Democratic Republic of the Congo

Consolidated Emergency Report 2022

Many families have taken refuge at the Kanyaruchinya site for displaced people in North Kivu province following the fighting in eastern DR Congo. UNICEF and its partners are responding with WASH, health, nutrition and emergency education interventions. IDP families have been provided with non-food item distributions such as tarpaulins, sanitary towels, soap and cooking equipment. Multi-sectoral assistance is also being increased in relation to the cholera response, child protection, WASH, education, nutrition, and health. ©UNICEF/DRC/2022

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ABBREVIATIONS AND ACRONYMS

ADF	Allied Democratic Forces
AFPDE	Association of Women for the Promotion and Endogenous Development
CAAFAG	Children Associated with Armed Forces and Groups
CAC	Community Animation Committee
CAI	Integrated Analytics Cell
CATI	Case-Area Targeted Intervention
CCC	Core Commitments for Children
CDC	Centres for Disease Control and Prevention
CERF	Central Emergency Response Fund
CODECO	Cooperative for Development of the Congo
COOPI	Cooperazione Internazionale
CTC	Cholera treatment centers
DGLM	Direction Generale de la Lutte contre la Maladie
DIVAS	Division of Social Affairs
DRC	Democratic Republic of the Congo
ECHO	European Civil Protection and Humanitarian Aid Operations
EFP	Essential Family practices
EVD	Ebola Virus Disease
FARDC	Armed Forces of the Democratic Republic of the Congo
FPIC	Patriotic Force and Integrationist of Congo
GBV	Gender-based Violence
GBViE	Gender-based Violence in Emergencies
HAC	Humanitarian Action for Children
HCD	Human Centered Design
HCT	Humanitarian Cash Transfers
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HZ	Health Zone
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IDTR	Identification, Documentation, Family Tracking and Reunification
IFRC	International Federation of the Red Cross
IGA	Income Generating Activity
IMAM	Integrated Management of Acute Malnutrition
IOA	Integrated Outbreak Analytics
IOM	International Organization for Migrations
IPC	Integrated Phase Classification
IPC	Infection Prevention and Control

IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergency
MAMI	Management of at risk' mothers and infants
MMT	Mobile Money Transfers
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
MPHPH	Ministry of Public Health, Hygiene and Prevention
MRM	Monitoring and Reporting Mechanism
MUAC	Middle Upper Arm Circumference
NCA	Norwegian Church Aid
NFI	Non-food Item
NGO	Non-governmental Organisation
NRC	Norwegian Refugee Council
OCHA	UN Office of the Coordination of Humanitarian Affairs
OR	Other Resources
ORE	Other Resources - Emergency
ORR	Other Resources - Regular
OTP	Outpatient Therapeutic Programme
P-DDRCS	Programme for Disarmament, Demobilization, Reintegration and Community Stabilization
PIM	Post Intervention Monitoring
PMSEC	Multi-sectoral Plan for the Elimination of Cholera
PNECHOL	National Programme for the Elimination of Cholera
PPSSP	Programme de Promotion de Soins de Santé Primaires
PRONANUT	National Nutrition Programme
PSEA	Protection from Sexual Exploitation and Abuse
PSC	Pre-School Consultations
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBC	Social and Behaviour Change
SC	Stabilization Center
SGBV	Sexual and Gender Based Violence
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SNSAP	National Nutrition Monitoring System and Early Warning
SUN	Scaling-Up nutrition
TPM	Third-Party Monitoring
TLS	Temporary Learning Spaces
UASC	Unaccompanied and separated children
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United Stated Agency for International Development

WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Programme

EXECUTIVE SUMMARY

With more than 5.7 million displaced people, among whom more than 2 million in 2022 only, the Democratic Republic of Congo remains one of country with the largest populations of Internally Displaced Persons in the world, after just Syria and Ukraine. In 2022 the country continued to face one of the world's most complex and protracted crisis, notably in the Eastern provinces of North Kivu, South Kivu, Ituri and Tanganyika. Eighty-five (85) per cent of displacements were caused by armed attacks and clashes. Over 80 per cent of the displaced people were children and women. Around 15.4 million children beared the brunt of an escalation in armed conflict, and recurrent disease outbreaks and natural disasters, further exacerbating chronic poverty and systemic weaknesses.

Children at the Kanyaruchinya site for displaced people in North Kivu ©UNICEF/DRC/2022

In a context where displacement is a survival mechanism, leaving behind their homes, essential goods, food stocks, and means of subsistence, displaced children and their families live in very precarious conditions and are exposed to increased risks of abuse, exploitation, recruitment, and other forms of violence. Access to basic services is often limited due to the lack of infrastructure in host communities (drinking water points, latrines, health centres, schools...), with a direct impact on hygiene and health and a risk of increased morbidity and mortality. Attacks on and military use of schools and hospitals impacted severely the provision of social services and limited the response towards civilians, especially children. More than 100,000 school-aged children were deprived of education because of the critical security situation.

An estimated 4.2 million people suffered of global acute malnutrition countrywide, including 1.2 million children under five years old affected by Sever Acute Malnutrition. Analysis of the nutritional situation in 2022 reveals a deterioration of nutrition situation for children and women with a 30 per cent increase in the number of nutrition crisis alerts compared to the same periods in 2021.

Close to than 3,500 grave violations against children by armed forces and groups were reported by the United Nations Monitoring and Reporting Mechanism in 2022. Children continued to be newly recruited and abducted (25 per cent), maimed and killed (24 per cent) and are victim of sexual violence (10 per cent). The prevalence of sexual and gender-based violence remained very concerning, with more than 21,300 cases identified during the first trimester of 2022, especially in conflict-affected areas.

In addition to conflicts, the country was also affected by natural disasters like flooding that hit western provinces of Equateur, North and South Ubangi and Kinshasa in 2022 and a wide spectrum of epidemic outbreaks, including two new Ebola outbreaks, measles, polio and cholera.

In 2022, through its Rapid Response (UniRR) mechanism, UNICEF and its partners were among the first responders to provide a timely life-saving assistance through the distribution of Non-Food Items and Water, Sanitation and Hygiene (WASH) supplies to address the acute needs of 737,652 people, including 468,915 children affected by population movements in Ituri, North Kivu, Tanganyika and South Kivu. With the addition of a health and nutrition component in 2022, UniRR also supported 54 health care structures in Ituri and North Kivu provinces in providing 36,221 primary health care consultations to people in need and in ensuring the treatment of 2,471 severely malnourished children. With an average of 23 days from alert to assistance, and seven days between assessment and assistance, UniRR was the fastest rapid response programme in the DRC with 98 per cent of beneficiaries satisfied with interventions.

Cholera remained a major health issue in the country with 18,507 suspected cases and 296 deaths notified (55 per cent increase compared to the same period in 2021). South-Kivu, Tanganyika and North-Kivu were among the most affected provinces accounting for 76 per cent of the total cholera cases. To respond to cholera outbreaks in these provinces as well as in Sankuru province, UNICEF scaped up its Case-area targeted intervention (CATI) programme, designed as an integrated rapid response mechanism to reduce the incidence of cholera transmission in hotspot areas as well as to reinforce the cholera control strategy and uptake of cholera awareness raising for longer-term impact. Through this programme, UNICEF and partners conducted 12,906 response interventions, among which 92 per cent were implemented within 48 hours of the case notification to immediately contain the transmission of the epidemic. CATI interventions reached 1,079,787 people around the suspected cholera cases, who benefitted from the distribution of WASH kits containing oral rehydration salts, soaps, water treatment products, jerrycans and buckets, houses decontamination and promotion messages on cholera symptoms and good hygiene practices and cholera in the four provinces.

UNICEF expanded the use of humanitarian cash transfers to contribute to meeting critical and immediate needs of the crisis affected population, enabling them to avoid making harsh choices when faced with shocks and crises, and keep children safe and healthy. Through multipurpose cash transfer, 5,006 households were assisted in Tanganyika province, including households with severely malnourished children. Post distribution monitoring surveys revealed an improvement in beneficiaries' access to basic

needs and essential services such health and education, quality food and a boost in households' investments in income generating activities for building further resilience.

In 2022, UNICEF scaled up its interventions to strengthen preparedness and response to public health emergencies countrywide, such as measles, polio, Ebola and COVID-19. UNICEF support for vaccines management and campaigns organization contributed to the vaccination against measles of 1,554,071 children in zones affected by humanitarian crises and allowed the deployment of almost 29 million doses of COVID-19 vaccines, injection materials, equipment and data management and reporting tools countrywide. In addition to supporting responses to public health emergencies, UNICEF provided technical and financial support for improving access to primary health care in humanitarian crisis-affected zones, with more than 308,420 women and children who were treated for malaria, acute respiratory infection and diarrhoea. The involvement and commitment of political and administrative authorities during the response to epidemics had a positive impact on the quality of the response by facilitating the mobilization of local resources and ensuring a better functioning of coordination at all levels. In addition, interpersonal communication and community awareness raising via door-to-door visits conducted by community health workers and Community Animation Committees, combined with digital approaches via the U-Report platform, radio and TV stations and SMS, on the importance of vaccination, including for COVID-19, and the respect of key essential family practices contributed to reduce hesitancy among households reluctant to vaccination.

In response to the worsening nutritional situation, UNICEF supported the provision of life-saving nutritional assistance to 459,894 children aged 6 to 59 months affected by severe acute malnutrition. This represented an increase of 51 per cent in comparison to 2021. Despite these positive results, treatment coverage in comparison to the caseload was 35.6 per cent, similar to 2021. This low coverage is mainly due to the short timeframe of most of severe acute malnutrition treatment projects and limited funding. To prevent malnutrition and promote early detection of severely malnourished children, UNICEF invested in the capacity strengthening of mothers and caregivers on the optimal Infant and Young Child Feeding practices in Emergency, including breastfeeding and complementary feeding. Throughout the year, 181,016 mother and children's caregivers, including 56,517 men, were counselled on these practices and briefed on the early detection of malnutrition. Making caregivers the focal point of screening strategies facilitated the regular screening of children at household level and contributed to an earlier admission of malnourished children in health structures, thus increasing his or her chance to recover. In Ituri and South Kivu, UNICEF supported the pilot implementation of simplified innovative approaches to tackle acute malnutrition. To prevent stunting, wasting and micronutrient deficiencies in children aged under five years, UNICEF maintained its support to the National Nutrition Programme for Vitamin A supplementation of 18,250,149 children, deworming of 14,979,967 children, iron supplementation of pregnant women and IYCF-E promotion among 1,664,467 pregnant and lactating women. Through the Nutrition Donors Group, UNICEF continued to advocate for an increase in funding for holistic nutrition-related interventions; as a result, donors engagement increased in funding severe acute malnutrition treatment in development and resilience projects, even in those provinces affected by humanitarian crisis.

As the Lead of the nutrition cluster, UNICEF strengthened the capacities of the clusters at the sub-national level through the deployment of five Nutrition Cluster Coordinators and two Information managers. Information sharing, interventions prioritization and coordination strongly improved.

The protection situation of children in remained of concern, particularly in the East. Despite funding and access constraints, 13,874 children, including children released from armed groups, unaccompanied and separated minors and survivors of sexual violence benefitted from protection assistance through UNICEF programmes. Moreover, 179,134 vulnerable children were supported to improve their emotional psycho-physical development and resilience, through the provision of mental health and psychosocial interventions. A total of 4,790 children associated with armed forces and groups and 5,102 unaccompanied and separated children benefitted from Identification, Documentation, Family Tracking and Reunification, temporary care and assistance, socio economic and/or school reintegration. The scale up in the Gender-based Violence in Emergencies prevention and response programmatic footprint resulted in a 130 per cent increase in the number of women and girls supported by UNICEF with access to comprehensive multi-sectoral care compared to 2021, with more than 8,657 children and women assisted.

Education in Emergency assistance benefitted to 343,482 children in need in Ituri, Tanganyika, Maniema, South Kivu, North Kivu, Grand Kasai region and Bas Uele. UNICEF promoted an integrated response to children through and improved access to quality and inclusive education, including psychosocial support, mental health, peace education and hygiene promotion to prevent epidemics. Psychosocial support was crucial in the context of armed conflict and inter-ethnic violence where children experienced distress or witnessed traumatic events, for them to return to a sense of normalcy. UNICEF also continued to support the installation of temporary and permanent classrooms, organization of catch-up classes and recreational activities, distribution of school kits, community and students' sensitization on children rights and available protection services, prevention of gender-based violence and Protection from Sexual Exploitation and Abuse. Access to education was facilitated by school kits and teachers' supplies distribution. In total, 191,902 136,863 children (89,578 girls) benefited from school and educational kits. To fill out learning gaps during the school closure due to the armed conflicts and insecurity, 223,984 children (114,090 girls) were supported with distance/home-based learning through the provision of adapted and printed workbooks.

Led by UNICEF and Save The Children, the Education cluster strengthened the capacities of 382 cluster members in education in emergencies, in rapid response mechanisms and in data collection tools and informed the 2023 Humanitarian Needs Overview and 2023-204 Humanitarian response plan. The Cluster was critical to ensure a good coordination of Education emergency interventions in those provinces affected by humanitarian crisis.

In 2022, UNICEF continued to provide life-saving WASH interventions to children and their families affected by humanitarian crises. Interventions reached 1,410,091 people, including 761,449 children in North Kivu, South Kivu, Ituri and Tanganyika, who benefitted from an improved access to safe water through bucket chlorination, water trucking, installation of gravity flow systems, rehabilitation of existing water supply systems and the mechanical drilling of new wells. In terms of sanitation, UNICEF built and rehabilitated existing latrines in healthcare facilities, schools and internally displaced people's sites.

As part of the response to Ebola in North Kivu and Equateur, UNICEF contributed to stop the epidemic spread through the distribution of hygiene kits to 2,580 people around Ebola cases and the provision of infection, prevention and control supplies in 115 health care facilities. The same facilities benefitted from improved access to water and sanitation services. More than 53,000 people were sensitized on prevention

measures and hygiene in the major Ebola hotpots. In 2022, the WASH strategy also strengthened the link between purely humanitarian interventions and longer-terms and resilience-oriented response, with the support to durable infrastructures (water supply networks, treatment stations) in those zones affected by humanitarian crisis, including displacements or cholera outbreaks. UNICEF also strengthened preparedness via the pre-positioning of critical WASH supplies, which allowed to quickly respond to needs of people affected by humanitarian crisis, such as M23 crisis in North Kivu, EVD in Equateur and cholera in Sankuru.

UNICEF as a Cluster lead ensured the coordination of the WASH humanitarian response. Close coordination and collaboration between agencies, partners and local authorities was crucial to strengthen stakeholders' capacities on WASH interventions, identify gaps, avoid overlapping of actions in the field as well as for better value for money interventions and improve accountability towards the affected populations.

UNICEF was also among the first responders to the humanitarian crisis that affected the Rutchuru territory since Mars 2022, with led to more than 510,000 persons displaced in Rutshuru, Nyiragongo and Masisi territories. Almost half of displaced people settled in sites and collective shelters, mostly around Goma in Nyiragongo territory. UNICEF responded to the acute needs of affected people with an integrated response in Non-Food Items NFI and WASH kits, improved access to water and sanitation, child protection and education assistance and health and nutritional care.

In 2022, the UNICEF-led Integrated Analytics Cell continued to conduct analysis to better understand disease dynamics and their impact on communities, for a more accountable, appropriate and effective response. Fifteen analyses in seven provinces were conducted on public health issues, including Ebola cholera, women's and girls' health, malnutrition, gender-based violence, diarrhoea, polio, and anaemia. The Cell work informed evidence-based recommendations and resulted in improved programming by relevant stakeholders via 278 co-developed recommendations, 91 per cent of which were implemented throughout the year.

The integration of gender, prevention and response to Sexual and Gender-based violence and Protection from Sexual Exploitation and Abuse continue to be a top priority for all UNICEF interventions countrywide. UNICEF strengthened the capacities of its partners on these core concepts and their integration in programming and delivering interventions. UNICEF played a primary role in the development of the roadmap for gender mainstreaming in humanitarian programming, approved by the Humanitarian Country team. Through a multiplicity of UNICEF-supported channels, more than 1.7 million people had access to information on PSEA code of conduct and existing SEA reporting mechanisms. UNICEF also supported the capacity strengthening of actors on SEA cases investigation and reinforced mechanisms to ensure adequate assistance to SEA victims.

In 2022, US$ 113.7 million were available and utilized by UNICEF to respond to the critical and most acute needs of people, and especially children, affected by humanitarian crisis. This amount represents 31 per cent of total funding needs for 2022. Full funding and especially flexible and predictable resources would have permitted humanitarian assistance to reach a greater proportion of those in need, especially children.

I. Humanitarian Context

The DRC is facing one of the world's most complex and protracted crisis in the East. Around 15.4 million children are bearing the brunt of an escalation in armed conflict, and recurrent disease outbreaks, further exacerbating chronic poverty and systemic weaknesses[1]. Attacks on and military use of schools and hospitals impacted severely the provision of social services and limited the response towards civilians, especially children. In 2022, more than 100,000 school-aged children were deprived of education because of the deterioration in the security situation.

In 2022, more than 2 million people were displaced, bringing the total number of displaced persons in DRC to more than 5.7 million, the third highest globally just behind Syria and Ukraine. 85 per cent of displacements were caused by armed attacks and clashes. Over 80 per cent of the displaced are children and women[2].

In a context where displacement is a survival mechanism, leaving behind their homes, essential goods, food stocks, and means of subsistence that are often looted or destroyed, displaced children and their families live in very precarious conditions and exposed to increased risks of abuse, exploitation, recruitment, and other forms of violence. The lack of decent shelter exposes them to bad weather and to an often-increased promiscuity and, de facto, to greater insecurity with an environment more conducive to tension and sexual violence, particularly for women and girls. girls. In addition, access to basic services is often limited due to the lack of infrastructure in the host communities (drinking water points, latrines, health centres, schools...), with a direct impact on hygiene and health and a risk of increased morbidity and mortality.

DRC's four eastern provinces are the most affected by the on-going conflicts and account for almost 95 per cent of the Internally Displaces People (IDPs) and 98 per cent of the returnees in the country: Ituri (1.5 million IDPs and 682,000 returnees), North Kivu (2.1 million IDPs and 895,000 returnees), South Kivu (1.36 million IDPs and 429,000 returnees), Tanganyika (351,000 IDPs and 163,000 returnees)[3].

- Ituri: The ongoing crisis in the Ituri province started in early 2018 and is multifaceted, as it includes local armed groups (Cooperative for Development of the Congo/CODECO, Zaire, Patriotic Force and Integrationist of Congo/FPIC and Allied Democratic Forces/ADF) and affects four out of the five territories (Irumu, Mambasa, Djugu and Mahagi). Despite the establishment of a State of Siege in May 2021, and the launch of joint operations of the armed forces of the DRC and Uganda against the ADF, the conflict persists and worryingly extend toward Mambasa territory. The crises have led to severe human rights violations with the targeting of IDP camps as well as in schools and health centers. These attacks have triggered new mass displacements.
- North Kivu: the province has been experiencing armed conflict for decades, and since the second half of 2021, the security situation has continued to deteriorate. In 2022, intense fighting between

[1] 2022 Humanitarian Needs Overview (HNO).

[2] In 2019 and 2020, UNICEF undertook a Humanitarian Review seeking to strengthen the quality of UNICEF's humanitarian action. UNICEF has embraced the recommendations of this Humanitarian Review and is reinforcing its risk analysis, preparedness/anticipatory action and response. See "https://www.unicef.org/reports/humanitarian-review" for more information.

[3] UNICEF has increased its targets in the 2023 Humanitarian Response Plan compared to the previous year, to ensure that the response plans, along with those of other cluster partners, will cover 75 per cent of the cluster-specific people in need.

the Armed Forces of the Democratic Republic of Congo (FARDC) and M23 resumed in Rutshuru territory, and significantly intensified since 26 October 2022 entering the Nyiragongo territory. People were forced to flee the conflict area towards the north of Goma. As of today, the situation remains very volatile and fighting continues in the Rutshuru territory, notably towards Tongo and Bambo areas as well as in Kitshanga, Mweso and Mishusha areas. Overall, as of 5 December 2022, the International Organization for Migrations (IOM) estimates that over 370,000 persons have been displaced. More than half are children and 63 per cent live in overcrowded IDP sites and collective shelters in Nyiragongo territory just outside Goma. Children are the main victims, facing separation from families, recruitment by armed groups and massive ever-growing level of gender-based violence (GBV). Similarly, the impact of the ADF crisis affecting both North Kivu and Ituri is a source of grave concern for UNICEF as the magnitude of the violence observed on the field perdures. The ADF armed group continuously carries out vicious and often deadly attacks on civilians causing population movements with many IDPs living in disastrous conditions in hard-to-reach areas such as Kamango, Mutwanga and along the Oicha-Eringeti axis.

- South Kivu and Maniema: over the past years, the two provinces have experienced a degradation in the security situation, acute levels of malnutrition, recurrent epidemic outbreaks, mass population displacements due to inter-communal violence, and clashes between armed groups and the FARDC. These conflicts are multifaceted and complex, set against a backdrop of inter-ethnic tensions, military operations, leadership conflicts over control of resources, land disputes and the weak presence of security forces. The province continues to see an overall degradation in the security situation followed by increased population movements in affected areas, particularly in the southern part of the province. Furthermore, South Kivu is among the provinces of the DRC that are most exposed to natural hazards, with the most significant human and material damage is caused by heavy rains and floods.
- Tanganyika: the context remains volatile in the north, particularly in Kalemie, Nyunzu and Kongolo territories. These territories experience inter-community tensions between the Bantu and Twa, as well as spill-over effects from ongoing armed conflicts in the neighbouring provinces of South Kivu and Maniema. However, as the situation improves, important return movement are expected notably in Nyunzu territory over the coming months.
- Mai Ndombe: since June 2022, the territory of Kwamouth experienced intercommunal violence which resulted in the deaths of around 200 people and the displacements of thousands of people.

In this context, protection concerns are paramount. The United Nations Monitoring and Reporting Mechanism (MRM) documented close to than 3,500 grave violations against children by armed forces and groups affecting close to 3,000 children mainly occurring in North Kivu (53 per cent), Ituri (24 per cent), South Kivu (13 per cent) and Tanganyika (9 per cent). Whereas 70 per cent of victims of all grave violations are boys, girls represent 99 per cent of those affected by sexual violence. A large number of children continue to be newly recruited and abducted (25 per cent), maimed and killed (24 per cent) and are victim of sexual violence (10 per cent). The prevalence of sexual and gender-based violence (SGBV) remains very concerning in the DRC, with more than 21,300 cases identified during the first trimester of the year,

especially in conflict-affected areas. Data show that girls are particularly at risk of sexual violence and account for close to 50 per cent of all GBV reported cases.

Moreover, humanitarian access is more and more constrained, and the presence of partners is diminishing in some areas due to insecurity and operational restrictions. From January to September 2022, there was an 86 per cent increase from 2021 in humanitarian access incidents[4]. 293 incidents involved violence against humanitarian actors, with nine humanitarian workers killed, 23 injured, and 21 abducted. With the recent deployment of the East African Community Joint Regional Force in eastern DRC, increased military operations are expected in 2023 alongside the elevation of tensions in the run-up to the presidential elections scheduled in December 2023, placing children at even higher risk.

In addition, the DRC is also prone to damage from growing levels of flooding that notably hit western provinces of Equateur, North and South Ubangi as well as Kinshasa in 2022, and a wide spectrum of epidemic outbreaks. Two new Ebola Virus Disease (EVD) outbreaks were declared in Equateur and North Kivu provinces with a total of 6 reported cases, of which all died. In addition, following a gap in measles routine vaccination due to the COVID-19 pandemic, suspected measles cases increased sharply throughout the year with nearly 150,000 recorded cases – an increase of over 162 per cent from 2022[5]. If all 26 provinces notified cases, the situation is particularly worrying in South Kivu, Lomami, North Kivu, Maniema, Ituri and the Kasais. In addition, measles emergency supplies stock has been at a minimal level since September 2022.

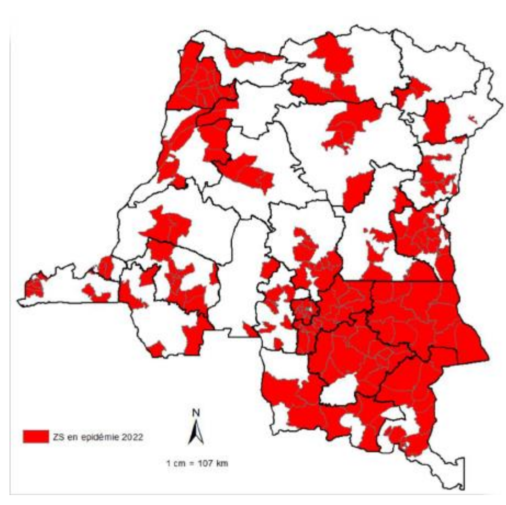

Figure 1. Health zones reporting measles outbreaks in 2022

Cholera remains also a major health issue in the country with 18,507 suspected cases and 296 deaths notified (55 per cent increase compared to the same period in 2021). South-Kivu, Tanganyika and North-Kivu are among the most affected provinces accounting for 76 per cent of the total cholera cases in DRC. While cholera vaccination campaigns in the Kivus and Haut-Katanga are likely to help reduce the transmission, their inconsistent coverage and lack of accompanying Water, Sanitation and Hygiene (WASH) interventions limit their effectiveness in the long term. Despite consistent epidemiological surveillance, the DRC does not yet have a sufficient laboratory network to allow the microbiological investigation of a large number of suspect cases and therefore is unable to correctly confirm all declared cholera outbreaks. At the community level, surveillance remains challenging due to access. Moreover, the fragile health, water and sanitation systems are not yet able to treat and prevent the thousands of cases

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[4] The 142 per cent budget increase reflects the humanitarian needs and rights-based approach that is being adopted by UNICEF in the Democratic Republic of the Congo in 2023, due to the sharp increase in humanitarian needs. The budget is also impacted by the increased operating costs and global inflation crisis triggered by the war in Ukraine.

[5] Population in need figures are aligned with 2023 inter-agency planning documents (Humanitarian Needs Overview and Humanitarian Response Plan) as endorsed by Humanitarian Country Team. The overall number of people in need corresponds to the Food Security Cluster, which has the highest number of people in need in the 2023 Humanitarian Response Plan. The people in need figure for UNICEF's mandate is 19.8 million. This includes: 4,335,326 children aged 6-59 months in need of vitamin A supplementation; 3,760,914 primary caregivers of children aged 0-23 months in need of infant and young child feeding counselling; 6,683,367 people in need of WASH services; 2,751,940 children in need of formal or non-formal education, including early learning; 10,060 children to be released from armed forces/groups; 45,998 unaccompanied/separated children in need of family-based care or a suitable alternative; and 575,000 people in need of humanitarian cash transfers across sectors.

still reported each year. The high case fatality rate (1.7 per cent rather than the accepted 1 per cent) illustrates the lack of available medical treatment for cholera.

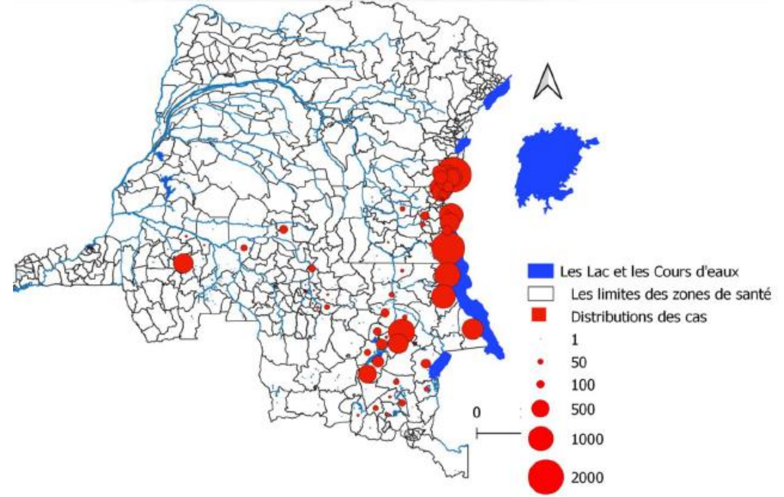


Figure 2. 2022 Cholera cases per province

An estimated 4.2 million people suffered of global acute malnutrition countrywide, including 1.2 million children under five years old affected by Severe Acute Malnutrition[6]. Analysis of the nutritional situation in 2022 reveals a deterioration of the nutrition situation for children and women with a 30 per cent increase in the number of nutrition crisis alerts compared to the same periods in 2021[7]. Of the country's 519 health zones (HZs), 230 were in a high priority zone according to Nutrition Cluster Classification in semester 2 (44 per cent of the country). The most affected areas were located mainly in the Ituri (28 per cent), South Kivu (10.4 per cent), North Kivu (9.1 per cent), Equateur (6.6 per cent) and Haut Uele (5.2 per cent). The nutritional situation is mostly related to food insecurity, as 25.9 million people in the DRC (25 per cent of the analysed population) were affected by food insecurity (Phase 3 or above), including 5.4 million in emergency (Integrated Phase Classification/IPC Phase 4) from January to June 2022 according to IPC 20 cycle.

[6] 2022 HNO.
[7] Quarterly bulletins n°47, 48 and 49 of the Nutritional Surveillance and Early Warning System (SNSAP).

II. Humanitarian Results by Sector

A. UNICEF's Rapid Response, Cholera and Cash transfer

A.1. Rapid Response Programme

RAPID RESPONSE	UNICEF and IPs Response		Cluster Response	
	2022 Target	2022 Total results	2022 Target	2022 Total results
Indicator				
People whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments	720,000	737,652	1,632,911	2,111,740
People whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments	459,000	719,796		

Given the very volatile and unpredictable situation in Eastern DRC, an efficient, timely and integrated life-saving response remains critical. To this end, at the onset of crisis and based on early warning systems, UNICEF and its partners continued to deliver a localized life-saving rapid response (UniRR) to address the most acute needs and mitigate the immediate impact for the most vulnerable population affected by the crises in Ituri, North Kivu, South Kivu, and Tanganyika.

In 2022, 737,652 IDPs, including 468,915 children in eastern DRC received essential supplies which contributed to an overall improvement of their precarious situation and protection. Since most affected people leave their place of origin with very limited essential belongings for their survival, UniRR provides each household with one Non-Food Items (NFI) kit, one light shelter kit and one WASH kit with consumable for at least three months. All kits are designed to provide affected populations with essential necessities including notably jerrycan, soap, plastic sheeting, kitchen set, bucket, blanket, individual water treatment, etc.

Moreover, with the addition of a health and nutrition component in 2022, UniRR also supported 54 health care structures in Ituri and North Kivu provinces with 36,221 primary health care consultations carried and 2,471 children suffering from Severe Acute Malnutrition (SAM) treated. Aimed at reducing mortality, the interventions are based on a methodology allowing for the early possible detection and start of therapy. UNICEF strongly invested in training and coaching of partners to ensure quality implementation of this new component. In addition, 167 protection cases were also identified by UniRR teams and referred to protection actors.

UNICEF and its partner the Red Cross distributed emergency supplies to displaced families in Kibati in North Kivu province in eastern DRC. These families have fled the clashes in Rutshuru territory @UNICEF/DRC/2022

UniRR is designed around the following four key pillars: rapidity and flexibility, localization, co-management between UNICEF and its civil society partners, entry point for complementary interventions. Based on a dedicated alert system, UniRR aims to respond as quickly as possible to acute rapid-onset-crisis. With an average of 23 days from alert to assistance, and seven days between assessment and assistance, UniRR is the fastest rapid response programme in the DRC with 98 per cent of beneficiaries satisfied with interventions. Clear prioritization criteria and targeting are defined with regard to UNICEF's mandate, its comparative advantage and capacity, as well as to the presence and mobilization of other rapid response actors.

Several factors contributed to the solid result of the rapid responses: 1) simple and high impact programming; 2) strong partnership between UNICEF and local partners building on comparative advantages of each organization; 3) technical support and frequent follow up by UNICEF staffs with continuous strengthening of partners. Through the leveraging of comparative advantage, the partnership with four national partners such as Red Cross North Kivu and Tanganyika or Programme de Promotion de Soins de Santé Primaires (PPSSP) brings a contextualized emergency response, enhances access to hard-to-reach areas, and increases community acceptance and engagement. The UNICEF semi-direct implementation allowed a continuous coordination between national partners and UNICEF with daily collaboration and frequent UNICEF operational missions, alongside its partners, in the field, at all UniRR implementation phases. It also enabled a fast and decentralized decision-making process to adapt to rapidly changing situations on the ground.

UniRR continued to put children and their families, at the centre of its response. To ensure accountability to affected populations, two ways communication mechanisms were set up throughout the interventions and feedback received from communities were integrated. UniRR systematically worked with local authorities and hired community volunteers for the evaluation, targeting and distribution activities. UniRR teams organized numerous focus group discussions throughout the process, including separate discussions with women, to understand the specific needs of the populations but also to improve and further adapt interventions. This community-based approach contributed to enhance the acceptance in the communities but also allowed populations to be an active part of the programme. In 2022, 52 out of 63 interventions in 2022 (83 per cent) were followed by a Post Intervention Monitoring (PIM). About 98 per cent of surveyed beneficiaries reported to be satisfied with the interventions and assistance received through UniRR.

Nonetheless with increased violence and attacks against civilian populations, humanitarian access was constrained in some hard-to-reach areas due to insecurity and operational restrictions. As a direct consequence, several interventions had to be interrupted or postponed. Physical access constraints and logistics due to absence of roads or very poor conditions continue to be another key challenge notably in South Kivu and Tanganyika.

In complementarity to NFI distributions, UNICEF has also further strengthened its strategic partnership with the World Food Programme (WFP) and the International Federation of the Red Cross (IFRC) to ensure the provision of food assistance to affected people at the onset of the crises. Working together from the onset, it allowed to establish strong linkages for a longer-term joint programme and ensure the humanitarian-development-peace nexus such as nutrition/food security as well as education/school feeding. In 2022, UniRR coordinated 42 per cent of its interventions with WFP and IFRC food security interventions to enable a more comprehensive response.

UniRR also collaborated with the UNICEF health, nutrition, and WASH programmes as well as clusters, to coordinate the responses. Indeed, The UniRR programme also served as an entry point for a more comprehensive response to crises and provided vulnerable communities in hard-to-reach areas with life-saving assistance in the provinces of Ituri, North Kivu, South Kivu and Tanganyika. All multisectoral needs assessments were shared with the humanitarian community (through Ehtool, managed by the Office of the Coordination of Humanitarian Affairs OCHA), making UniRR one of the main providers of humanitarian alerts. This allowed complementary and longer-term interventions in various sectors, either directly implemented by UNICEF or by other humanitarian organizations.

UNICEF continued to lead the NFI Working Group at national and provincial level. In 2022, the NFI Working Group continued to play a significant role in the humanitarian coordination system at national and sub-national level in Eastern DRC, by working alongside partners and clusters for a more efficient humanitarian response. Response to different crises was provided in an effective and coordinated way, avoiding duplication of interventions in a context characterised by limited humanitarian funding. NFI responses have included gender and GBV issues by promoting gender equity in interventions and contributing to a protective environment for women and girls.

The main challenge identified is to update or standardise the minimum NFI kit with standardized cost for partners. The NFI Working Group will continue these discussions in 2023 to ensure that the NFI responses

are more aligned to population's needs and that the cost of content of the kit reflects the recommended price.

A.2. Cholera response

	UNICEF and IPs Response		Cluster Response	
CHOLERA RAPID RESPONSE (CATI)	2022 Target	2022 Total results	2022 Target	2022 Total results
Indicator				
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	693,000	1,079,827		

According to the World Health Organization (WHO), the DRC is the 4th country in the world with the highest number of under-five deaths[8]. On top of that, diarrheal diseases, including cholera, are the top 5th leading cause of death in low-income countries, and in these same countries are among the top three causes of death in children under 5 years[9].

The Case-area targeted intervention (CATI) programme implemented by UNICEF and local partners is designed as an integrated rapid response mechanism to reduce the incidence of cholera transmission in hotspot areas as well as reinforce the cholera control strategy and uptake of cholera awareness raising for longer-term impact. This approach allows for timely and concerted public health decision-making while strengthening the epidemiological and microbiological surveillance system and enhancing longer-term resilience through strengthened the provincial and national surveillance system against cholera.

The CATI methodology is defined by four axes of intervention:

1. Reinforcement of coordination, epidemiological and microbiological surveillance.
2. Implementation of the rapid response targeted around suspected cholera cases in communities (responding to 80 per cent of suspected cases in less than 48 hours to interrupt transmission through the implementation of cordon sanitaire in households around each suspected case).
3. Preparedness, community engagement and intensification of hygiene promotion.
4. Implementation of rapid water and sanitation interventions in outbreak areas.

The CATI programme is based on an extensive use of evidence including the Integrated Outbreak Analysis (IOA) conducted by UNICEF's Integrated Analytics Cell (CAI). As CAI develops new, rapid, and adapted IOA studies, tools are adapted at local level depending on pre-existing data. CATI targeted households within a high-risk radius from a suspected case, and households residing in this catchment area were supplied with essential supplies, kits, and hygiene promotion messages to prevent cholera spread.

Through the CATI approach, UNICEF and partners conducted 12,906 interventions and reached 1,079,787 people in North and South Kivu, Tanganyika, and Sankuru provinces. 92 per cent responses were targeted within 48 hours of the case notification to immediately contain the transmission of the epidemic. They

[8] https://www.who.int/fr/news-room/fact-sheets/detail/children-reducing-mortality
[9] Les 10 principales causes de mortalité (who.int)

received a cholera kit, had their household decontaminated and benefited from hygiene promotion sessions. Each CATI intervention was conducted in coordination with the Ministry of Public Health, Hygiene and Prevention (MPHPH), the National Programme for the Elimination of Cholera (PNECHOL), WHO, Medecins Sans Frontieres and all other actors from WASH and health clusters. UNICEF also ensured the medical management of cases in the Cholera treatment centers (CTCs) in Kalemie and Moba (Tanganyika province) by rehabilitating the CTCs and providing in-kind and food assistance for patients and their accompanying persons.

Awareness session led by Carine following the confirmation of a cholera case in this neighborhood of Goma, DRC. @UNICEF/DRC/2022

Through the CATI programme and the close partnership with the MPHPH, UNICEF contributed to strengthen epidemiological surveillance and coordination, rapid response, and evaluation capacities. This allowed to continuously adapt the response to cholera epidemics as well as the overall implementation of the Multisectoral Strategic Plan for Cholera Elimination (PMSEC).

UNICEF and its partners have thus ensured continuous technical monitoring to guarantee the quality and effectiveness of interventions. This monitoring was complemented by evaluations and qualitative-quantitative studies systematically involving the MPHPH and carried out both internally by the CAI as well as externally notably with Sorbonne University/Assistance Publique des Hopitaux de Paris. The results allowed to better adapt and contextualize the response but also largely contributed to the review and definition of the main lines of intervention of the next phase of the PMSEC 2023 - 2027.

Finally, UNICEF continue to be engaged in supporting DRC in a cholera control programme aimed at eliminating this disease as a public health risk. Through a continuous engagement with the PNECHOL and the Provincial Divisions of Health (PDH) and in collaboration with the WHO and other partners, UNICEF continued to support the government cholera response in the following areas: advocacy, coordination, assessments, planning and prioritization, surveillance, early warning systems and alert mechanisms, service delivery and communication.

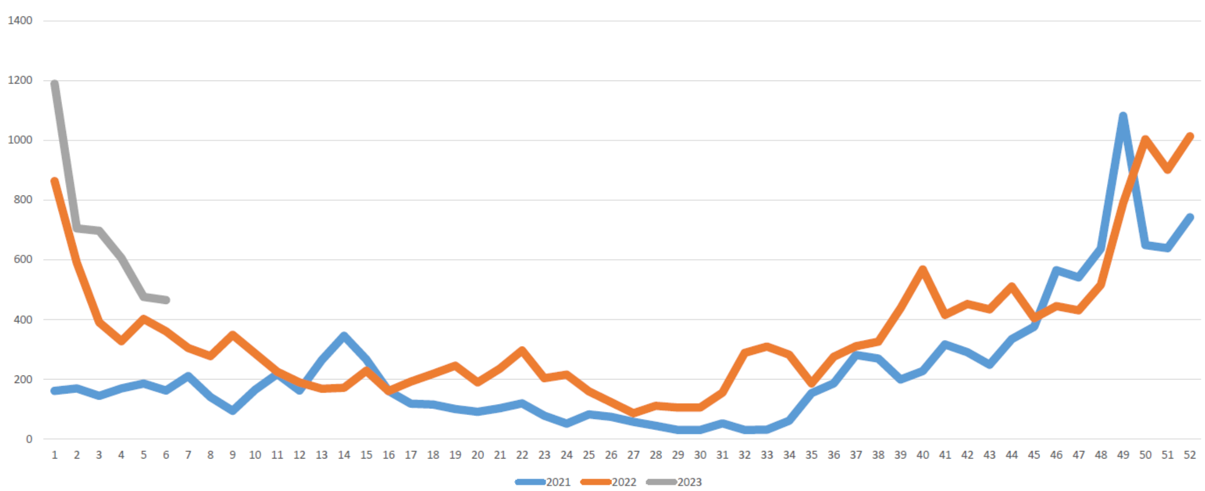


Figure 2. Weekly evolution of cholera cases DRC weeks 1- 52, 2022 and weeks 1-6, 2023.

North Kivu Province:

In 2022, 4,206 CATI interventions, including house disinfection, community sensitization and distribution of WASH kits were carried out in the province of North Kivu. This corresponds to 82.3 per cent of suspected cases reported in the province. 93 per cent of these responses were carried out within 48 hours after the patient was admitted to a cholera treatment center or unit. As part of microbiological surveillance, 62.1% of suspected cases were sampled for analysis at the AMI LABO laboratory and 1,280 cases were confirmed (positive for vibrio cholerae), i.e., 40.3 per cent of the positivity rate for the whole province. Taking into account the sanitary cordons around the suspected cases, 64,168 households (385,008 persons) received WASH kits containing oral rehydration salts, soaps, water treatment products, jerrycans and buckets), while 70,637 houses were disinfected, and 833,813 persons were sensitized to good hygiene practices and cholera symptoms.

South Kivu Province:

In 2022, 4,767 CATI interventions, including house disinfection, community sensitization, and distribution of cholera WASH kits were conducted in the province, corresponding to 91 per cent of suspected cases reported in the province. 98 per cent of these responses were conducted within 48 hours of the patient's admission to a cholera treatment center or unit. As part of microbiological surveillance, 61.5 per cent of suspected cases were sampled for analysis in Goma. Taking into account the sanitary cordons around suspected cases, 61,947 households (371,682 persons) benefited from WASH kits, while 75,940 houses were disinfected, and 604,489 persons were sensitized to good hygiene practices and cholera symptoms.

Tanganyika province:

In 2022, 3,087 interventions with the CATI approach were carried out around 3,642 suspected cholera cases with the partner Red Cross Tanganyika. In agreement with UNICEF, the partner set up ten CATI teams, located according to the dynamics of the epidemic. 88 per cent of the CATI teams' responses were made in less than 48 hours. These interventions included disinfection of suspected outbreaks, distribution of WASH cholera kits, chlorination at local water points and sensitization in a well-defined health cordon. The average number of households in the cordon sanitaire was 20 households. 64,787 WASH cholera kits were distributed to affected households, representing 193,145 people.

Sankuru province:

As the first interveners in this province on August 17, 2022, UNICEF and its partner largely reinforced rapid detection and surveillance intervention, allowing a precise reading of the dynamics of the epidemic in this province. 846 suspected cases were notified in three health zones. The high lethality rate (5 per cent) was due to the epidemic context of the province, inadequate staffing and experiences in the health zones all happening at the beginning of the outbreak. Despite logistic and experiences challenges, 78 per cent of suspected cases were responded to in less than 48 hours. The total number of households targeted around each suspected case is 3,574, i.e., an average of 12.1, which still needs to be strengthened to obtain an average of 15. On the other hand, 130 chlorination points of a minimum duration of 1 month were executed, benefiting about 130,000 people.

A.3. Humanitarian cash transfers

UNICEF's global approach to humanitarian cash transfers (HCT) is to utilize multipurpose and unconditional cash assistance to achieve multi-sectoral objectives, based on UNICEF's Core Commitments for Children. Along with other emergency response interventions, in 2022 UNICEF expanded the use of HCT. These cash transfers had an important role in meeting critical and immediate needs of the crisis affected population, enabling them to avoid making harsh choices when faced with shocks and crises, and keep children safe and healthy.

In addition to using multipurpose cash assistance to address vulnerable households' basic needs, UNICEF also combined cash assistance with sectoral interventions to achieve comprehensive results (cash + approach). In 2022, cash assistance was provided in addition to nutrition treatment to avoid relapses while supporting families to address gaps which contribute to malnutrition. In particular, UNICEF rolled out two humanitarian cash (+) programmes assisting 5,006 households with Mobile Money Transfers (MMT) in Tanganyika province.

The first intervention was rolled out in Manono HZ, where UNICEF assisted 1,400 households (7,094 people, including 4,168 children) with children suffering from acute malnutrition through a Cash (+) Nutrition programme complementing SAM treatment intervention. The cash transfer via Mobile Money ensured that households have access to nutritious food and avoid falling back to malnutrition after the treatment and contributed to improve households' access to a healthy and nutritious diet. The interventions contributed to the improvement of maternal and child nutrition by acting on the underlying determinants of adequate food, hygiene, access to health and investment in food production or income

generation. As per the initial results of the PIM results of the programme conducted by a Third-Party Monitoring (TPM) partner the intervention increased SAM treatment recovery rates. 98 per cent of the children benefiting from UNICEF’s Cash+ recovered from SAM. The recovery rate according to national protocol is ≥75 per cent. The intervention also decreased SAM treatment dropout rates with 0.4 per cent of children dropped out from the SAM treatment programme whereas the average dropout rate according to national protocol is ≤15 per cent. UNICEF also observed that the Cash+ Nutrition intervention helped increase investments in income generating activities (IGAs) with 78 per cent of households engaged in some IGAs generating resources with the cash transfers assistance.

The second Cash+ intervention UNICEF rolled in 2022 focused on basic needs assistance targeting IDP populations and host communities in Mbulula HZ, impacted by armed conflict in Maniema and Nyunzu HZs. The programme assisted a total of 3,606 households including 700 vulnerable households from the host community (total of 21,636 people, including 14,194 children). As per the initial results of the post-delivery monitoring (PDM) analysis conducted by the TPM partner 95 per cent of households reported improvement on the overall conditions of the household and 99.2 per cent reported meeting children’s basic needs (either fully (35.6 per cent) or partially (63.6 per cent) after the cash assistance. The cash transfers helped improve food consumption scores and access to food. Households with moderate and acceptable food consumption scores increased from 20 per cent before the assistance to 70 per cent and the number children having at least two meals a day increased from 40 per cent to 88 per cent. Additionally, the PDM results provided significant improvements in number of beneficiary households engaging in IGAs. 60 per cent households engaged in IGAs, including improved access to land and small commercial activities with assistance provided by UNICEF. In terms of accessing basic health and education services, the average number of people accessing health services (per household) tripled and the average number of children out of school (per household) decreased significantly (from 1.62 to 0.38).

SIM and phone distribution to a beneficiary in Mbulula, Tanganyika ©UNICEF/DRC/2022

In terms of transfer modality, UNICEF used MMT to conduct regular transfers to beneficiary accounts after distributing SIM cards and basic telephone handsets to beneficiary households. As a result of careful geographic targeting and cooperation with communities and service providers, the initial PDM results

shows that 99.8 per cent of beneficiaries selected cash assistance through MMT as their preferred assistance modality. To ensure this result, UNICEF conducted details analysis of mobile money coverage before targeting intervention zones and worked closely with MMT financial service providers to ensure that beneficiaries can access their funds in a safe, secure, and efficient manner.

In general, findings of the PDM reports revealed that households assisted by UNICEF's humanitarian cash programmes showed improvements across sectors including access to basic needs and essential services such as health and education, improvements in access to better quality food and households' investments in income generating activities for building further resilience. These findings will feed into the scale-up of Cash + nutrition and multipurpose HCT programmes with a wider geographical coverage and help UNICEF establish linkages with social protection schemes to establish a direct link between humanitarian and development focused interventions.

B. Health

	UNICEF and IPs Response		Cluster Response	
HEALTH	2022 Target	2022 Total results	2022 Target	2022 Total results
Indicator				
Children aged 6 to 59 months vaccinated against measles	1,095,868	1.554.071		
6-11 months	21,917	355,523		
12-59 months	1,073,951	1,198,548		
Children and women accessing primary health care in UNICEF-supported facilities	515,299	308,420		
Girls	156,754	87,929		
Boys	144,696	91,469		
Women	144,696	129,022		

In 2022, UNICEF scaled up its interventions to strengthen preparedness and response to public health emergencies countrywide, such as measles, polio, Ebola and COVID-19.

Vaccination campaigns were organized for measles and polio epidemics that occurred in 2022. Regarding **measles**, 213 HZs all provinces of the DRC (41 per cent of the 519 HZs of the country) reported a measles epidemic in 2022. Due to the limited availability of funds, a response was organized in 81 HZs[10] only where 3,539,527 children between the ages of 6 months and 9 years were vaccinated (15 per cent more than in 2021). Among them, 3,146,246 children were vaccinated in 72 HZs through the critical support of UNICEF in terms of vaccines and support for operational costs. Of these, 1,554,071 children were vaccinated in

[10] In the provinces of Bas-Uele, Mongala, Tshuapa, Equateur, North Ubangi, South Ubangi, Mai-ndombe, Kwango, Kzilu, Kasai Central, Lualaba, Haut Katanga, Haut Lomami, Tanganyika, Lomami, Kasai Oriental, Sankuru, North Kivu, Soth Kivu and Maniema.

zones affected by humanitarian crises. This represents 144 per cent of the UNICEF Humanitarian Action for Children (HAC) appeal target. The target was overreached because data on vaccination included all people vaccinated in HZs affected by epidemic and not only those areas hosting IDPs, as initially planned. In addition to vaccines procured thanks to donors' contribution, UNICEF provided with its own resources an emergency stock of 550,000 doses of measles vaccines and 550 measles kits to accelerate outbreak responses.

UNICEF supported the optimal organization of vaccination campaigns against **polio**, held in May and July 2022. Two vaccination rounds were conducted in 152 HZs in seven provinces[11], including in North Kivu, South Kivu and Tanganyika, to vaccinate 7,317,557 children aged 0-59 months. The long time between the confirmation of the epidemic and the organization of the response campaign resulted in the extension of the epidemic to 11 new provinces[12] (186 HZs), including Ituri, for which a vaccination campaign was conducted in November 2022 to vaccinate 7,141,144 children from 0 to 59 month out of 7,748,198 children targeted. Not all planned children could be reached with vaccination due to the non-implementation of the vaccination campaign in some health areas affected by armed conflict. The support provided by UNICEF consisted in ensuring the maintenance of cold chain equipment with functional or minor breakdowns and the recycling of cold accumulators (ice pack). In addition, to support vaccine storage, each antenna and each HZ benefitted of a freezer, financial support for renting a power generator and for the necessary fuel. In addition, UNICEF contributed to supplying the provinces with 4,288 vaccine carriers and 1,000 cool boxes. UNICEF supported the capacity strengthening of service providers at all levels through the training of seven national Social and Behaviour Change (SBC) supervisors and the deployment of 100 SBC consultants and 14 vaccine managers consultants. In additional, UNICEF financed operational cost around vaccine management and social mobilization and change behaviours activities in the field.

Bertin, 3, is vaccinated against polio, as part of a national immunization campaign ©UNICEF/DRC/2022.

[11] Tanganyika, North Kivu, Tshopo, Lomami, Sankuru, Suoth Kivu and Maniema.
[12] Bas Uele, Mongala, Tshuapa, Equateur, North Ubangi, South Ubangi, Lualaba, haut Katanga, Haut Lomami, Haut Uele et Ituri.

Following the notification of **EVD confirmed cases** in North Kivu and Equateur provinces, UNICEF supported the Government-led national coordination in the control of the epidemic. This support and the capitalization on key achievements obtained during previous EVD epidemic in the same zones, contributed to limiting the number of confirmed cases (1 in North Kivu and 5 in Equateur) and avoiding the expansion of the epidemic in other zones of the same provinces and in other provinces.

To prevent and manage cases of **COVID-19**, all the 26 provinces benefited from a large batch of drugs, equipment, and other medical materials for the continuity of health services. In particular UNICEF supported the MPHPH to cover all the components of the vaccination campaign, including coordination and communication with the provinces, micro-planning in the health zones, distribution of vaccines from the central level to the provinces, from the provinces to HZs, and from HZs to vaccination sites, and capacity building on cold chain management. UNICEF supported the deployment of 28,964,600 doses of COVID-19 vaccines, injection materials, equipment and data management and reporting tools countrywide. As of December 2022, a total of 2,657,582 persons in humanitarian context were fully vaccinated.

In addition to supporting responses to public health emergencies, UNICEF also provided technical and financial support for improving **access to primary health care** in humanitarian crisis-affected zones, with more than 308,420 women and children who were treated for malaria, acute respiratory infection and diarrhoea. Women also benefitted from delivery conducted by skilled personnel and following the required quality standards. The HAC target for access to primary health care was reached at 60% only due to limited financial resources available in 2022.

In terms of best practices as lessons learned, experience showed that the involvement and commitment of political and administrative authorities at all levels during the response to epidemics had a positive impact on the quality of the response by facilitating the mobilization of local resources and ensuring a better functioning of coordination bodies at all levels including the regular monitoring of activities. To ensure access to and the organization of the immunization response for children aged 0-59 months, in the insecure areas within the provinces of Maniema and South Kivu, leaders of armed groups and some of their members were involved to reach all children targeted in these areas.

Interpersonal communication and community awareness raising via door-to-door visits conducted by community health workers permitted the identification of vaccination hesitant households and thus enabled the teams to address the barriers before the campaigns. In addition, outbreak response was used as an opportunity to support and enhance health system strengthening by evaluating cold chain gaps towards reinforcing the routine immunization programme.

The timely production and delivery of tools for vaccine management and target children enumeration contributed to the quality of the campaigns.
Moreover, in 2022 UNICEF introduced a new way of payment of frontline workers for all campaigns through mobile money, in those zones covered by network.

C. Nutrition

NUTRITION	UNICEF and IPs Response		Cluster Response	
	2022 Target	2022 Total results	2022 Target	2022 Total results
Indicator				
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	538,447	459,894	653,051	578,152
Girls	279,992	245,583	339,587	309,944
Boys	258455	214,311	313,464	268,208
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	448,762	181,016	494,000	566,718

In 2022, UNICEF supported the provision of life-saving nutritional assistance to 459,894 children[13] (53.4 per cent girls) aged 6 to 59 months affected by SAM. This represented an increase of 51 per cent in comparison to 2021 and a coverage of 85 per cent of the HAC appeal. Among supported children, 31,062 (6.8 per cent) children with medical complications were treated in stabilisation centres (SCs).

In 2022 SAM treatment coverage in comparison to the caseload was 35.6 per cent, similar to 2021. This low coverage is mainly due to the short timeframe of most of SAM treatment projects (6 to 8 months) and limited funding. Overall, the performance indicators for SAM treatment were in line with international SPHERE standards: 91.2 per cent children were successfully cured for SAM, 4.2 per cent defaulter, 4.3 per cent non-response and 0.3 per cent death.

UNICEF-supported SAM nutritional interventions focused on providing technical support to strengthen existing national response capacities. In particular, UNICEF supported the scale up of Integrated Management of Acute Malnutrition (IMAM) services through the provision of nutritional supplies, drugs and equipment to healthcare facilities, capacity strengthening of healthcare providers and community actors and support of HZs and Provincial Health Divisions for ensuring that quality standards in SAM treatment are met. The IMAM programme was implemented in 17 out of 26 provinces (65.4 per cent) of the DRC covering 148 HZs out of 519 (28.5 per cent). A total of 2,480 health structures including 194 SCs and 2,286 Outpatient Therapeutic Programme (OTP) for the treatment of SAM children without medical complications were operational.

[13] Provinces with SAM prevalence more than 2%. Équateur, Haut_Katanga, Haut_Uélé, Ituri, Kasaï, Kasaï_Oriental, Kasaï_Central, Kinshasa, Kwango, Lomami, Maniema, North Kivu, South Kivu, Tanganyika, Tshopo, Tshuapa.

Furaha Chekanabo receives food supplements for her two malnourished children at the Izege Health Centre in Walungu, South Kivu province ©UNICEF/DRC/2022

To prevent malnutrition and promote early detection of SAM, UNICEF invested in the capacity strengthening of mothers and caregivers on the optimal Infant and Young Child Feeding practices in Emergency (IYCF-E), including breastfeeding and complementary feeding. Throughout the year, 181,016 mother and children's caregivers, including 56,517 men, were counselled on these practices and briefed on the early detection of malnutrition through the Middle Upper Arm Circumference (MUAC) tape. The aim of the Family MUAC approach is promoting regular screening of children for acute malnutrition screening at household level, to increase the uptake and coverage of treatment services, resulting from the early detection of malnutrition and rapid enrolment of severely malnourished children into the nutritional programme. Making caregivers the focal point of screening strategies through the Family MUAC facilitated the regular screening of children at household level and contributed to an earlier admission of malnourished children in health structures. In addition, UNICEF and its partners encouraged men's participation in IYCF support groups, traditionally attended by pregnant and breastfeeding women and children's caregivers. Men play a key role in the well-being of families and households especially in providing resources. Thus, the need of involving them in sensitization on the importance of good nutrition for pregnant and breastfeeding women as well as children to reduce the risk of malnutrition.

In 2022, UNICEF reaffirmed its leadership of the global agenda to simplify the child wasting detection and treatment. In particular, UNICEF supported the capacity building of two NGOs (Association of Women for the Promotion and Endogenous Development/AFPDE and Cooperazione Internazionale/COOPI) to implement **simplified innovative IMAM approaches** using MUAC measurement as criteria for admission

and adopting the administration of a single product (Ready-to-Use Therapeutic Food/RUTF) for the management of wasted children at community level. During the implementation of this pilot project, 6,971 children 6-59 months old (3,202 boys and 3,769 girls) were admitted and treated in Bambu HZ (Ituri) and in Nundu HZ (South Kivu). Performance indicators were in line with international threshold: 96.0 per cent cured, 3.5 per cent defaulter, 0.4 per cent non-response and 0.1 per cent death. At community level, 72 per cent of SAM children were successfully treated by community health workers through the simplified approach. Remaining children were treated in healthcare facilities. The average MUAC median at admission was 113 mm showing the early stage of malnutrition. For evidence purpose of this pilot project, three coverage baseline surveys were organized in the two targeted HZs and in the HZ of Jiba (Ituri) as a control zone. End-line surveys will be organized in 2023 to assess the impact of this pilot approach.

In 2022, the global community was willing to rally behind UNICEF's proactive and vocal leadership on child wasting. UNICEF's technical vision shaped the architecture of the Global Action Plan on Child Wasting, and UNICEF vision for new financing models and policy reform gained substantial support among donors, United Nations agencies and implementing partners. At a programmatic level, innovations for responding to challenges posed by the COVID-19 pandemic continued to be rolled out in many provinces of DRC. These include the scale up of the adoption of the Family MUAC approach, passing from two to five HZs and the implementation of simplified approaches with the identification and treatment of wasting directly at community level. In addition, for children under 6 months, UNICEF started a pilot approach, known as "Management of at risk' mothers and infants (MAMI)" in Kapolowe (Haut Katanga), through which infants under 6 months at risk of malnutrition were rehabilitated using the F-100 therapeutic milk and mothers were supported for the stimulation of lactation.

To prevent stunting, wasting and micronutrient deficiencies in children aged under five years, UNICEF maintained its support to the National Nutrition Programme (PRONANUT) for Vitamin A supplementation and deworming of children, iron supplementation of pregnant women, IYCF-E promotion and home fortification of children under 2 years through micronutrient powders. Throughout the year, 18,250,149 children 6-59 months were supplemented with Vitamin A and 14,979,967 children 12-59 months were dewormed for the first round. Through the Pre-School Consultations (PSC) platform 1,664,467 pregnant and lactating women received counselling on IYCF.

Moreover, UNICEF strengthened the capacities of health professionals at central, provincial and HZ levels to conduct End User Monitoring, improve health and nutrition supply management and ensure adequate planning of interventions at health zone level. Through the Nutrition Donors Group (Groupe Inter Bailleurs de Nutrition), UNICEF continued to advocate for an increase in funding for holistic nutrition-related interventions; as a result, donors engagement increased in funding SAM treatment in development and resilience projects, even in those provinces affected by humanitarian crisis. Donors include the World Bank and German and Swiss governments which supported nutrition specific interventions (SAM treatment, community-based nutrition approach, PSC) as well as nutrition sensitive interventions (Moderate Acute Malnutrition treatment, food security, food assistance…) in the provinces of Ituri, Haut Katanga, Tanganyika, Equateur, Maniema, Tshopo, Haut Uélé, Kasaï, Kasaï Central, Kasaï Oriental, Kwilu, Kwango, North Kivu and South Kivu.

To improve the nutritional information system, UNICEF supported the organization of 25 nutritional surveys using SMART methodology, i.e., 50 per cent out of the 50 carried out throughout the country in 2022 by all the partners of the sector. Among the 25 SMART surveys conducted, 60 per cent of the results confirmed the nutrition crisis in the areas/territories surveyed. Surveys results were used to determine SAM caseload and prioritize the emergency nutrition response in 2023.

At the national level, UNICEF supported the functioning of the technical secretariat of the national multisectoral nutrition committee under the leadership of PRONANUT and led an advocacy for the effectiveness of the institutional anchoring of the multisectoral coordination at the supra-sectoral level.

Nutrition cluster

Led by UNICEF, the Nutrition cluster coordinated the different humanitarian nutritional interventions. In 2022, the coordination of the nutrition cluster was appointed as the representative of the National Inter Cluster platform into the Humanitarian Country Team meetings and as such participated in all discussions concerning the overall and strategic humanitarian response in the country.

Based on the MPHPH's database, the Nutrition cluster, through its members, supported the admission of 578,152 under-five SAM children nationwide, representing 48 per cent of the SAM burden (1,204,535) and 88.5 per cent of the targeted caseload (653,051). Only 25.6 per cent of health facilities (5,568) delivered SAM treatment services.

On the prevention side, 566,718 primary caregivers of children aged 0-23 months received IYCF counselling through health care facilities and community platforms.

In 2022, as the Lead of the nutrition cluster, UNICEF strengthened the capacities of the clusters at the sub-national level by recruiting seven consultants (five Nutrition Cluster Coordinators and two Information managers) who revitalized the platforms for sharing information between partners, thus improving the analysis of the nutritional situation and the prioritization of HZs for interventions. This directly contributed to improving the efficiency of nutrition interventions through the prevention of the duplication of activities, allowing actors to treat more cases and reach more affected zones. A prioritization mapping classifying HZs in high, medium and low priority was established to identify the most vulnerable zones for interventions. Similarly, a 4W matrix (where and what type of intervention is conducted, by whom and when or the duration of the intervention) was produced and updated on a quarterly basis.

Through the advocacy carried out by the Nutrition Cluster to the Humanitarian Common Fund in the DRC, funds were mobilized and allocated to respond to the most urgent nutritional crisis emerged in Ituri, North Kivu and South Kivu.

D. Child Protection

Sector		UNICEF and IPs Response		Cluster/Sector Response	
Indicator	Disaggregation	UNICEF 2022 Target	Total Results	Cluster 2022 Target	Cluster Total Results
CHILD PROTECTION					
# of children and caregivers accessing mental health and psychosocial support	Girls	153,000	91,436	223,046	145,663
	Boys	147,000	87,788	214,299	148,115
	Women	51,000	3,475	74,349	3,684
	Men	49,000	1,071	71,433	1,223
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls	202,500	55,242		
	Boys	30,000	43,194		
	Women	67,500	56,940		
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls	1,750	1,422	2,940	1,983
	Boys	5,250	3,368	8,817	3,906
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls	4,165	2,276	8,965	2,544
	Boys	4,335	2,826	8,615	3,185
# of people with access to safe channels to report sexual exploitation and abuse	Girls	346,200	340,461		
	Boys	86,550	226,857		
	Women	115,400	261,471		
	Men	28,850	256,429		

The scale and complexity of conflict, displacement and diseases outbreaks continue to have an alarming impact on children in the DRC. Despite funding and access constraints, through efficient partnership and coordination, 13,874 children, including children released from armed groups, unaccompanied and separated minors and survivors of sexual violence benefitted from protection assistance through UNICEF supported programmes. Moreover, 179,134 vulnerable children were supported to improve their emotional psycho-physical development and resilience, through the provision of mental health and psychosocial interventions.

UNICEF continued to support children affected by conflict and displacement with Identification, Documentation, Family Tracking and Reunification (IDTR), temporary care and assistance, socio economic and/or school reintegration, providing assistance to 4,790 children associated with armed forces and groups (CAAFAG) and 5,102 unaccompanied and separated children (UASC). The impact on children of the

crisis related to the resurgence of M23 activities in North Kivu province since March 2022, leading to displacement and family separation, is visible considering the significant increase in the number of unaccompanied and separated children (UASC) supported across the country (5,102 children compared to 2,906 in 2021). More than 60 per cent of those were identified in North Kivu alone. Overall, UNICEF supported 5,102 UASC out of the 5,729 identified by the child protection actors in DRC.

Nirere was reunited with Furaha, 12, and Isaac, 3, after two weeks of separation. The mother and children had been separated while fleeing violence in eastern DRC and were reunited in the city of Goma with the support of CAJED, a UNICEF-supported organization in the Kanyaruchinya IDP site ©UNICEF/DRC/2022

The overall number of CAAFAG identified and assisted decreased compared to the previous year. However, the decrease is unfortunately not related to reduced risks of recruitment for children. In fact, provinces such as Ituri and South Kivu report a consistent increase in numbers of CAAFAG assisted, while in areas affected by a large-scale conflict, significant insecurity and limited accessibility may have reduced the possibilities for children associated with armed groups to be released. UNICEF has continued to prioritize support to socio-economic reintegration activities for children, both to support their family and community reintegration, and to contribute to reducing risks of recruitment. As a result of this focus, in Tanganyika, Ituri and South Kivu, UNICEF was able to assist all the children identified.

To strengthen evidence-based programming, while ensuring support and alignment to the new Programme for Disarmament, Demobilization, Reintegration and Community Stabilization (P-DDRCS), in August 2022, UNICEF initiated a research to strengthen capacities to offer contextualized measurement of the effectiveness of the reintegration of children. Through a review and analysis of the situation of children who have been enrolled in and benefited from UNICEF-supported reintegration programmes

since 2005, the research will identify promising reintegration/integration approaches, based on feedback and experience of children. The primary data collection reached more than 2,300 children and youth formerly associated with armed groups in addition to more than 1,200 youth as part of a control group. The results of the research will be published in March 2023.

GBV is endemic in the DRC and exacerbated by conflict, displacement, diseases outbreak and natural hazards. Data show that girls are particularly at risk of sexual violence, accounting for approximately 50 per cent of all GBV cases reported in DRC.

The scale up in the Gender-based Violence in Emergencies (GBViE) prevention and response programmatic footprint resulted in a 130 per cent increase in the number of women and girls supported by UNICEF with access to comprehensive multi-sectoral care compared to 2021, with more than 8,657 children and women assisted, notably in Ituri, North Kivu, Tanganyika, South Kivu and Kasai.

Moreover, UNICEF and its partners have reinforced their programmatic focus on the girl child. A series of community consultations with more than 2,500 girls, community leaders and other community members held in Ituri, South Kivu and North Kivu allowed to identify the main barriers for girls to access services once released. These include fear of discrimination, lack of confidentiality and persistent risks of stigmatization in their communities. As a result, technical discussions with partners, service providers and women-led organizations were held to improve identification and response capacities. Countrywide, there was also a slight increase (4 per cent) in the percentage of CAFAAG girls identified compared to 2021.

Throughout the year, UNICEF has continued its strategic collaboration with key partners to strengthen the protection environment for children and women, and particularly those affected by conflict and displacement. These include the P-DDRCS, with the International Committee of the Red Cross (ICRC) and the Ministry of Social Affairs to strengthen care and protection services for Congolese and foreign unaccompanied minors. The collaboration with 13 civil society organizations, out of which 11 national NGOs has been instrumental to achieve this programmatic result and to ensure continuity of services for children amidst a worsening security situation in many areas in Eastern DRC.

UNICEF continued to co-lead the Country Task Force MRM with MONUSCO. In addition to supporting documentation and verification of grave violations across the country, UNICEF and MONUSCO contributed to improve responses for children affected through evidence-based analysis and trends, including through the 2020-2022 DRC Country Specific Report to the Secretary General as well as thematic analysis on grave violations affecting girls (to be published in 2023).

UNICEF has achieved 68 per cent of its yearly targets set in the HAC 2022 for CAAFAG, 60 per cent for UASC and 46 per cent for mental health and psychosocial support services. However, limited funding, insecurity and access challenges have hampered possibilities to increase the reach of UNICEF- supported programmes. In a context where needs are constantly on the rise, despite increased resource mobilization efforts, a 35 per cent funding gap was reported by the end of 2022.

E. Education

EDUCATION	UNICEF and IP Response		Cluster Response	
	2022 Target	2022 Total results	2022 Target	2022 Total results
Indicator				
# of children aged 6 to 17 years accessing formal or non-formal education, including early learning	384,877	343,482	612,699	665,292
Girls	200,136	165,305	318,603	312,613
Boys	184,741	178,177	294,096	352,679
# of children receiving individual learning materials	230,926	191,902		
Girls	120,082	89,578		
Boys	110,844	102,324		

For 2022, the estimated number of children between the ages of 3 to 17 years in need of Education in Emergency assistance was 2.1 million[14]. UNICEF response reached 343,482 (165,305 girls) out of 384,877 targeted children in the emergency affected provinces of Ituri, Tanganyika, Maniema, South Kivu, North Kivu, Grand Kasai region and Bas Uele. This figure represents 89 per cent of the HAC appeal. The limited available funding did not allow to reach the target.

In 2022, UNICEF promoted sectoral linkages between Education, WASH, and Child protection interventions to enable further integrated humanitarian assistance to children in need and to increase their access to quality and inclusive education. To do so, UNICEF focused its interventions on a) the strengthening of hosting capacities of schools in areas with IDPs, b) the improvement of education access, retention and completion strategies for children guaranteeing their learning continuity, c) the capacity building of trainers and teachers preferably through local networks in learner-centered methodologies, psychosocial support, mental health, peace education, prevention of epidemics (COVID-19, EVD, Cholera), conflict and disaster risk reduction.

UNICEF and its partners supported the training of 6,221 teachers (1,573 women) in the provision of psychosocial support to children in several conflicts affected provinces, namely in Ituri, North Kivu, South Kivu, and Tanganyika. A total of 343,482 (165,305 girls) children benefitted from psychosocial support in schools. Psychosocial support was crucial in the context of armed conflict and inter-ethnic violence where children experienced distress or witnessed traumatic events. This training equipped the teachers with the necessary skills to foster social cohesion among children and provide a nurturing and protective environment allowing children to return to a sense of normalcy.

In the perspective of peace building through education in DRC emergency settings, 361 peace clubs or committees were established in conflict affected schools in South Kivu and Ituri. Peace committees were critical to prevent and manage conflicts as well as promoting a culture of peace in the targeted schools and communities. Peace committees also represented the voice of the voiceless by preventing and

[14] HRP 2022.

denouncing abuse and violence in schools. In addition, they facilitated good relationship among children, between children and teachers, thus contributing to strengthening and promoting a culture of peace through dialogue, mediation, negotiation, and reconciliation. A noticeable reduction in conflicts in the schools where the peace committees operate was observed throughout the year. Committees also organized activities in their communities through which messages of peace and conflict resolution were spread. Through these committees and the training received, teachers became aware of adopting non-violent attitudes towards the pupils.

UNICEF continued to support the installation of temporary and permanent classrooms, organization of catch-up classes and recreational activities, distribution of school kits, community and students' sensitization on children rights and available protection services, prevention of GBV and Protection from Sexual Exploitation and Abuse (PSEA).

Access to education was facilitated by school kits and teachers' supplies distribution. In total, 191,902 children (89,578 girls) benefited from school and educational kits. To fill out learning gaps during the school closure due to the armed conflicts and insecurity, 223,984 children (114,090 girls) were supported with distance/home-based learning through the provision of adapted and printed workbooks.

In the context of COVID-19, 2,010 schools implemented safe school protocols to mitigate the risks of infection transmission. The same schools were supported to improve their mechanisms on prevention and reporting on GBV cases. These schools were also provided with WASH supplies, thermo-flashes, posters, and sensitization on COVID-19 prevention to facilitate good hygiene practices and reduce waterborne diseases.

Armed conflicts and natural disasters were two main events that caused disruption in access to education. Children were forced to be constantly on the move. Integrating them to hosting schools was one of the most important phases to cope with distress condition, but as repercussion, it put more charges to hosting schools' capacity. Many schools in conflict affected provinces served as shelters for IDPs. This was the case for example in Goma and Nyiragongo where IDPs occupied schools as shelters in response to the M23 crisis.

The Education Cluster's report on attacked, destroyed, closed, and burned schools, reported 825 schools severely impacted by emergencies in 2022 (fire, use as shelters by IDPs, closure and destruction by armed groups), depriving access to education for more than 324,965 school children, 47 per cent of whom are girls. The reported cases over the year reveal that 71 per cent of cases were due to attacks by armed groups, 27 per cent caused by natural disasters (wind and rain), 1 per cent due to aging buildings and finally 0.5 per cent over land disputes and occupation by the displaced.

The North Kivu province was more affected by land disputes, natural disasters and attacks by armed groups. While attacks against schools were reported more prevalent in Ituri, the number of reported cases is higher in primary schools (666 cases), followed by secondary (154 cases) and then pre-primary (5 cases). Despite the 256 classrooms constructed by UNICEF in emergency affected provinces to accommodate approximatively 15,360 children in 2022, along with the sanitation facilities to accommodate 14,080 internal displaced and host communities' children and the Central African Republic refugees in the Northwest of DRC, the construction needs remain high[15].

[15] Infographie Cluster Education RD Congo : Ecoles attaquées, détruites/fermées et incendiées au 30 janvier 2023.

On 5 April 2022, UNICEF Executive Director Catherine Russell (at front, second from left) visits temporary classrooms set up at the Rhoé camp for IDPs in Ituri province. Approximately 63,000 people have taken refuge here, including over 36,000 children. ©UNICEF/DRC/2022

Similarly, in response to the inter-ethnic violence in Maindombe that began in June 2022, as a first measure, UNICEF provided 9,962 children (4,781 girls) in 25 schools receiving 783 displaced children in Bandundu (Kwilu province) with school kits, hygiene kits and recreational materials. To promote social cohesion between displaced and host community children, 30 awareness raising sessions were organized within the community supported by the Bandundu educational Subdivision. These sessions allowed to reach 10,162 students through educational talks on peaceful coexistence. This activity allowed the students to talk openly to each other, including their teachers.

To achieve these results in Education in Emergencies, UNICEF has worked in close collaboration with education government partners and civil society organizations in emergency affected regions. In 2022, in addition to technical assistance, UNICEF's contribution consisted of cash transfer to the education sector technical services of the Congolese government as well as to partner NGOs for the implementation of the activities agreed in the annual work plan 2022.

14-year-old Aimé stands in front of the tent classroom where he attends school, in the Rhoé camp for IDPs in Ituri province. Aimé was separated from his parents following an attack on the nearby Drodo camp where they had been staying. UNICEF-supported workers identified the boy at Rhoé, found his parents and reunited the family. ©UNICEF/DRC/2022

Education Cluster

In 2022, the DRC Education Cluster, led by UNICEF and Save The Children in partnership with 95 active implementing partners along with Government and the humanitarian crisis affected communities, has provided the response that focused on:

- Access to and retention in school through schools' rehabilitation, distribution of school supplies, payment of school fees for the most vulnerable students; community awareness on PSEA, reporting cases of GBV and Sexual Exploitation and Abuse (SEA), and the importance of breaking the silence through the toll-free number, the fight against early and forced marriage, schooling for girls as well as personal hygiene.
- Quality of learning: teacher training on catchup classes, peace education, COVID-19 barrier measures, child participation, psychosocial support and peaceful cohabitation through theatre and sport, election of protection focal points in schools.
- Governance: support for the schools' operational costs by community empowerment in IGAs in Tanganyika to facilitate access and retention of children at risk of dropping out of school. Other provinces such as North Kivu, South Kivu, Tanganyika, Equateur, North Ubangi, Sankuru, Maniema, Kasai, Tshuapa and Bas Uele benefited from school management committees' set up for feedback and complaints as well as Disaster Risk Reduction awareness activities.

Details on the Education Cluster 2022 key results and achievement are reflected in the table below:

Key indicators	Target	Result	%
Number of 6-17 years old children who have been on the move for less than 6 months and those from host households who integrated schools thanks to the assistance from the implemented education projects	237,600	329,968	139%
Number of 6-17 years old children who have been on the move for 7 to 12 months and those from host households who integrated schools thanks to the education projects assistance	364,140	335,324	92%
Number of trained teachers in key education themes such as child centred methodology, Psycho-social support, and peace education	11,000	9,958	91%
Number of schools having an operational mechanism for identification, complaint management and a SEA and GBV children adapted case referral system that was implemented and strengthened	1,368	963	70%

These results were possible thanks to facilitation, coordination, and regular dialogue between partners through monthly meetings and technical support from the education Cluster lead agencies.

In terms of capacity strengthening, the Cluster trained of 382 cluster members (national and international NGOs representatives and centralized and decentralized Ministry of Education officials) in education in emergencies, in rapid response mechanisms and in data collection tools. Planning, strategic, and operational documents (HNO 2023 and HRP 2023-2024) were developed under the Education Cluster leadership. The implementation of the Multi-Year Resilience Programme funded by Education Cannot Wait and whose coordination is facilitated by UNICEF and the education cluster also contributed to the achievement of results.

F. Water, Sanitation and Hygiene

		UNICEF and IPs Response		Cluster/Sector Response	
Indicator		UNICEF 2022 Target	Total results	Cluster 2022 Target	Total results
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	Women	779,270	733,247	1,731,711	1,329,266
	Men	719,326	676,844	1,598,503	1,206,553
# of people use safe and appropriate sanitation facilities	Women	311,708	100,685	692,685	516,190
	Men	287,731	92,940	639,401	422,338

In 2022, UNICEF continued to provide life-saving WASH interventions to children and their families affected by humanitarian crises. Access to safe water for population in need was improved through bucket chlorination, water trucking, installation of gravity flow systems, rehabilitation of existing water supply systems and the mechanical drilling of new wells. In terms of sanitation, UNICEF built and rehabilitated existing latrines in healthcare facilities, schools and IDP sites. Households also benefitted from the distribution of hygiene kits and promotion messages on hygiene. WASH in emergency interventions reached 1,410,091 people (733,247 women and 761,449 children) in North Kivu, South Kivu, Ituri and

Tanganyika. This represents 94 per cent of the HAC target. Among people reached by these interventions, 872,077 people were IDPs and returnees, including those assisted through the UniRR programme.

UNICEF and its partners are providing life-saving assistance to families displaced by violence in eastern DRC. About 100 cubic meters of drinking water are delivered daily to families in Kanyaruchinya and the surrounding areas in Nyiragongo. ©UNICEF/DRC/2022

As part of the response to the EVD outbreaks in North Kivu and Equateur, UNICEF and its partners ensured the distribution of hygiene kits to 2,580 people (430 households, including 410 in Mbandaka and 20 in Beni) around EVD cases. Kits, composed of soap, buckets, water purifiers and jerricans, were critical to improving hygiene at household level and prevent EVD infections. In addition, UNICEF supported 115 health care facilities (70 in Mbandaka, 45 in Beni) and 90 schools (35 in Mbandaka, 550 in Beni) surrounding the EVD hotspots through capacity strengthening of healthcare providers and teachers on Infection Prevention and Control (IPC), provision of IPC supplies, an improved access to safe water (tanks, water points) and sanitation services (handwashing devices with water and soap, construction and rehabilitations of latrines and showers, medical waste management infrastructures). In healthcare facilities, triage units were installed and supplied to ensure the proper circuit of patients. UNICEF also organized hygiene promotion activities, which reached more than 53,000 people in the two EVD hotspots (38,872 in Mbandaka, 14,190 in Beni). In Equateur, UNICEF has also been implementing a WASH EVD resilience project which might have been important to keep the number of confirmed cases low (five cases) compared to the 11th outbreak of 2020 that counted 130 cases.

2022 also saw the strengthening of development-oriented WASH interventions, implemented in emergency contexts. Indeed, in response to the humanitarian crisis related to the resurgence of violence in the Rutchuru territory (North Kivu) which resulted in the forced displacement of thousands of people in the surrounding HZs, UNICEF started the preparatory works (needs assessments and design) of a water supply network to supply water displaced populations in Kanyaruchinya and Bushagara IDPs camps. The network will be supplied by 150 m3/h pump over a 200-meter hight difference and 4 km long pipeline fed by a 5000 m3 REGIDESO-managed reservoir as a durable response within an emergency context. Works will start in 2023, in partnership Virunga Energy, REGISESO and the provincial Water Board.

Similarly, to respond to the cholera outbreak in Kalemie (Tanganyika province) and in addition to the rehabilitation of existing boreholes to improve access to safe water, UNICEF reinforced the water treatment and supply station of the town through the provision of a 1 ton and 300 m3/h centrifugal multi-stage pump and a chlorine dosing pump to be installed by REGIDESO in the water treatment station. Once installed, in early 2023, this pump will provide 72,000 people with an additional 50 liters of potable water per day. Moreover, based on the analysis on data on cholera frequency and severity in Tanganyika between 2007 and 2021, UNICEF partnered with PNECHOL to identify the main hotspots of transmission where priority WASH interventions are needed. The HZ of Moba was identified as the first priority intervention zone. In this area UNICEF improved access to safe water through water supply (boreholes), boosted reduction of open defecation, enabled handwashing in markets and promoted hygiene behaviour and strengthened WASH infrastructures in health structures and schools. The deficient water treatment station of Moba was also evaluated and a rehabilitation feasibility study was launched. This innovative and targeted approach proved to be successful to attract additional funding and define complementary activities with WHO and Red cross coordinated by the Global Task Force on Cholera Control in the targeted health areas. In Kalemie, UNICEF also provided support to the local production of chlorine solution to be used for household water treatment in cholera at risk zones. Similar initiatives will be scaled up in 2023 in surrounding at risk zones, such as Moba.

To improve preparedness, UNICEF prepositioned critical WASH supplies in Goma, Mbandaka and Kananga. This stock allowed UNICEF to quickly respond to needs of people affected by humanitarian crisis, such as M23 crisis in North Kivu, EVD in Equateur and cholera in Sankuru. In addition, in the city of Kwamouth in the Maindombe province, bordering with Equateur, UNICEF supported the implementation of water points providing safe water to communities, as part of EVD preparedness efforts. These water points proved to be critical for providing safe water to IDPs arriving to Kwamouth from neighboring villages fleeing conflicts and insecurity. The prepositioning of emergency stocks made it possible to implement the emergency response in the context of epidemics while waiting for the mobilization of consequent financial resources.

During the COVID-19 vaccination campaign, IPC actions were of paramount importance in the prevention of transmission of infections to health care workers involved in vaccination activities in a total of 4,588 vaccination sites in 14 provinces. These activities included capacity building of hygienists, provision of personal protective equipment and inputs such as HTH chlorine, hydro-alcoholic gel, and waste disposal bins with bags for waste management. In addition, targeted healthcare facilities benefited from the installation of waste zones with auto combustion incinerators in the 2,725 prioritized vaccination sites.

WASH Cluster

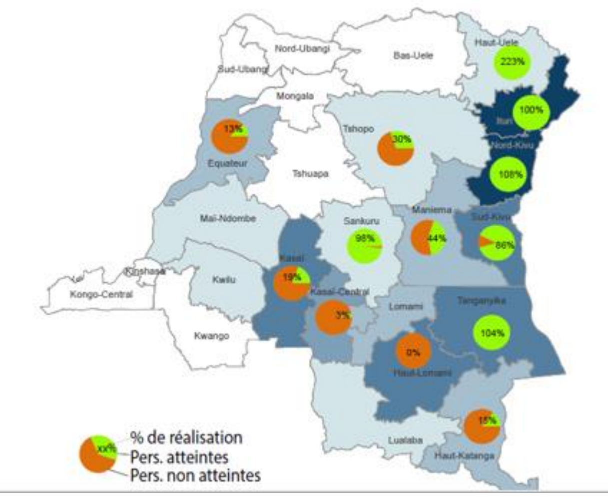
In 2022, UNICEF as a Cluster lead and Norwegian Church Aid (NCA) as cluster co-lead ensured the coordination of the WASH humanitarian response, implemented by around 30 actives partners, mainly in North Kivu, South Kivu, Ituri and Tanganyika. Monthly coordination meetings were held in these four hubs with regular support from UNICEF and NCA. Close coordination and collaboration between agencies, partners and local authorities was crucial to identify gaps, avoid overlapping and for better value for money interventions and better accountability towards the affected populations. The cluster was critical to strengthen the capacities of its members on WASH response and cross-cutting issues. In particular, the cluster supported the training of 60 WASH staff on emergency activities in Bunia and Kalemie as well as 55 WASH stakeholders on solar designs for water pumps in collaboration with. 60 WASH cluster members received a training on GBV.

The WASH cluster was integrated into the new humanitarian architecture with participation at the sub national and national level. Cluster coordination and actors were particularly effective and performant in ensuring access to WASH services for people affected by population movements. More than 2.5 million people were reached with an improved access to safe water, representing 76% of the 2022 cluster target. Among these, 1.9 million were IDPs, including around 300,000 people supported as part of the response to the M23 crisis. Some 938,528 persons benefited from improved sanitation access mainly in IDPs sites, host families, schools and health centers. Moreover, 157 per cent of targeted SAM children and pregnant and breastfeeding women benefitted from a minimum package of WASH in Nutrition interventions. Efforts are still necessary to improve WASH interventions coverage for people affected by epidemics and unaccompanied children and CAAFAG.

Here is the map with the achievements of person reached with a WASH package. It shows the achievements difference between the eastern provinces where most of the fundings was directed to lifesaving activities and the central and Equateur provinces where funds were mostly linked to improving communities living conditions.

Additional resources would have been of critical importance to fill the gap in WASH response for people affected by epidemics, including cholera, exploded in zones affected by the M23-related humanitarian crise, and for children in need of protection.

Personnes assistées par provinces



G. Community engagement, two-way communications and/or feedback and complaint mechanisms and Accountability to affected populations

	UNICEF and IPs	
Cross-sectoral (HCT, C4D, RCCE and AAP)	2022 Target	2022 Total results
# of people reached through messaging on prevention and access to services	10,000,000	12,182,618
# of people engaged in RCCE actions	500,000	329,258
# of people with access to established accountability mechanisms	200,000	658,899

In 2022, UNICEF continued to promote positive behavioral change among communities affected by epidemics and humanitarian crises through a Human Centered Design (HCD) approach.

COVID-19, Ebola outbreak, polio, yellow fever, meningitis, measles, and cholera. To respond to communities concerns and questions and collect their feedback, UNICEF promoted community participation and mobilization through:

- Advocacy and social mobilization at the national and local levels.
- Community involvement and outreach through community actors.
- Use of the multimedia approach including posters, radio, television, etc.
- Digital communication approaches (SMS blasts and feedback mechanisms, U-Report, Young Bloggers, etc).
- Management of rumors and false information.

Brigitte, a CAC member with Jean, a N'sélé community member she convinced to get vaccinated against COVID-19, May 2022. @UNICEF/DRC/2022

In the targeted areas, UNICEF engaged nearly 20,000 Community Animation Committees (CACs)[16], the main community-based engagement mechanism in DRC. They were informed, trained, and mobilized to inform their communities about preventive measures to protect themselves and their communities against diseases avoidable by vaccination, as well as inform them about the upcoming vaccination campaigns. Messages included inviting families to pre-register where COVID-19 vaccines had not yet arrived, providing information on campaign dates and locations for their vaccinations such polio, yellow fever, measles etc. These awareness raising activities were conducted in public places, such as markets, or through door-to-door visits. CACs commitment in their communities reached more than 4.5 million people on multiple occasions.

Vaccination against COVID-19 has generated a great deal of mistrust and doubt among the population, fueled by the proliferation of false information, particularly on social networks, in the DRC and around the world. These rumors then spread by word of mouth within the communities. To break the cycle of sharing false information, 300 young bloggers aged 14 to 24 from ten provinces of the DRC were trained with UNICEF support to identify and report false information, including on COVID-19 vaccination. They were also briefed on COVID-19 vaccination and its benefits. UNICEF then gave them internet credits so that they could be active on the web to identify misinformation, report it and respond to rumor-spreading comments with verified information. In total, these fact checkers identified over 803 pieces of false information and violent content online.

Training of young bloggers in Mbuji-Mayi, DRC, on how to identify and debunk fake news, defend children's rights, produce positive content. @UNICEF/DRC/2022

[16] A community animation cell is a group of 8 to 12 volunteers, elected by the village/neighborhood, representative of the community, including women and youth, responsible for visiting a group of about 50 families on a regular basis, to inform and sensitize them on essential family practices, ensure the first line of epidemiological surveillance as well as establish a dialogue and community feedback mechanisms.

UNICEF also supported the broadcast of more than 3,000 TV and more than 15,000 radio spots in French and national languages, by 20 TV channels and 300 community radio stations, on subjects related to immunization and Essential Family Practices (EFPs)[17], reaching out more than 11 million people. These results were the commitment of more than 25,000 journalists and media professionals who were previously briefed on pros of immunization.

At the national level, via SMS, more than 4,5 million people were exposed to information about immunization and other emergencies including COVID-19 vaccination. More than 800,000 people, the majority below 24-year-old, actively participated in U-Report online surveys on COVID-19, polio and other health emergencies. Also, more than 812,778 consultations of chatbots on polio, EVD, COVID-19. Cholera, and other emergencies, were registered.

In North Kivu, UNICEF supported behavioral change interventions among IDPs communities who benefitted of messages via radio and via CACs on social cohesion, peaceful conflict resolution and how to raise alerts in case of suspected cases of EVD or other transmittable disease to allow for early detection and treatment.

Also, community radios were mobilized to promote the respect of EFPs and the optimal nutrition for children and pregnant and lactating women to prevent children malnutrition, PSEA as well as available basic social services.

Through the partnership with 13 operational community radios in Rwanguba and Nyiragongo HZs, approximately 801,094 IDPs were reached by radio programmes on the above-mentioned topics. The training of 33 journalists on the production of various radio formats (programmes, spots, magazines, etc.) was essential in the dissemination of key promotional messages.

In South Kivu, community engagement was amplified with existing community networks (CACs), faith-based networks, media, NGOs, schools and other relevant entities to promote positive masculinity. Men and women were sensitized by CACs and peer facilitators on the importance of men support to women during pregnancy and after to adopt EFPs, including full immunization of children and optimal nutrition for children.

[17] EFP include, among others, exclusive breastfeeding of children up to 6 months, full course of immunization, regular handwashing with soap and water, psychosocial development of children through play and education and seeking care when children are sick.

Francine and Neema, community workers, facilitate a listening session on positive masculinity in Chishozi, a village in South Kivu province in DR Congo on 10 November 2022. @UNICEF/DRC/2022

In terms of innovations in 2022 UNICEF launched the U-Report Girls platform, a world premiere, a platform encouraging girls aged 13 to 24 to become agents of change in society. The platform gives the opportunity to adolescent girls and young women to express themselves and provide feedback on what is happening in their community, thus informing programmatic responses. At its early stage, U-Report Girls has been an important tool to raise awareness on GBV and sexual exploitation and abuse. UNICEF will scale its use as a reporting mechanism in 2023.

As lessons learnt, in a complex setting such as DRC with multiple emergencies occurring at the same time, the diversification of means of communication was key to making sure communities are informed on time and provide feedback. The country being so vast, it is often hard to get to the most remote communities. Community-based face to face communication was therefore critical and the network of CAC has proven to be an effective tool for neighbors to inform neighbors at the village level. Radio has proven to be a good tool to inform a mass of people quickly. Finally, although many areas of the country do not have mobile connection, it is increasing and more than 60 per cent of Congolese have access to a mobile phone. SMS has proven to be an effective way to set up real-time and direct two-ways feedback mechanisms. With their pros and cons, each means of communication haven proven necessary to complete the others and reach out to the masses.

DRC Humanitarian Programme Reporting (January to December 2022)

Sector		UNICEF and IPs Response		Cluster/Sector Response	
Indicator	Disaggregation	UNICEF 2022 Target	Total Results	Cluster 2022 Target	Cluster Total Results
HEALTH					
# of children aged 6 to 59 months vaccinated against measles	6-11 months	21,917	355,523		
	12-59 months	1,073,951	1,198,548		
# of children and women receiving primary health care in UNICEF-supported facilities	Girls	156,754	87,929		
	Boys	144,696	91,469		
	Women	213,849	129,022		
NUTRITION					
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls	279,992	245,583	339,587	309,944
	Boys	258,455	214,311	313,464	268,208
# of primary caregivers of children aged 0 to 23 months receiving infant and young childfeeding counselling	Women	448,762	181,016	494,000	566,718
CHILD PROTECTION					
# of children and caregivers accessing mental health and psychosocial support	Girls	153,000	91,346	223,046	145,663
	Boys	147,000	87,788	214,299	148,115
	Women	51,000	3,475	74,349	3,684
	Men	49,000	1,071	71,433	1,223
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls	202,500	55,242		
	Boys	30,000	43,194		
	Women	67,500	56,940		
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls	1,750	1,422	2,940	1,983
	Boys	5,250	3,368	8,817	3,906
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls	4,165	2,276	8,965	2,544
	Boys	4,335	2,826	8,615	3,185
# of people with access to safe channels to report sexual exploitation and abuse	Girls	346,200	340,461		
	Boys	86,550	226,857		
	Women	115,400	261,471		
	Men	28,850	256,429		
EDUCATION					
	Girls	200,136	165,305	318,603	312,613

# of children accessing formal or non-formal education, including early learning	Boys	184,741	178,177	294,096	352,679
# of children receiving individual learning materials	Girls	120,082	89,578		
	Boys	110,844	102,324		
WATER, SANITATION & HYGIENE					
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	Women	779,270	733,247	1,731,711	1,329,266
	Men	719,326	676,844	1,598,503	1,206,553
# of people use safe and appropriate sanitation facilities	Women	311,708	100,685	692,685	516,190
	Men	287,731	92,940	639,401	422,338
Rapid Response Mechanism					
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments		720,000	737,652	1,632,911	2,111,740
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments		459,000	719,796		
# of 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		693,000	1,079,827		
Cross-sectoral (HCT, C4D, RCCE and AAP)					
# of people reached through messaging on prevention and access to services		10,000,000	12,182,618		
# of people engaged in RCCE actions		500,000	329,258		
# of people with access to established accountability mechanisms		200,000	658,899		
#of households reached with UNICEF-funded humanitarian cash transfers across sectors		35,000	5,006		

H. Response to the upsurge of violence in Rutshuru territory

Since March 2022, fighting between the FARDC and the non-state armed group M23 resumed, and has significantly intensified since 26 October in the Rutshuru territory leading to massive population displacements notably towards Goma. As of end of 2022, more than 510,000 persons were displaced in Rutshuru, Nyiragongo and Masisi territories since March 2022 including over 370,000 since fighting resume late October. 49 per cent of IDPs live in sites and collective shelters. 92 per cent of the sites are around Goma in Nyiragongo territory[18].

Due to overcrowded conditions and limited access to social services such as potable water, health care and shelter, children and their families are at risk for several diseases. A cholera outbreak around Goma claimed 2,414 suspected cases and 13 deaths in the IDP sites since the end of October. Almost 74 per cent of these cases are children and an increase of suspected cases was noted in Karisimbi (neighbouring

Nyiragongo HZ) At the end of 2022, the cholera situation remained fragile with still a risk of major outbreak.

Since the first days of the crisis in April 2022, UNICEF has been responding to the humanitarian needs of affected people with a response in WASH, child protection, NFI kits distribution, health and nutrition, emergency education in the territories of Rutshuru and Nyiragongo. Despite the very volatile and unpredictable environment, UNICEF and partners continues to aid the most vulnerable displaced affected by this crisis in Rutshuru and to the various locations where the displaced are currently located and where more are moving to. Since November 2022, UNICEF is focusing its interventions in the Nyiragongo territory, as a large influx of displaced persons living in dire conditions has been noted. Between 13 and 15 December, UNICEF and the Red Cross North Kivu carried out a joint mission in Rutshuru territory in Rumangabo, Kiwandja et Ntamugenga to strengthen activities. The mission included the distribution of nutrition and health supplies as well as a rapid assessments of humanitarian needs. Following the latest developments, UNICEF and its partners scaled up the multi-sectoral assistance as follows:

Cholera response: Given the rapid increase of suspected cholera cases and to reduce the delays in reporting the cases, the CATI programme fully transitioned to active surveillance with 18 Red Cross North Kivu and Provincial Health Division teams deployed in the province including 10 focusing only on the IDP sites. The objective was to respond within 24 hours to every detected case when the WASH actors have not yet distributed hygiene kits. CATI teams continued to follow up on severe dehydration and confirmed cases, to open chlorination points and to decontaminate latrines, as well as to monitor water quality. All CATI activities were coordinated between UNICEF emergency section, WASH Cluster and UNICEF WASH programmes.

From November 2022, a total of 1,173 responses were completed in less than 24h. 9,537 households (57,000 people) benefited from decontamination, including of their latrines, and if needed the distribution of basic cholera kits (soaps, jerrycans, oral rehydration salts and buckets), as well as cholera risk awareness and hygiene promotion. All responses were completed in less than 24 hours and covered 100 per cent of IDP sites' confirmed cholera cases.

51 manual chlorination points were opened for a period of 1 month in Kanyaruchinya health area and Karisimbi HZ to protect Goma urban area from further spread of the epidemic.

WASH response: Since July 2022 UNICEF and its partners ensured the provision of 160.000 liters of safe per day water through water trucking in four IDP sites in Rutchuru. Host families and IDPs benefitted from the rehabilitation of the existing water supply networks, as well as of the construction of latrines and shower doors and distribution of hygiene kits both at village level and in IDP sites. Door to door and mass sensitizations, including via local radio stations, were organized focused on disease transmission and prevention and hygiene promotion. In October 2022, with population displacements from Rutchuru to Goma, UNICEF and its partners extended the response in the IDP sites of Kanyaruchinya and Bushagara in the Nyiragongo territory, while maintaining the response also in Rutchuru. Interventions included an improved access to safe water through water trucking (240 liters of safe water per day for about 24.000 people) and the construction of 384 latrines doors and 248 shower doors benefitting to more than 19,200 people. In addition, more than 236,156 people (120,440 women et 115,716 men) were reached with hygiene promotion messages and 117,559 people with messages on GBV generalities, reporting

mechanism and available services. From October to end of December 2022, 165,000 people benefitted from access to safe water for drinking and domestic use and 111,605 people benefitted from an improve access to sanitation facilities. Moreover, as described above (see WASH section results), UNICEF supported the conduction of a needs assessments and design of a 4 km water supply network to supply water displaced populations in Kanyaruchinya and Bushagara IDPs camps. Works will start in 2023.

Clémence Ndabohweje, 49, collects water at a UNICEF-installed water point at the Kanyaruchinya site in eastern DR Congo. She fled recent fighting in Rutshuru territory, North Kivu province. ©UNICEF/DRC/2022

UniRR: UNICEF's rapid response programme has been one of the first responders to the crisis in Rutshuru and neighboring territories since the start of the upsurge of violence in March 2022. UniRR together with its partner the Red Cross of DRC has distributed NFI and WASH kits to 121,624 IDPs including 78,809 children in the Lubero, Nyiragongo and Rutshuru territories[19]. The majority of these IDPs fled violence with limited of their belongings. These kits allowed them to preserve their dignity and improve their living conditions. Six out of these ten interventions were coordinated with an actor distributing food (notably WFP or IFRC), assuring a more comprehensive assistance.

On the onset of the crisis, UNICEF through the UniRR programme also supported health structures with medical inputs and capacity strengthening of health care professionals. A total of 5,365 primary health care consultations were carried out in 17 different health care structures in the three above-mentioned territories. In addition, 122 children suffering from SAM received treatment in supported nutritional units.

[19] Figures in the HPM (109,608 people assisted with NFI and WASH supplies) refer to Nyiragongo and Rutshuru territories only, for which the response plan, including targets, was produced.

The health and nutrition component were integrated in the UniRR programme in early 2022. It also benefits the host population, which increases the acceptance in host communities.

The UniRR response was further completed by health, nutrition, WASH and education interventions conducted by UNICEF and its partners.

Health: UNICEF supported the provision of free emergency medical assistance to IDPs and host populations, in particular for children and pregnant women in four health facilities, including the Nyiragongo general hospital, in the Rutshuru, Rwanguba and Nyiragongo HZs. Interventions included the provision of medical and IPC kits, support for consultation and treatment fees payment and financial support and capacity building of healthcare providers. As of December 2022, 14,792 people (8,215 children), including 7,472 IDPs benefitted from curative consultations, especially for malaria (4,040 cases), respiratory infections (1,869 cases), diarrheal diseases (861 cases), and stab wounds (299 cases). In addition, 500 pregnant women benefitted from assisted delivery, 235 children were vaccinated against measles and 115 pregnant women vaccinated against tetanus.

UniRR intervention in Rutshuru and neighboring territories @UNICEF/DRC/2022

This crisis has rapidly evolved since it started in the Rutshuru territory in March 2022. At the end of 2022, more than 500,000 persons had been displaced in several territories of the North Kivu province, many of these multiple times as the areas affected by conflict continues to expand. The main challenge for UniRR and humanitarians are access in areas under control of armed groups. Further, the volatile and constantly changing context also makes it difficult to humanitarian to respond.

Nutrition: Conflict and displacements resulted also in the deterioration of nutritional status of people affected by the crisis and in particular children. As a response, UNICEF supported the screening of 99,551 children for malnutrition and provided life-saving treatment to 2,279 severely malnourished children aged 6 to 59 months. In addition, 17,831 children caregivers were sensitized on the importance of IYCF-E and EFPs.

Nyiranzaba Kahumba, 35, breastfeeds her two-week-old baby Uwezo in the small tent where she and her nine children have taken refuge at the Kanyaruchinya site for displaced people in North Kivu province. ©UNICEF/DRC/2022

Child protection: UNICEF's Child Protection emergency response for children affected by the resurgence of the M23 activities initiated in March 2022. In 2022 alone, an increase of 26 per cent in the number of UASC identified was reported compared to the previous year in North Kivu, reflecting the incredibly high impact the resurgence of the conflict has on children and family separation. As well GBV cases registered in the province in 2022 increased of 62 per cent compared to 2021. Cases of children survivors of GBV also increased by 57 per cent. Since the beginning of the crisis, UNICEF and its partners identified and supported a total of 2,355 UASC (1,336 boys and 1019 girls), 2011 of which were reunified (1,124 boys and 887 girls) with their families. In the same time frame, 420 CAAFAG (355 boys and 65 girls) were identified and benefited from protection services and over 7,600 children affected by the crisis received psychosocial care. Essential services provided include identification, care and family reunification for UASC and CAFAAG, psychosocial support to affected populations, as well as case management and multi sectorial response services for GBV survivors. To reach people in need, a combined approach of fix and mobile team was set up across the province. Child Protection teams, composed of social workers, para-social workers, psychologists, health workers and other child protection actors, were deployed in IDP sites.

Individual and collective psychosocial support interventions were conducted in all sited. Moreover, UNICEF supported the establishment of a coordination mechanism with specialized national and international NGOs to refer cases of children affected by malnutrition, or other specific health issues. Despite a progressive reduction of access to affected areas, UNICEF was able to maintain services across the province, including in areas such as the Northern areas of Masisi and Rutshuru, where many humanitarian actors were forced to relocate their operation because of ongoing fighting. In fact, this was possible thanks to UNICEF's strategy to deliver child protection services in emergency which relies on the close collaboration with local actors and government counterparts. For instance, UNICEF's child protection partner in Rutshuru is one of the few humanitarian organisations still active in the area.

Moreover, in Nyiragongo, building on the lessons learned from the emergency response to the Nyiragongo volcan eruption of 2021, UNICEF continued to strengthen the North Kivu's Division of Social Affairs (DIVAS) role in the overall coordination and response to the emergency. Through financial and technical assistance, the DIVAS was able to rapidly deploy social and para-social workers in all IDP sites as well as to activate mechanisms to provide alternative care to children in need.

Education: To improve access to education for displaced children UNICEF and its partners put in place 18 Temporary Leaning Spaces (TLS) in the Nyiragongo territory, schooling 2,355 children. Moreover, 41 teachers, including the school principals in 6 sites (13 women and 28 men) were trained in child-centred pedagogy and psychosocial support in emergency situations. UNICEF also sensitized 400 adolescent girls on the use of intimate kits that were distributed to them. 781 children (312 girls and 469 boys) were sensibilized to the importance of returning to school through participative theatre, while 647 IDPs (194 men and 453 women) were briefed to the key role of community in protection and keeping a clean and sane environment around TLS, as well as prevention of epidemics and personal/menstrual hygiene. Despite these interventions, the needs in emergency education remained high and unmet. Several schools around the IDP camps are occupied by displaced households. These needs include the lack of teaching and learning materials, construction of temporary learning spaces or the rehabilitation of existing education facilities, awareness raising on life saving messages (mine risk, hygiene promotion, prevention of sexual abuse, GBV, etc.), recreational activities, psychosocial support, teacher training in pedagogical approaches.

Protection from Sexual Exploitation and Abuse: With the upsurge of violence and the massive influx of aid workers in response to the needs of affected populations in Rutshuru, UNICEF deployed a dedicated PSEA Specialist to work with partners on the ground to accelerate PSEA results. UNICEF and its partners supported the set-up of five SEA community-based complaint mechanisms, whose members were strengthened on safe referrals and confidentiality. 15 members of the Rutshuru local PSEA Network were trained on their roles, responsibilities and the management of complaint mechanisms. 30 staff of UNICEF partner's working in the locality were trained on PSEA core concepts and code of conduct and how to carry out community awareness.

A mapping was carried out by UNICEF partners on available services for SEA victims. Local authorities and NGO capacities on victim assistance were strengthened. UNICEF successfully advocated with Rutchuru and Rubaru HZs management teams for the inclusion of SEA victim assistance protocol to standard GBV response protocol. In October 2022, UNICEF scaled up its PSEA interventions in Nyiragongo territory, theatre of massive displacement. UNICEF collaborated with the inter-agency PSEA Network to carry out a

rapid analysis of SEA risks in the zone. The analysis revealed an increase in survival sex and the proliferation of brothels with great potential for SEA by aid workers. The GBV sub-cluster with contribution of UNICEF adopted a strategy to respond to survival sex in Nyiragongo.

SEA complaint management committees were established to handle allegations relating to distribution of aid within UNiRR programme, and management committees of various WASH installations were systematically capacitated to receive and refer SEA allegations. Awareness raising on PSEA were systematically included in all distribution activities, while PSEA posters clearly showing how to report misconduct were displayed in all intervention sites.

Under the leadership of the Deputy Humanitarian Coordinator based in Goma, UNICEF advocate with provincial authorities, notably the Governor of the North Kivu Province, for taking drastic measures regarding the proliferation of brothels in IDP sites that favour survival sex and SEA.

Throughout 2022, UNICEF and its partner Heal Africa ensured the continuous functioning of community-based complaint mechanisms in IDPs sites to facilitate reporting of SEA allegations. Through its outpost based in Nyiragongo Health Center, basic assistance was provided to GBV survivors and victims of SEA while complicated cases were referred to Heal Africa Excellence Center in Goma.

I. The Integrated Analytics Cell (CAI) in the response to epidemics and public health concerns

The Integrated Analytics Cell (CAI) and the Integrated Outbreak Analytics (IOA) approach, developed by UNICEF during the 2018-20 EVD outbreak to better understand outbreak dynamics and improve response, continued to conduct analysis to better understand disease dynamics and their impact on communities, for a more accountable, appropriate and effective response.

In 2022, the CAI conducted 15 separate analyses using the IOA approach in seven provinces on eight public health issues, including: EVD, cholera, women's and girls' health, malnutrition, gender-based violence, diarrhea, polio, and anaemia[20]. The different analysis reports are available here:

Analyses focused in the following topics and provinces:

- Integrated analysis on the determining factors of children's nutritional status, Kabalo and Manono health zones, Tanganyika province
- Integrated analysis of contributing factors to cholera outbreaks in the health zones of Moba, Nyemba and Kalemie, Tanganyika province
- Exploring health seeking behaviours and gender determinants around anaemia to guide interventions, N'sele Health Zone, Kinshasa Province
- Exploring health seeking behaviours and gender determinants around anaemia to guide interventions, N'sele Health Zone, Kinshasa Province
- Integrated analysis of barriers and drivers for access to polio immunization services in Tanganyika and North Kivu province

[20] The CAI 2022 Annual Report is available at: https://reliefweb.int/report/democratic-republic-congo/rd-congo-cellule-danalyse-integree-cai-rapport-annuel-2022

- Analysis of risks, barriers and drivers to accessing care for adolescent survivors of gender-based violence in Kasai and Kasai Central provinces
- Women's and children's health in Nyiragongo, North Kivu province
- Diarrhoeal diseases in children, North Kivu and Tanganyika provinces

To strengthen the use of the evidence, the CAI analyses were developed under the Direction Generale de la Lutte contre la Maladie (DGLM) of the MPHPH and in collaboration with the evidence "users" which are local health actors, United Nations implementing partners and NGOs. The results of all these analyses were presented 118 times to the different stakeholders to create a space for the co-development of recommendations to address the findings. This resulted in the co-development of 278 actions contributing to 117 recommendations that address evidence-based issues. Of these, 91 per cent were implemented by the target date of 2022.

In 2022, the CAI was formalized under the DGLM within the MPHPH. In September 2022, the DGLM organized a workshop to formalize the structure. This process brought together key government stakeholders as well as United Nations partners, NGOs, and donors. The CAI-DGLM Terms of Reference were reviewed, modified and submitted to the MPHPH for approval. The process was immediately followed by a first provincial-level workshop in North Kivu to strengthen the IOA across the provinces. The set-up included identifying specific members to work within the DGLM and building the capacity of the IOA within the different sections of the MSPHP. This also included training on R statistical software for 10 people within the MSPHP to improve epidemiological analysis capacity for the IOA.

	Situation sanitaire	# Recommandation	# Action	% Mise en œuvre
Kinshasa	Anémie	3	6	79%
Nord kivu	Cholera	7	8	100%
	Poliomyélite	6	14	100%
	Situation sanitaire femmes/enfants	10	26	100%
Equateur	Ebola	1	46	97%
Tanganyika	Malnutrition	23	65	81%
	Poliomyélite	9	23	100%
	Maladies Diarrhéiques	8	17	90%
	Cholera	31	35	98%
Kasai & Kasai central	VBG	21	35	84%
Sud kivu	Malnutrition/ BMZ	3	6	100%

J. Gender, prevention and response to sexual and gender-based violence and Protection from Sexual Exploitation and Abuse

In 2022, UNICEF Country office continued to support the operationalization of the Gender, GBV, PSEA mainstreaming mechanism adopted in 2021. Capacity building interventions for staff and partners indicate an increase (+50 per cent) in the understanding of core concepts related to gender equality, GBV

and PSEA related accountabilities and how these are to be concretely integrated into programming by staffs.

In 2022, the mechanism was instrumental in sustaining the scale up of GBV risk mitigation interventions in DRC, with 54 civil society organizations (approximately 30 per cent of all UNICEF NGO partners) reporting on key GBV Risk Mitigation indicators. Importantly, key sectors reporting on Gender, GBV risk mitigation and PSEA indicators increased from 2 (Child Protection and Emergency) to 7 in 2022 (Education, WASH, Health, Social Policy and Nutrition). Additionally, a data collection system has been established to monitor the implementation of the mechanism, identify progress and gaps in ensuring systematic integration of Gender, GBV Risk Mitigation and PSEA. A first analysis of data reported in North Kivu, South Kivu and Tanganyika reveals progresses in the implementation of GBV risk mitigation measures in WASH, Nutrition and Education with a total of 18,886 women and children who benefitted from GBV risk reduction supplies (such as dignity kits our menstrual hygiene management kits) and other measures (such as participation in the design of the latrines, information sharing on available services). In Tanganyika, UNICEF and partners supported 2,199 women and girls with capacity building to increase their participation in decision making processes and in programme design monitoring and implementation.

UNICEF played a primary role in the development of the roadmap for gender mainstreaming in humanitarian programming in DRC which was approved by the Humanitarian Country team in April 2022 and promoted the constitution of a steering committee chaired by OCHA and with the support of United Nations Agencies, international NGOs, donors and representatives of women-led organizations to oversee its implementation. Furthermore, in partnership with Care International, UNICEF is currently supporting a broad analysis of the integration of gender dynamics in the humanitarian response to public health and conflict-related crises in North Kivu and Ituri as well as a thorough review of the integration of gender in the humanitarian coordination structure. The initiative is also playing a critical role to ensure increased participation of women-led organizations in provincial Cluster coordination mechanisms with a view to strengthen the integration of women and girls' needs and voices into humanitarian response.

UNICEF places PSEA as a top priority. In 2022, UNICEF scaled up its support to communities to put in place and manage their own complaint channels that they trust and feel safe to use. UNICEF oversaw and supported them to ensure that they meet minimum standards for confidentiality, inclusiveness, and are gender and child sensitive. In addition to community reporting channels, UNICEF promoted its own and supported inter-agency channels such as the inter-agency PSEA hotline, to ensure that women and children had access to multiple channels, traditional and non-traditional, through which they could safely report sexual exploitation and abuse or other misconduct, based on their preference.

Through a multiplicity of channels, more than 1.7 million people had access to information on PSEA code of conduct and existing reporting mechanisms. Messages were disseminated in French and in the four national languages (Lingala, Swahili, Tshiluba and Kikongo).

The number of provinces in which UNICEF was supporting community-based complaint mechanisms for reporting allegations of sexual exploitation, abuse and other safeguarding concerns increased from six in 2021 to 12 in 2022. A total of 1,085,218 persons (340,461 girls, 261,471 women, 226,857 boys and

256,429) men had access to safe mechanisms for reporting SEA. Meanwhile the inter-agency hotline and digital mechanisms including U-report and email were operational nation-wide.

To strengthen in-country investigative capacity, UNICEF supported the PSEA Network to establish a pool of SEA investigators. 24 investigators mainly from local NGOs were trained on investigation techniques and 24 heads of local NGOs were trained on investigations management. Standard Operating Procedures for the functioning of the pool of SEA investigators was adopted at inter-agency level. A model investigation guide was also developed for adaptation and use by local partners.

In managing risk of SEA involving implementing partners, at inter-agency level, together with the United Nations Population Fund (UNFPA), WFP and United Nations High Commissioner for Refugees (UNHCR), UNICEF is piloting a joint assessment of shared partners on SEA. In this vein, a data base has been developed for sharing completed assessments to which UNICEF contributes up to 70 per cent of total number of partners assessed.

In compliance with the requirement to share information on SEA allegations with the most senior United Nations staff in-country and to facilitate the management of the inter-agency data base of SEA allegations established in 2022 and powered by UNFPA, UNICEF supported the inter-agency PSEA network to adopt an inter-agency SEA Information Sharing Protocol.

To improve survivor access to quality assistance, UNICEF collaborated with UNFPA, the inter-agency PSEA network and the GBV sub-cluster to develop guidelines for providing assistance to victims of SEA. UNICEF trained over 100 service providers on the United Nations Victim Assistance Protocol in the Kasai, the Equateur and Ituri Provinces.

K. Environmental and Social Safeguard

UNICEF is committed to reducing the risk and impact of environmental degradation and climate change upon children and providing them with a safe and clean environment. In 2022 UNICEF engaged in reducing this impact by employing an Environmental and Social safeguard specialist, specifically dedicated to ensuring that UNICEF intervention do no harm to communities and the environment ("Do No Harm" approach).

UNICEF developed assessment tools (environmental and social assessment checklist and screening list) and guidance documents on Emergency preparedness and response, Environmental health and safety at workplace, and SOP on transportation safety. The organization has also been conducting training and raising awareness among staff, government partners, contractors and project implementing partners on Environmental and social safeguards to ensure that their activities take in consideration the protection of the environment and the society. UNICEF since then have has commence the screening of projects to identify risk and conducting Environmental and social impact assessment of its projects to identify risk levels and develop Environmental and social management plan (ESMP) to mitigate all risk related to the environment and the society during project implementation. In 2022, UNICEF launched two Environmental and social impact assessments, one related to the construction of a warehouse for vaccines in Lubumbashi (Haut Katanga) and the other for the construction of 14 boreholes, benefitting to communities in Kasai and Kasai Oriental provinces. The studies will be completed in 2023.

III. Results Achieved from Humanitarian Thematic Funding

Flexible humanitarian funding was crucial for UNICEF to quickly respond to urgent and sudden needs of populations affected by conflict, natural disaster and epidemics. In 2022, these funds were key to assess the needs and respond to the multiple measles, EVD and cholera outbreaks, namely in Maniema, Tanganyika, North Kivu, South Kivu and Tshuapa provinces. Humanitarian theamtic funds were critical to ensure an effective and timely rapid response allowing sthat early 710,000 IDP received essential supplies (cooking set, plastic sheeting, soap, jerry cans, blankets, etc.) contributing to an overall improvement of their precarious situation through UniRR. Through the CATI approach, 1.1 million people were also reached contributing to contain the transmission of the cholera epidemic.

Thanks to these funds 18,854 children aged 6-59 months were vaccinated against measles in Busanga HZ in Tshuapa province. Funds were also critical to provide life-saving treatment for 6,971 severely malnourished children in Bambu HZ in Ituri and Nundu HZ in South Kivu.

Thanks to the flexibility of the thematic funds and the complementarity with other donors' contribution, 87,747children benefited from access accessed to formal or non-formal education, including early learning.

Child Protection and GBV remain major concerns in the DRC. Armed groups were responsible for the majority of grave violations against children. The three most affected provinces were North Kivu, Ituri, and Tanganyika, followed by South Kivu and Maniema. Thanks to the flexibility of the Thematic Humanitarian funds and the complementarity with other resources, 13,874 children, including children released from armed groups, unaccompanied and separated minors, survivors of sexual violence could benefit from access to protection assistance. Moreover, 179,134 vulnerable children were supported to improve their emotional psycho-physical development and resilience, through the provision of mental health and psychosocial interventions.

Flexible thematic funds - UNICEF's response to the IDP's crisis in Eastern DRC

Top level results: In North Kivu, South Kivu and Ituri, thematic funds were key to meet critical needs of thousands of people forced to displace following conflicts. The flexibility of funds allowed UNICEF to conduct a multi-sectoral need assessment in Bambu HZ in Ituri where thousands of IDPs arrived fleeing insecurity in surrounding zones. Based on the assessment results, UNICEF and its partners provided a multi-sectoral response through NFI and WASH kits distribution benefitting to 5,413 displaced persons, including 3,261 children, coupled with a first nutritional intervention for 22 severely malnourished children. Thematic funds also allowed UNICEF to scale up its Family MUAC approach, through the capacity strengthening of 34,855 mother and children's caregivers, including 10,882 men on early detection of child malnutrition using the MUAC tape. Improved capacities at family level allowed the early detection of malnourished children and their early referral for treatment. Through this approach, 6,971 children 6-59 months old (3,202 boys and 3,769 girls) were quickly admitted and treated in Bambu HZ (Ituri) and in Nundu HZ (South Kivu). UNICEF could also reach more than 165 children released from armed groups, unaccompanied minors and survivors of SGBV in Tanganyika with protection interventions. Additionally, more than 1,500 women and children were reached with information on available services for GBV response. In terms of Education, thanks to these funds, 2,173 children affected by conflicts in Ituri could see their access to safe and protective quality education improved.

Issue/Background: On July 8-10, UniRR's alert network reported 28,500 displaced persons, following clashes between two factions of the CODECO armed group in the Petsi health area in the Bambu HZ, Djugu territory in the Ituri province. These clashes occurred just three weeks after the main armed groups active in this mining area in the western part of Djugu territory unilaterally signed an act of commitment to cease hostilities. At least 19 people were killed in the clashes, and several houses and valuable property were burned, in addition to displaced households. This area has remained inaccessible to humanitarian interventions since 2021 due to recurring clashes as well as an attack on MSF in October 2021. UNICEF deplored an attack that targeted a school in Petsi area in January 2022. Through its partner PPSSP, UniRR conducted a rapid needs assessment on 10-13 October 2022, to evaluate the situation. The assessment revealed that 1,120 households (6,774 persons) had been newly displaced, following clashes, and were hosted in the villages of the Petsi health area in the Bambu HZ. IDPs were living in a highly vulnerable situation, with worrying needs in terms of NFI, food, access to basic social services, particularly drinking water, health care and education. Due to the suspension of NGO activities in the area, IDPs faced difficulties accessing primary health care including routine vaccination and nutrition services. In addition, cases of measles were reported in the neighbouring health area of Bambu. Further, through the screening of 219 children, UniRR found that the rate of SAM in children aged 6-59 months was 7.31%, which is significantly above the emergency threshold.

In the same territory of Djugu and in Nundo HZ in South Kivu, SAM prevalence in 2022 among the highest countrywide, pushing UNICEF to support the provision of life-saving treatment for severely malnourished children. Recurrent population displacements in Djugu territory resulted in the disruption of education for thousands of children. UNICEF ensured access to formal and non formal education for children living in the IDPs site in Rohe.

The MRM documented close to 3,500 grave violations verified in 2022 affecting some 3,000 children. While recruitment and use remain the most documented grave violation, of particular concern is the increased number of children victims of other grave violations such as killing and maiming and abduction. Girls continue to be particularly at risk of sexual violence. Of particular concern was the

sharp rise in grave violations against children in Tanganyika where a 65 per cent increase in grave violations against children was reported between the first and the second quarter of 2022.

Progress and results: In response to the most critical needs identified through the multi-sectoral assessment, through the UniRR programme and flexible funding, in August 2022 UNICEF organized a response in NFI kits, WASH kits, intimate hygiene kits, and mosquito nets benefitting to 5,413 displaced persons, including 3,261 children, in Petsi health area. In addition, 1,534 IDPs and host community members benefitted from emergency nutrition interventions. Through the systematic screening for malnutrition during the distribution, UniRR identified 22 cases of SAM among children aged 6-59 months. These children received treatment in the form of RUTF. 18 people including 4 nurses and 14 community workers benefited from capacity building in the management of malnutrition including screening.

Thematic funds also allowed UNICEF and its partner to strengthen the capacities of mothers and children care givers in the early detection of child malnutrition, through the Family MUAC approach, in Bambu and Nundu HZs. Through these funds, 34,855 mother and children's caregivers, including 10,882 men were trained on the middle-upper arm circumference measurement of the child to early identify cases of malnutrition and eventually refer them to community health workers for further screening, before referral to healthcare facilities for treatment. A total of 6,971 children 6-59 months old (3,202 boys and 3,769 girls) were admitted and treated for SAM in the two zones. Among them, 65 per cent of children (2,081 boys and 2,450 girls) were identified by mothers and caregivers through the MUAC Family approach and confirmed by community health workers.

In terms of Child Protection, thematic funds allowed UNICEF to reach 165 children released from armed groups, unaccompanied minors and survivors of SGBV with protection services, in areas affected by conflict and displacement such as Nyunzu and Kalemie. Interventions included the a) IDTR, temporary care and protection services, socio economic and school reintegration for children associated with armed groups as well as for unaccompanied minors, b) mental health and psychosocial support, notably for children affected by armed conflict and forced displacement, children in situation of family separation and other vulnerable children from host communities, c) support to access education, psychosocial and health support in collaboration with the Ministry of Social Affairs and to access birth registration in collaboration with the Ministry of Interior and d) case management, psychosocial support and socio-economic empowerment services and enhancing survivors' access to medical and legal and education services for children, girls and women survivors of sexual violence. Additionally, more than a 1,500 women and children were reached with information on available services for GBV response.

UNICEF could support access to multi sectorial services to prevent and respond to violence, including recruitment, with a specific focus on girls, through enhanced and systematic collaboration with the Education sector. For instance, girls and boys released from armed groups or militias are systematically supported to reintegrate the school system in Tanganyika. More than 100 children, of which 41 girls have reintegrated schools after their release.

UNICEF also supported the establishment of child friendly spaces within schools, where children enrolled in schools and children out of school could participate to psychosocial and life skills activities in the afternoon. Such approaches enable timely identification and referral of children in need of specialized assistance and contribute to improve communities' perception of schools as a safe space, hence increasing access and retention of children, as well as peace and social cohesion.

Education-related interventions supported through flexible funds allowed UNICEF and its partners to reintegrated 1,200 displaced children (512 girls) living in Rohe IDP camps into the formal education

system, in a school in the host community. These children and additional 2,934 pupils (1,468 girls) from the same school benefited from school kits distribution. In addition, four tents serving as temporary classrooms (eight classrooms) were installed and equipped to facilitate access to education for 440 children (158 girls). The supported school was equipped with handwashing facilities and latrines. In addition, 18 teachers and directors (5 women) of catch-up courses benefited from teaching kits and didactic materials and 20 parents committee members (10 women) were trained on child protection, peace in schools and emergency education.

Criticality and Value Addition: In addition to meeting the most acute needs of displaced persons, this intervention opened up a humanitarian corridor for additional, more comprehensive interventions by other actors in an area that had been inaccessible to humanitarians for months. In particular, it reopened access to the area to other humanitarian actors with which UniRR could coordinated to ensure the continuation of the nutritional and vaccination programme. UniRR also collaborated with WFP and its partners, who assisted the population through a food intervention. The criticality of the intervention was also underlined by a PIM exercise conducted by UNICEF. 100 per cent of surveyed beneficiaries declared to be satisfied with the intervention, to use the received NFI items and to benefit from nutritional services. 60 per cent of treated SAM cases recovered from malnutrition, 5 SAM children (23%) progressed to moderate acute malnutrition and 3 children could not be followed up as their families had been displaced again.

The adoption of the Family MUAC approach was critical to early detect children malnutrition. As a consequence, the length of treatment was lower than the average threshold (32 days of treatment vs 45) and with an average lower quantity of therapeutic food to be taken by the child (0.6 cartons compared to 0.8 carton through the standard approach). These encouraging results clearly show the importance of the investment in capacity strengthening at community level, both for health community workers and mothers and caregivers, including men.

The flexible nature of thematic funds allowed UNICEF to build and reinforce its existing intervention in Tanganyika, and in particular to support children, including those survivors of violence, to increase their well being and resilience. As the funding is not earmarked for a specific type of activity or geographic location, it allowed UNICEF to quickly adjust the Education-related activities depending on the priority needs of children affected by displacements.

Challenges and lessons learned: The shrinking humanitarian space in some areas of Ituri did not facilitate access to the vulnerable populations, in terms of security and logistics. Moreover, access to basic services continues to very limited country wide, with needs remaining largely unmet despite the humanitarian response. Armed conflicts have, amongst others, severely weakened the existing infrastructures in many parts of Eastern DRC. Volatile security and massive population movements further aggravate existing vulnerabilities putting children at heightened risk of exploitation and abuse. The flexibility of thematic funds was a crucial element for scaling up life-saving interventions in areas affected by humanitarian crisis and for responding to priority needs of children, disproportionately affected by these events.

The adoption of the Family MUAC approach positively contributed to save lives of severely malnourished children through their early detection as SAM cases, referral and treatment. This approach also boosted parents and caregivers ownership on the follow up on the nutritional status of their child.

For Education interventions community participation and engagement through parents committees, school management committees and the community networks for child protection were critical in

identifying out-of-school children to be reintegrated into schools. Community networks also played the advocacy role for children by sensitizing parents to keep children in school.

Moving forward: In 2023, through the UniRR mechanism, UNICEF will continue to provide a timely WASH and NFI response to people affected by humanitarian crisis. Flexible funds, such as thematic humanitarian funds, will be crucial for allowing UNICEF to provide an integrated and multi-sectoral response to people in need, and especially children, thus maximising impact and recovery of affected populations.

IV. Assessment, Monitoring and Evaluation

In 2022, UNICEF continued to use systems such as Activity Info used by IPs and cluster actors to directly input information to report on their specific progress on indicators. UNICEF DRC produced bi-monthly Humanitarian Situation Reports (SitReps) until August 2022 and an annual SitRep on the 2022 HAC Appeal. With the upsurge of conflicts in Rutchuru and Nyiragongo, UNICEF elaborated a response plan, against which weekly SitReps were published since September 2022. Similarly, at the onset of the declaration of new EVD epidemics in North Kivu and Equateur, UNICEF produced a response plan and related weekly SitReps. Together these served to inform UNICEF staff, IPs, and donors on results achieved as well as the remaining needs. These reports also raised awareness to the public about key humanitarian situations.

UNICEF combines programmatic field visits with programme review meetings to ensure monitoring of results. Programmatic field visits are essential to identify implementation challenges and address them, contribute to capacity building of IPs, touch base with community stakeholders on the ground to sharpen the interventions where needed and of course, collect data and observation to ground trust IPs periodic reports. Programmatic field visits are conducted by staff and third-party monitoring when deemed necessary aiming at ensuring that activities are being implemented as planned and the results will be achieved. Data collected during programmatic field visits plus progress reports of IP are used to nurture comprehensive programme review to assess progress towards outputs. UNICEF also engaged with the community through technology such as RapidPro to get the feedback of community stakeholders.

V. Financial Analysis

In 2022, UNICEF estimated that US$ 356.7 million was needed for its humanitarian work in the DRC. As of December 2022, a total of US$ 113.7 million were available and utilized in 2022, with a 68% gap in comparison to funding requirements, as detailed in Table 1. While full funding would have permitted humanitarian assistance to reach a greater proportion of those in need, UNICEF was able to improve the conditions of children and women affected by emergencies in several ways detailed under the section "Analysis of Results".

Table 1: Funding status against the appeal by sector

Appeal Sector	Requirements	Funds Available Against Appeal as of 31 December 2022*			Funding gap	
		Funds Received Current Year*	RR/ORR Funds utilized in 2022	Carry-Forward	$	%
Nutrition**	159,094,178	18,498,987	1,925,342	14,762,711	123,907,138	78%
Health	50,789,061	1,607,907	2,939,049	888,674	45,353,431	89%
WASH	33,147,686	4,091,695	1,769,054	2,286,373	25,000,563	75%
Child Protection	19,297,558	9,100,330	1,230,104	1,634,085	7,333,039	38%
Education	40,027,204	2,303,087	6,612,220	1,010,304	30,101,593	75%
Rapid Response Mechanism	33,968,395	20,512,662	2,106,133	3,446,319	7,903,281	23%
Cross-sectoral (HCT, C4D, RCCE and AAP)	16,278,250	4,671,917	8,862,882	2,437,869	305,581	2%
Cluster coordination	3,750,000	995,600	22,387	0	2,732,013	73%
Total	356,352,332	61,782,186	25,467,170	26,466,337	242,636,639	68%

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	**Grant reference**	**Overall Amount[1]**
I. Humanitarian funds received in 2022[2]		
a) Thematic Humanitarian Funds		
Global Humanitarian Thematic Fund	SM189910	125,138
Global Humanitarian Thematic Fund	SM229910	0
Regional Humanitarian Thematic Fund	SM229920	0
Country Humanitarian Thematic Fund	SM229930	1,637,752
b) Non-Thematic Humanitarian Funds		
Bureau for Humanitarian Assistance	SM210929	13,425,926
Bureau for Humanitarian Assistance	SM220232	915,027
European Commission / ECHO	SM210267	1,844,121
French Committee for UNICEF	KM220090	40,000
German Federal Foreign Office	SM220007	2,933,239
Japan	SM220655	2,182,852
SIDA - Sweden	SM220145	4,277,042
United States Fund for UNICEF	SM220668	544,444
Total Non-Thematic Humanitarian Funds		**42,621,275**
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM220179	8,271,024
CERF	SM220383	841,121

CERF	SM220608	3,401,760
CERF	SM220698	934,590
CERF	SM220892	55,556
DRC Humanitarian Fund	SM210674	825,044
DRC Humanitarian Fund	SM220300	1,869,158
DRC Humanitarian Fund	SM220301	1,080,250
DRC Humanitarian Fund	SM220541	244,655
d) Other types of humanitarian funds		
USAID/Food for Peace	KM190041	-777,128
USAID/Food for Peace	KM200129	2,790,000
USAID/Food for Peace	KM200131	2,078,900
USAID/Food for Peace	KM210119	-3,959,736
USAID/Food for Peace	SM190444	234,888
USAID/Food for Peace	SM200802	2,573,120
USAID/Food for Peace	SM200900	760,000
USAID/Food for Peace	SM211027	3,959,736
Bureau for Humanitarian Assistance	KM220069	3,170,000
Bureau for Humanitarian Assistance	SM220524	3,319,695
Bureau for Humanitarian Assistance	SM220529	2,309,148
e) Other resources – development funding towards HAC (SH grant)		
N/A		
f) Other resources – development funding towards HAC (SC grant)		
Canada	SC160558	42,495
Canada	SC190181	136,281
Germany	SC190747	2,656,205
Democratic Republic of the Congo	SC150345	42,527
Democratic Republic of the Congo	SC200271	44,214
Democratic Republic of the Congo	SC200931	41,545
Democratic Republic of the Congo	SC210712	169,650
Democratic Republic of the Congo	SC220308	2,572,247
Democratic Republic of the Congo	SC220351	568,056
Democratic Republic of the Congo	SC220581	3,256
Democratic Republic of the Congo	SC220619	13,805
Democratic Republic of the Congo	SC220620	252,929
Global - Health THEMATIC FUND	SC189901	10,998
Global - Education THEMATIC FUND	SC189904	98,003
Global - Education THEMATIC FUND	SC229934	3,148
Global - Child Protection THEMATIC FUND	SC189905	94,270
Global - Social Policy & Social Protection THEMATIC FUND	SC189908	197,494
GAVI The Vaccine Alliance	SC190107	1,917,255

United States Fund for UNICEF	SC190427	115,681
United States Fund for UNICEF	SC200201	80,541
United States Fund for UNICEF	SC210127	133,462
United States Fund for UNICEF	SC210575	798,793
United States Fund for UNICEF	SC220498	16,000
United States Fund for UNICEF	SC210150	10,368
USA USAID	SC200205	15,030
USA USAID	SC200457	1,500
USA USAID	SC220211	404,152
Global Partnership for Education	SC200415	22,820
Global Partnership for Education	SC200915	2,468,143
European Commission/EC	SC200439	576,211
United Kingdom Committee for UNICEF	SC200889	1,816
Education Cannot Wait Fund	SC210092	446,660
UNICEF-United Arab Emirates	SC210292	346,521
USA CDC Centers for Disease Control &	SC210332	7,150
USA CDC Centers for Disease Control &	SC220391	1,429,493
French Committee for UNICEF	SC210350	424,480
The United Kingdom	SC210612	438,983
UNICEF-South Africa	SC210788	4,150
WHO GSC, Global Procurement Services	SC220253	104,228
Total humanitarian funds received in 2022		**78,617,884**
II. Carry-over of humanitarian funds available in 2022		
g) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	2,570,396
Thematic Humanitarian Funds	SM209910	0
h) Carry-over of non-Thematic Humanitarian Funds		
European Commission / ECHO	SM210267	743,043
France	SM210281	273,594
German Committee for UNICEF	SM210935	107,666
German Federal Foreign Office	SM220007	3,152,983
Japan	SM210052	205,380
Norway	SM210181	2,151
Norway	SM210405	188,758
UNFPA - USA	SM210920	452,677
United Nations Multi Partner Trust	SM210674	471,055
UNOCHA	SM210787	5,034,043
USA CDC	SM210549	185,185
USA CDC	SM210550	416,667

USAID/Food for Peace	KM190041	1,243,381
USAID/Food for Peace	KM200131	1,487,458
USAID/Food for Peace	KM210117	1,693,371
USAID/Food for Peace	KM210119	4,259,737
USAID/Food for Peace	SM190444	158,803
USAID/Food for Peace	SM200802	443,673
USAID/Food for Peace	SM210903	2,068,916
USAID/Food for Peace	SM211014	**1,182,262**
Total carry-over humanitarian funds		**26,341,199**
III. Other sources		
Regular resources set-aside used for emergency	GS210007	84,448
Regular resources set-aside used for emergency	GE190027	21,660
Regular resources set-aside used for emergency	GS180075	9,360
Regular resources diverted to emergency	NON-GRANT(GC)	8,641,141
Total other resources		**8,756,609**

Table 3: Thematic Humanitarian Contributions Received in 2022

Donor Name/Type of funding	**Grant Reference**	**Total Contribution Amount (in USD)**
GHTF (if any):		
Global Humanitarian Thematic Fund	SM189910	125,138
Sub-total (received from EMOPS/HQ):		***125,138***
Country thematic contributions:		
German Committee for UNICEF	SM2299300111	1,600,066
United States Fund for UNICEF	SM2299300050	190,000
Sub-total (received directly at CO level):		***1,790,066***
Total:		**1,915,203**

VI. Future Work Plan

A major escalation of needs is expected in 2023 further placing children at risk as conflict spread and tensions are increasing in the run-up to the general elections scheduled in December 2023.

UNICEF is adopting a needs-based approach to respond to a multifaceted and intensifying humanitarian crisis, aiming to ensure that 75 per cent of children in need are assisted. To provide a holistic humanitarian response, UNICEF will continue to offer integrated, life-saving assistance while at the same time enhancing community resilience and social cohesion, to pave the way for longer-term interventions. A systematic

approach to scaling up the prevention of sexual exploitation and abuse and gender-based violence prevention and response will be integrated within all programmatic interventions.

UNICEF requires US$862.4 million to address the acute needs of children in the Democratic Republic of the Congo in 2023. Timely, flexible and multi-year funding are essential in supporting UNICEF to reach the most vulnerable, crisis-affected children.

Given the very volatile and unpredictable situation in Eastern DRC, an efficient, timely and integrated life-saving response remains critical. To this end, at the onset of crisis and based on early warning systems, UNICEF will deliver a life-saving rapid response to address the most acute needs and mitigate the immediate impact for the most vulnerable population affected by the crises in Ituri, North Kivu, South Kivu and Tanganyika. UNICEF's localized Rapid Response Mechanism (UniRR) complemented by, when appropriate, a multi-purpose cash, while the targeted cholera rapid response around suspected cases to stop transmission.

In 2023, UniRR will continue to respond to crises in the four provinces of eastern DRC as humanitarian needs continue to increase following insecurity and epidemics. UniRR will continue to enlarge its health and nutrition component that was launched in 2021. In total, UNICEF’s HAC for DRC targets 1,080,000 persons in 2023, through life-saving in-kind as well as cash assistance.

In 2023, CATI programme aims to reduce cholera incidence to less than 7,700 suspected cases in 2023 in North Kivu, South Kivu and Tanganyika (between 40 per cent and 50 per cent reduction for each province). While the CATI programme focuses primarily on the above-mentioned provinces, UNICEF reserves the possibility of intervening through a crisis modifier to cut the transmission of one-off cholera outbreaks and thus reduce the lethality as well as the risk of extension of the epidemic to other regions.

Based on the evidence and knowledge developed after its Cash + interventions in 2022, UNICEF will scale up utilization of cash transfers to reach 115,000 households in 2023 in Tanganyika and other provinces based on funding availability. UNICEF’s official global approach to humanitarian cash transfers is to contribute achieving a multi-sectoral objective as well as the sector objectives set out in UNICEF’s Core Commitments for Children (CCCs). The provision of cash transfers help meets children’s immediate basic needs, and over time mitigate risks and reduce the needs and vulnerabilities of women, girls, and marginalized populations. Accordingly, UNICEF will use cash interventions to establish a linkage between humanitarian and social protection programmes to achieve sustainable results. UNICEF will support beneficiary households to access basic needs during the humanitarian phase and through safety nets phase UNICEF will continue supporting these households to invest in income generating activities and build resilience and protection against future shocks.

Through its health programme UNICEF will continue to support the MPHPH in the management of public health emergencies and natural disasters. Specifically, UNICEF will support preparedness activities for possible epidemics and humanitarian disasters, support the implementation of responses to cholera, measles, meningitis, poliomyelitis, EVD epidemics as well as to other possible epidemics and humanitarian emergencies.

UNICEF and its partners will continue to provide life-saving treatment to severely malnourished children by increasing the number of health zones with a target of 578,696 children affected by SAM admitted for treatment. The Nutrition programme will continue to improve its coverage and effectiveness, including of preparedness activities, through the development, piloting and building of evidence of new approaches

and models of care e.g. simplified protocols, WASH in Nutrition interventions, decentralisation at community level and the inclusion of SAM treatment interventions in resilience and development programmes.

With regards to UNICEF's education in emergency programme, in 2023, ensuring access to education for children affected by crises will continue to be a priority for UNICEF. According to the 2023 Humanitarian Response Plan for DRC, around 2.7 million children between the ages of 3 to 17 need education. In 2023, UNICEF will seek to facilitate access to formal or non-formal education, including early learning for 1,726,400 children (880,464 girls) affected by conflict, natural disasters, and epidemics. Furthermore, 60 per cent of these children, or 1,035,900 children will be provided with individual learning materials. UNICEF will also strengthen the links between education and child protection, ensuring that children in need of specialized services are referred to the right structures.

For 2023, HAC targets 3,977,600 (2,147,904 children) people affected by humanitarian crisis to benefit from improved access to safe water and sanitation families. To do so, UNICEF will continue to provide safe water through water trucking, repairing and constructing boreholes and sanitation facilities and ensuring adequate access to WASH services in crisis-affected communities, schools and healthcare facilities, including where treatment is provided for SAM children. UNICEF will also maintain cholera response activities in endemic provinces. Moreover, UNICEF will continue to support sustainable projects to improve access to safe water for both communities affected by humanitarian crisis and host population in Moba and Kalemie (Tanganyika) and in Goma (North Kivu). The capacities of WASH stakeholders will be strengthened through the launch of the 1st session of diploma training in WASH in collaboration with the School of Public Health of Kinshasa. Preparedness interventions will continue in post-EVD provinces, namely Equateur and North Kivu, as well as in those provinces at risk of floods (Kinshasa, Equateur, North Ubangi and South Ubangi, Mongala, Bas Uele and Tshopo).

In alignment with priorities identified in the HNO and HRP 2022 and in the HAC, UNICEF will continue to ensure that CAAFAG and UASC will receive appropriate and individualized care, focusing on community-based socio-economic reintegration programmes. Provision of mental health and psychosocial services to children affected by conflict and displacement and their caregivers will remain at the core of child protection interventions, and UNICEF will explore innovative modalities to increase the reach of affected children. UNICEF will continue to support increased access to quality and age-appropriate services for survivors of SGBV, while reinforcing prevention interventions through social and behavioural change interventions. Furthermore, UNICEF will ensure that sectors include systematic GBV risk mitigation measures in humanitarian response.

The SBC targets for 2023 are articulated on the following major approaches based on the section strategic plan: 1) use Human Centered Design approach to reinforce community surveillance and involvement in demand generations; 2) strengthen the CACs multisectoral intervention for the better community commitments for family practices to elevate the demand for basic social services.

For digital engagement including the dissemination of information and alerts, SBC will reinforce the community radio stations and develop partnerships with influencers as well as using young bloggers to track fake news. This will allow the gathering of real-time social listening and encourage large-scale dialogue via SMS and social media using the Rapid Pro and U-Report platform surveys and information centers.

In 2023, the CAI-DGLM will scale up to support the further set up of two CAI-Provincial Health Division teams. The CAI aims to provide a minimum of ten IOA studies on public health emergencies across the country while also developing IOA tools and templates for easy IOA application for recurrent public health concerns such as polio and measles. The CAI team will set up IOA training and simulation at national and provincial level to reinforce the MPHPH capacity to apply IOA in large outbreaks (eg. EVD); for early warning; recurrent public health concerns (e.g. measles); and investigations (e.g. meningitis). Finally, the CAI teams will review the current MONITO monitoring tool to better analyse the potential impacts associated with the application of co-developed recommendations. Moreover, UNICEF will continue to strengthen contextualised integration of PSEA across thematic areas of intervention. The country office will work closely with the Ministry in charge of Humanitarian Action and other key ministries relevant for UNICEF programmes (Health, Education, etc) to enhance their institutional capacity in matters of PSEA including leadership in the systematic inclusion of PSEA in all emergency interventions as well in routine vaccination campaigns. The capacities of UNICEF implementing partners across sectors, including non-protection actors will be strengthened on how to establish and manage community-based complaint mechanisms that are safe and accessible. UNICEF will also invest in evidence generation on the functionality of complaint management mechanisms stablished at community level.

UNICEF will ensure that all project designs take into consideration environmental and social safeguards measures by continuously developing guidelines and standard operating procedures, train staff and partners on safeguard measures and ensure that this aspect is being captured in all agreements with its implementing partners. UNICEF will conduct environmental and social safeguard screening of its project to identify risks and will carry out environmental and social impact assessment of most of its project especially projects that involves construction and rehabilitation of WASH facilities (waste management, toilets, boreholes, water distribution etc.) in communities, schools, health centers and hospitals. UNICEF will ensure that facilities are designed to be climate change resilient and that interventions respect consideration of environmental aspects, such as minimizing pollution by engaging with supply and procurement to purchase green products by considering the life cycle of the products.

Students at Ecole Primaire Luebo in Kamonia, Kasai Province, DR Congo, September 15, 2022. The school was rehabilitated by UNICEF @UNICEF/DRC/2022

UNICEF DRC HAC 2023 Funding Requirements

FUNDING REQUIREMENTS	
Sector	**2023 requirements (US $)**
Health	59,331,600
Nutrition	330,946,100
Child protection, GBViE and PSEA	53,711,600
Education	174,633,400
Water, sanitation and hygiene	76,392,200
Social protection	41,600,000
Cross-sectoral (HCT, SBC, RCCE and AAP)	56,241,400
Rapid response mechanism	65,792,600
Cluster coordination	3,750,000
Total	**862,398,900**

UNICEF Targets for 2023

		UNICEF and IPs Response	Cluster/Sector Response
Sector Indicator	Overall needs	UNICEF 2023 Target	Cluster 2023 Target
HEALTH	7,400,000		
# of children aged 6 to 59 months vaccinated against measles		1,095,868	
# of children and women receiving primary health care in UNICEF-supported facilities		618,359	
NUTRITION	6,400,000		
# of children 6-59 months with severe wasting admitted for treatment		995,800	512,932
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling		1,886,900	1,436,666
# of children 6-59 months receiving micronutrient powder		58,000	
# of children 6-59 months receiving Vitamin A supplementation		4,335,300	
CHILD PROTECTION	3,900,000		

# of children, adolescents and caregivers accessing community-based mental health and psychosocial support		2,009,600	1,190,806
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions		397,800	
# of children who have exited armed forces and groups provided with protection or reintegration support		7,250	10,060
# of unaccompanied and separated children provided with alternative care and/or reunified		10,200	18,753
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations		600,000	
EDUCATION	**2,800,000**		
# of children accessing formal or non-formal education, including early learning		1,726,400	842,000
# of children receiving individual learning materials		1,035,900	
WATER, SANITATION & HYGIENE	**6,800,000**		
# of people accessing a sufficient quantity of safe water for drinking and domestic needs		3,384,000	3,659,503
# of people accessing appropriate sanitation services		3,977,600	3,659,503
# of health workers (man and women) accessing to WASH services in health facilities supported		2,090	
Rapid Response Mechanism	**2,900,000**		
# of people whose life-saving non-food items needs are met through supply or cash distributions within seven days of needs assessments		1,080,000	1,764,000
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within seven days of needs assessments		1,080,000	
# of 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		693,000	
Cross-sectoral (HCT, SBC, RCCE and AAP)			
# of households reached with UNICEF-funded humanitarian cash transfers across sectors		115,000	
# of people who participate in engagement actions		300,000	
# of people reached through messaging on access to services		6,500,000	
# of people sharing their concerns and asking questions through established feedback mechanisms		150,000	
Social protection			
# of households reached with UNICEF-funded humanitarian cash transfers		100,000	

VII. Expression of Thanks

UNICEF in the Democratic Republic of the Congo would like to take this opportunity to express its sincere appreciation to Governments, National Committees, NGO and UN partners for their continued support, which allowed UNICEF to achieve the above-mentioned results for children and women affected by humanitarian crises in the DRC.

UNICEF DRC would like also to thank the Thematic funding support for humanitarian affairs, which is essential to allow UNICEF and partners to respond immediately to the needs of Children and Women affected by humanitarian crises in DRC.

Annexes

a) Two pagers and Donors Statement attached to the Consolidated Emergency Report:

Grant Reference	HAC Appeal	Donor Name	Programme Name
SM210935	2022 HAC	German Committee for UNICEF	General Nutrition response in DR Congo
SM210405	2022 HAC	Norway	Nyiragongo Volcano Eruption Goma

b) Donor Statement (As of 31 December 2021)

Grant Reference	HAC Appeal	Donor Name	Programme Name
SM210935	2022 HAC	German Committee for UNICEF	General Nutrition response in DR Congo
SM210405	2022 HAC	Norway	Nyiragongo Volcano Eruption Goma

c) Human Interest Stories

- **Displacements and conflits**

https://www.unicef.org/drcongo/en/stories/we-fled-while-we-were-being-shot
https://www.unicef.org/drcongo/en/recits/life-is-tough-here
https://www.unicef.org/drcongo/en/recits/building-schools-together-with-communities
https://www.unicef.org/drcongo/en/recits/water-displaced-families-rutshuru
https://www.unicef.org/drcongo/en/recits/facing-displacement-alone
https://www.unicef.org/drcongo/en/stories/healing-advancing-rhythm-capoeira
https://www.unicef.org/drcongo/en/stories/pastries-help-rebuild-lives-displaced-young-people
https://www.unicef.org/drcongo/en/stories/integrated-response-central-african-refugee-populations
https://www.unicef.org/drcongo/en/stories/life-over-there
https://www.unicef.org/drcongo/en/stories/vital-aid-displaced-children

- **Epidemics and natural disasters**

https://www.unicef.org/drcongo/en/recits/preventing-ebola-promoting-good-sanitation-practices
https://www.unicef.org/drcongo/en/recits/Rebuilding-schools-Nyiragongo-eruption
https://www.unicef.org/drcongo/en/recits/water-stay-healthy
https://www.unicef.org/drcongo/en/stories/home-visits-combat-covid-19

- **Cash interventions**

https://www.unicef.org/drcongo/en/recits/cash-transfers-continue-to-improve-child-nutrition-in-Manono
https://www.unicef.org/drcongo/en/recits/childrens-education-a-priority-for-Marlene
https://www.unicef.org/drcongo/en/recits/empower-mothers-improve-dietary-diversity-children

https://www.unicef.org/drcongo/en/stories/albertine-back-school
https://www.unicef.org/drcongo/en/stories/glimmer-hope-safi

d) Photos/Videos

- Emergencies 2022 : https://weshare.unicef.org/Package/2AMZIFZ98M3P
- COVID-19 : https://weshare.unicef.org/Package/2AMZIFBJWT5L
- 15th Ebola outbreak : https://weshare.unicef.org/Package/2AMZIF79TUSI

e) Donor Feedback Forms

In order to improve our future reporting to you we would appreciate your feedback via our donor report feedback form accessible under: UNICEF Donor Feedback Form

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