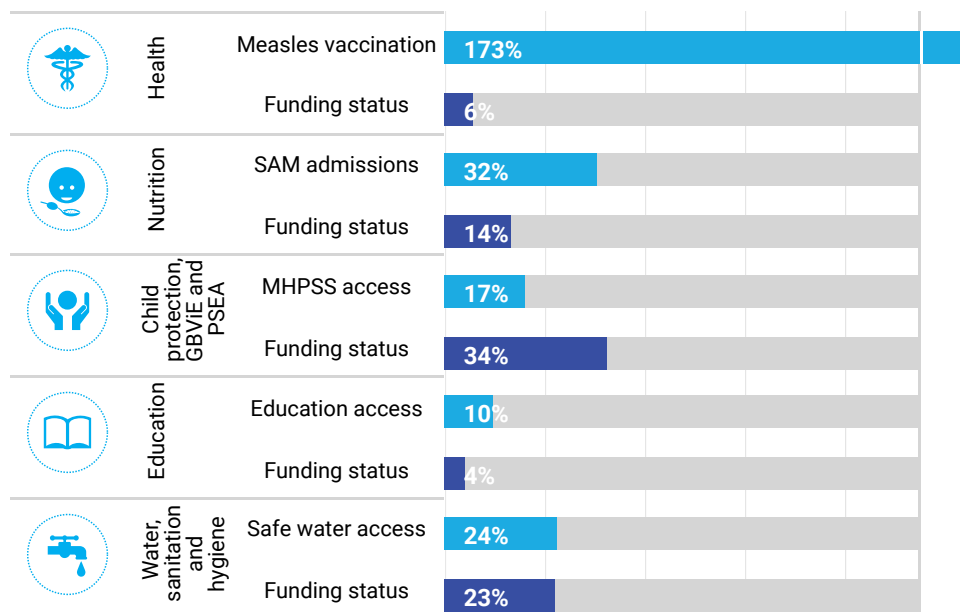
HIGHLIGHTS

- The crisis in the Democratic Republic of the Congo (DRC) is among the world's most complex and most forgotten. In 2023, violence and displacement intensified in both the east and the west. Overall, nearly 15 million children were affected. The number of grave violations against children surged.
- Worsening conflict reduced the capacity of the health system. DRC faced the worst cholera outbreak in six years and more than 300,000 children caught measles. DRC also had persistent levels of wasting.
- The impact of climate change became increasingly obvious. Flooding and landslides coupled with inadequate infrastructure further restricted children's access to clean water, good sanitation, and quality education and health services.
- UNICEF accelerated the delivery of essential services and lifesaving assistance to meet the unprecedented needs of children. UNICEF assisted more than 5.7 million people despite a lack of resources. Additional funding is urgently required to meet needs that continue to grow.

SITUATION IN NUMBERS

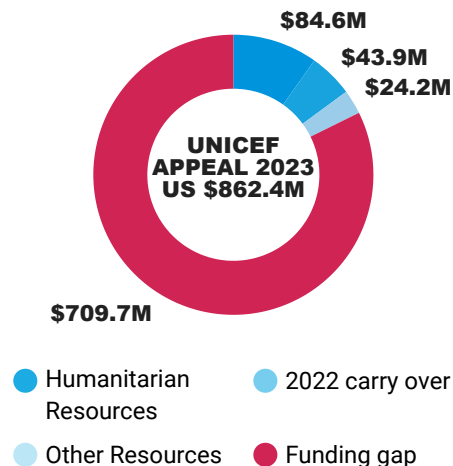


UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF's Humanitarian Action for Children (HAC) 2023 appeal required \$862.4 million to meet the critical humanitarian needs of children, adolescents, women, and men in the Democratic Republic of the Congo. Including \$43.9 million in funds carried over from 2022, \$108.7 million had been received towards the appeal to date, representing 18 per cent of the total needed to reach children and their families with critical lifesaving and life-sustaining support. Within the appeal, funding dedicated to the L3 scale-up in eastern DRC was budgeted at \$401.3 million and fully incorporated into the HAC.

UNICEF continued to appeal for support to close the remaining gaps and to ensure that children and their caregivers receive lifesaving support in 2023 and beyond. UNICEF expresses its sincere gratitude to the many donors who have already provided critical support towards UNICEF's HAC, including the Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), France, GAVI, the Vaccine Alliance, Germany, Japan, Republic of Korea, the Swedish International Development Cooperation Agency (SIDA), UK Aid / Foreign Commonwealth Development Office (FCDO), US Agency for International Development (USAID) / Bureau for Humanitarian Assistance (BHA), and private sector donor contributions through UNICEF National Committees.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



The Democratic Republic of the Congo (DRC) is one of the world's most complex crises, and one of its most abandoned. Surging armed conflict and intercommunal clashes led to massive population movements posing a grave and multifaceted threat to the protection of children. In 2023, 14.9 million children are bearing the brunt of escalating violence and recurrent disease outbreaks, further exacerbating chronic poverty and systemic weaknesses. It extends beyond eastern DRC to the west of the country, notably in Mai Ndombe province, 160 km north of Kinshasa.

The situation continues to deteriorate dramatically in the eastern provinces of Ituri, North Kivu and South Kivu, causing unprecedented levels of humanitarian need. In June, a humanitarian systemwide scale up was activated for Ituri, North Kivu and South Kivu initially planned for three months and subsequently extended until the end of the year. UNICEF activated a Level 3 Corporate Emergency Activation Procedure Scale-up for the eastern DRC for

six months until 14 December 2023 that has been extended in a sustain phase for an additional six months.

As of November 2023, close to 7 million people are displaced in DRC with 76 per cent in Ituri, North Kivu, and South Kivu - a 70 per cent increase in displacements over the past months in the three provinces.⁵ In North Kivu specifically, the number of new internally displaced people (IDPs) is higher in December than in January 2023 – what was then the peak of the crisis with an increase 86% between August and November 2023. There are now 2.5 million displaced people due to the crisis in North Kivu only mostly in the territories around Goma.

Widespread violence against the civilian population has a devastating impact on the rights of children and women. The overall number of grave violations committed by parties to conflict against children verified by the UN Monitoring and Reporting Mechanism increased over the past year. Despite access constraints impeding the verification process, the overall number of cases of grave violations against children verified by the United Nations in 2023 increased by more than 10% in 2023 compared to 2022, notably in the provinces of North Kivu (Rutshuru and Masisi territories), South Kivu (Kalehe territory) and Ituri (Irumu and Djugu territories). Cases of recruitment and use and abduction rose by 20% compared to 2022, with recruitment and use still representing the most perpetrated grave violation, as it accounted for over 60% of all UN-verified cases of grave violations, followed by abductions, and killing and maiming of children. Likewise, according to the child protection working group, the first half of the year saw a 130 percent increase in reported child protection incidents including arbitrary killing, kidnapping, extortion, rape and other gender-based violence, illustrating a deeply concerning pattern of abuse especially on children and throughout the country.

Similarly, verified cases of sexual violence against children also sharply increased, rising up to 40 percent from January to June 2023 compared to the same period last year. However, the reality is probably much higher due to a significant number of reported cases that were not yet verified due to access constraints. Sexual violence remained a major concern throughout the year, particularly for girls, including in internally displaced persons (IDP) sites. Two out of five survivors assisted in 2023 across the country were children under 18.

Furthermore, over 2.7 million children in multiple provinces, including North Kivu, South Kivu, Ituri, Tanganyika, Maniema, Kasai, Kwilu, Mai-Ndombe, and Haut Katanga, faced severe disruptions to their education due to armed conflicts, inter-ethnic tensions, and natural disasters. The humanitarian situation, particularly in the eastern provinces, significantly impacted children's right to education, forcing them into frequent relocations with limited schooling opportunities. In some affected provinces, schools were also often repurposed as shelters for internally displaced persons. Attacks, destruction by armed groups, and natural disasters led to the closure of 848 schools, affecting over 320,914 children.

Child survival also remains fragile due to major epidemic outbreaks and persistent levels of wasting, and this is worsening as conflict and the reduced capacity of the health system persist. Measles outbreaks wreaked havoc on children, with the number of suspected cases affecting 314,322 children (5,856 deaths reported), almost doubling the 146,359 reported cases in 2022 and tripling the fatalities compared to previous year.⁶

Children also faced the worst cholera outbreak in six years, with 54,298 suspected cholera cases and 447 deaths reported, representing a threefold increase from the previous year⁷ with 65 percent of the cases being children. In 2023, North Kivu was the hardest hit by the outbreak, accounting for 64 percent of all cases in the country (almost seven times more than in 2022), while South

Kivu recorded the highest death toll (25 percent of all deaths nationwide). The increasing number of internally displaced persons (IDPs), restricted access to certain areas due to conflicts, and insufficient capacity to address essential needs, particularly in water, sanitation, and hygiene services, as well as health services, have significantly worsened the epidemiological situation in both North and South Kivu.

A nutrition vulnerability analysis done by the nutrition cluster for the second half of 2023 revealed 19 health zones out of DRC's 519 health zones (37 per cent) are high priority. Of these health zones, 17 per cent are in Ituri, 14 per cent in Kasai Central, 9 per cent in Equateur, 8 per cent in Kwilu, 7 per cent in Kasai Oriental, 7 per cent in South Kivu and 6 per cent in Kwango.

Humanitarian access was also severely impacted by intense fighting in 2023. 433 incidents of humanitarian were reported by humanitarian partners, including 239 cases of violence against humanitarian actors.⁸ Security incidents impacting NGOs increased by 5%, constituting 21% of all incidents reported globally by NGOs. Although the number of staff fatalities notably decreased from 11 in 2022 to 3 in 2023, there was a substantial nearly 140% increase in abductions, with 45 reported in 2023 compared to 19 in 2022. This accounts for 30% of abductions reported by NGOs worldwide.⁹ In September 2023, the DRC Government demanded the accelerated withdrawal of MONUSCO, the peace keeping mission present in the country since 1999. A phased disengagement plan was signed, outlining a gradual withdrawal from the east, starting with South Kivu province in mid-2024. Meanwhile, the East African Community regional forces withdrew from the east by the end of 2023, creating a security vacuum that was duly occupied by armed groups and will further hamper the already dire conditions of women and children and the fulfillment of their rights.

Climate change with recurrent floods, landslides and adverse weather conditions, and inadequate infrastructure also continued to severely impact access to social services for children such as clean water, sanitation, education, and healthcare facilities. In May 2023, a major landslide in the vicinity of Kalehe in South Kivu led to the death or disappearance of 3,000 people. In addition, in the last quarter 2023, heavy rainfall has led to an exceptional rise in the Congo River waters, affecting 17 provinces. In some regions, like South Kivu and Tanganyika, the overlap of floods with the cholera epidemic raises concerns of a high-intensity cholera outbreak. Official figures report over 1.6 million people with humanitarian needs, 225 deaths, nearly 70,000 houses, 1,500 schools, and 267 health facilities destroyed. Aligning with a climate change perspective and disaster risk reduction initiatives, UNICEF collaborated with the NGO REACH to conduct a preliminary study for the implementation of anticipatory actions on floods. This study enhanced the understanding and anticipation of flood impacts, fostering improved preparedness and timely responses.

Overall, UNICEF and the humanitarian community faced inadequate resources to effectively address the significant increase in needs, exacerbated by the spreading conflict and the rise in natural disaster events.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



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The country continued to face multiple disease outbreaks in 2023 including measles, polio, cholera, monkeypox. Health system resilience continued to decline. Nevertheless, there were some significant achievements, including a 50 per cent reduction in poliovirus cases compared to 2022.

To address the measles outbreak, UNICEF supplied 500,000 doses of the measles vaccine along with 375 measles kits, which were distributed in the most severely affected provinces. As a result, almost 1.9 million children in humanitarian settings were reached, exceeding the goal of reaching about 1.1 million children aged 6 to 59 months. UNICEF played a proactive role in assisting the Ministry of Health (MoH) by recruiting immunization officers to aid all 26 provincial health departments, reproducing data management tools and communication materials, and covering operational costs in non-humanitarian health areas. To mitigate the recurrent measles outbreaks in North Kivu, the Integrated Analytics Cell (CAI) provided rapid analysis to understand risk factors such as malnutrition and barriers to seeking treatment and gaps in the surveillance and reporting system. The analysis supported the co-development of 26 evidence-based actions of which 91 per cent had been completed by the end of 2023.

Between 1 January and 31 December, a total of 377,740 children under the age of five (148,328 girls; 129,200 boys) and 100,212 pregnant women received primary health care services at UNICEF-supported health centers in the provinces of North Kivu, South Kivu, Ituri, Tanganyika, and Mai Ndombe. Services included routine and emergency immunization to ensure comprehensive vaccination coverage for children and to mitigate the risk of disease outbreaks.

Nine health zones were reinforced through the construction of semi-sustainable or sustainable health facilities, complemented by an Infection Prevention and Control (IPC)/ WASH package. This initiative aimed to notably enhance maternity capacity, upgrade medical equipment, provide capacity-building opportunities for health providers, and reinforce transportation means. Essential kits and equipment, including the Interagency Emergency Health Kit (IEHK) basic kit, IEHK complementary kit, midwife kit and obstetric surgery kit were distributed to 22 health facilities. Additionally, 26 motorcycles were allocated to support vaccination campaign.

UNICEF also contributed significantly to the provision of medical care at Cholera Treatment Centers (CTCs) and Cholera Treatment Units (CTUs) collaborating closely with Case-Area Targeted Intervention (CATI) teams. A total of 11,132 people received treatment across Tanganyika, South Kivu, Haut Lomami, and Haut Katanga provinces. To reinforce the response in highly affected provinces, 175 cholera medical kits were supplied. Rehabilitation and equipping efforts targeted several CTCs and CTUs to improve

cholera case management. Notably, there was a decrease in the number of deaths to a rate of 0.5 per cent. This positive trend can be attributed to effective coordination, a multisectoral response, sustained awareness among partners, and an overall improvement in the quality of cholera case management. With the support of UNICEF and partners, 2,000 patients and accompanying family members were provided with meals during hospitalization in the province of Tanganyika. UNICEF further supported the Tanganyika provincial health department to transport essential supplies from other partners, expediting the prompt initiation of care in the Kiambi health zone.

Child Protection and GBViE

UNICEF's strategy for child protection in humanitarian situations focuses on preventing the occurrence of child protection incidents, providing immediate lifesaving support to children and women in need while reinforcing the capacities of the system to prepare for and respond to emergencies. Amidst increased needs and reduced access, UNICEF provided child protection services to 21,500 children formerly associated with armed groups, unaccompanied and separated minors, and survivors of sexual violence – a 42 per cent increase compared to 2022 – thereby reconfirming the agency's leadership role in the child protection sector in the DRC.

Responding to the vital and massive need for mental health and psychosocial support (MHPSS) services for children and their caregivers, UNICEF scaled up a combined service delivery strategy, including static and mobile interventions, to ensure greater outreach to children in need, including those in remote locations. A total of 335,465 children and caregivers were assisted, thereby contributing to the development of a sense of safety and normalcy and building resilience. The scale-up initiated as part of UNICEF's emergency response resulted in a threefold increase in the number of children and caregivers reached in the second half of the year compared to the first. Acknowledging the crucial role of parents and caregivers in protecting their children, UNICEF expanded MHPSS interventions, reaching more than 56,000 caregivers (versus 4,546 in 2022).

UNICEF continued to support children with Identification, Documentation, Family Tracking and Reunification (IDTR) services, temporary care and assistance, and socio-economic/ school reintegration. A total of 2,892 children associated with armed groups were identified and supported. However, the increased activity and presence of armed groups, and intensification of violence, hampered the release of children from armed groups as well as UNICEF and partners' access to them. The impact of displacement on family separation remained visible, with 6,397 unaccompanied and separated minors supported, an increase of 37 per cent compared to 2022. The majority of those assisted were in North Kivu.

Prevention of and response to sexual and gender-based violence against girls and women was one of the priority child protection interventions this year. UNICEF developed an innovative and comprehensive strategy and scaled up its GBV prevention, risk mitigation, and response programmes across the country. Specialized case workers supported 12,201 survivors with multi-sectoral, age-adapted response services in North Kivu, South Kivu, Ituri, Tanganyika and Mai Ndombe, while close to 800,000 men, women and children were reached with GBV prevention, risk mitigation or response interventions. As part of this new strategy and in collaboration with the Integrated Analytics Cell, UNICEF invested in solid real-time evidence coupled with systemic engagement and accountability mechanisms towards women and adolescent girls to better analyze and address GBV risks and protective factors in humanitarian situations. More than 3,000 households were surveyed in displacement sites in North Kivu, South Kivu and Ituri. This analysis led to the development of a pilot programme combining GBV and Cash-plus interventions in Minova in South Kivu in

collaboration with the World Food Program (WFP), Panzi Foundation and AVSI Foundation. The programme covers 15,000 households and provides a comprehensive package of response, prevention, and risk mitigation interventions to address at scale the prevalence of gender-based violence in eastern DRC.

Finally, UNICEF continued to strengthen the capacities of the child protection system to respond to the needs of children and women affected by conflict and displacement, working closely with the provincial divisions of social affairs on the onset of emergencies, notably with the rapid deployment of a qualified social workforce to support children with critical MHPSS and case management activities, while building local capacity. This was illustrated in 2023 during the response to the flooding in South Kivu, Haut-Katanga and Equateur provinces, and inter-communal violence in Mai Ndombe.

Water, sanitation and hygiene



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In 2023, UNICEF was one of the main actors delivering an emergency WASH response in DRC. Despite challenging conditions marked by recurring crises, insecurity, population movements, access constraints and also insufficient funding given the scale of needs, UNICEF and partners successfully reached more than 2.2 million people. This included 796,251 people benefitting from sufficient quantities of safe drinking water across 14 provinces¹⁰ through the rehabilitation and construction of spring catchments and boreholes, water network extension and water trucking.¹¹ Unfortunately, limited funding resulted in the achievement of only 23 per cent of the WASH target.

UNICEF's WASH interventions also played a crucial role in the cholera response, marked by engagement and sustained collaboration with CATI teams, WHO, MSF, other WASH partners and the DRC government. The most notable interventions in 2023 occurred in IDP sites around Goma and in Rutshuru in North Kivu as well as in South Kivu, Tanganyika, Haut Katanga, and Sankuru. UNICEF also improved sanitation and hygiene through the provision of hygiene kits and the construction of toilets, showers, and rubbish pits for displaced and host families.

In 2023 UNICEF provided sanitation infrastructure for 365,660 people including emergency toilets in IDP sites and in health and education structures. A total of 49 health facilities received comprehensive WASH packages, incorporating biomedical waste management and environmental protocols. A total of 36 schools also received comprehensive WASH packages. In 2023, all newly constructed boreholes were outfitted with solar pumps in adherence to UNICEF's Climate and Resilience guidelines.

In North Kivu, Ituri, and South Kivu, UNICEF concentrated its efforts

on displaced families across various sites (Kanyaruchinya, Rutshuru, Kitshanga, Mweso, Kayna, Rohe, Kahele), to deliver a minimum of 10 liters of drinking water per person per day. In Goma's IDP sites, UNICEF supported water trucking, which was neither sustainable nor cost-effective. During the emergency scale-up period from June to December, UNICEF provided a total quantity of 212,503 m³ daily for around 165,000 people. UNICEF used emergency funds to put in place a more sustainable solution for the provision of water. A water network extension with the capacity to serve 150,000 people was successfully established in Bushagara on the outskirts of Goma. This extension reduced dependence on water trucking, lowered costs, and improved water access for both IDPs and local communities facing severe water shortages. The initiation of Phase 2 of the project took place towards the end of 2023 and is set to conclude in the first half of 2024, facilitating water access for IDPs and local communities through the establishment of 14 water points. The construction of latrines posed significant challenges around Goma, given the volcanic rock terrain, resulting in slow progress and high costs. Additional obstacles included limited land availability for sanitation structures in spontaneous sites and a shortage of dislodging and disposal services.

Finally, UNICEF, in partnership with MSF Belgium and the University of Kinshasa's School of Public Health, completed the establishment of a WASH training center in Kinshasa and organized training sessions in emergency WASH response.

Nutrition



In 2023, UNICEF collaborated with national and international partners to support the DRC government in addressing severe wasting. This support involved the provision of nutritional and operational supplies. The Integrated Management of Acute Malnutrition (IMAM) programme was implemented in 11 out of 26 provinces (42.3 per cent), covering 138 out of 519 health zones (26.6 per cent). A total of 1,435 health facilities, including 149 stabilization centers and 1,286 Outpatient Therapeutic Programme sites, were operational. Additionally, UNICEF continued to offer high-quality technical assistance to strengthen national capacities for treating severe acute malnutrition.

Throughout the reporting period, a total of 171,904 mothers and caregivers (111,534 female and 60,370 male) were trained in the family Mid-Upper Arm Circumference (MUAC) approach. Screening for acute malnutrition in facilities and communities reached more than 2.5 million children under the age of five. A total of 319,118 children were identified as suffering for severe wasting and were admitted for treatment. Among these cases, 16,668 (5.2 per cent) presented medical complications. Overall, performance indicators

met international standards: 91 per cent of caes cured, 2 per cent defaulters, 6.4 per cent non-responsive, and a 0.6 per cent mortality rate. Furthermore, 87.6 per cent of health centers achieved a cure rate of up to 75 per cent.

UNICEF reaffirmed its commitment to leading the global agenda on simplifying the detection and treatment of child wasting. In this effort, UNICEF supported the capacity building of two NGOs to implement innovative, simplified IMAM approaches utilizing the MUAC measurement as the admission criterion and a single product at the community level for managing children with wasting. During the implementation of pilot project, a total of 1,625 children aged 6-59 months (including 908 girls) with severe acute malnutrition were admitted for treatment in two health zones in Ituri and South Kivu. Performance indicators aligned with international standards: 87.4 per cent were cured, 0.3 per cent defaulted, 11.3 per cent did not respond to treatment, and 1 per cent died. At community level, 84 per cent of children with SAM were successfully treated. The median MUAC at admission was 114 mm, indicating early detection of children with SAM. Additionally, the quantity of Ready-to-Use Therapeutic Food (RUTF) used for treatment was lower (0.6 cartons) compared to the standard approach (0.8 cartons), and the treatment duration was reduced to 32 days from the standard 45 days. For evidential purposes, four coverage surveys were conducted in the two health zones at the project's inception, with another scheduled for completion at the project's conclusion.

In 2023, UNICEF, in collaboration with the World Bank, distributed 154,333 cartons of RUTF for the humanitarian response in South Kivu, Kwilu, and Kasai.

UNICEF has continued to work with the government to strengthen actions to prevent malnutrition to provide a comprehensive package of nutrition services to children. As a result, more than 1.3 million pregnant and lactating women received counselling on Infant and Young Children Feeding (IYCF) and 91.4 per cent of children aged 6-59 months (19 million) received Vitamin A supplements. In addition, UNICEF organized in 2023 a national nutrition survey with the results becoming available in 2024.

Finally, the Cash-plus approach complementing UNICEF's SAM treatment programs, significantly improved treatment rates by up to 98 per cent, decreased the child death rate to 0.4 per cent, cut treatment dropout rates to 0.7 per cent and prevented 98.6 per cent of the treated children from relapse. Additionally, 99 per cent of households that received cash-plus support reported that they did not need to share or sell SAM treatment products thanks to improved households purchasing capacity.

Education

In 2023, UNICEF contributed to DRC's Education in Emergencies (EiE) response in collaboration with the Ministry of Education, the Education Cluster and NGOs to provide timely support to affected children. By the yearend, the EiE response had reached 175,763 children (including 85,509 girls) in conflict- and disaster-affected provinces, namely North Kivu, South Kivu, Ituri, Mai-Ndombe, Tshopo and Tanganyika. This figure represents only 10 per cent of education target in the 2023 HAC. Insufficient funding – only 3 per cent of the education appeal is funded – has been a major constraint in responding to children needs.

UNICEF's education response has been strategically focused on two main interventions aiming at enabling integrated humanitarian assistance and increasing access to quality and inclusive formal and non-formal education: with some sectoral linkages with Child Protection and WASH sectors. To ensure access to quality education, UNICEF in partnership with local NGOs installed 196 Temporary Learning Spaces (TLS) to increase the number of classrooms at schools in and around the IDP sites, supplied learning

and teaching materials, and installed emergency and gender-sensitive toilets benefitting 159,028 children (78,398 girls) aged 6 to 11 and 2,206 teachers (721 female). UNICEF also built the capacity of teachers to better support children affected by emergencies. In partnership with provincial departments of education, UNICEF trained 1,782 teachers (718 female) in the provision of psychosocial support and peace education. Teachers were also sensitized about child protection issues, prevention of sexual violence and about protection against sexual exploitation and abuse (PSEA).

Unfortunately, escalating violence restricted access to certain areas, notably Rutshuru and Masisi in North Kivu. However, following UNICEF advocacy at provincial and national levels, schools reopened in Rutshuru, allowing almost 200,000 children who had not been in school since 2022 to return to their classrooms. UNICEF continues to work with government partners to reopen affected schools.

UNICEF Rapid Response (UniRR)



In 2023, UniRR continued to serve as the primary rapid response programme in Ituri, North Kivu, South Kivu, and Tanganyika provinces, delivering prompt life-saving assistance to 735,158 internally displaced people, including 465,083 children, through 61 interventions. Post-intervention monitoring indicated a high satisfaction rate, with 91 per cent of beneficiaries expressing approval.

With an average response time of six days from evaluation to assistance, UniRR is one of the fastest in-kind response mechanisms in DRC, ensuring timely delivery of essential household items, plastic sheeting, WASH kits and hygiene kits, resulting in a notable improvement to the overall living conditions of displaced people.

UniRR's emergency health and nutrition component supported 45 healthcare facilities in Ituri, North Kivu, and South Kivu allowing 52,475 primary health consultations and the treatment of 5,391 children with severe wasting. The focus on early detection and faster interventions aimed to reduce mortality rates. UniRR also played a critical role in managing cholera cases in Kitshanga and Sake in North Kivu further to the restructuring and equipping of two CTCs. This led to a substantial reduction in cholera cases and mortality. A total of 143 cholera cases were treated in Sake. The two CTCs were subsequently handed over to be managed by NGOs. Despite fewer alerts in Tanganyika, there was a public health emergency in Moba in Kansimba to which UniRR teams mounted a comprehensive response in coordination with partners. Further to integrating a protection approach within all interventions, UniRR teams referred 133 children for protective services.

UNIRR also played a significant role in monitoring humanitarian shocks, documenting and sharing over 244 new alerts from the four eastern provinces.

Finally, UNICEF enhanced partnerships with WFP and IFRC to ensure food assistance complimented UniRR's provision of non-food items. In 2023, 51 per cent of UniRR interventions were coordinated with WFP and IFRC's food security initiatives, ensuring a comprehensive humanitarian response.

Localization through community engagement and the empowerment of local organizations and existing structures remains the backbone of UNICEF's rapid response strategy. This allows for improved effectiveness, acceptance and better access to hard-to-reach areas while increasing overall efficiency and value for money. UniRR's effectiveness is attributed to several key factors. Its efficient and impactful design facilitates rapid aid deployment. The establishment of robust partnerships between UNICEF and local organizations capitalizes on their unique strengths fostering win-win benefits and innovative partnerships. Moreover, UNICEF's ongoing technical assistance and follow-ups contribute to bolstering partners' capacities for optimal and effective implementation. Beyond the simple transfer of skills, this partnership allows for capitalization on the added value of each partner.

Cholera Case Area Targeted Interventions - CATI

Through a Case-Area Targeted Intervention (CATI) approach and in close collaboration with the Ministry of Health as well as WASH partners, UNICEF played a pivotal role in supporting the DRC government's efforts to combat persistent cholera outbreaks. The geographic focus of such interventions was primarily on North Kivu, South Kivu, and Tanganyika, with occasional interventions in Haut Katanga, Haut Lomami, and Sankuru provinces. Across these provinces, a total of 25,108 interventions, averaging 70 per day, were implemented around suspected cases and the 15 or so households in the immediate vicinity to effectively contain or interrupt the transmission of the disease.

UNICEF's cholera response reached almost 3.6 million people, 91 per cent of whom were reached within 48 hours of case notification, highlighting the program's prompt and efficient measures to contain the disease's transmission. Of those reached, 1.4 million people received the complete CATI package, encompassing cholera kits (water purifiers, soap, oral rehydration salt, buckets, and jerrycans), decontamination of household and common areas, hygiene promotion, and awareness sessions on cholera risks. In North Kivu, the CATI strategy was adapted to ensure a broader response given the limited funding available and the widespread nature of the epidemic in IDP sites. This permitted UNICEF to reach a larger number of people with reduced funding, albeit with a less comprehensive package, focusing on decontamination and limited distributions in areas lacking water trucking and where WASH kits had not been previously distributed.

In partnership with the Ministry of Health and other national partners and, the CATI programme contributed to enhance epidemiological and laboratory surveillance capacities, with nearly 30 per cent of cases undergoing laboratory investigation for V. cholerae and confirmed. In North Kivu, the real-time laboratory surveillance significantly informed WASH sector interventions, particularly in the IDP sites around Goma.

UNICEF played a key role in enhancing public health coordination, decision-making capacities, and response reactivity. Ongoing technical monitoring, both internally and externally, continued to inform the response and shape national strategies, including the National Multisectoral Programme for Cholera Elimination (PMSEC

2023-2027). UNICEF remained dedicated to supporting the DRC in its cholera control program through collaboration with PNECHOL-MD (the National Programme for the Elimination of Cholera and the Control of Other Diarrheal Diseases), provincial divisions of health, WHO and other partners. Engagement covered advocacy, coordination, assessments, planning, surveillance, early warning systems, service delivery, and communication, with the goal of eliminating cholera as a public health threat.

The CATI programme plays a pivotal role as a key entry point for WASH and health initiatives, utilizing its surveillance and investigation activities to identify and prioritize geographical areas or specific interventions with the greatest impact on epidemics. This was evident in the adaptation of the CATI programme with the WASH sector in IDP sites around Goma. Ongoing research efforts encompass both internal collaboration with the Integrated Analytic Cell, enabling a more nuanced definition of gender roles and societal insights into the persistence and transmission of diseases, and external collaboration with Sorbonne University/APHP (Assistance Publique des Hôpitaux de Paris).

Humanitarian Cash Transfers



Throughout 2023, UNICEF remained committed to enhancing the integration of cash transfers to sectoral humanitarian response programmes to improve coverage of needs through a multisectoral approach. Overall, around 20,500 households benefited from humanitarian cash transfers directly implemented by UNICEF within various programmes and using UNICEF's operational digital tool, the Humanitarian cash Operations and Programme Ecosystem (HOPE), to ensure that data is protected and safe.

UNICEF operationalized and rolled out its Long-Term Cash-plus Nutrition approach in Tanganyika province with a three-year long programme that will see the participation of four cohorts for a total of 60,000 beneficiaries. In 2023, the programme enrolled and assisted the first cohort reaching 2,318 households (11,590 individuals). The programme supports households for 12 months to help prevent the root causes of malnutrition and remove barriers to treatment while helping communities build resilience against future shocks.

In addition, UNICEF piloted rapid response cash transfers as a flexible way of meeting multisectoral needs of beneficiaries where cash transfers are possible. A rapid response multipurpose cash transfer programme as part of the UNIRR approach in Kongolo in Tanganyika assisted 1,367 households with mobile money transfers within the 7 weeks following the initial assessment exercise.

Additionally, UNICEF also expanded the programmatic use of cash transfers by rolling out a pilot programme to provide cash assistance

to foster families through regular mobile money transfers to ensure that the vulnerable children cared for by the families have access to basic needs and services available.

Finally, a significant milestone in UNICEF's humanitarian cash transfer efforts in DRC was the roll out of a pilot Cash-plus GBV prevention programme designed and implemented jointly by the emergency and child protection sections. Implemented in partnership with WFP, the cash transfer component of the programme focuses on minimizing the risk of exposure to GBV by addressing most urgent basic needs of girls, boys and women. UNICEF enrolled the first cohort of beneficiaries in this program in December 2023 and delivered cash transfers to 34,863 girls, boys and women in South Kivu.

A major challenge faced by cash partners in DRC is devising innovative and efficient methods for delivering transfers to beneficiaries. Given that most people UNICEF seeks to reach with humanitarian assistance lack access to banking or financial services, UNICEF has increased its investment in capacity and partnerships for Mobile Money Transfers. This initiative enables UNICEF to transfer funds to beneficiary accounts promptly and accurately, while also contributing to the overall financial inclusion of the participating households.

Risk Communication, Community Engagement and Social and Behavior Change

Awareness campaigns in camps for internally displaced people (IDPs) and cholera-affected communities reached almost 8.7 million people with lifesaving information. The reach of these campaigns was calculated through the compilation of messages received from Community Action Cells (CACs), influencers, media professionals, web fact checkers, young U-Report volunteers, and community and religious leaders, as well as youth- and women-led organizations. Campaigns were conducted using traditional and social media, SMS messaging, and face-to-face communications in the areas of intervention. Banners displaying messages in French and Swahili about child protection and essential family practices were also displayed in the same IDP camps.

In 2023, almost 1.1 million people were engaged in actions to save lives in impacted communities of Ituri, North and South Kivu, and Tanganyika, including community action cell (CAC) members, religious and political leaders, influencers, journalists, and young U-Report volunteers. In the conflict-affected provinces of Ituri and North Kivu, UNICEF specifically involved IDPs in engagement activities. Indeed, in 2023, over 1,290 young IDPs (50 per cent girls) staying in camps around Goma and Bunia were educated about protection issues and sexual and exploitation abuse, and participated in vocational training in tailoring, shoemaking, and communications.

Accountability to Affected Populations (AAP) is an active commitment by humanitarian actors including UNICEF to take account of, give account to, and being held to account by the people they seek to assist. In 2023, through UNICEF's AAP mechanisms in Ituri, Tanganyika, North Kivu and South Kivu, a total of 645,302 people shared their concerns, or asked questions through UNICEF-supported feedback mechanisms. These were collected by CAC members during door-to-door or focus group discussions within camps and host communities. Feedback was also collected through polls via SMS and digital platforms such as WhatsApp and Facebook Messenger. In addition to national polls sent monthly to more than 6.7 million Congolese people, targeted polls were sent to IDPs about their needs, the efficiency of the humanitarian response and their preferences of complaint mechanisms.

DRC continues to face a polio outbreak. The Social Behavior Change response to this has been to reach out to approximately 58 million parents and caregivers with messaging on polio prevention and vaccination. However, this data is not included in the HAC SBC indicator as its original focus was on the emergency response in the east of the country.

As a final point of note, all SBC HAC indicators surpassed their original targets because of the scaling up of activities in the second half of year.

Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF has zero tolerance for sexual exploitation and abuse (SEA). The declaration of corporate emergency in the east of the country resulted in the expansion of community-based complaint mechanisms for reporting SEA from 12 to 15 provinces. Innovative ways to communicate about the prevention of sexual exploitation and abuse (PSEA) were co-created with communities in local languages, including a comic book for adolescents.

As of November 2023, a more than 1.5 million people had access to safe mechanisms for reporting SEA, including 663,205 adults (345,013 women) and 873,248 children (444,979 girls). The number of allegations reported to UNICEF in the DRC in 2023 rose by over 50 per cent compared to 2022.

At institutional level, UNICEF and partners supported the government to strengthen its PSEA accountability. Examples include the Ministry of Health instituting its own complaint hotline and developing a PSEA policy and code of conduct. The Ministry of Social Affairs, Humanitarian Action and National Solidarity was also very proactive and developed circular note on its PSEA obligations and that of its personnel.

Integrated Outbreak Analytics and Integrated Analytics Cell (CAI)

The Integrated Analytics Cell (CAI) set up to lead the multi actor and multi discipline Integrated Outbreak Analytics (IOA) during the 2018-20 Ebola outbreak was formalized as part of the national Ministry of Health in 2022.¹² In 2023, the first provincial-level unit was set up in North Kivu to operate under INFOSAN. The North Kivu CAI has supported the eastern DRC crisis with operational and contextual analyses on cholera, measles, meningitis and gender-based violence.

Targeted PNECHOL-MD support¹³ has focused on cleaning and automating cholera line lists across the three provinces, providing technical training and support to 40 individuals. In 2023, the CAI collaboratively developed in-depth cholera investigations confirmed that over 80 per cent of cholera cases in North Kivu were contracted by people living in displacement camps and who had been displaced within the previous 3 months. The investigations redirected CATI teams to people with cholera who had not received water treatment kits and supported WASH actors to prioritize latrine construction in sections of an IDP camp where cases had been geo-localized. Finally, the results raised alarms about new arrivals from Masisi who had not accessed any maternal or newborn healthcare and the greater proportion of children arriving from these areas who had not been vaccinated.

To support GBV prevention programming, CAI developed an integrated risks analysis to better understand the relationship between individual and household risk perception, tolerance, exposure, and experience and how they are weighed against (individual and household) priority needs to inform decision-making. The operational analysis was piloted in displacement camps in North

Kivu, South Kivu and Ituri and includes risk mitigating actions proposed by displaced adolescents (girls and boys) and men and women to support response actors in their programme development. The results in all three provinces presented the multiple levels of constant risk exposure that displaced communities face in every activity and moment in their day. They further highlight the recurrent prioritization of safe and accessible income-generating activities proposed by displaced communities to mitigate risks. The results are being used to develop community and evidence-based protection mitigation programming across WASH, health, GBV and cash interventions.

To support early action, CAI has piloted Collaborative, Integrated Health Risk Monitoring. Under this initiative, CAI supports the provincial level health authorities (under INFOSAN) to map and monitor these risks in a holistic manner and to engage with WASH and health partners (among others) to better understand and use operational analytics and evidence.

CAI continued to track the use of evidence and codeveloped actions across the provinces by sector, actor, public health concern and over time. This has resulted in over 150 evidence-based programme changes in the emergency response in 2023.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Throughout the year, UNICEF remained actively engaged across various coordination mechanisms, including the Humanitarian Country Team, Provincial Coordination Forum, and Inter-Cluster Coordination Group. Notably, UNICEF advocated strongly for the activation of the L3 system-wide scale-up within the Humanitarian Country Team.

Under the interagency framework for humanitarian coordination in the DRC, led by the Humanitarian Coordinator, UNICEF continued to lead the education, nutrition, and WASH clusters, as well as the Child Protection Area of Responsibility (AoR) at both national and subnational levels. With the humanitarian scale-up, UNICEF cluster leads reinforced their presence in the eastern provinces providing leadership and ensuring that well-coordinated, coherent, strategic, and effective humanitarian responses were planned and implemented for WASH, nutrition, education, and child protection interventions.

The WASH cluster in the east of the DRC enhanced its capacity by strengthening human resources and improving emergency response, particularly in areas around Goma. Partner capacity was bolstered through technical training, and a contingency stock was established to facilitate a quicker response.

Similarly, the nutrition cluster deployed five consultants at sub-national office level to ensure tailored coordination and information management services in each humanitarian hub. Training sessions were conducted on nutrition in emergencies and sectoral coordination for partners in several locations, and capacity-building workshops on the simplified IMAM approach were organized. The cluster also conducted four nutrition rapid SMART surveys.

Education cluster strategies focused on providing access to education in emergency settings, maintaining quality education, and ensuring school governance in such situations. Key interventions included establishing temporary learning spaces, improving school infrastructure, providing teacher training and psychosocial support, and facilitating children's participation. The cluster conducted advocacy efforts for free participation in final exams, decongestion of schools used as shelters, and access to education for affected children, while also reinforcing partner capacity in data collection tools.

For child protection, efforts were made to strengthen coordination capacities at territorial and provincial levels, as well as to enhance technical capacities based on Child Protection Minimum Standards. A roving member of staff was recruited to support provincial and territorial coordinators and ensure the implementation of these strategies.

UNICEF also played a crucial role as a key partner in the health cluster, the inter-agency PSEA network, the humanitarian access working group, and the AAP working group.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Family reunion after two weeks apart
<https://www.unicef.org/drcongo/en/stories/family-reunion-after-two-week-apart>
- Monetary transfers for a better future
<https://www.unicef.org/drcongo/en/stories/monetary-transfers-better-future>
- Nelva is happy to be returning to school
<https://www.unicef.org/drcongo/en/stories/nelva-happy-returning-school>
- Strengthening families' capacities to take care of children
<https://www.unicef.org/drcongo/en/stories/strengthening-families-capacities-take-care-children>
- Back to school at 20
<https://www.unicef.org/drcongo/en/stories/back-school-20>
- Eating well to learn better
<https://www.unicef.org/drcongo/en/stories/eating-well-learn-better>
- UNICEF condemns recent DRC violence and warns of tragic consequences for children
<https://www.unicef.org/drcongo/en/press-releases/unicef-calls-immediate-unconditional-release-abducted-children>
- Lifesaving medical supplies and equipment delivered to conflict-hit eastern DRC
<https://www.unicef.org/drcongo/en/press-release/lifesaving-medical-supplies-equipment-delivered>
- <https://www.unicef.org/press-releases/dr-congo-children-killed-injured-abducted-and-face-sexual-violence-conflict-record>
<https://www.unicef.org/press-releases/dr-congo-children-killed-injured-abducted-and-face-sexual-violence-conflict-record>

HAC APPEALS AND SITREPS

- Democratic Republic of Congo Appeals
<https://www.unicef.org/appeals/drc>
- Democratic Republic of Congo Situation Reports
<https://www.unicef.org/appeals/drc/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 30/06/2024

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*	2023 targets	Total results	Progress*
Health								
Children vaccinated against measles	Total	7.4 million	1.1 million	1.9 million	▲ 173%	-	-	-
	12-59 months	-	1.1 million	1.9 million	▲ 173%	-	-	-
	6-11 months	-	21,917	37,985	▲ 173%	-	-	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	618,400	377,740	▲ 61%	-	-	-
	Girls	-	188,117	148,328	▲ 79%	-	-	-
	Boys	-	173,647	129,200	▲ 74%	-	-	-
	Women	-	256,636	100,212	▲ 39%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	6.4 million	995,800 ¹⁴	319,118	▲ 32%	512,932	553,587	▲ 108%
	Girls	-	507,858 ¹⁵	171,997	▲ 34%	261,595	285,347	▲ 109%
	Boys	-	487,942 ¹⁶	147,121	▲ 30%	251,337	248,240	▲ 99%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.9 million ¹⁷	1.2 million	▲ 65%	1.4 million	626,063	▲ 44%
Children 6-59 months receiving micronutrient powder	Total	-	58,000	129,148	▲ 223%	-	-	-
	Girls	-	29,580	65,865	▲ 223%	-	-	-
	Boys	-	28,420	63,283	▲ 223%	-	-	-
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	3.9 million	2 million	335,465	▲ 17%	1.2 million	800,271	▲ 67%
	Girls	-	768,672	143,540	▲ 19%	455,483	369,422	▲ 81%
	Boys	-	738,528	135,097	▲ 18%	437,621	364,722	▲ 83%
	Women	-	256,224	39,780	▲ 16%	151,828	37,690	▲ 25%
	Men	-	246,176	17,048	▲ 7%	145,874	28,437	▲ 19%

Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	397,800 ¹⁸	806,417	▲ 203%	-	-	-
	Girls	-	268,515 ¹⁹	275,842	▲ 103%	-	-	-
	Boys	-	39,780 ²⁰	280,588	▲ 705%	-	-	-
	Women	-	89,505 ²¹	249,987	▲ 279%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	600,000 ²²	1.5 million	▲ 256%	-	-	-
	Girls	-	360,000 ²³	444,979	▲ 124%	-	-	-
	Boys	-	90,000 ²⁴	428,269	▲ 476%	-	-	-
	Women	-	120,000 ²⁵	345,013	▲ 288%	-	-	-
	Men	-	30,000 ²⁶	318,192	▲ 1061%	-	-	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	7,250	2,892	▲ 40%	10,060	6,953	▲ 69%
	Girls	-	1,813	723	▲ 40%	2,515	1,772	▲ 70%
	Boys	-	5,438	2,169	▲ 40%	7,545	5,181	▲ 69%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	10,200	6,397	▲ 63%	18,753	4,518	▲ 24%
	Girls	-	4,998	2,703	▲ 54%	9,189	5,268	▲ 57%
	Boys	-	5,202	3,694	▲ 71%	9,564	6,640	▲ 69%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.7 million ²⁷	175,763	▲ 6%	842,000	252,444	▲ 15%
	Girls	-	880,464 ²⁸	85,509	▲ 10%	429,420	122,248	▲ 28%
	Boys	-	845,936 ²⁹	90,254	▲ 11%	412,580	130,196	▲ 32%
Children receiving individual learning materials	Total	-	1 million ³⁰	159,028	▲ 15%	-	-	-
	Girls	-	528,309 ³¹	78,398	▲ 15%	-	-	-
	Boys	-	507,591 ³²	80,630	▲ 16%	-	-	-
Water, sanitation and hygiene³³								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	6.8 million	3.4 million	796,251	▲ 24%	3.7 million	2.7 million	▲ 74%
	Women	-	1.7 million	414,050	▲ 25%	1.9 million	1.4 million	▲ 76%

	Men	-	1.7 million	382,201	▲ 22%	1.8 million	1.3 million	▲ 71%
People accessing appropriate sanitation services	Total	-	4 million	365,660	▲ 9%	3.7 million	2.1 million	▲ 57%
	Women	-	2 million	198,071	▲ 10%	1.9 million	967,659	▲ 52%
	Men	-	1.9 million	167,589	▲ 9%	1.8 million	1.1 million	▲ 63%
Health workers accessing to WASH services in health facilities supported	Total	-	2,090	2,953	▲ 141%	-	-	-
	Women	-	1,066	1,521	▲ 143%	-	-	-
	Men	-	1,024	1,432	▲ 140%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Total	-	115,000 ³⁴	20,500	▲ 18%	-	-	-
People who participate in engagement actions	Total	-	300,000 ³⁵	1.1 million	▲ 361%	-	-	-
People reached through messaging on access to services	Total	-	6.5 million	8.7 million	▲ 133%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	150,000	645,302	▲ 430%	-	-	-
Rapid response mechanism								
People whose life-saving non-food items needs are met through supply or cash distributions within seven days of needs assessments	Total	-	1.1 million	735,158	▲ 68%	1.8 million	1.9 million	▲ 106%
People targeted around suspected cholera cases received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	Total	-	693,000 ³⁶	3.3 million	▲ 470%	-	-	-

*Progress in the reporting period 1 January to 31 December 2023

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2023	Other resources used in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	59,331,600	2,586,880	-	1,222,337	55,522,383	94%
Nutrition	330,946,100 ³⁷	23,680,406	13,306,107	10,717,447	283,242,140	86%
Child protection, GBViE and PSEA	53,711,600 ³⁸	11,323,750	415,638	6,580,256	35,391,956	66%
Education	174,633,400 ³⁹	4,217,523	805,901	2,125,871	167,484,105	96%
Water, sanitation and hygiene	76,392,200 ⁴⁰	8,959,349	3,811,017	4,729,309	58,892,525	77%
Social protection	41,600,000 ⁴¹	147,917	-	44,366	41,407,717	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	56,241,400 ⁴²	5,659,531	-	3,156,479	47,425,390	84%
Rapid response mechanism	65,792,600 ⁴³	28,052,064	5,821,382	15,353,872	16,565,282	25%
Cluster coordination	3,750,000	-	-	-	3,750,000	100%
Total	862,398,900	84,627,420	24,160,045	43,929,937	709,681,498	82%

*repurposed other resources with agreement from donors

Who to contact for further information:

Grant Leaity
Representative
T +(243) 831 286 343
gleaity@unicef.org

Katya Marino
Katya Marino
T +(243) 829 350 363
kmarino@unicef.org

Typhaine Gendron
Chief Emergency
T +(243) 821 944 497
tgendron@unicef.org

ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Democratic Republic of the Congo: 2023 Humanitarian Needs Overview', OCHA, 2022
2. ibid
3. OCHA Factsheet as november 2023, <https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-personnes-deplacees-interne-et-retournees-novembre-2023>
4. Ministry of Health, Epidemiological weekly SitRep week 1-52
5. RDC – Aperçu National des Déplacements (Octobre 2023) | Displacement Tracking Matrix (iom.int), <https://dtm.iom.int/reports/rdc-aperçu-national-des-deplacements-octobre-2023>
6. Ministry of Health, Epidemiological weekly SitRep week 1-52
7. ibid
8. République démocratique du Congo : Aperçu des besoins humanitaire 2024 (décembre 2023) - Democratic Republic of the Congo | ReliefWeb
9. Source: International NGO Safety Organisation (INSO), [NGOsafety.org](https://www.ngosafety.org)
10. Kinshasa, Kwilu, Mai ndombe, Nord Kivu, Sud Kivu, Ituri, Haut Lomami, Haut Katanga, Tshopo, Sankuru, Tanganyika, Equateur, nord ubangi et Sud ubangi
11. This includes only individuals who received a minimum of 10 liters of water per person per day. It excludes people who benefited from Aquatabs distribution and temporary chlorination points.
12. <https://www.youtube.com/watch?v=orXdd1FoX4k>
13. <https://www.youtube.com/watch?v=4k2gWCv6ziM>
14. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
15. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
16. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
17. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
18. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
19. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
20. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
21. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
22. Represents 5 per cent of people to be reached by UNICEF.
23. Represents 5 per cent of people to be reached by UNICEF.
24. Represents 5 per cent of people to be reached by UNICEF.
25. Represents 5 per cent of people to be reached by UNICEF.
26. Represents 5 per cent of people to be reached by UNICEF.
27. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
28. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
29. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
30. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
31. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
32. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
33. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
34. UNICEF aims to reach 15,000 households through the Rapid Response Mechanism to receive one-off multipurpose cash assistance to cover their basic needs for three months. In addition, 70,000 households will be assessed on the basic needs and cash plus approach and receive monthly multipurpose cash assistance to cover their basic needs for four months. Finally, through a cash for nutrition approach, 30,000 households will receive cash for four months to prevent malnutrition, improve food diversity for children aged 6-23 months, complement severe wasting treatment and prevent default.
35. Community actors involved in the humanitarian response, including community-based workers, displaced people's leaders, chiefs of villages and other community leaders, as well as people who participate in community dialogues.
36. The target is based on a projection of 7,700 suspected cases for 2023. Through the case area targeted interventions (CATI) approach, 15 households (6 members each) are targeted around each suspected cholera case.
37. The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.
38. Includes US\$45,481,434 for child protection interventions; US\$5,838,250 for gender-based violence in emergencies interventions; and US\$2,391,928 for prevention of sexual exploitation and abuse interventions.
39. Unit cost: US\$74 per child for access to education and US\$16 per child for learning, plus operational cost (21 per cent).
40. Unit cost: access to safe water US\$12/person, sanitation US\$91 for maximum 18 people. WASH in health centres: cost for training for health workers estimated to at US\$41 per person. The estimated cost for WASH infrastructure in 120 health facilities is US\$45,000 per health facility.
41. 60,000 households who previously received humanitarian cash transfers will receive US\$25 per month for 8 months, and 40,000 others will receive US\$25 per month for 20 months to protect the outcome of humanitarian interventions and increase resilience to further shocks. The transfer value amount is based on the government social assistance transfer value.
42. Includes US\$49,595,000 for humanitarian cash transfers and US\$6,646,363 for communications for development activities and community engagement.
43. Includes US\$54,507,600 for the UNICEF Rapid Response mechanism (UniRR) and US\$11,284,980 for the cholera rapid response using the CATI approach.