



A child is weighed during a routine immunization session organized at the Saints Martyrs health center in Kananga, Kasai Central province



Humanitarian Situation Report No. 1

Reporting Period
1 January to 30 June
2022

Democratic Republic of Congo

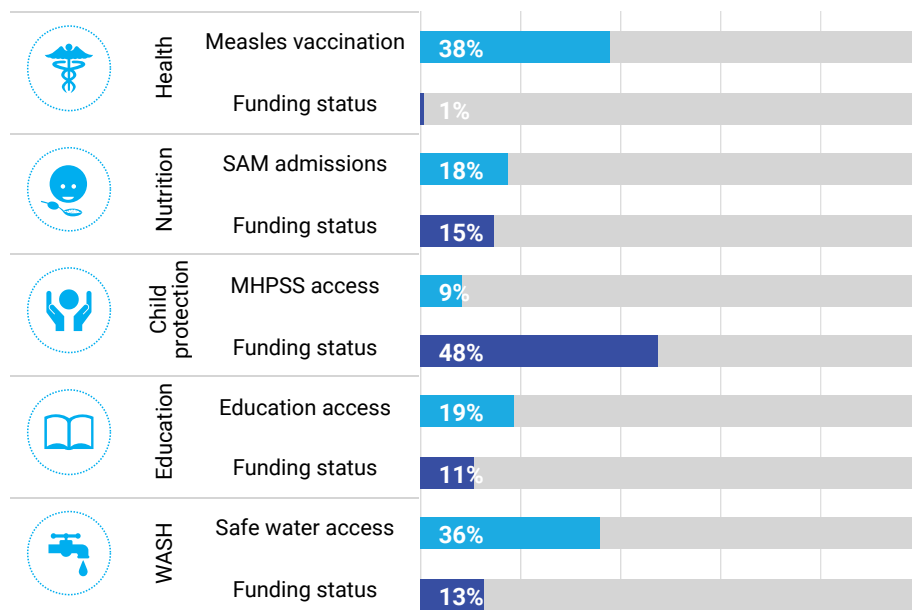
HIGHLIGHTS

- Following intensified conflicts and violence in the eastern provinces, increased number of outbreaks compounded by limited basic services, the humanitarian situation has continued to deteriorate. With 27 million people in need of humanitarian assistance - including 15.8 million children, the scale and complexity of needs and protection concerns remain overwhelming.
- Close to 680,000 people received life-saving emergency assistance through UNICEF's rapid response mechanism and the cholera rapid response; over 540,000 people were provided with safe access to water, sanitation and hygiene; 153,000 children under 5 were treated for severe acute malnutrition; and almost 35,000 vulnerable children benefited from psychosocial support.
- However, with a 81% funding gap, UNICEF humanitarian response remains largely underfunded. Without timely and adequate funding, the multifaceted needs of the Congolese children will continue to worsen.

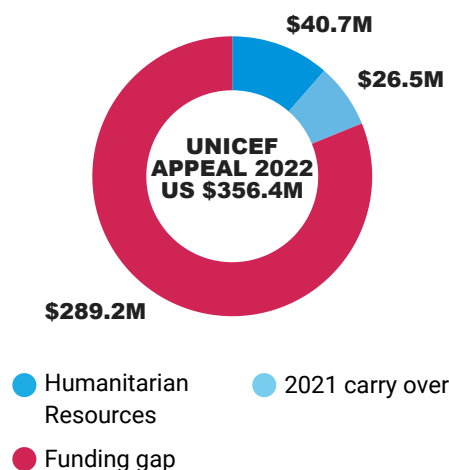
SITUATION IN NUMBERS



UNICEF RESPONSE AND FUNDING STATUS*



FUNDING STATUS (IN US\$)**



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

** 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 appeals for US\$ 356,4 million to sustain the provision of humanitarian services for women and children in DRC. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, due to the protracted nature of the crisis and competing emergencies, the 2022 HAC has a funding gap of 81%, with significant funding needs in nutrition, health, WASH, education, risk communication and community engagement as well as for the cholera case area targeted interventions. Without timely and adequate funding, the multifaceted needs of the Congolese children will continue to worsen.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



With 27 million people in need of humanitarian assistance, including 15.8 million children, the scale and complexity of the humanitarian needs and protection concerns remain overwhelming, compounded by limited basic services and poor infrastructure.

During the first semester 2022, following intensified conflicts and violence in the eastern provinces of the country, the humanitarian situation has continued to deteriorate. Over 800,000 people have been displaced between January and June and at least one in three internally displaced people (IDP) live in Ituri province where a growing number of targeted attacks against civilian populations and infrastructure including IDP camps, schools or health facilities were reported.⁵ Increased military operations in North Kivu and Ituri provinces have further placed children at risk and the two provinces reported the highest number of verified grave violations against children. Overall, almost 2,000 grave violations against children were verified through the UN Monitoring and Reporting Mechanism (MRM) during the first semester - 25% of cases being recruitment and use. As such, a 92% increase of children verified as being associated with armed groups has been reported for the first three months of 2022 compared to the last quarter 2021. This highly volatile security situation, including threats and attacks against humanitarian workers has also hampered the access to crisis-affected children to provide a timely response.

Furthermore, DRC has continued to battle against outbreaks and epidemics. 75,000 suspected measles cases and 1,048 deaths have already been reported between January and June largely exceeding the total number of notified cases in 2021 (55,771 - 35%

increase at mid-year). The number of cholera cases has also increased by 53% compared to the same period last year with 7,638 suspected cholera cases and 114 deaths reported by the epidemiologic week 26 (1.9% case fatality). The most affected provinces are South Kivu (35% of suspected cases), Haut-Lomami (21% suspected cases and 45% of deaths), North-Kivu (20% of suspected cases), Tanganyika (19% of suspected cases and 21% of deaths). The country also experienced a new Ebola virus Disease (EVD) outbreak in Mbandaka that was declared in April. It is the third outbreak in the Equateur province since 2018 and the 14th outbreak in DRC. Four cases were confirmed and one probable case, all of whom died.⁶

Finally, the nutrition situation continues to be critical in the DRC. As of June 2022, the number of nutritional alerts increased by 45% compared to the same period last year. 19% of the total health zones in the country are on nutritional alerts with the Equateur and Maniema provinces being the most affected.⁷

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

From January to the end of June, UNICEF, through the Measles and Rubella Initiative funds, has supported the measles outbreak response, targeting 76 health zones; providing 2,974,000 doses of measles vaccines to supplement the 550,000 doses which were already available. The response resulted in the vaccination of approximately 3,158,000 children aged 6 to 59 months. However, armed conflict in some provinces (Nyiragongo territory and Maniema) prevented vaccination campaigns and routine immunization campaigns. UNICEF also contributed to the care of children under five focusing on the treatment of malaria, diarrhoea and pneumonia. A total of 177,634 children under five were treated, including 89,705 boys and 87,929 girls. In addition, 129,418 women of childbearing age benefited from assisted childbirth (73,349) and refocused prenatal consultation (56,069).

During the first semester, COVID-19 immunization activities has continued to be the priority for the DRC Ministry of Health which impacted the implementation of other health interventions. Strategic considerations are underway for the integration of COVID-19 vaccination into routine immunization.

In response to the COVID-19 pandemic, UNICEF with the support of partners has contributed to the provision of the first dose of the COVID-19 vaccination to more than 3,372,500 people (6.2% of the population) and has supported 2,190,000 people (4.6%) to be completely vaccinated.

Nutrition

From January to June 2022, 131,000 children under 5 years old were treated for Severely Acute Malnutrition (SAM) in 10 provinces in North Kivu, Ituri, South Kivu, Kasai, Kasai Central, Kasai Oriental, Lomami, Tshuapa, Kwango and Tanganyika, representing 28% of the 2022 caseload. 208,024 mothers and caregivers of children from 0 to 23 months received counselling through monthly sessions. There has been an increase of 53.8% compared to last year's admissions at the same period (62,289), which has resulted from improved reporting. Through the Infant and Young Child Feeding programme, UNICEF and its partners, provided counselling to 21,888 mothers and caregivers of children aged 0-23 months.

Since 2021, the Integrated Analytics Cell (CAI) in collaboration with the Nutrition and Gender sections, has been conducting operational research to better understand the factors contributing to the nutritional status of children in Kabalo and Manono Health Zones in Tanganyika, and to provide a holistic analysis of the socio-behavioural and environmental context. The study has so far showed that child nutritional status is influenced by numerous, interacting multidimensional factors, implicating stakeholders from health, nutrition, WASH, education, protection, and emergency sectors. Key evidence highlights the importance of uncompromised access to healthcare, education, WASH, and markets, as well as adoption of age-appropriate feeding practices by mothers, in ensuring optimal child nutritional status. These aspects work in tandem with access to money and paid work, and gender dynamics around decision-making and control of resources. This evidence has been presented and discussed with UNICEF local and national teams, as well as partners and local stakeholders to inform the development of recommendations to address the issues raised. To date, recommendations and actions have been proposed at the community level, with UNICEF and local partners, and their implementation monitored. Recommendations will continue to be co-developed based on new analyses and evidence.

Child protection, GBViE and PSEA

UNICEF has continued to support the Identification, Documentation, Family Tracking and Reunification (IDTR) for affected children. Temporary care and protection services, socio-economic and school reintegration was also provided to 741 Children Affected by Armed Forces and Groups (CAAFAG) and 599 Unaccompanied and Separated Children (UASC). A total of 33,792 vulnerable children affected by conflict and displacement benefited from psychosocial assistance and support in three transit centers (Centre de Transit et d'Orientation) and in Child-Friendly Spaces (CFS) in seven provinces (North Kivu, Sud Kivu, Ituri, Tanganyika, Kasai-central, Kasai-oriental and Lomami). All children who had access to CFS participated in various activities (educational, physical, creative and recreational) to support their emotional and physical development and their resilience.

More than 3,069 women, girl and boy survivors of Gender-Based Violence (GBV), or at-risk of violence were supported through prevention and response programmes. This represents a 40%-increase compared to the first semester in 2021. UNICEF has continued to support GBV prevention and response services across the DRC. In an effort to increase quality of services provided to survivors, UNICEF supported the initialization of the roll-out of the GBV Case Management Capacity Building Initiative, which aims to reinforce in-country capacities of women-led organizations in managing GBV cases. The CAI in collaboration with non-governmental partners piloted an adapted community study to better identify barriers faced by adolescent girls to access GBV services. The results of the analysis were presented with local level actors as well as national and international partners to co-develop recommendations to inform program strategy.

Following the resurgence of non-state armed groups activity in North Kivu, as the leading child protection agency, UNICEF, in collaboration with the Ministry of Social Affairs has reinforced field-based coordination in affected areas, with a particular focus on responding to the needs of unaccompanied children. Special attention was also given to the monitoring of the situation of children at risk through information management and alert verification, as well as psychosocial support to affected communities. In a crisis with a large number of child protection actors present in the affected area, this approach has enabled an

efficient division of labor and responsibilities, as well as an adequate geographical coverage so as to maximize the impact of the child protection response.

Education



The lack of classrooms due to school occupation by armed forces, the absence of pedagogical kits (for children and teachers) and psychosocial support to limit children's education. Despite such conditions, UNICEF has distributed individual learning materials and secured access to education (formal or non-formal) to almost 74,000 children.

The lack of provincial level contingency stocks for educational materials, the inaccessibility of several areas due to insecurity, and poor or non-existent road infrastructure continue to limit UNICEF education programme capacity.

Water, sanitation and hygiene



During the reporting period, UNICEF and its partners provided Water, Sanitation and Hygiene (WASH) assistance to more than 541,000 people (281,500 women and girls). In the provinces of North-Kivu, South-Kivu, Ituri and Tanganyika 2,604 latrine doors were installed to provide safer access to sanitation for 130,200 people (67,700 women and girls). Infection Prevention Control (IPC) support was provided to 60 health care facilities and 38 primary schools (19,596 students including 9,994 girls) to mitigate

WASH related disease risks.

In response to the 14th EVD epidemic in Equateur province, UNICEF and its partners supported the decontamination of health care facilities, 15 households and 19 public places. They also distributed WASH-IPC kits to 70 health care facilities, 210 households, 27 schools and provided IPC briefing to 2,894 health care workers. To support the COVID-19 vaccination programme, WASH teams provided 356 vaccination sites in Kinshasa and in South Kivu with chlorine and hydro-alcoholic gel.

UNICEF Rapid Response - UNIRR



During the first semester 2022, 78% of rapid response (in-kind) interventions in the DRC were conducted by UniRR making UniRR one of the main Rapid Response programs operating in Ituri, North Kivu, South Kivu and Tanganyika.

UniRR is designed around the following four key pillars: localization, co-management between UNICEF and its civil society partners, rapidity and flexibility, entry point for complementary interventions. Through the leveraging of comparative advantage, the partnership with national partners continued to bring a contextualized emergency response, enhance access in hard-to-reach areas, and increase community acceptance and engagement. From January to June 2022, 43,352 households (approximately 278,000 people) whose survival was threatened by humanitarian shocks received life-saving emergency packages of non-food items (NFIs), WASH and feminine hygiene kits through UNICEF's rapid response mechanism (UniRR). With an average of six days between the evaluation and the start of the assistance, UniRR is the fastest in-kind response mechanism in DRC. In addition, UniRR is one of the main providers of humanitarian alerts through needs assessments shared with the humanitarian community (Ehtool, managed by OCHA).

At the end of 2021, a health and nutrition component was integrated into the UniRR rapid response. In 2022 so far, 26 health care facilities were supported through interventions and/or donations of kits (to prevent and treat malaria, measles, diarrhoea) for the care of women and children affected by forced displacement. More than 12,500 people received primary health care consultations, approximately 8,386 children have been screened for malnutrition, of which 600 cases were identified to receive Plumpy'nut rations and 80 have been referred for further malnutrition programme support. UNICEF trained 292 community health care workers⁸ to sensitize the population in the community management of malnourished children and pregnant/lactating

women.

Lastly, UNICEF has fostered its strategic partnership with WFP to ensure the provision of food assistance to the affected people at the onset of the crises. This complementarity is ensured since 2020 by a close operational coordination between UniRR and WFP. During the first semester 2022, this partnership enabled approximately 50% of UniRR interventions to be complemented by food assistance.

Cholera Case Area Targeted Interventions - CATI

During the reporting period, UNICEF CATI (Case Area Targeted Interventions) cholera response mechanism has been operational in three affected provinces (South Kivu, North Kivu and Tanganyika) in support to MoH and has achieved a total of 5,102 interventions in South Kivu (42% of the interventions), in Tanganyika (28%) and in North Kivu (30%). This included the decontamination of 113,265 houses, the distribution of cholera kits (hygiene materials and ORS) to 66,500 households as well as sensitization and awareness raising on cholera to almost 1,096,800 people.

Humanitarian Cash transfer

UNICEF's Cash for Nutrition programme in Manono, Tanganyika province is supporting families with children suffering from acute malnutrition. By strengthening financial security for vulnerable households, cash transfer enables improvement in diet, hygiene, health service access and investment in food production or income generation preventing them from returning to malnutrition following treatment. From January to June 2022, UNICEF assisted 3,120 individuals (1,977 children) with multipurpose cash assistance through mobile money transfers. In total, the families will receive six rounds of monthly cash transfers.

During the same period, UNICEF started a new multipurpose cash programme in Mbulula, Tanganyika province, to support IDPs and vulnerable host community households to address their basic needs and access essential services. The programme targets four monthly cash transfers to a total 3,700 households.

Finally, UNICEF supported the health system in the DRC through direct cash transfers to pay vaccination teams and increase the coverage and efficiency of COVID-19 and routine vaccination programmes. From January to June 2022, UNICEF conducted direct cash transfers to more than 5,600 vaccination team members who contributed to UNICEF supporting COVID 19 and Polio campaigns in Kinshasa, Kwilu, Maniema, Kasai, Sankuru, Mai Ndombe and Kwango provinces.

Cross-sectoral (C4D, RCCE)

Within the framework of community engagement activities Essential Family Practices (EFP) messages, including outbreak prevention messages, were disseminated to a total of 4.5 million people by 12,651 Community Animation Cell (CAC) members, community radios, interventions by leaders, local influencers and agents of change.

UNICEF supported the production and dissemination of awareness-raising messages through 116 operational local radio stations in North Kivu, South Kivu and Ituri to mobilize people and communities to participate in polio vaccination campaigns and to

prevent COVID-19. A total of 157 local journalists have been trained on COVID-19 prevention and polio vaccination. This training has been an asset in the production and dissemination of quality media content. In North and South Kivu, approximately 120,000 CAC members, 30% of whom are women, were trained and supported in household enumeration and awareness-raising activities during the Polio campaign, which made it possible to control the target of children to be vaccinated. 300 youth members of U-Report communities and 483 community leaders visited households and conducted educational talks and dialogue to address Polio and COVID-19 vaccine hesitancy questions.

The involvement and commitment of 200 women leaders, members of 20 women's associations, in North Kivu has improved the percentage of women vaccinated against COVID-19. A total of 4,000 women were sensitized in the 4 targeted health zones (Karisimbi, Goma, Butembo and Katwa), of which 2,000 who agreed to be vaccinated were referred to vaccination sites.

However, as a result of access and insecurity, young girls' participation and awareness in these outreach campaigns remains a challenge.

Integrated Outbreak Analytics and the Integrated Analytics Cell (CAI)

In 2022, the CAI have provided Integrated Outbreak Analytics (IOA) support through operational studies on cholera, COVID-19, polio, malnutrition, gender-based-violence and Ebola. The CAI also accompanied the national DGLM teams to the 14th EVD outbreak to apply lessons learned from previous 4 EVD outbreaks and set up a CAI for the response. Within 5 days of the outbreak declaration, the CAI supported the DGLM to publish an evidence-based lessons learned brief to guide the response development. The inclusion of a CAI within the response plan organigram has now become normative, directly working within the planning and support to the coordination. This represents a paradigm shift, led by the DRC Country Office to apply IOA in outbreak response. The CAI has supported the MoH, notably the DGLM (General Direction Fighting Disease) to have Integrated Outbreak Analytics (IOA) as an approach⁹. In 2022, this has included supporting the draft of a Concept Note to replicate the CAI within the MoH. The CAI has supported the developed of this strategy and will support the training, capacity strengthening and organization and set up of the CAI MoH in the second half of the year.

The DRC CAI provides country to country support across the continent. In the first half of 2022, this has included a two-month support to the Republic of Congo to apply IOA to better understand outbreak dynamics. The full report available online here: <https://reliefweb.int/report/democratic-republic-congo/analyse-operationnelle-sur-les-dynamiques-autour-de-l-pid-mie-de>

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

- UNICEF leads three clusters (Nutrition, WASH, and Education), the Child protection sub-cluster, and the NFI Working Group at the national and decentralized levels
- UNICEF 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 is an active member of the Humanitarian Country Team (HCT) and participates in the various coordination fora at the national and decentralized level as per newly revised humanitarian coordination architecture.
- UNICEF is also a member of the advisory board of the Humanitarian Fund in DRC

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

During the first six months of the year, more than 200 publications related to the humanitarian situation and UNICEF's interventions were published on UNICEF DRC's social networks¹⁰. Several stories posted on the website highlighted the impact of conflicts on children¹¹ and UNICEF's support for displaced children¹² and refugee populations¹³, children formerly associated with armed groups¹⁴ and children affected by emergencies.¹⁵

- Life "over there"
<https://www.unicef.org/drcongo/en/stories/life-over-there>
- Grave violations of children's rights in armed conflict
<https://www.unicef.org/drcongo/violations-graves-droits-enfants-situation-conflit-ame>
- A vital aid to the displaced children
<https://www.unicef.org/drcongo/en/stories/vital-aid-displaced-children>
- An integrated response for Central African refugee populations
<https://www.unicef.org/drcongo/en/stories/integrated-response-central-african-refugee-populations>
- Rebuilding schools destroyed by the Nyiragongo volcanic eruption
<https://www.unicef.org/drcongo/en/recits/R rebuilding-schools-Nyiragongo-eruption>

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: 10/10/2022

ANNEX A SUMMARY OF PROGRAMME RESULTS

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Health								
Children aged 6 to 59 months vaccinated against measles	Total	8.9 million	1.1 million	419,052	▲ 32%	-	-	-
	6-11 months	-	21,917	75,810	▲ 259%	-	-	-
	12-59 months	-	1.1 million	343,242	▲ 27%	-	-	-
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	515,299	177,634	▲ 34%	-	-	-
	Girls	-	156,754	53,631	▲ 33%	-	-	-
	Boys	-	144,696	51,528	▲ 34%	-	-	-
	Women	-	144,696	72,475	▲ 50%	-	-	-
Nutrition								
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	6.1 million	538,447	95,839	▲ 7%	653,051	108,614	▲ 6%
	Girls	-	279,992	50,795	▲ 8%	339,587	57,383	▲ 6%
	Boys	-	279,992	50,795	▲ 8%	313,464	51,229	▲ 5%
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Total	-	448,762	21,888	0%	494,000	72,234	0%
Child protection								
Children and parents/caregivers accessing mental health and psychosocial support	Total	4.2 million	400,000	35,108	▲ 5%	583,127	114,367	▲ 10%
	Girls	-	153,000	17,600	▲ 6%	223,046	55,164	▲ 13%
	Boys	-	147,000	16,192	▲ 6%	214,299	57,796	▲ 15%
	Women	-	51,000	941	▲ 1%	74,349	993	0%
	Men	-	49,000	375	0%	71,433	414	0%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	300,000	3,069	0%	-	-	-
	Girls	-	202,500	1,812	0%	-	-	-
	Boys	-	30,000	260	0%	-	-	-
	Women	-	67,500	996	0%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	7,000	741	▲ 5%	11,757	1,770	▲ 10%
	Girls	-	1,750	276	▲ 14%	2,940	561	▲ 15%
	Boys	-	5,250	465	▲ 2%	8,817	1,209	▲ 8%
Unaccompanied and separated children accessing family-based care or a suitable alternative	Total	-	8,500	559	▲ 2%	17,580	1,198	▲ 3%
	Girls	-	4,165	318	▲ 3%	8,965	582	▲ 2%
	Boys	-	4,335	281	▲ 3%	8,615	616	▲ 3%
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	577,000	225,723	▲ 38%	-	-	-
	Girls	-	346,200	57,044	▲ 16%	-	-	-
	Boys	-	86,550	46,249	▲ 53%	-	-	-
	Women	-	115,400	66,882	▲ 57%	-	-	-
	Men	-	28,850	55,548	▲ 189%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	2.1 million	384,877	73,929	▲ 4%	612,699	76,717	▲ 3%
	Girls	-	200,136	34,479	▲ 4%	318,603	35,622	▲ 2%
	Boys	-	184,741	39,450	▲ 5%	294,096	41,095	▲ 3%
Children receiving individual learning materials	Total	-	230,926	71,470	▲ 7%	-	-	-
	Girls	-	120,082	30,480	▲ 6%	-	-	-
	Boys	-	110,844	40,990	▲ 7%	-	-	-
WASH								
People accessing a sufficient quantity of safe water for drinking and domestic needs	Total	6.6 million	1.5 million	541,264	▲ 15%	3.3 million	615,573	▲ 7%
	Women	-	779,270	281,457	▲ 15%	1.7 million	322,349	▲ 7%
	Men	-	719,326	259,807	▲ 15%	1.6 million	293,224	▲ 7%
People use safe and appropriate sanitation facilities	Total	-	599,439	130,200	▲ 2%	1.3 million	130,200	▲ 1%
	Women	-	311,708	67,704	▲ 2%	692,685	67,704	▲ 1%
	Men	-	287,731	62,496	▲ 2%	639,401	62,496	▲ 1%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Cross-sectoral								
People reached through messaging on prevention and access to services	Total	-	10 million	1.7 million	0%	-	-	-
People engaged in risk communication and community engagement actions	Total	-	500,000	90,750	0%	-	-	-
People with access to established accountability mechanisms	Total	-	200,000	16,600	0%	-	-	-
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Total	-	35,000	521	▲ 1%	-	-	-
Rapid Response Mechanism								
People whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments	Total	2.9 million	720,000	277,721	▲ 11%	1.6 million	797,095	▲ 18%
People whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments	Total	-	459,000	278,304	▲ 18%	-	-	-
People targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	Total	-	693,000	398,604	▲ 23%	-	-	-

ANNEX B FUNDING STATUS

Sector	Requirements ¹⁶	Funding available			Funding gap	
		Humanitarian resources received in 2022	Other resources used in 2022	Resources available from 2021 (carry over)	Funding gap (US\$)	Funding gap (%)
Nutrition	159,094,178	9,876,897	-	14,762,711	134,454,570	85%
Health	50,789,061	105,404	-	286,822	50,396,835	99%
Water, sanitation and hygiene	33,147,686	1,518,205	-	2,888,225	28,741,256	87%
Child protection, GBViE and PSEA	19,297,558 ¹⁷	7,699,237	-	1,634,085	9,964,236	52%
Education	40,027,204 ^{18,19}	3,542,084	-	1,010,304	35,474,816	89%
Rapid Response Mechanism	33,968,395 ^{20,21}	13,007,119	-	3,446,319	17,514,957	52%
Cross-sectoral (HCT, C4D, RCCE and AAP)	16,278,250 ²²	4,663,230	-	2,000,869	9,614,151	59%
Cluster coordination	3,750,000	265,762	-	437,000	3,047,238	81%
Total	356,352,332	40,677,938	0	26,466,335	289,208,059	81%

*repurposed other resources with agreement from donors

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ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Democratic Republic of the Congo: 2022 Humanitarian Needs Overview', OCHA, 2021
2. Ibid.
3. Ibid.
4. Ministry of Public Health, Cholera situation Epidemiological, week 26 - 2022
5. Population Movement Database, OCHA, July 2022
6. Democratic Republic of the Congo, Ministry of Public Health,
7. Democratic Republic of the Congo, Nutrition Cluster, June 2022
8. A community relay (RECO) is a volunteer chosen by the villagers or the inhabitants of a street in town who agrees to act as a bridge between the community and the health services
9. <https://gh.bmj.com/content/6/8/e006736>
10. <https://twitter.com/UNICEFDRC>
11. <https://www.unicef.org/drcongo/violations-graves-droits-enfants-situation-conflit-arme>
12. <https://www.unicef.org/drcongo/en/stories/vital-aid-displaced-children>
13. <https://www.unicef.org/drcongo/en/stories/integrated-response-central-african-refugee-populations>
14. <https://www.unicef.org/drcongo/en/stories/life-over-there>
15. <https://www.unicef.org/drcongo/en/recits/Rebuilding-schools-Nyiragongo-eruption>
16. The decrease in funding requirements does not reflect an improved humanitarian situation but is mainly due to a tightened prioritization in the country to address most critical needs.
17. Includes US\$12,642,264 for child protection interventions; US\$4,641,660 for GBV in emergencies interventions; and US\$2,160,865 for PSEA interventions
18. Unit Cost: US\$92 per child for access to formal or non-formal education and US\$20 per child for learning
19. Country Office received regular programme funding to support safe return to school and all associated costs in the context of COVID-19 as part of the development programme
20. The scale up of the cholera rapid response using the Case Area Targeted Interventions methodology resulted in improved integrated approaches, and as such, the number of individuals that can be reached for the same cost has increased
21. Includes US\$22,570,000 for the Unicef Rapid Response and US\$11,398,285 for the Cholera Rapid Response through the CATI approach
22. Includes US\$7,745,000 for humanitarian cash transfers, and US\$8,533,000 for communications for development activities and community engagement

